

LOWER NIOBRARA NATURAL RESOURCES DISTRICT

REQUEST FOR NATURAL RESOURCES WATER QUALITY FUND COST SHARE

Name: _____ Soc. Sec. #: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: (_____) _____

Legal Description: _____

Cost Share Items	Number Requested	Cost Share Requested	Number Installed	Cost/Item	%	Cost Share Amount
Home Treatment System <i>Max. cost share \$1,200.00 per Cooperator</i>		\$		\$	65	\$
Domestic Well <i>Max. cost share \$1,000.00 per Cooperator</i>		\$		\$	65	\$
Hookup to a Rural Water System <i>Max. cost share \$1,200.00 per Cooperator</i>		\$		\$	65	\$
Total Amount LNNRD Agrees to Cost Share					\$	

Landowner Agreement

I certify that I am the owner of the above-described property and agree that if any or all of the above installed practices shall be removed, altered or modified so as to lessen their effectiveness without consent of the Lower Niobrara Natural Resources District for a period of 10 years after the date of receiving payment, that portion of the claimed amount shall be refunded to the LNNRD. If title to this land is transferred to another party, it shall be my responsibility to advise the new owner that this agreement is in force. I further agree to allow the LNNRD to inspect the practice at any reasonable time.

SIGNATURE OF LANDOWNER

AUTHORIZED REPRESENTATIVE

DATE

SIGNATURE OF LNNRD REPRESENTATIVE

DATE

FOR OFFICIAL USE ONLY:

Date Paid _____ Check Number _____ Check Amount \$ _____

**COST SHARE PAYMENT WILL BE BASED ON AVAILABILITY OF WATER QUALITY FUNDING
NRD APPROVAL MUST BE RECEIVED PRIOR TO PURCHASE OR INSTALLATION.**

The Lower Niobrara Natural Resources District is an Equal Opportunity Provider and Employer

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

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: *	<input type="checkbox"/> Check here if the bank is outside of the United States.
Address:	Depositor Account Number:	Prior Account Number: *	<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
City, state and ZIP code:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> 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	
<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	

AGENCY APPROVAL #1 -Signature: _____

DATE: _____

AGENCY APPROVAL #2 -Signature: _____

DATE: _____