# CENTRAL PLATTE NRD PRESCRIBED BURN COST SHARE PROGRAM

Revised (08/08/24)

The purpose of a prescribed burn is to control the undesirable vegetation, to prepare sites for harvesting, planting or seeding, to control plant disease, to reduce wildfire hazards, to improve wildlife habitat, to improve plant production quantity and/or quality, to remove slash and debris, to enhance seed and seedling production, to facilitate distribution of grazing and browsing animals, and to restore and maintain ecological sites.

LANDOWNER: _____ SOCIAL SECURITY NO: _____

ADDRESS: _____ Home Phone: _____

_____ Cell Phone: _____

Email: _____ County: _____

LOCATION: _____ 1/4, SECTION _____ TOWNSHIP _____ RANGE _____

**This application will not be effective until approved by the NRD:** *All applications must be approved before project can be started*. Claims for payment will not be accepted more than nine months from the date this application is approved. Claims for payment submitted but being held subject to compliance with all rules and regulations of the Central Platte NRD programs shall be held only up to 90 days. After 90 days, the claim for payment shall be considered void and the original application cancelled. Items of cost for which reimbursement is claimed are to be supported by documentation of payments made. Cost share is 50% of actual cost (or 50% of landowners share when other cost share is involved) not to exceed a lifetime limit of $2,500.00

| APPLICANT'S REQUEST | | | PERFORMED | | |
|---|---|---|---|---|---|
| # of Acres | Price per acre | Maximum Assistance | Actual Cost | 50% Actual | Cost Share |
| | | | | | |

**APPLICATION:** I understand that I must be in compliance with all rules and regulations of the Central Platte Natural Resources District's programs, both at the time of application in order to receive approval, and at the time of completion in order to receive payment.

Landowner Date

NRCS or NRD Technican Date

**APPLICATION APPROVAL:**
The Central Platte NRD Board of Directors approved the Applicant's request and hereby obligate $ _____

NRD Representative Date

**LANDOWNER CERTIFICATION:**
I certify that the items for which payment is claimed were 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 of the above described property.
I certify that I accept all responsibility for any activities associated with this cost share, including prescribed burn planning, prescribed burn approval, and the prescribed burn itself.

Landowner Date

**COMPLETION AND CERTIFICATION:**

NRCS or NRD Technician Date

NRD Representative Date



Note: Cost share payments are considered taxable income. Recipents of total payments of $600 or more in a calendar year will receive a Federal Form 1099.