No.			
IVO.			

NSWCP-3(REV.6-2005)
---------------------

	<b>NEBRAS</b>	SKA SOIL	AND WA	TER CON	ISERVATIO	N PR	OGRAM	
Cos	st-Share	Assistan	ce Applica	ation. Pay	vment Clain	and	Agreeme	ent

F	OR DNR USE ONLY
B#	
AB#	

A CONTRACTOR OF THE PROPERTY O						
IN ACCOUNT WITH THE						***************************************
STATE OF NEBRASKA	DATE		LANDOWN	ER		
DEPARTMENT OF						
NATURAL RESOURCES	SOC. SEC. OR TAX IDENT NO.	ADDRESS	CITY	STATE	ZIP CODE +4	
		TELEPHONE NUMBER (Inc.	luding Area Code):			

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:

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.

Practices must be planned and installed in accordance with technical specifications of the Natural Resources Conservation Service.

- 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.
- 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 5. 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, which	ever amount	is the least.				. •	,		,
LOCATION OF PRACTIC	E		C.	-	TWP.	, RNG.	market to the second state of		COUNTY
	APPLICA	ANT'S REQUE	ST			PRA	CTICE UNI	TS PERFO	RMED
PRACTICE NO. & DESCRIPTION	UNIT	EXTENT	AVE. COST/ Unit	ASS	AXIMUM SISTANCE   \$	EXTENT	SHARE % AVE.	RATE % ACT.	COST-SHARE EXTENT X SMALLEST RATE
			TOTAL					TOTAL	\$
						LESS OTHER COST-SH	HARE ASS	ISTANCE	\$
Signature of Landowner or A	uthorized Re	₽p.	Date			TOTAL AMOU	JNT NSWC	PCLAIM	\$
Practices and Quantities requested are needed and practical and will be planned in accordance with Natural Resources Conservation Service technical specifications.			I certify charge the ow remove	y that the items is are reasonable oner of the aboved, altered, or i	RTIFICATION AND AGREEMED for which payment is claimed e, proper, and correct and no- like described property and agri modified so as to lessen their	f were furnish part of the cla see that if any effectiveness	im has been por all of about the or all of abo	paid. I further certify that I am we installed practices shall be ent of the Natural Resources	
Signature of Techr	nician		Date			ten years after the date of recebraska Department of Natural			
APPLICATION APPROVAL: TheNRD Board of Directors approved the Applicant's Request and hereby obligate \$			new ow		esponsibility to advise the new be of the responsibilities herein. DOWNER(S)		nis agreement	is in force and to obtain such	
Signature of NRD Repri	esentative		Date						
COMPLETION AND DOCUMENTATION CERTIFICATION:			NEBRASKA DEPARTMENT OF NATURAL RESOURCES 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.						
Signature of Techr	nician		Date	50.1 411	2 7,010 GOIDG	Taken And			
Signature of NRD Repre	esentative	na ya marangalang kamanan marangalang kananan marangalang kananan marangalang kananan marangalang kananan mara	Date			Authorized Signature			Date

## NEBRASKA SOIL & WATER CONSERVATION PROGRAM QUESTIONAIRE

NAM	E: COUP	YTY:	
LEGA	AL DESCRIPTION:		
PRAG	CTICE E-MAIL ADDRESS: _		
NC -	- 1-9 and NC-19 Producer Questions		
	Does this project address a compliance plan authorized by NPNRD or NRCS?		
2.	Does this project protect well heads, structure or property?		
	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		
	A. Is irrigated cropland being converted to dry land grassland?  3. Is dryland cropland being converted to dry land grassland?	А. В	
E	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	
3. 1	s a fence needed?		
4. 1	s planting going to reduce soil erosion?		
	Will a cover crop be planted on new construction to hold soil until he next cropping cycle?		
NC .	- 17 Producer Questions		
	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 f	Practices - Producer Questions		
1. 1	las the applicant had a successful application in the last 2 years? _		
	las a qualified technician (contractor, surveyor, engineer, NRCS te		
1	es or No Name of technician		
P	Vould this request be considered an emergency?Please identify in detail what the emergency is on the back of this formediately.	orm and have NRCS sub	mit to North Platte NRD
	eby certify that the above statements are true and correct to the best of main disqualify me for benefits and/or result in a refund to the North Platte NRD		
SIG	NATURE:	DATE:	

