

CENTRAL PLATTE NRD BURN PREPARATION COST SHARE

Revised (08/08/24)

The purpose of the program is to make pastures safer for burning, conserve native grasslands for sustained grazing and increase wildlife habitat.

LANDOWNER: _____ **SOCIAL SECURITY NO.:** _____

ADDRESS: _____ **PHONE:** _____

_____ **Cell Phone:** _____

_____ **County:** _____

Email: _____ **Operator:** _____

Do you plan to Burn Pasture: YES or NO _____ **Burn Month/Year** _____

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 one year 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.

One application per landowner per lifetime.

Cost share covers the cost of tree removal and fireline prep.

Cost share is 50% up to \$75 per acre per landowner, with a max of \$10,000.

A map of the area to clear must accompany application.

Pasture applications where the goal is to burn are given top priority.

APPLICANT'S REQUEST				PERFORMED		
ACRES	ESTIMATED COSTS	Maximum Assistance 50% up to \$75 per acre		ACRES	ACTUAL COST	Maximum Assistance
TOTAL						

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 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.

Landowner _____ **Date** _____

NRCS or NRD Technician _____ **Date** _____

Landowner _____ **Date** _____

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

COMPLETION AND CERTIFICATION:

NRD Representative _____ **Date** _____

NRCS or NRD Technician _____ **Date** _____

Office Use Only:

Record # _____

Compliance _____

Bills Paid _____

NRD Representative _____ **Date** _____