

CHEMIGATION EQUIPMENT COST-SHARE PROGRAM

Process: *This program is intended to introduce landowners to, and provide a one-time cost assistance for, equipment needed for chemigation (split applications) of fertilizer through irrigation systems. This program is designed to spoon-feed fertilizer to the crop at the optimum time, reduce fertilizer losses and reduce the risk of nitrogen leaching to the groundwater.*

Eligible Areas: Landowners, farm units and corporations which own and farm agricultural lands within the Lower Elkhorn NRD are eligible for a one-time purchase of chemigation equipment through this program.

Eligible Components:

- All approved chemigation equipment needed on irrigation system for applying liquid nitrogen fertilizers
 - Including:
 - the mainline check valve
 - fertilizer injection pump and/or chemical injection valve.

Requirements:

1. Applicant has not previously done chemigation/fertigation.
2. Applications must be made on forms provided by the District.
3. The application must be approved by the District prior to the purchase of the equipment.
4. Applicants will be required to obtain a chemigation permit from the Lower Elkhorn NRD and have the unit inspected by the NRD.
5. Applicants will be required to utilize nitrogen fertilizer through irrigation system equipped with the chemigation unit.
6. This practice is an incentive program, limited to 1 contract per producer, farm unit and or/corporation
7. The irrigation well used for this chemigation system needs to be analyzed for nitrate, so the producer can take credit for the nitrogen available in the irrigation water.

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| Cost-Share: 50% of the total cost, not to exceed \$1,500 of the equipment costs. One time use program. |
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Chemigation Cost Share Instructions

Step 1

- Fill out 100a form
- Fill out W9 form and Citizenship Attestation form
- Fill out equipment cost estimate form
- Obtain map of proposed chemigation site

Step 2

Mail or drop off above information to:

Lower Elkhorn NRD
1508 Square Turn Blvd
Norfolk, NE 68701

Or email to: kfreudenburg@lenrd.org

Step 3

After the Lower Elkhorn NRD receives the above 5 items, the applicant will receive an approval letter from the Lower Elkhorn NRD. ***Equipment may NOT be purchased until after you have received approval from the NRD.*** Once you have received your approval letter, you may then proceed with the purchase and installation of the necessary chemigation equipment.

Step 4

When the chemigation equipment installation is complete, the following items will need to be completed before you will be paid:

1. Contact Lower Elkhorn NRD to obtain chemigation permit and arrange inspection of chemigation equipment installation (call 402-371-7313). Chemigation applicator must have or obtain Chemigation Applicator's Certification (list of upcoming area trainings included)
2. Well must have been sampled for nitrate within the last four years and a copy of the results provided to the Lower Elkhorn NRD. This sample can be taken at time of chemigation inspection by applicant's request
3. Copies of invoices for purchased equipment must be provided to the Lower Elkhorn NRD

Please note: chemigation equipment purchased through this program must be utilized for application of nitrogen

**Request for Assistance
Land & Water Development Assistance Program**

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|-----------------------------------|----------------------|----------------|
| 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 |
|-----------------|-------------------------|------------------|----------------------|----------------------|-----------------|---------|
| | Chemigation Cost Share | | | | | |
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| | | 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: | |

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

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|-----------------------------|--|--|--|
| Financial Institution Name: | Nine Digit Routing Number: | Prior Routing Number: * | <input type="checkbox"/> Check here if the bank is outside of the United States. <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 |
| Address: | Depositor Account Number: | Prior Account Number: * | |
| City, state and ZIP code: | Type of Account: | * Prior ACH instructions are required to be completed if changing/updating your ACH instructions with the State of Nebraska. | |
| | <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | |

This account will be used for all payments by the State of Nebraska unless specified here:

E-mail:

(Used for ACH payment notifications.)

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|--|--|
| Authorized Individual or Entity Signature: | Attachment Required! (Select and attach one of the following items for verification): <input type="checkbox"/> Blank check (voided) or <input type="checkbox"/> Photocopy of a cleared check <input type="checkbox"/> Letter from your financial institution <input type="checkbox"/> Vendor invoice or letter which contains printed ACH instructions |
| Printed Name: | |
| Date: | |
| | |

AGENCY APPROVAL #1 -Signature:

DATE:

AGENCY APPROVAL #2 -Signature:

DATE:

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

12/22/2021

LOWER ELKHORN NATURAL RESOURCES DISTRICT
CHEMIGATION COST SHARE PROGRAM

LANDOWNER _____

ADDRESS _____

PHONE _____

COUNTY _____

LEGAL DESCRIPTION: Qtr _____ Section _____ Township _____ Range _____

Comments:

CHEMIGATION EQUIPMENT QUOTE:

Supplier _____

Address _____

Phone _____

Cost Share Components

Total

Electrical/Mechanical Interlock \$ _____

Chemical Injection Pump (including hoses/attachments) \$ _____

Chemical Injection Line Check Valve (ie. Mister mist'r) \$ _____

LENRD approved main-line chemigation check valve (drain, hoses, etc.) \$ _____

Miscellaneous- itemize labor, etc _____ \$ _____

_____ \$ _____

Total Cost Share Components \$ _____

Supplier Signature _____