



Weston County Natural Resource District Rural Cost-Share Program

Program Objectives-Up to \$5,000.00

The Weston County Natural Resource District Rural Cost Share program was created to help fund projects that make a positive difference on the land. We intend to provide incentive for landowners within the Weston County Natural Resource District Boundaries, to implement natural resource conservation practices that address soil erosion, water quality and quantity, energy conservation or improve wildlife habitat. This program is also for those landowners who can't typically qualify for federal farm bill programs.

Project Examples

- Soil erosion mitigation. (streambank stabilization)
- Resource damage due to acts of nature. (field loss, stream bank stabilization, rangeland improvements)
- Solar stock pumps to improve livestock distribution in remote areas.
- Spring developments to enhance wildlife and/or improve livestock distribution.
- Fencing for implementing a rotational grazing system.
- Riparian fencing to manage livestock and reduce grazing impacts.
- Practices that federal farm bill programs do not fund such as electrical costs.

Levels of funding

The Cost-Share program is a matching program in which 50% of project costs, not to exceed \$5,000 may be reimbursed by the District. All projects must be pre-approved, by the WCNRD Board *before* being implemented and must be inspected upon completion. Cost share dollars will be on a reimbursable basis not to exceed 50% or \$5,000, whichever is less. **Invoices and copies of receipts ensuring payment will be required for cost share dollars.** Structural Designs MUST follow NRCS standards and specifications. **Landowners must request specs from NRCS**

- Maximum for in-kind contributions will be capped at 25% based on a labor rate of \$15/hour.
- Only one rural cost-share grant may be awarded per cooperator per fiscal year (July 1-June 30)
- After project completion and inspection, cost-share will be issued based on signed receipts and documentation of in-kind contributions.
- Reimbursements will only be made if the project is completed by the April 2020 deadline and project has been completed, inspected, and invoiced.

Selection Process

Applications are due by August 1, 2019 by noon. Grant selection and payment decisions will be made by the WCNRD Board of Supervisors during their August 2019 board meeting.

- Applicants will need to include a map of the project area and a grazing plan provided by applicant.
- All projects must be pre-approved by the WCNRD Board before being implemented and must be inspected by an appropriate WCNRD or NRCS representative upon completion.
- The WCNRD Board reserves the right to decline a project if they feel it does not meet the goals and objectives of the program.
- **Landowners must request project specifications from NRCS staff.**

PLEASE NOTE THAT COST SHARE FUNDS ARE SUBJECT TO FEDERAL INCOME TAX!

Total Estimated Project Cost \$ _____

(Please provide cost breakdown using budget sheet provided)

1. Will your project address multiple resource concerns? Yes ___ No ___ If yes, Explain.

2. Is the property that the project will be implemented on Privately Owned ___, Leased ___, or Public ___ lands? What is the percent of deeded land the project will be implemented on? Explain _____

3. Will the project enhance a current grazing management plan or will it be implemented with a new grazing and management plan? Please Explain. _____

4. Have you obtained, or are you seeking funding from other partners? Yes ___ No ___ If yes, please list. _____

5. Is this a new project or a continuation of a practice currently installed? If this is a continuation who was the original practice with? Explain _____

6. Are you willing to provide all necessary operation and maintenance to maintain the project after completion? Yes ___ or No ___ Explain _____

7. Will the project benefit multiple landowners (Consent for the project must be given from all landowners involved)? Yes ___ No ___ Explain _____

8. Have you participated in a NRCS program in the last 5 years? Yes ___ or No ___ Explain

9. What is the proximity to a reliable water source? (Circle one)
- Is the creek or riparian area the only source of water for livestock currently?
 - Within 5 miles of a creek.
 - Less than 5 miles of a creek.
 - Other _____

10. Will the project include any or all of the following installments: Pipeline, Well, Water Tank? Please explain: _____

11. If this project is a water installation project, will at least one water system be made available year round from frost – frost to benefit wildlife? _____ YES or NO _____
12. Will the installed conservation practice result in increased riparian health? (Circle one)
- 76-100%
 - 51-75%
 - 26-50%
 - 1-25%
13. What is the percentage of land that will be utilized for grazing management within the area: _____ %
- Is the season of use for the planned water year round availability? ___ YES or NO _____
 - Is the season of use for the water summer use only? _____ YES or NO _____
 - Will planned grazing be incorporated to include an increased pasture recovery time during the growing season? _____ YES or NO _____. If yes, the pasture recovery time during the growing season would increase by _____ %.

