

Soil Moisture Sensor Incentive Lease Program

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

Eligible Participants: Producers with irrigated fields that have certified irrigated acres in the Lower Elkhorn Natural Resources District. Irrigated fields that are currently using, or have previously used, soil moisture sensors are not eligible for this program.

Eligible Components: Lease of soil moisture sensor equipment and subscription of service.

Requirements:

1. Producer agrees to utilize sensors at the locations funded by this program for a minimum of 3 years.
2. Producer agrees to provide shared data rights to the Lower Elkhorn NRD for locations where funding is provided for a minimum of 3 years.
3. Producer attends 1 pre irrigation season educational meeting designed to acquaint the producer with the soil moisture sensor equipment, and to educate them on the interpretation and application of the data. This meeting will be organized by the dealer/service provider. This educational meeting must be preapproved by the District prior to approving the application.
4. Producer attends 1 end of season recap meeting. This meeting will be organized by the dealer/service provider. This recap meeting must be preapproved by the District prior to approving the application.

Cost Share: Full cost of first year lease/subscription up to \$800.00. There will be a maximum, one time payment of \$2,500.00 per producer.

Request for Assistance Land & Water Development Assistance Program

NAME & MAILING ADDRESS	PHONE NUMBER:	COUNTY: _____
		LEGAL: _____

Expiration Date:

(Date to be determined by NRD)

	Description of Practice	Extent Requested		Assistance Requested	Units Performed	Payment
	Soil Moisture Sensor Lease Program					
	100% up to max \$800 for 1st year					
		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) for 3 years, 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. 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:

TECHNICIAN'S SIGNATURE: _____

DATE: _____

REMARKS:

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

For NRD Board: _____

DATE: _____

CERTIFICATION:

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: *	☐ 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:	
Date:	

- ☐ Blank check (voided) or ☐ Photocopy of a cleared check
☐ Letter from your financial institution
☐ Vendor invoice or letter which contains printed ACH instructions

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