## CENTRAL PLATTE NRD PRESCRIBED BURN COST SHARE PROGRAM

The purpose of a prescribed burn is to control the undesirable vegetation, to prepare sites for harvesting, planting or seeding, to control plant disease, to reduce wildfire hazards, to improve wildlife habitat, to improve plant production quantity and/or quality, to remove slash and debris, to enhance seed and seedling production, to facilitate distribution of grazing and browsing animals, and to restore and maintain ecological sites.

LANDOWNER:				SOCIAL SE	CURITY NO:			
ADDRESS:				Home	Phone:			
	Cell Phone:							
Email:					County:			
LOCATION:		1/4, SECTION		<mark>TOWNSHIP</mark>	County.	RANGE		_
project can be is approved. C Central Platte I considered voi supported by d	started. Claims Claims for paymoner NRD programs d and the origin locumentation of the is involved) n	effective until approvers for payment will not be ent submitted but being shall be held only up to all application cancelled from payments made. Costot to exceed \$2,500.00	e accepted g held subje 90 days. A l. Items of c t share is 50	more than rect to compliant to compliant for 90 days cost for whice 10% of actuals.	nine months ance with a , the claim t h reimburse I cost (or 50	s from the da Il rules and re for payment s ement is clair 0% of landow	te this application egulations of the shall be med are to be ners share when	
APPL	ICANT'S REQU	PERFORI			ORMED			
# of Acres	Price per acre	Maximum Assistance	Actua	l 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 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, including prescribed burn planning, prescribed burn approval,					
Landowner		and the prescribed burn itself.						
NRCS or NRD	Technican	Date		Landowner			Date	
APPLICATION APPROVAL: The Central Platte NRD Board of Directors approved the Applicant's request and hereby obligate \$				COMPLETION AND CERTIFICATION:				
				NRCS or N	RD Technic	cian	Date	
NRD Represer	ntative	Date		NRD Repre	esentative		Date	