

MIDDLE NIOBRARA NRD WATER QUALITY COST SHARE APPLICATION

| | | |
|-------------------------|----------|------------|
| Date: | Phone #: | Landowner: |
| Soc.Sec. or Tax I.D. #: | | Address: |

I (we) the undersigned do hereby request cost share to help defray the cost of installing water quality enhancement practices or equipment listed below. It is understood and agreed that:

1. Before receiving any cost share funds, it is necessary for the landowner(s) to sign the agreement below relating to the maintenance of the practices installed.
2. Practices must be planned and installed in accordance with technical specification of the NRCS (when available).
3. MNNRD personnel will 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. Cost/bills associated with equipment and labor of a given practice will be remitted by the MNNRD on behalf of the landowner, directly to the contractor or supplier.
5. The MNNRD will pay only when the applicant has presented the District with their contribution (Total cost – cost share).
6. This application will not be effective unless approved by the MNNRD. Claims for payment will not be accepted later than June 1, 2015 unless an extension is granted by the MNNRD.
7. Maximum cost share will be limited to 50% of the actual cost or \$2,500.
8. Maximum cost share for Soil Moisture Sensors will be limited to 50% of the actual cost or \$1,000.

LOCATION OF PRACTICE:

| | | | | |
|-----|------|------|------|---------|
| 1/4 | Sec: | TWP: | RNG: | County: |
|-----|------|------|------|---------|

| APPLICANT'S REQUEST | | | | | PRACTICE UNITS PERFORMED | | | | |
|---|------|--------|-----------------|-----------------|---|--------------|------------|--------|------------------------------------|
| PRACTICE & DESCRIPTION | UNIT | EXTENT | AVE. COST/ UNIT | MAX. COST SHARE | | EXTENT | SHARE RATE | | COST SHARE: EXTENT x SMALLEST RATE |
| | | | | % | \$ | | AVE. | % ACT. | |
| | | | | | | | | | |
| TOTAL | | | | \$ | | TOTAL | | \$ | |
| Signature of Landowner or Authorized Rep. _____ Date _____ Practices and Quantities requested are needed, practical, and will be planned in accordance with NRCS technical specifications. Signature of Technician _____ Date _____ | | | | | LESS OTHER COST SHARE | | | | \$ |
| | | | | | TOTAL AMOUNT MNNRD COST SHARE | | | | \$ |
| APPLICATION APPROVAL: The MNNRD Board of Directors approved the Applicant's request and obligate \$ _____. Signature of MNNRD 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 the above installed practices shall be removed, altered, or modified so as to lessen their effectiveness without consent of the Middle Niobrara NRD for a period of ten (10) years after the date of receiving payment, that portion of the claimed amount shall be refunded to the Middle Niobrara NRD; excluding Soil Moisture Sensors. Soil Moisture Sensor data must be turned into the NRD for three (3) years. 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 owners' acceptance of the responsibilities herein. SIGNATURE OF LANDOWNER(S) _____ Date _____ _____ Date _____ | | | | |
| COMPLETION AND DOCUMENTATION CERTIFICATION: Signature of Technician _____ Date _____ Signature of MNNRD Representative _____ Date _____ | | | | | | | | | |