

LOWER PLATTE NORTH NRD APPLICATION NEEDS
 (all correspondence from LPNNRD is sent to the landowner)

Landowner: _____ Phone#: _____ Date: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Email: _____

Operator: _____ Phone#: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Land Legal: _____

TO BE COMPLETED BY APPLICANT

Request For: (Circle One)

1. New Terraces with Tile Outlets (Has Never Been Terraced Before)
2. New Terraces with Grassed Waterways (Has Never Been Terraced Before)
3. Relay Existing Terraces (With Tile Outlets)
4. Relay Existing Terraces (With Grassed Waterway(s))
5. Rebuild Waterways Only
6. Other _____

Comments:

1. If approved, when do you plan to do the work? Summer Fall
2. Is, or has this area been in grass or trees at any time since 2000? Yes No
 If you answered "yes" above, please explain:
3. Is this area currently enrolled in CRP? Yes No
4. Has this area been cropped for at least one year? Yes No
5. If this area has been terraced before, how long ago? _____ years

COMPLETED BY NRCS

Predominate Soil Type: _____ Estimated Soil Loss: _____

NRCS Priority: High Medium Low

NRCS Comments:

FOR DWEE USE ONLY

**NEBRASKA SOIL AND WATER CONSERVATION PROGRAM
COST-SHARE ASSISTANCE APPLICATION, PAYMENT CLAIM AND AGREEMENT**

B# _____
AB# _____

IN ACCOUNT WITH THE STATE OF NEBRASKA DEPARTMENT OF WATER, ENERGY, AND ENVIRONMENT	DATE	LANDOWNER		
	SSN or TAX ID #	ADDRESS		
	PHONE	CITY	STATE	ZIP CODE + 4

I (we) the undersigned, do hereby request cost-share assistance to help defray the cost of installing the soil and water conservation practices as listed below. It is understood and agreed that:

1. Before receiving any cost-share funds, it will be necessary for the landowner(s) to sign the agreement below relating to the maintenance of practices installed.
2. Practices must be planned and installed in accordance with technical specifications of the Natural Resources Conservation Service (NRCS).
3. The responsible technician must make prior determination that the practices are feasible on the site where they are to be installed, that they are properly planned and installed, and that estimates of quantities are proper and reasonable.
4. Items of cost for which reimbursement is later claimed are to be supported by documentation of payments made or due to contractors or other workers.
5. This application will not be effective until approved by the Natural Resources District. Claims for payment will not be accepted more than nine (9) months from the date this application is approved unless an extension is granted by the Natural Resources District.
6. Maximum reimbursement will be limited to 75 percent of the actual cost to the landowner, the percentage of average costs specified below, or the amount obligated by the Natural Resources District, whichever amount is the least.

LOCATION OF PRACTICE _____ 1/4. SEC. _____ . TWP. _____ . RNG. _____ . COUNTY _____

LANDOWNER(S) REQUEST					PRACTICE UNITS PERFORMED				
PRACTICE NO. & DESCRIPTION	UNIT	EXTENT	AVE. COST/ UNIT	MAXIMUM ASSISTANCE		EXTENT	SHARE RATE		COST-SHARE EXTENT x SMALLEST RATE
				%	\$		% AVE.	% ACT.	
TOTAL						TOTAL			\$
						<i>(Enter as negative)</i> LESS OTHER COST-SHARE ASSISTANCE			\$
						TOTAL AMOUNT NSWCP CLAIM			\$

Signature of Landowner(s) or Authorized Rep. _____ Date

Practices and Quantities requested are needed and practical and will be planned in accordance with Natural Resources Conservation Service technical specifications.

Signature of Technician _____ Date

APPLICATION APPROVAL:

The _____ NRD Board of Directors approved the Landowner(s) Request and hereby obligate \$ _____.

Signature of NRD Representative _____ Date

COMPLETION AND DOCUMENTATION CERTIFICATION:

Signature of Technician _____ Date

Signature of NRD Representative _____ Date

LANDOWNER(S) CERTIFICATION AND AGREEMENT

I certify that the items for which payment is claimed were furnished under authority of the law and that the charges are reasonable, proper, and correct and no part of the claim has been paid. I further certify that I am the owner of the above described property and agree that if any or all of above installed practices shall be removed, altered, or modified so as to lessen their effectiveness without consent of the Natural Resources District for a period of ten years after the date of receiving payment, that a portion of the claimed amount shall be refunded to the Nebraska Department of Water, Energy, and Environment. If title to this land is transferred to another party, it shall be my responsibility to advise the new owner that at this agreement is in force and to obtain such new owner's acceptance of the responsibilities herein.

Signature of Landowner(s) or Authorized Rep. _____ Date

NEBRASKA DEPARTMENT OF WATER, ENERGY, AND ENVIRONMENT CERTIFICATION

I hereby certify that the above claim has been reviewed by me and I find it a proper claim against the Nebraska Soil and Water Conservation Fund.

DWEE Authorized Signature _____ Date

U.S. CITIZENSHIP ATTESTATION

Per Nebraska Revised Statute 4-108, no state agency or political subdivision of the State of Nebraska shall provide public benefits to a person not lawfully present in the United States and every state agency or political subdivision shall verify the lawful presence in the U.S. of any person who as applied for public benefits administered by an agency or political subdivision. *This form is required to be completed by landowner, and if rights to payment are assigned, completed by that individual/entity as well, to be submitted with the NSWCP contract, form NSWCP-03.*

For the purpose of complying with [Neb. Rev. Stat. §§ 4-108 through 4-114](#), I attest as follows:

I am a citizen of the United States.

— OR —

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows: _____, and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____

Return signed and dated form to your Natural Resources District (NRD).

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Return signed and dated form to your Natural Resources District (NRD).

STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

PLEASE SUBMIT FORM TO INVOICED AGENCY

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following boxes:

Individual Sole proprietor C Corporation S Corporation Partnership Trust/Estate

Non-Profit Entity Government (Local, State or Federal)

Limited Liability Company. Enter the tax classification (C = C Corporation, S = S Corporation, P = Partnership) _____

Other (see instructions) _____

Note: Enter the owner's name on line 1 and mark the appropriate federal tax classification box for disregarded entities.

4 Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____

5 Address: _____ Remit Address (if different): _____

6 City, state, and ZIP code _____ City, state, and ZIP code _____

Taxpayer Identification Number (TIN):

Social Security Number (SSN): _____ **OR** Employer Identification Number (EIN): _____ Month & Year Tax Id/Name changed

_____-_____-_____

Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding due to failure to report interest and dividend income, and
3. I am a U.S. citizen or other U.S. person (defined in the instructions), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

For additional instructions please refer to <http://www.irs.gov/pub/irs-pdf/fw9.pdf> to obtain a copy of the IRS Form W-9 General Instructions.

Signature of US Person: _____ Date: _____

Printed Name: _____ Contact Phone: _____

Comments or Business/Entity Notes:

ACH Enrollment:

Initial Setup Change Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

Financial Institution Name:	Nine Digit Routing Number:	Prior Routing Number: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<input type="checkbox"/> Check here if our payments to you are being forwarded from a U.S. financial institution to a financial institution in another country
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	* Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska.	

This account will be used for all payments by the State of Nebraska unless specified here: _____

E-mail: _____

(Used for ACH payment notifications.)

Authorized Individual or Entity Signature:	Attachment Required! (Select and attach one of the following items for verification):
Printed Name:	<input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check
Date:	<input type="checkbox"/> Letter from your financial institution
	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

AGENCY APPROVAL #1 -Signature:

DATE:

AGENCY APPROVAL #2 -Signature:

DATE: