East Pottawattamie County Soil & Water Conservation District

Financial Assistance Application

A

Who is paying for the practice and getting the financial assistance? (Applicant)

Name of individual OR entity: _____

"Type" based on how federal taxes are filed

Individual	Business
☐ Owner	☐ LLC
☐ Power of Attorney	☐ Corporation
☐ Agent	☐ Partnership
☐ Tenant	☐ Estate or Trust
☐ Contract Buyer	☐ Government/ Public Service
☐ Contract Seller	☐ Other: _____

You must provide signature authority papers for all entities, properly executed, before you will receive the application.

First Name_____ Middle Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ % of payment_____

E-mail Address_____

Maximum you want to spend?_____ Farm "name"_____

B ***-Additional Applicants***

Name of individual OR entity: _____

"Type" based on how federal taxes are filed

Individual	Business
☐ Owner	☐ LLC
☐ Power of Attorney	☐ Corporation
☐ Agent	☐ Partnership
☐ Tenant	☐ Estate or Trust
☐ Contract Buyer	☐ Government/ Public Service
☐ Contract Seller	☐ Other: _____

You must provide signature authority papers for all entities, properly executed, before you will receive the application.

First Name_____ Middle Initial _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ % of payment_____

Staff Use:

Practice Applying for:	**Season:**
☐ Terraces- NEW	☐ **Spring** **January 1 – June 14**
☐ Terraces- Upgrades	☐ **Summer** **June 15 – September 15**
☐ WASCB	☐ **Fall** **September 1 – December 31**
☐ Waterway/ Filter Strip	**Location of Practice**
☐ Grade Stab.	Tract #_____ Township_____ Sec_____
☐ Cover Crop	Qtr. Qtr. Qtr.
☐ Windbreak	Legal:_____
☐ Well Closure	

This information packet **is NOT THE APPLICATION.**

Eligibility requirements

1. The **courtesy estimate** is to determine the maximum financial assistance based on estimate OR eligible bill, whichever IS LESS. The applicant is NOT guaranteed a specific amount or percentage of the bill.
2. **Changes** all have significant consequences, and all require an SWCD board approved amendment prior to the change being made. CHANGES MADE WITHOUT BOARD APPROVAL WILL VOID THE FINANCIAL ASSISTANCE.
3. Practices are tied to **a maintenance agreement**; $10 recording fee.
4. All projects will have a completion date of 12 months from their approval date, unless otherwise specified for special projects.
5. Application must be signed by one of the current landowner(s) with appropriate documentation of ownership.
6. All property line projects must have a written agreement signed by all applicable parties (applicable parties will provide documentation of land ownership) PRIOR to the application being approved.
7. **Conservation Cover-:** If a tract of land has not been plowed or used for growing row crop at any time in the past 15 years, it is classified as land under conservation cover and is limited to one-half (1/2) the otherwise applicable rate; no cost share on sodbusters.
8. **BUILDING ON "F" OR STEEPER SLOPES-** Cost share will not be allowed for practices being installed on these predominant slopes (50% or more in the area of construction)
9. I grant the **Right of Ingress and Egress** to Soil & Water Conservation District Commissioners and their agents. By signing this sheet, I am applying for cost-share from the East Pottawattamie County Soil & Water Conservation District (SWCD) and understand that signing this application does not guarantee that I will receive cost-share funds to install practices. Any work started before I receive funding approval will not be eligible for financial assistance.

I HAVE READ AND UNDERSTAND THE ABOVE.

X Signature: _____ Date: _____

W-9

(Rev. March 2024)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See *Specific Instructions* on page 3.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

2 Business name/disregarded entity name, if different from above

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☐ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____

Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.

☐ 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (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. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

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*.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they