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:

NEBRASKA
DEPT. OF WATER, ENERGY, AND ENVIRONMENT

NRD APPLICATION # _____

NSWCP-3 (REV.10-2020)

FOR DWEE USE ONLY
B# _____
AB# _____

NEBRASKA SOIL AND WATER CONSERVATION PROGRAM

COST-SHARE ASSISTANCE APPLICATION, PAYMENT CLAIM AND AGREEMENT

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 _____ ¼. **SEC.** _____ . **TWP.** _____ . **RNG.** _____ . _____ **COUNTY**

LANDOWNER(S) REQUEST						PRACTICE UNITS PERFORMED			
PRACTICE NO. & DESCRIPTION	UNIT	EXTENT	AVE. COST/ UNIT	MAXIMUM ASSISTANCE %	MAXIMUM ASSISTANCE $	EXTENT	SHARE RATE ____% AVE.	SHARE RATE ____% ACT.	COST-SHARE EXTENT x SMALLEST RATE
			TOTAL		$ 0.00			TOTAL	$ 0.00
								(Enter as negative) LESS OTHER COST-SHARE ASSISTANCE	$
								TOTAL AMOUNT NSWCP CLAIM	$ 0.00

_____ _____
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 t hat the charges are reasonable, proper, and correct and no part of the claim has been paid. I further certi fy that I am the owner of the above described property and agree that if any or all of above installed prac tices shall be removed, altered, or modified so as to lessen their effectiveness without consent of the N atural Resources District for a period of ten years after the date of receiving payment, that a portion of th e claimed amount shall be refunded to the Nebraska Department of Water, Energy, and Environment. If t itle to this landis transferred to another party, it shall be my responsibility to advise the new owner th 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

(Rev. November 2024) Clear Form

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: *	☐ Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	☐ 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: ☐ Checking ☐ 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:	☐ Blank check (voided) or ☐ Photocopy of a cleared check
Date	☐ Letter from your financial institution
	☐ Vendor invoice or letter which contains printed ACH instructions

AGENCY APPROVAL #1 -Signature: **DATE:**

AGENCY APPROVAL #2 -Signature: **DATE:**