B#:_____

AB#_____

NEBRASKA DEPARTMENT OF NATURAL RESOURCES

Platte-Republican Resources Area
Conservation Reserve Enhancement Program (CREP)
Conservation Practice Payment Application

FOR DNR USE ONLY

FSA Contract #:

_____

DNR Water Use Contract #:

_____

INSTRUCTIONS TO PARTICIPANT: To receive payment or credit for any cost-shares earned on the practices certified below by the United States Department of Agriculture Farm Services Agency (FSA) fill in the information required in Part A, date and sign the certification below and submit the completed application to the Nebraska Department of Natural Resources at: Nebraska Department of Natural Resources, P.O. Box 94676, Lincoln, NE 68509-4676. The application will not be accepted without the signature of an FSA Approving Official in Part B.

A. To be filled out by the Landowner(s).

LANDOWNER	DATE
ADDRESS CITY STATE ZIP	SOC. SEC. OR TAX IDENT. NO.

Please check appropriate box: ☐ Individual/ Sole proprietor ☐ Corporation ☐ Partnership ☐ Other _____

LOCATION OF LAND: _____ ¼, SEC. _____ , TWP. _____ , RNG. _____ , _____ COUNTY

Do you bear all the expense (except for program cost-sharing) for performing this practice? ☐ Yes ☐ No

If no, report name(s) address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.

_____

_____

_____

_____

B. To be filled out by an Approving Official of the FSA.

The FSA has approved payment of $_____ to the participating landowner named above for total cost-shares earned in completing conservation practices in accordance with USDA CRP-1 Contract # _____. The FSA has paid $_____ of the total cost-shares earned. The Department of Natural Resources portion of the total cost-shares earned is $_____.

By: _____ Date: _____

FSA Approving Official

LANDOWNER(S) CERTIFICATION AND AGREEMENT

I certify that the above information is true and correct. I further certify that I performed the practices required by USDA CRP-1 Contract #_____ in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the FSA Approving Official has determined the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain this practice for at least _____ years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me, as determined by the FSA Approving Official and the Nebraska Department of Natural Resources, if before expiration of the practice lifespan specified by the FSA, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan. I understand that this page constitutes the entire agreement between the parties.

SIGNATURE OF LANDOWNER(S)

_____ _____

Signature Signature

_____

Date

NEBRASKA DEPARTMENT OF NATURAL RESOURCES CERTIFICATION

I certify that the above Agreement has been reviewed and approved by me.

_____ _____

Authorized Signature Date

PARTICIPATION IN NDNR PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABLILTY.

Clear Form

STATE OF NEBRASKA SUBSTITUTE FORM W-9 & ACH ENROLLMENT FORM

Return Form to the Requester.
(Rev. December 2014)

Requester Information: **(State of Nebraska Agency requesting this form to be completed)**

Agency:		Phone:	
Name:		Fax:	
Address:		E-mail:	

Substitute Form W-9: (IRS Rev. December 2014)

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): _____-_____

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: (Rev. December 2014)

☐ Initial Setup ☐ Change ☐ Close Account

This information is REQUIRED to process ACH payments. Without this information, your payment may be delayed.

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
Title:	☐ Letter or statement from your financial institution
Date	☐ Vendor invoice or letter which contains printed ACH instructions

Internal Use Only: