

Deep Soil Sampling Cost Share Instructions

- Phase 2 Areas: At least one sample required for every 80 acres on fields that are planted to continuous corn.
- Phase 3 Areas: At least one sample required for every 80 acres on any field that is going to be planted to corn, regardless of prior crop.
- Maximum number of samples eligible for cost share is one sample per 25 acres.
- Cost share is 50%, up to a maximum of \$34.72/sample. Cost share payment will not be made unless the payment will be \$100 or greater.
- All required information must be turned in by November 1, 2026 for sampling results from Fall 2025/Spring 2026 to be eligible for cost share.

Required Application Documents:

- **100a**
- **W9**
- **Citizenship Attestation Form**
- **Field Name/Legal Descriptions**
- **Sampling Invoice**
- **Sampling Results**

Application documents can be emailed to kfreudenburg@lenrd.org, or dropped off or mailed to the LENRD at 1508 Square Turn Blvd Norfolk, NE 68701.

**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
	Deep Soil Sample					
	\$34.72 per sample OR					
	50% of actual cost (whichever is lower)					
		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 ____ 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

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.)

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

Name:

[illegible]