



NEW JERSEY
DEPARTMENT OF AGRICULTURE

Nutrient Management Assistance Grant Program

*The **NJDA Nutrient Management Assistance Grant** program seeks to fund applicants who are qualified to purchase and maintain a manure spreader, and to establish a community use program for the manure spreader that includes supporting nutrient-based management BMPs in the community and among users of the manure spreader. Applicants may request **up to \$25,000** in funding. For information regarding eligibility, allowable costs, and other program guidelines, please read the Notice of Availability of Grant Funds.*

Applications must be received by June 16, 2025. Please submit by email to: anr.grants@ag.nj.gov; Subject Line: Nutrient Management Assistance Grant - [name of applicant].

BACKGROUND INFORMATION

Contact Information

For "**Business/Organization Name**", please provide the information exactly as it appears on your W-9 form.

Business/Organization Name:

EIN/Tax ID Number:

First Name:

Last Name:

Phone Number:

Email Address:

Website/Social Media Address:

Physical Address:

Street:

City:

State:

Zip:

Mailing Address (If different from above)

Street:

City:

State:

Zip:

Contact Questions

Please answer the following questions regarding your contact information:

What is the best way to contact you should there be any questions about your application?

In which county is your business or organization located?

SECTION 1: GENERAL INTEREST

1. Please describe your interest in this grant opportunity. Why are you applying?

2. What is the need for a manure spreader in the local community?

SECTION 2: EQUIPMENT PURCHASE

3. What manure spreader do you intend to purchase? Please include manufacturer specifications and quote(s).

4. Do you also intend to purchase supporting equipment (such as trailer and winch)? Please include manufacturer specifications and quote(s).

Yes

No

5. Explain the rationale for using the selected manure spreader (type of livestock, manure/bedding, tractor, drive type) and supporting equipment.

SECTION 3: MANAGEMENT AND MAINTENANCE

6. Describe how the manure spreader will be stored and maintained (regular and annual).

7. How will users implement biosecurity protocols to prevent the potential spread of livestock disease?

8. Will the applicant be able to provide insurance coverage (property, liability) for the purchased equipment?

Yes

No

SECTION 4: FARM USE AND PLANNING

9. Please provide a list of anticipated participant farms that will benefit from the spreader each year. Additional farms may be provided as an attachment.

Farm Name	Description of the current working relationship with this farm	Description of work area, including estimated acreage	Have you discussed potential shared use of a manure spreader with this farm?

10. How will the manure spreader be shared with other farms? Be sure to include anticipated transportation.

- a. Trailer Transport/Road Drive/Other / b. Delivery or Pick-up / c. Anticipated Use Area/Radius*
What is your anticipated work area? Please provide a map if possible.

11. Will the applicant administer a community use program and coordinate users? If so, please describe.

12. When will you make the spreader available? Will you base the program on a calendar basis (such as April – Oct)? Will there be seasonal limitations (such as no spreading on frozen or snow-covered ground)?

13. Will the applicant be providing custom manure application services? If so, please describe.

SECTION 5: COMMUNITY CONNECTIONS

14. How will the applicant assist participants to follow their Animal Waste Management Plan (AWMP) and Nutrient Management Plan (NMP)/nutrient budget when land applying manure? Will you be able to track and/or document AWMPs? If so, how? (for example: form, copy of declaration page, other)

*NOTE: Farms land applying manure **must have** an AWMP containing a NMP or nutrient budget, and soil tests taken within the past 3 years.*

15. How will manure application rates be calibrated?

16. (*OPTIONAL*) Will you assist participants with developing an Animal Waste Management Plan (AWMP), containing a NMP or nutrient budget? If yes, please describe.

16a. (*OPTIONAL*) Does the applicant plan to provide consulting services to assist with plan development?

17. (*OPTIONAL*) Will the applicant offer training or education? If yes, please describe.

