

BMP CHALLENGESM 2012 CROP ADVISOR AGREEMENT

Crop Advisor Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Mobile Phone: _____

SSN or Tax ID: _____ Email: _____

Certification (circle): ARCPACS NAICC CCA Certification Number: _____

You agree to:

1. **Explain the BMP CHALLENGE agreement to the producer(s).** Obtain complete information and the producers' signatures on the BMP CHALLENGE Grower Agreement, stressing the conditions of the Agreement with respect to following the recommended BMP practice(s) and required procedures, and contributing back to the program in the event of a positive net return.
2. **Develop BMP CHALLENGE recommendations.** Meet with producer(s) to determine the steps to follow on the check strip and the balance of the BMP CHALLENGE field(s). Record complete information including field history and current year nutrient management or reduced tillage implementation on the Field Information Form.
3. **Setup check strip(s) following the protocol in the Instruction Packet.**
4. **Oversee and verify nutrient management or reduced tillage on the BMP CHALLENGE field(s).**
NOTE: The Reduced Tillage BMP CHALLENGE[®] requires two additional visits to each enrolled field.
5. **Supervise harvest and yield assessment.** Attend the harvest to work with producer(s) to evaluate yield information from the BMP CHALLENGE field(s) and the check strips as specified in the Instruction Packet. Submit the Yield Assessment Worksheet with required information and producers' signatures.
6. **Maintain communication with Agflex.** Communicate with Agflex as needed to clarify issues on a timely basis. Collect accurate information, fill out forms completely and submit by the stated due dates.

In return, if applicable, Agflex will compensate you for performing the services stated in this agreement. You will receive compensation at \$6.00 per enrolled acre for the Nutrient BMP CHALLENGE[®] and \$9.00 per enrolled acre for the Reduced Tillage BMP CHALLENGE. We will update the table below as fields enroll.

Crop Advisor Signature: _____ **Date:** _____

By signing, you indicate that you have read and accept the terms of this agreement.

Grower/Company	Field Name	Acres	BMP Implemented	Compensation
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

PLEASE RETURN COMPLETED AGREEMENT TO: BMP CHALLENGE, 4510 Regent St., Madison, WI, 53705, fax to 608 232-1440, or scan and send to rebecca.ressl@bmpchallenge.org