14. How are your pastures treated? (Circle one or Explain)

- a. As on large unit with continuous access to nearby waterbody and riparian area?
- b. Has water gaps allowing livestock to access water and riparian areas in specific locations.
- c.

Other _____

15. If a water project, what is the intend use of the water project?

- a. Livestock
- b. Wildlife
- c. Other. Please explain: _____

16. If your project is awarded, will you be able to complete the proposed project by **April 30th of next year?**

- a. Yes
- b. No

If YES, Check the following

- a. Is your project "shovel ready"? _____
- b. Do you have the necessary permits in place to begin? _____
- c. Do you need an engineer to come out and assess the project location? _____

ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR PROJECT?

Application and Agreement

I request cost-share assistance under the Weston County Natural Resource District's Cost-Share Program to implement the conservation practices described in the above sections.

If cost-sharing is approved for the practice(s) requested, I agree to meet Program Objectives, adhere to Cost-Share Criteria, follow the Program Process, and follow the Budget proposed in this document. I agree to ensure that all applicable local, state, and federal permits are obtained and guidelines followed in implementing the practices described herein. I also agree to complete the project within **one year of approval** by WCNRD Board.

I will ensure that during the implementation of this project I will not knowingly destroy any known cultural resources. I will follow the Governors' Executive order in regards to Sage Grouse and Sage Grouse Habitat. I understand that I must meet NRCS structural designs and any modification made to the NRCS designs and specifications must be approved before implemented. I will call the "Call Before You Dig" number (811) before starting my project if applicable to my project.

I understand that the Weston County Natural Resource District may not be held liable for any personal or property damage incurred while implementing the conservation practices described in this agreement.

No waiver of any immunity or limitation of liability afforded by the Wyoming Governmental Claims Act is intended by the parties, and the County retains all such immunities and limitations of liability.

I hereby affirm that the information I provided in this application is true to the best of my knowledge, as any misrepresentation will result in the revocation of the application.

Signature of Applicant Date

Signature of Landowner Date
(if applicant is a Lessee)

Signature of WCNRD Supervisor Date

Application Reviewed by District Staff Date

Date Approved by Board: _____

PURCHASES MADE BEFORE APPROVAL ARE NOT ELIGIBLE FOR COST SHARE!

The Weston County Natural Resource District offers all programs and services on a non-discriminatory basis, without regard to race, color, national origin, sex, religion, age, disability, political beliefs, or marital and familial status.

Weston County NRD, 1225 Washington Blvd., Suite 3, Newcastle, WY 82701 phone. (307) 746-3264 fax. (307) 746-2870

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
 See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.															
2 Business name/disregarded entity name, if different from above															
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Individual/sole proprietor or single-member LLC</td> <td><input type="checkbox"/> C Corporation</td> <td><input type="checkbox"/> S Corporation</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Trust/estate</td> </tr> <tr> <td colspan="5"> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. </td> </tr> <tr> <td colspan="5"><input type="checkbox"/> Other (see instructions) ▶</td> </tr> </table>	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					<input type="checkbox"/> Other (see instructions) ▶				
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<input type="checkbox"/> Other (see instructions) ▶															
4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):															
Exempt payee code (if any) _____															
Exemption from FATCA reporting code (if any) _____															
<small>(Applies to accounts maintained outside the U.S.)</small>															
5 Address (number, street, and apt. or suite no.) See instructions.															
6 City, state, and ZIP code															
7 List account number(s) here (optional)															
Requester's name and address (optional)															

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
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Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Agreement Completion Certification (must be signed prior to payment)

I hereby certify that implementation of the conservation practices proposed in the Application/Agreement have been completed according to the Objectives and Criteria of this program as of the date shown below. The paid receipts I provided reflect the true cost of implementing the project authorized, and, I agree to maintain the approved practice/project for the design life specified in the Application/Agreement.

Signature of Applicant Date

Signature of Landowner Date
(if cooperator is Lessee)

Signature of WCNRD Supervisor Date

Project Reviewed by District Staff Date

Date Reimbursement was Approved: _____

The Weston County Natural Resource District offers all programs and services on a non-discriminatory basis, without regard to race, color, national origin, sex, religion, age, disability, political beliefs, or marital and familial status.

Weston County NRD, 1225 Washington Blvd., Suite 3, Newcastle, WY 82701 phone. (307) 746-3264 fax. (307) 746-2870