## STATE OF NEBRASKA W-9 & ACH ENROLLMENT FORM

## PLEASE SUBMIT FORM TO INVOICED AGENCY

Business name/disregarded entity name, if different from above    Composition   Scheck appropriate box for federal tax classification; check only one of the following boxes:   Individual   Sole proprietor   C Corporation   Scorporation   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)   Company.   Enter the tax classification for C = C Corporation, S = S Corporation, P = Partnership)   Other (see instructions)   Company.   Enter the tax classification for for disregarded entities.   Exemption from FATCA reporting code (if any)   Exemption from FATCA reporting from FATCA reporting from FATCA reporting from FATCA reporting from FATCA rep	1	Name (as shown on your income tax	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
Individual   Sole proprietor   C Corporation   S Corporation   Partnership   Trust/Estate   Non-Profit Entity   Government (Local, State or Federal)   Limited Liability Company. Einter the tax classification (C = C Corporation, S = S Corporation, P = Partnership)   Other (see instructions)   Note: Partnership   Exemptions (see instructions)   Exempt payee code (if any)   Exemption from FATCA reporting code (if any)   Exemptions (see instructions): Exempt payee code (if any)   Exemption from FATCA reporting is correct.	2	Business name/disregarded entity name, if different from above							
Security Number (SSN):  OR Employer Identification Number (EIN):  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 slighter 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) emerced on this form (irmy) indicating that I am exempt from FATCA reporting is correct.  For additional instructions please refer to http://mww.lrs.gov/pub/firs-pdf/fiv9-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:*  Address:  Depositor Account Number:  Prior Account Number: *  Check here if our payments to you are being frowrided from a U.S. financial institution to a financial insti	traced fraget frames	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)							
City, state, and ZIP code  Certification  Under penalities of perjury, 1 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. eitziner or ofter U.S. person (efficient 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/frs-pdd/frw9.pdf to obtain a copy of the IRS Form W-9 General Instructions.  Signature of U.S. Person:  Date:  Printed Name:  Contact Phone:  Comments or Business/Entity Notes:  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: *  Check here if the bank is outside of the United States.  Address:  Depositor Account Number:  Prior Account Number: *  Check here if the bank is outside of the United States.  Check here if the bank is outside of the United States.  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:  (Select and attach one of the following items for verification):  Printed Name:  Blank check (voided) or Photocopy of a cleared check  Title:  Date  Date			mpt payee code	(if any)					
Taxpayer Identification Number (TIN): Social Security Number (SSN):  OR Employer Identification Number (EIN):  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 PATCA code(s) entered on this form if farmy indicating but I am exempt from PATCA 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:  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:*  Check here if the bank is outside of the United States.  Address:  Depositor Account Number:  Prior Account Number:*  Check here if up payments to you are being forwarded from a U.S. financial institution to a financial institution to a financial institution in another country  City, state and ZIP code:  Type of Account:  Check here if up payments by 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.)  Attachment Required!  (Select and attach goe of the following items for verification):  Printed Name:  Blank check (voided) or Photocoopy of a cleared check  Title:  Letter or statement from your financial institution  Vendor invoice or letter which contains printed ACH instructions	6	City, state, and ZIP code				City, state.	and ZIP code		
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:									
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ACH Enrollment: (Rev. December 2014)	P	inted Name:					Contact Phone	•	
ACH Enrollment: (Rev. December 2014)	C	omments or Business/Entity N	lotes:						
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.  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  Savings  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:  Printed Name:  Blank check (voided) or Photocopy of a cleared check  Title:  Letter or statement from your financial institution  Vendor invoice or letter which contains printed ACH instructions									
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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:  Printed Name:  Blank check (voided) or Photocopy of a cleared check  Title:  Letter or statement from your financial institution  Vendor invoice or letter which contains printed ACH instructions									
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Title:  Letter or statement from your financial institution  Date  Vendor invoice or letter which contains printed ACH instructions									
Date									
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## United States Citizenship Attestation Form

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

Г	I am a citizen of the United States.
	— OR —
T	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	ର ୪ ଜନ୍ୟ କଥିବା । କ୍ଷ୍ୟ ଅଟେ ଅଟେ ଅଟିଆ ଓ ଅଟିଆରି
	(first, middle, last)
SIGNATURE	·
DATE	