18. How do you plan to continue providing community use of the manure spreader after the grant lifespan?

SECTION 6: BUDGET NARRATIVE

Please include in the budget narrative, which may be provided as an attachment (word/pdf), a detailed description of the following:

1. Anticipated cost of maintenance over grant lifespan (i.e. annual service; replacement parts) (provide quotes)
2. Will a security deposit or rental fee be collected? If so, what will the fees be based on?
3. If you are offering manure application services, Will there be a fee? If so, what will fees be based on?
4. Anticipated cost of:
 - a. administration
 - b. education
 - c. scheduling, and
 - d. conservation planning.

While a match is not required, it will be considered during the ranking of applications. Match types may be cash or in-kind contributions. In-kind contributions are non-monetary donations of goods or services that support a project. These could include the use of supporting farm equipment, staff time, mileage, and other funding sources.

BUDGET SUMMARY

Expense Category	Total Project Cost	Grant Funds Requested	Match Funding (Optional)
Personnel			
Travel			
Equipment			
Supplies			
Contractual			
Total Budget			

PERSONNEL

List any individual who will spend time on project activities. Applicants may use USDA-NRCS rates.

Personnel Name/Title	# of Hours	Hourly Rate	Grant Funds Requested	Match Funding (Optional)
Personnel Subtotal				

PERSONNEL JUSTIFICATION (2000 Character Limit)

For each individual listed in the above table, describe the activities to be completed by name/title, hourly rate, and describe approximately when activities will occur. For assistance with costing, applicants may refer to USDA-NRCS 2025 rates.

FOR EXAMPLE:

Frank Farmer, Owner/Operator,

Time spent planning, biosecurity practices: \$33.45/hr @ 10 hrs per month x 4 months (April/May, October/November) = \$1,338 x 3 years = \$4,014

Time spent spreading manure \$68.79 per hour @ 5 farms x 8hrs = 40hrs x 2x/yr = 80 hrs x 68.97 = 5,503.20 x 3 years = 16,509.60

Frank chooses to categorize the \$16,509.60 as in-kind to support his grant application. Frank will not be requesting reimbursement for this amount.

TRAVEL

Explain the purpose for each Trip Request. NJ IRS travel rate is **\$0.47/mile**. Grant Funds Requested and/or Match Funding that exceeds this rate will not be accepted.

Trip Destination	Mileage	Grant Funds Requested	Match Funding (Optional)
Travel Subtotal			

TRAVEL JUSTIFICATION (2000 Character Limit)

If you are planning to attend events as part of outreach, training, or education efforts, please list and describe. Explain the purpose for each Trip Request.

EQUIPMENT

Please list the equipment to be purchased under the grant. Please include all quotes as attachments to this application.

Equipment Item Description	Acquisition Date	Grant Funds Requested	Match Funding (Optional)
Manure Spreader			
Equipment Subtotal			

EQUIPMENT JUSTIFICATION (2000 Character Limit)

Please describe the manure spreader to be purchased under the grant. If applicable, please describe any additional equipment listed above. Is there any additional information you would like to provide that was not covered in question 3?

SUPPLIES/MATERIALS

List the materials and/or supplies, and describe how they will support the purpose of the project. If the actual cost per unit or number of units is not known, please use your best estimate. This category may include items such as **outreach mailers, biosecurity supplies such as disinfectants, log/recordkeeping materials, etc.**

Supplies Item Description	Cost per Unit	Number of Units	Acquisition Date	Grant Funds Requested	Match Funding (Optional)
Supplies Subtotal					

SUPPLIES JUSTIFICATION (2000 Character Limit)

Describe the purpose of each supply listed in the table above and how it is necessary for the completion of the project.

CONTRACTUAL/CONSULTANT

Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant. This may include consultants or technical service providers to develop AWMP/NMP or a Nutrient Budget. This may also include equipment maintenance services/service providers.

Contractual Name/Organization	Hourly Rate/Flat Rate	Grant Funds Requested	Match Funding (Optional)
Contractual/Consultant Subtotal			

CONTRACTUAL/CONSULTANT JUSTIFICATION (2000 Character Limit)

Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used for the project. Include timelines for each activity. If the Contractor has not yet been identified or is TBD, please indicate how you will select the contractor for the position/work to be completed.