No. _____

NSWCP-3(REV.6-2005)

FOR DNR USE ONLY
B#_____
AB#_____

NEBRASKA SOIL AND WATER CONSERVATION PROGRAM
Cost-Share Assistance Application, Payment Claim and Agreement

IN ACCOUNT WITH THE STATE OF NEBRASKA DEPARTMENT OF NATURAL RESOURCES	DATE	LANDOWNER			
	SOC. SEC. OR TAX IDENT NO.	ADDRESS	CITY	STATE	ZIP CODE + 4
EMAIL:		TELEPHONE NUMBER *(Including Area Code)*:			

I (we) the undersigned, do hereby request cost-share assistance to help defray the cost of installing the soil and water conservation practices as listed below. It is understood and agreed that:

1. Before receiving any cost-share funds, it will be necessary for the landowner(s) to sign the agreement below relating to the maintenance of practices installed.
2. Practices must be planned and installed in accordance with technical specifications of the Natural Resources Conservation Service.
3. The responsible technician must make prior determination that the practices are feasible on the site where they are to be installed, that they are properly planned and installed, and that estimates of quantities are proper and reasonable.
4. Items of cost for which reimbursement is later claimed are to be supported by documentation of payments made or due to contractors or other workers.
5. This application will not be effective until approved by the Natural Resources District. Claims for payment will not be accepted more than nine (9) months from the date this application is approved unless an extension is granted by the Natural Resources District.
6. Maximum reimbursement will be limited to 50 percent of the actual cost to the landowner, the percentage of average costs specified below or the amount obligated by the Natural Resources District, whichever amount is the least.

LOCATION OF PRACTICE _____ ¼, SEC. _____ , TWP. _____ , RNG. _____ , _____ COUNTY

APPLICANT'S REQUEST						PRACTICE UNITS PERFORMED			
PRACTICE NO. & DESCRIPTION	UNIT	EXTENT	AVE. COST/ Unit	MAXIMUM ASSISTANCE %	$	EXTENT	SHARE RATE % AVE.	% ACT.	COST-SHARE EXTENT X SMALLEST RATE
			TOTAL					TOTAL	$
								LESS OTHER COST-SHARE ASSISTANCE	$
								TOTAL AMOUNT NSWCP CLAIM	$

Signature of Landowner or Authorized Rep. Date

Practices and Quantities requested are needed and practical and will be planned in accordance with Natural Resources Conservation Service technical specifications.

Signature of NRCS or NRD Technician Date

APPLICATION APPROVAL:
The _____NRD Board of Directors approved the Applicant's Request and hereby obligate $_____

Signature of NRD Representative Date

LANDOWNER(S) CERTIFICATION AND AGREEMENT

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 and agree that if any or all of above installed practices 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 Nebraska Department of Natural Resources. 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(S)

_____ _____

COMPLETION AND DOCUMENTATION CERTIFICATION:

Signature of NRCS or NRD Technician Date

Signature of NRD Representative Date

NEBRASKA DEPARTMENT OF NATURAL RESOURCES CERTIFICATION

I hereby certify that the above claim has been reviewed by me and I find it a proper claim against the Nebraska Soil and Water Conservation Fund.

_____ _____
Authorized Signature Date