



# Lower Niobrara Natural Resources District

## LOWER NIOBRARA WATER REDUCTION COST-SHARE PROGRAM

COST-SHARE ASSISTANCE APPLICATION, PAYMENT CLAIM AND AGREEMENT

<b>IN ACCORDANCE WITH THE LNNRD'S WATER REDUCTION RULES AND REGULATIONS:</b>	DATE :	LANDOWNER/ TENANT:	
	SSN OR TIN:	ADDRESS:	
TELEPHONE NUMBER (AREA CODE):	CITY:	STATE:	ZIP CODE:

I (we) the undersigned, do hereby request cost-share assistance to help defray the cost of installing an irrigation flow meter. It is understood and agreed that:

1. The cost-share rate at which the NRD will cover approved irrigation water management devices shall be set at 75% or \$1500.00/field practice. Approved irrigation water management devices are flow meters, telemetry, soil moisture probes, and other management technologies.
2. The Landowner/Tenant will be responsible for all maintenance and upkeep of each approved irrigation water management device; all incurred expenses for required parts will be the responsibility of the Landowner/Tenant
3. The undersigned is responsible for reporting to the NRD any malfunctions or removal of the cost-shared flow meter. All work associated with the flow meter installation must be completed within 9 months of NRD approval date.
4. Any flow meter purchased as part of the NRD cost-share program shall be installed to meet all specifications of the manufacturer.
5. Meters must have a totalizer that reads in Acre-Inches and be installed with an anti-reverse mechanism and an overrun bearing.
6. NRD personnel shall be allowed access to the flow meter site for periodic inspection and verification of irrigation totals derived from the flow meter.
7. The undersigned shall be responsible for any costs of labor associated with the installation of the flow meter.
8. The Landowner/Tenant shall provide the LNNRD with a certificate of installation prior to the issuance of cost-share funding.
9. Cost-share will be based on an approved list of infield technologies provided to each applicant by the NRD and be applied towards purchase of a flow meter, flow conditioners, straightening vanes, check valves and canopy covers. Cost-share will be provided to a maximum \$1,500.00/field practice.
10. An approved application is required prior to installation, submittal of receipts by landowner/tenant indicates certification of true and proper charges for work done and paid and that no discounts or reduced cost were, or will be, received after submittal of receipt

APPLICANT REQUEST				
INFIELD TECHNOLOGY REQUEST	MANUFACTURER	TECHNOLOGY	ESTIMATED COST	
<input type="checkbox"/> FLOW METER	MAKE: _____ MODEL: _____	<input type="checkbox"/> FLOW METER	\$	_____
<input type="checkbox"/> TELEMETRY	MAKE: _____ MODEL: _____	<input type="checkbox"/> TELEMETRY	\$	_____
<input type="checkbox"/> SOIL MOISTURE PROBE	MAKE: _____ MODEL: _____	<input type="checkbox"/> SOIL MOISTURE PROBE	\$	_____
<input type="checkbox"/> OTHER TECHNOLOGIES	MAKE: _____ MODEL: _____	<input type="checkbox"/> OTHER TECHNOLOGIES	\$	_____
		<b>TOTAL ESTIMATED COST:</b>	\$	_____
LOCATION OF PRACTICE:	¼ SEC.	TWP.	RNG.	COUNTY
COST- SHARE ISSUED (NRD USE ONLY)				
REIMBURSABLE ITEM	COST	AWARDED	INSTALLATION LOCATION DETAILED DESCRIPTION	WELL #
<input type="checkbox"/> FLOW METER	\$ _____	\$ _____		
<input type="checkbox"/> TELEMETRY	\$ _____	\$ _____		
<input type="checkbox"/> SOIL MOISTURE PROBE	\$ _____	\$ _____		
<input type="checkbox"/> OTHER TECHNOLOGIES	\$ _____	\$ _____		
<b>TOTAL IN FIELD PRACTICE</b>	\$ _____	\$ _____		

I certify that the items for which payment is claimed will be furnished under authority of the law and that the charges are reasonable, proper, and correct and no part of the claim has been paid. I further certify that I am the owner or tenant of the above described property and agree that if any or all cost-shared items shall be removed, altered, or modified so as to lessen their effectiveness without consent of the Natural Resources District for a period of ten years after the date of receiving payment, that a portion of the claimed amount shall be refunded to the Lower Niobrara Natural Resources District. 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 and to obtain such new owner's acceptance of the responsibilities herein.

SIGNATURE OF LANDOWNER/TENANT: \_\_\_\_\_ DATE: \_\_\_\_\_

LNNRD OFFICE USE ONLY

INSPECTION DATE:

SIGNATURE OF INSPECTING FIELD TECH OR AUTHORIZED REPRESENTATIVE:

INSPECTION NOTES:

DATE RECEIVED

DOCUMENTATION RECEIVED

DATE APPROVED

- COMPLETED APPLICATION
- COST DOCUMENTS/RECEIPTS
- W-9
- APPLICATION APPROVAL
- OTHER