

York, Nebraska 68467

402-362-6601 Fax: 402-362-1849 www.upperbigblue.org

CHEMIGATION INCENTIVE COST-SHARE ASSISTANCE

The goal of this incentive program is to increase the number of producers using chemigation as a fertilizer application method. NRD funds will be used to provide cost-share assistance for this practice.

### **Eligibility for chemigation equipment purchase:**

- Sites must be new to chemigation or not have held an active chemigation permit in the last ten (10) years.
- Once approved, application authorization is required prior to any equipment purchased for the chemigation site. Any equipment purchased before authorization is ineligible for cost-share.
- Following application authorization, applicants must provide a receipt for equipment or services purchased, a copy of their chemigation permit, and any other forms deemed necessary by the District in order to receive cost-share funding.
- The permit must be kept active for three (3) years to remain eligible. Failure to keep the permit active will result in cost-share repayment.
- Permits are renewed on an annual basis.
- The applicant must have an active applicator's license or have an eligible applicator.
- Center pivot, subsurface drip, gravity, and surface water sites are all eligible.
- Eligible equipment includes chemigation injection pump, interlock, injection valve, mainline check valve, low pressure drain, and low pressure drain discharge hose.

#### **Cost-Share Rate:**

- The cost-share rate is fifty percent (50%) of the actual cost and not to exceed \$1,000.
- The cost-share amount must equal \$100 or more for payment to be made.
- Participation will be limited to one site per applicant.

### **Completion of Cost-Share:**

Applicants will be notified in writing of eligibility. Once eligible, the applicant must call the NRD office for an authorization number. Upon authorization, the applicant shall complete the purchase of equipment and submission of chemigation permit paperwork to the District within 30 days from the date his or her application is authorized. Failure to report proof of purchase and the permit within 30 days may result in forfeiture of cost-share funds. The District will provide the forms needed to apply. Cost-share claims will be forwarded to the Board for final payment after a successful equipment inspection.

# **UPPER BIG BLUE NATURAL RESOURCES DISTRICT Application for Chemigation Incentive Cost-Share**

NRD USE ONLY
Application No.: \_

Date Received:

Cooperator No.: \_

Date Eligible: \_\_\_\_\_

Cost-Share payments will only be made to one individual or entity. Completed Taxpayer Identification Form (W-9) MUST match the name of the individual or entity applying for Cost-Share. **Bolded items are required.** 

