NEBRASKA SOIL AND WATER CONSERVATION PROGRAM

FOR DNR USE ONLY
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	Cost-Snare Assistance Application	ı, Payment Ci	aim and Agreement	АВ#	
IN ACCOUNT WITH THE STATE OF NEBRASKA	DATE	LANDOWNER			
DEPARTMENT OF NATURAL RESOURCES	SOC. SEC. OR TAX IDENT. NO.	ADDRESS	CITY	STATE	ZIP CODE
		TELEPHONE NU	MBER (Including Area Code):		

I (we) the undersigned do hereby request cost share 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 is necessary for the landowner(s) to sign the agreement below relating to the maintenance of the practices installed.
- Practices must be planned and installed in accordance with technical specification of the Natural Resources Conservation Service. 2.
- 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 planed and installed, and that estimates of quantities are proper and reasonable.
- 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.
- This application will not be effective unless approved by the Natural Resources District. Claims for payment will not be accepted more than nine (9) months from the 5. date this application is approved unless an extension is granted by the Natural Resources District.
- Maximum reimbursement will be limited to 75 percent of the actual cost to the landowner, the percentage of average costs specified below or the amount obligated by the 6. Natural Resources District, whichever amount is the least.

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LOCATION OF PR	ACTICE	Ξ:								
1/4 Sec:					TWP:	RNG:	Cou	County:		
						T				
	AP	PLICANT'S				PRACTICE UNITS PERFORMED				
DD A CITICIE 0	LINITE	EXTENT	AVE. COST/ UNIT		AX. COST	EXTENT		ERATE	COST SHARE:	
PRACTICE & DESCRIPTION	UNIT			%	IARE \$		AVE.	% ACT.	EXTENT x SMALLEST RATE	
DESCRII TION	.\				D		AVE.	AC1.	SWALLEST RATE	
TOTAL				\$	TOTAL			\$		
					LESS OTHER COST SHARE \$				\$	
Signature of Landowr		omized Dom	Date		TOTAL AMOUNT MNNRD COST SHARE \$				\$	
Practices and Quantities requested are needed, practical, and will be planned in accordance with NRCS technical specifications. Signature of Technician APPLICATION APPROVAL: The MNNRD 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 the 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 (10) years after the date of receiving payment, that 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 owners' acceptance of the responsibilities herein. SIGNATURE OF LANDOWNER(S) Date Date Date						
COMPLETION AND DOCUMENTATION CERTIFICATION:				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.						
Signature of Technici	an		Date	_						
					Authorized Signature				Date	
Signature of NRD Re	presentativ	e	Date							