

CENTRAL PLATTE NRD CHEMIGATION INCENTIVE COST SHARE PROGRAM

Revised (06/11/26)

The purpose of this program is to increase the number of producers using chemigation as a fertilizer application method.

LANDOWNER: _____ ADDRESS: _____ _____ Email: _____ LOCATION: _____ 1/4,	SOCIAL SECURITY NO: _____ PHONE: _____ Cell Phone: _____ County: _____ Operator: _____ SECTION _____ TOWNSHIP _____ RANGE _____
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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 five months from the date this application is approved. Claims for payment submitted but being held subject to compliance with all rules and regulations of the CPNRD 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.*

Items of cost for which reimbursement is claimed are to be supported by documentation of payments made.

Cost share is 50% of actual cost up to \$3,500.00 per field. Landowner must also be enrolled in the Sensor Based Nutrient Management Program. to be eligible for this chemigation incentive program.

Each landowner is eligible to sign-up two fields (320 acres max). \$7,000 lifetime max.

APPLICANT'S REQUEST	PERFORMED		
Maximum Assistance	Actual Cost	50% Actual	Cost Share

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 item for which payment is claimed was furnished under authority of the law and that the charges are reasonable, proper and correct. I further certify that I am the owner of the above described property and agree that if the above installed flow meter is removed, or not maintained for a period of five years after the date of receiving payment, that portion of the claimed amount shall be refunded to the Central Platte NRD. 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.

Landowner	Date
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NRCS or NRD Technican	Date
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APPLICATION APPROVAL:

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

Landowner	Date
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COMPLETION AND CERTIFICATION:

NRCS or NRD Technician	Date
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NRD Representative	Date
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NRD Representative	Date
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Office Use Only:

Record # _____

Compliance _____

Bills Paid _____