

NEBRASKA DEPARTMENT OF NATURAL RESOURCES

FOR DNR USE ONLY

B#: _____

AB# _____

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

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: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	
LOCATION OF LAND: _____ ¼, SEC. _____, TWP. _____, RNG. _____, _____ COUNTY	
Do you bear all the expense (except for program cost-sharing) for performing this practice? <input type="checkbox"/> Yes <input type="checkbox"/> 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 DISABILITY.

State of Nebraska Substitute Form W-9 For Questions Contact:
 Dee Ward (402) 471-0603 or Alyssa Morrow (402) 471-0604
 E-mail: Dee.Ward@nebraska.gov Alyssa.Morrow@nebraska.gov
 Fax: (402) 471-0887

	Internal Use Only
NEW	
PP	
V	
VP	

Form **W-9**
 (Rev. December 2011)
 Department of the Treasury
 Internal Revenue Service

**Request for Taxpayer
 Identification Number and Certification**

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type
See Specific instructions on page 2.

Name (as shown on your income tax return)	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor 1099 Reportable <input type="checkbox"/> C Corporation Not 1099 Reportable <input type="checkbox"/> S Corporation 1099 Reportable <input type="checkbox"/> Partnership 1099 Reportable <input type="checkbox"/> Trust/estate 1099 Reportable <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Government - Not 1099 Reportable <input type="checkbox"/> Non-Profit - Not 1099 Reportable <input type="checkbox"/> Other (see instructions) ▶	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number																						
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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Printed Name: _____ **Contact Phone:** _____

E-mail: _____

Comments or Business/Entity Notes:

Internal Use Only:
