Soil Moisture Sensor Incentive Purchase Program

Purpose: to provide a financial incentive for the utilization of soil moisture sensors on irrigated fields for more efficient irrigation use.

Eligible Participants: Producers with irrigated fields. Fields that are currently or have previously used soil moisture sensors are not eligible for this program.

Eligible Components: Purchase of soil moisture sensor equipment.

Step 1

Fill out 100a, W9, and Citizenship Attestation forms. Provide map of field location(s)

Step 2

Obtain quote for soil moisture sensor equipment. This must be a quote, and equipment may NOT be purchased prior to application approval.

Step 3

After the Lower Elkhorn NRD receives the above 4 forms, the applicant will receive an approval letter from the Lower Elkhorn NRD. You can email documents to lhinkel@lenrd.org, or mail or drop them off to the Lower Elkhorn NRD at 1508 Square Turn Blvd, Norfolk, NE 68701.

After receiving the approval letter, you may purchase and install the soil moisture sensor equipment. ***Approval must be received prior to purchase.***

Step 4

Following purchase and installation, you must provide a copy of the final invoice/bill to the Lower Elkhorn NRD to receive payment.

Cost Share for soil moisture sensor equipment is 50%, not to exceed $1,016.53 per sensor. Maximum cost share per applicant is $2500.

FORM N.R.D. 100a
REVISED 8/5/2026

LOWER ELKHORN Natural Resources District

Request for Assistance
Land & Water Development Assistance Program

NAME & MAILING ADDRESS

PHONE NUMBER:

COUNTY: _____

LEGAL: _____

Expiration Date: (Date to be determined by NRD)

Practice Number	Description of Practice	Extent Requested	**50** % Rate Co. Average	Assistance Requested	Units Performed	Payment
	Soil Moisture Sensor					
	50% up to max of $1,016.53					
		TOTAL		**$**		**$**

LANDOWNER AND/OR APPLICANT CERTIFICATION: I hereby request assistance under the Land and Water Development Assistance Program administered by the Lower Elkhorn Natural Resources District (LENRD). **By signing this Request for Assistance, I hereby agree to maintain these Practice(s) up to the specifications for the USDA Natural Resources Conservation Service specified "Life of the Practice", and to repay all LENRD cost share funds if the practices are not maintained.** The Practice(s) shown above are in accordance with a **Resource Conservation Plan** developed with the LENRD. I further certify that I have the authority on behalf of the Landowner(s) to make this request and carry out the above practices and I hereby assume full responsibility for the same. I agree that I am obligated to pay at least 50 percent of the cost of this conservation practice. Any reduction in the contractors billing or refund of payment must be reported to the LENRD. Any violation of the terms set forth in the Request will result in a lawsuit against me, for which I will pay.

SIGNATURE: _____ *DATE:* _____

TECHNICIAN'S STATEMENTS:

The Landowner has applied for EQIP Funds: ☐ YES ☐ NO Amount Approved $ _____

TECHNICIAN'S SIGNATURE: _____ *DATE:* _____

REMARKS:

The **NRD Board approved** the extent and amount shown above.

For NRD Board: _____ *DATE:* _____

CERTIFICATION:

Acres Treated: _____ **Feet of Terraces:** _____

The practice shown above has been performed to the extent shown in practice units performed column and meets NRD specifications.

_____ _____

TECHNICIAN'S SIGNATURE *DATE*

FOR NRD OFFICE USE:	
Actual Cost:	
Total Cost Share:	
Less Other:	
LENRD Payment:	
Date Paid:	

United States Citizenship Attestation Form

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

☐ I am a citizen of the United States.

— OR —

☐ 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 _____

(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~~

~~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:**