

NEBRASKA SOIL & WATER CONSERVATION PROGRAM QUESTIONNAIRE

NAME: _____ COUNTY: _____

LEGAL DESCRIPTION: _____

PRACTICE _____ E-MAIL ADDRESS: _____

NC - 1-9 and NC-19 Producer Questions

1. Does this project address a compliance plan authorized by NPNRD or NRCS?	
2. Does this project protect well heads, structure or property?	
3. Will a cover crop be planted on new construction to hold soil until the next cropping cycle?	

NC - 10 Producer Questions

1. Are you planting into cropped ground?	
2. Is there a warm season component to the grass mixture?	
3. Are you adding legumes or pollinators to the mixture?	

NC - 14 Producer Questions

1. A. Is irrigated cropland being converted to dry land grassland? B. Is dryland cropland being converted to dry land grassland?	A.			B.		
2. A. Does the applicant have available water? (Yes/No) B. Does the applicant need a water system? (Check box) B1. Well B2. Pipeline B3. Tank C. Are we replacing an existing water system? (Yes/No)	A.	B1.	B2.	B3.	C.	
3. Is a fence needed?						
4. Is planting going to reduce soil erosion?						
5. Will a cover crop be planted on new construction to hold soil until the next cropping cycle?						

NC - 17 Producer Questions

1. What type of acres will this practice be used on? (Ground water only, surface water or commingled)					
2. Is this practice located in the OA or FA? (Check box that applies)	OA			FA	

All Practices - Producer Questions

1. Has the applicant had a successful application in the last 2 years? _____
2. Has a qualified technician (contractor, surveyor, engineer, NRCS tech) been on site to make a recommendation?
Yes or No _____ Name of technician _____
3. Would this request be considered an emergency? _____
Please identify in detail what the emergency is on the back of this form and have NRCS submit to North Platte NRD immediately.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits and/or result in a refund to the North Platte NRD, and could subject me to civil or criminal liability.

SIGNATURE: _____ **DATE:** _____

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): _____
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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: (Rev. December 2014) 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
Title:	<input type="checkbox"/> Letter or statement from your financial institution
Date:	<input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions

Internal Use Only:

United States Citizenship Attestation Form

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

<input type="checkbox"/> I am a citizen of the United States.
— OR —
<input type="checkbox"/> 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	_____