

CENTRAL PLATTE NRD PHRAGMITES CONTROL COST SHARE PROGRAM

Revised (08/08/24)

This program is to be used for chemical control of hydrophytic herbaceous (not trees) noxious weed species on riparian areas adjacent to the Platte River, tributaries and water bodies district wide.

OWNER / OPERATOR: _____

SOCIAL SECURITY NO: _____

If operator then LO needs to sign below.

ADDRESS: _____

Home Phone: _____

Cell Phone: _____

Email: _____

County: _____

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

This application will not be effective until approved by the NRD. Claims for payment will not be accepted more than nine months from the date this application is approved. Items of cost for which reimbursement is claimed are to be supported by documentation of payments made. Cost share is 75% of average costs, up to a maximum of \$2,000. Program must be planned and installed in accordance with technical specifications of the Natural Resources Conservation Service.

APPLICANT'S REQUEST					PERFORMED				
Description	Extent	Ave Cost	75%	\$	Description	Extent	75% Ave	75% Actual	Cost Share
YEAR 1									
YEAR 3									
TOTAL					TOTAL				

APPLICATION/CERTIFICATION: 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. If title to this land is transferred to another party, is shall by 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.

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

NRD Representative Date

Landowner Date

NRCS or NRD Technician Date

COMPLETION AND CERTIFICATION: YEAR 1	
NRCS or NRD Technician	Date
NRD Representative	Date

COMPLETION AND CERTIFICATION: YEAR 3	
NRCS or NRD Technician	Date
NRD Representative	Date

APPLICATION EXPIRES: _____

For the above described land unit that I own, I provide my assurance that the tenant listed above will have control of this land and has the authority to act as decision maker for the management and operation of this land for the purpose of satisfying the terms and conditions of a Conservation Contract, for the proposed contract period.

Landowner Signature Date

Office Use Only:
Record# Compliance Bills Paid Citizen Form

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