

LPSNRD Landscape Tree Cost-Share Application

- Name: _____
- Address where tree will be planted:

- Tree species selected: _____
- Tree cost: _____
- Cost-Share Amount Requested (75% up to \$200.00): _____

Please include the following supporting documentation:

- Map and photographs of the planting location.
- Quote for the tree from nursery.
- Receipt from 811-Digger's Hotline.
- W-9 and Citizen Attestation Forms attached.

This application has been reviewed by the LPSNRD Conservation Forester and approved by the LPSNRD General Manager

LPSNRD Conservation Forester

Date

LPSNRD General Manager

Date

Landscape Tree Cost-Share Application Checklist



LOWER PLATTE SOUTH
natural resources district

- Verified that the planting location is within the LPSNRD (map link).
- Selected an eligible tree species.
- Obtained documentation of the tree cost from the nursery.
- Provided an aerial image of the planting location.
- Included a photo showing the exact planting location.
- Submitted documentation of clearance from **811 Digger's Hotline**.
- Completed the application form.
- Completed and attached the W-9 and Citizenship Attestation forms.
- Optional:** Completed the **ACH Authorization Form** to receive reimbursement more quickly after approval.
- Received written approval from LPSNRD.
- Planted the tree.
- Sent a photo of the planted tree to the LPSNRD Forester.
- Received reimbursement check (or ACH deposit, if applicable).

United States Citizenship Attestation Form

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, check one of the following for yourself and attest to your response by providing your name, and signing and dating this form.

I am a citizen of the United States.

- OR -

I am a qualified alien under the federal Immigration and Nationality Act, my immigration status is _____ and my alien number is _____, and I agree to provide a copy of my USCIS documentation upon request.

- AND -

(for corporations, partnerships, or trusts)

Every person who is either a stockholder of the corporation, a partner of the partnership or a beneficiary of the trust is also a United States citizen or qualified alien.

Name of Trust, Partnership or Corporation

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(first, middle, last)

SIGNATURE _____

DATE _____