



Campbell County Conservation District Rural Enhancement Program Guidelines

Program Objectives

The Campbell County Conservation District (CCCD) Board of Supervisors will provide funds from its Optional 1% Sales Tax funding allocation to assist landowners, particularly those who may not be selected for Federal Farm Bill programs, in implementing natural resource conservation practices that address soil erosion, water quality and quantity, or the improvement of wildlife habitat.

Project Examples

- ⇒ Wildlife-friendly fencing (riparian exclusion, rotational grazing, etc.)
- ⇒ Solar stock pumps to improve livestock distribution
- ⇒ Spring developments to enhance wildlife habitat and/or improve livestock distribution
- ⇒ Livestock water gaps*
- ⇒ Low water crossings*
- ⇒ High tunnels (manufactured kits only)
- ⇒ Windbreaks

*Engineering designs must be provided for these projects (NRCS or private engineer)

Eligibility

Landowners within the CCCD boundaries are eligible to apply. Projects must be completed within Campbell County by private landowners only. Only one grant may be awarded per Applicant per fiscal year.

Selection Process

Applications are approved or denied at the discretion of the CCCD Board of Supervisors (Board). Applications will be marked when received and will be considered in order until funds are fully expended. It is the responsibility of the Applicant to ensure and defend that the project meets the goals of the program. The Board will review each application and determine maximum funding allowed for cost-share assistance.

Funding

Cost-share amount will be determined by referencing the most current Natural Resources Conservation Service (NRCS) payment schedule or a bid that the landowner has received from a contractor.

This program provides up to 50% reimbursement of the actual project costs up to \$15,000.

- ⇒ Applicant must provide a minimum of 50% match (cash or in-kind).
- ⇒ Payment will be issued based on receipts and/or invoices and documentation of cash and/or in-kind contributions.
- ⇒ A W-9 tax form must be on file with CCCD in order for payment to be released to the Applicant.
- ⇒ All projects must be pre-approved before being initiated.
 - ⇒ **Materials purchased prior to project approval are not eligible for reimbursement.**
- ⇒ All projects must be evaluated by CCCD or NRCS staff upon completion.

Application Instructions

- 1) Fill out questions completely, including proposed cost estimates. Incomplete applications will not be processed.
- 2) Enclose a map with the location of the proposed project clearly marked. CCCD and/or NRCS can assist with the development of a project map if needed.
- 3) One application may include multiple practices, as long as they are all included in the total cost estimate.

Contract

Upon project approval by the CCCD Board, the District and the landowner(s) will enter into a signed contract for the practices being funded.

Only practices initiated and completed within the contract timeframe will be reimbursed. The landowner must pay the up-front costs of the project.

The Applicant is responsible for the completion of any required permitting or other government entity requirements (e.g., State Engineers Office (SEO) well permit, United States Army Core of Engineers (USACE) 404 permit, 811 clearance, etc.). When the project has been inspected upon completion, the landowner will submit all relevant receipts or invoices to CCCD for reimbursement. Projects must be maintained for the “life-span” of the project as identified in the contract.

FY25 Application Deadline

Applications for the FY25 Rural Enhancement Program are due by **JULY 5TH, 2024**.

If funded, applicants will have until May 9th, 2025 to complete their projects and submit all relevant receipts, invoices, and documentation of cash and/or in-kind match contributions to CCCD.

I hereby acknowledge that I have received a copy of the Rural Enhancement Program Guidelines;

Applicant Signature

Date



Campbell County Conservation District Rural Enhancement Program Application

Fill out all questions completely, including proposed costs. Incomplete applications will not be processed.
A map, with the location of the proposed project clearly marked, must be included with the application.

Applicant Information

Applicant Name _____

Mailing Address _____ City/State/Zip _____

Contact Person (If different than Applicant) _____ Phone # _____

E-Mail Address _____

Any Additional Contact Information (e.g., Lessee(s), additional property owners, etc.) _____

Project Information

Section _____ Township _____ Range _____ 1/4 _____ 1/4 _____

Size of Project _____ acres

Project Description (Include estimated completion date) _____

Project Justification (Describe how the project meets the program objectives (e.g., soil erosion, water quality and quantity, improvement of wildlife habitat) and the public benefit (e.g., enhancement to air, land, or water quality, enhancement of wildlife habitat, preclusion of soil loss, etc.) _____

Project Design (Describe the projected “life span” of the project and how it will be maintained) _____

Map (Check box if attached)



Campbell County Conservation District Rural Enhancement Program Application

Fill out all questions completely, including proposed costs. Incomplete applications will not be processed.
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Project Budget

Cost Breakdown/Practice

Material Description	Unit Amount	Cost/Unit	Total Material Cost

Total Project Cost \$ _____

Amount requested from CCCD \$ _____

(No more than 50% of total project cost allowed, with a maximum of \$15,000)

Match Contribution (Check one) Cash In-Kind

Total Match Amount \$ _____ Match Description (e.g., materials, labor, etc.) _____

(Applicant must invest a minimum of 50% match (cash or in-kind))

Signature

I hereby declare that the information and all statements attached to this application are true, complete, and accurate to the best of my knowledge.

Applicant Signature _____ Date _____

Landowner Signature (If different than Applicant) _____ Date _____

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.

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.	<input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	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.)
		<input type="checkbox"/> 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.		
		<input type="checkbox"/> Other (see instructions) _____		
	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 _____ <input type="checkbox"/>		
	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.

Social security number
[] [] [] - [] [] - [] [] [] []
OR
Employer identification number
[] [] [] [] - [] [] [] [] [] [] [] []

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.

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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
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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