



**UPPER BIG BLUE
Natural Resources District**

319 E. 25th Street
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

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.**

PLEASE PRINT NAME AND ADDRESS OF APPLICANT (LANDOWNER/TENANT):

Name: _____

Address: _____

City, ST, Zip: _____

Phone: _____

E-mail: _____

SSN/EIN: _____

Applicant Type: ☐ Landowner ☐ Tenant

I, the undersigned, do hereby request cost-share assistance to help defray the cost for purchase of chemigation equipment. It is understood and agreed that:

1. Application for a chemigation equipment practice must be made directly to the District office at 319 East 25th Street, York, Nebraska 68467. The application must be made using a District approved form.
2. Applications are screened for compliance with Upper Big Blue NRD rules and regulations prior to being accepted as eligible for the District's program. After the application has been reviewed, the applicant will be notified that the application is eligible, needs additional information, or does not meet program criteria. Determination of eligibility by the District must be received by the applicant **prior** to the start of any work or purchase associated with the practice.
3. Once the application is determined as eligible, **the applicant must call the District to request an authorization number prior to purchasing equipment or beginning construction.** Once the application is authorized, the applicant has thirty (30) days to complete the practice and submit all documentation requesting reimbursement. Failure to complete the practice and submit documentation within the allotted time may result in cancelation of the application and forfeiture of the cost-share payment. An extension of time may be requested and will be based on availability of funds.
4. Equipment must include proper installation and function in accordance with the District's requirements and must pass an equipment inspection before final payment is dispersed.
5. Funds will be paid directly to the applicant. Change of operator/landowner during the life of the practice shall not absolve the applicant of the requirements for maintenance for the life of the practice.
6. Chemigation equipment purchased with cost-share assistance must be properly maintained by the applicant. If the chemigation equipment is removed, exchanged, or modified, equipment must be reinspected and approved.
7. If the chemigation permit is not renewed annually over a three-year period or if the applicant chooses to withdraw from the program, they must refund all cost-share received during the life of the practice. This condition is binding on heirs, assigns or transferees.
8. The cost-share rate is fifty percent (50%) **not to exceed \$1,000** per chemigation site and applicant. The minimum cost-share payment is \$100. State or Federal funds and District funds may not be combined for this practice.
9. When required, the applicant must provide power of attorney and attestation of citizenship on forms approved by the District.

Legal Description of Proposed Chemigation Injection Site:

_____ 1/4 _____ 1/4, Section _____ T _____ N, R _____ County _____ State Reg. # _____
East/West

(Include FSA aerial photos with this application. Mark the well(s) location(s) with an "X" and mark the injection site with an "O" if it is different from the well(s) site(s).)

Requested Cost-Share		Approved Cost-Share	
Items	Estimated Cost	Final Cost	50% Cost-Share Amount
Chemical Injection Pump			
Interlock			
Injection Valve			
Mainline Check Valve			
Low Pressure Drain			
LPD Discharge Hose			
Chemigation Permit	\$60.00		
Total Estimated Cost		Total Cost-Share Paid	

Signature of Applicant _____

Date _____

NRD USE ONLY

COMMENTS:

Application Approval: _____

NRD Representative: _____

NRD USE ONLY

Application No.: _____

Date Received: _____

Cooperator No.: _____

Date Eligible: _____

Authorization No.: _____

Authorized Date: _____

Expiration Date: _____

W-9 Form Rec'd: _____

Citizenship Form Rec'd: _____

Permit Approved: _____

Date Paid: _____

Check No.: _____

Date Mailed: _____

File In: 2701.13-__

Request for Taxpayer Identification Number and Certification

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

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

Print or type. See Specific Instructions on page 3.	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 of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-				-	
or									
Employer identification number									
				-					

Part II 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 because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
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 ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 taxpayer 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, later.



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United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 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 of the United States.

— OR —

☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status is _____ and my alien number is _____, 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 _____

NRD Coop. # _____
Upper Big Blue NRD Use Only

Last Name

First Name

Middle Name