Share. <b>Dolued Item</b>	is are required.			Authorized Date:	
PLEASE PRINT	NAME AND ADDRES	S OF APPLICANT (	LANDOWNER/TENANT):		
Name:				W-9 Form Rec'd:	
Address:				Citizenship Form Rec'd:	
City, ST, Zip:				Date Paid:	
Phone:				Check No.:	
E-mail:				Date Mailed: File In: 2701.13	
SSN/EIN:				File III. 2701.13	
I, the undersigned equipment. It is undersigned. It is undersigned in the sequence of the undersigned in the	, do hereby request conderstood and agreed to chemigation equipment. The application must be screened for compliance program. After the application information, or does no	that:  practice must be more made using a Disterment with Upper Big Blue ation has been revies to meet program crites.	nade directly to the District rict approved form. e NRD rules and regulation wed, the applicant will be neria. Determination of eligib	for purchase of chemigation office at 319 East 25th Street, Y as prior to being accepted as eligentified that the application is eligolity by the District must be rece	gible jible,
<ol> <li>Once the applica prior to purcha (30) days to comand submit docupayment. An ext</li> <li>Equipment must equipment inspe</li> <li>Funds will be parapplicant of the rechemigation equipment in the chemigation equipment in the cost-share repayment is \$100</li> </ol>	ation is determined as el sing equipment or beguplete the practice and sumentation within the allogension of time may be received include proper installative tion before final payme it directly to the applicant requirements for mainter uipment purchased with hipment is removed, exchangement is not renewed that refund all cost-share attein is fifty percent (50%). State or Federal funds	igible, the applicant ginning construction ubmit all documentate ted time may result equested and will be ion and function in a sint is dispersed. In the cost-share assistmanged, or modified, annually over a three received during the mot to exceed \$1,00 and District funds m	on. Once the application is ion requesting reimbursem in cancelation of the application based on availability of fur accordance with the Districtor/landowner during the life he practice.  ance must be properly nequipment must be reinspective elife of the practice. This could per chemigation site and any not be combined for this	request an authorization numes authorized, the applicant has to the present. Failure to complete the practication and forfeiture of the cost-slands. The practical substitution are substituted in the practical substitution and forfeiture of the cost-slands. The practical substitution is binding on heirs, assubtraction and substitution is binding on heirs, assubtraction in the practical substitution is binding on heirs, assubtraction is binding on heirs, assubtraction in the practical substitution is binding on heirs, assubtraction in the practical substitution is binding on heirs, assubtraction in the practical substitution is binding on heirs, assubtraction in the practical substitution is binding on heirs, assubtraction in the practical substitution is binding on heirs.	thirty ctice hare s an e the the the signs hare
<b>Legal Description</b>	of Proposed Chemigat	ion Injection Site:			
1/41	/ <sub>4</sub> , Section T		County	State Reg. #	_
(Include ESA aerial r	photos with this application. Mark		West an "X" and mark the injection site wit	th an "O" if it is different from the well(s) site	2(9) )
(molddo'r o'r donar p	Requested Cost-Si	. , , , , , , , , , , , , , , , , , , ,	•	Cost-Share	,(0).)
	Items	Estimated Cost	Final Cost	50% Cost-Share Amount	
Chemic	cal Injection Pump				
Interloc	k				
Injectio	n Valve				
Mainlin	e Check Valve				
Low Pr	essure Drain				
LPD Di	scharge Hose				
Chemig	gation Permit				
	nated Cost		Total Cost-Share Paid		
Signature of Appli	icant			Date	
NRD USE ONLY COMMENTS:					

NRD Representative:

Application Approval:



## **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	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					
on page 3.	following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):				
pe. ons		Exempt payee code (if any)				
Print or type. Specific Instructions on page	LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)				
P ij	is disregarded from the owner should check the appropriate box for the tax classification of its owner.					
bec	Other (See instructions)	(Applies to accounts maintained outside the U.S.)				
See S	5 Address (number, street, and apt. or suite no.) See instructions.  Requester's name are	nd address (optional)				
Й	6 City, state, and ZIP code					
	7 List account number(s) here (optional)					
Pai	t I Taxpayer Identification Number (TIN)					
	your fire in appropriate box. The fire provided material in hame given on the avoid	urity number				
reside	p withholding. For individuals, this is generally your social security number (SSN). However, for a nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>	] - [ ] - [ ]				
	TIN, later.					
Note:	If the account is in more than one name, see the instructions for line 1. Also see What Name and Employer in	dentification number				
Numb	er To Give the Requester for guidelines on whose number to enter.					
Par	Certification					
Unde	penalties of perjury, I certify that:					
2. I ar Sei	number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issunt not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been not vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) thought subject to backup withholding; and	otified by the Internal Revenue				
3. I ar	n a U.S. citizen or other U.S. person (defined below); and					
1 Th	1. The EATCA code(s) entered on this form (if any) indicating that Lam exampt from EATCA reporting is correct					

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.					
Sign Here	Signature of U.S. person ▶	Date <b>▶</b>			

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,



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**United States Citizenship Attestation Form** 

For the purpose of complying with Neb. Rev. Stat.  $\S\S$  4-108 through 4-114, check one of the following and attest to your response by providing your name, and signing and dating this form.

☐ I am a citizen o	of the United States.
	— OR —
immigration sta	d alien under the federal Immigration and Nationality Act, my atus is and my alien, and I agree to provide a copy of my USCIS upon request.
related application for p	response and the information provided on this form and any public benefits are true, complete, and accurate and I understand ay be used to verify my lawful presence in the United States.
PRINT NAME (first,	middle, last)
SIGNATURE	
DATE	

Upper Big Blue NRD Use Only

NRD Coop. #

Last Name

First Name

Middle Name