

## 2024-2025 PRO-AG Contribution Certification Form (C-5600)

|                                                                        |                                                             |
|------------------------------------------------------------------------|-------------------------------------------------------------|
| Contribution Type:                                                     | Applicant Contribution <span style="float: right;">▼</span> |
| Name of Person/Entity Providing the Matching Funds (i.e. Contributor): | Glen Thoene                                                 |
| Contributor Contact Person: (Last Name, First Name)                    | Thoene, Glen                                                |
| Contributor Address: (Street Address, City, State, ZIP)                | 56319 883RD Hartington, NE 68739                            |
| Contributor E-mail Address:                                            | glenthoenefarm@gmail.com                                    |
| Contributor Phone Number:                                              | 4028415599                                                  |
| Applicant Name (if different from Contributor):                        |                                                             |
| Proposed Project Name:                                                 | Soil Health X Water Use Efficiency                          |
| Describe any conditions attached to the contribution:                  | None                                                        |
| Total Contribution Amount:                                             | \$ 10,600.00                                                |

**Narrative:** Include a narrative below describing the relationship between the contributor and applicant, and the contributor's role in the proposed project:

I am the contributor and the applicant


**Certification Statement:** I hereby certify that the contribution detailed above, either from the contributing partner or by the applicant, has been made or will be made within forty-five (45) days of the Nebraska Public Service Commission's approval of the PRO-AG application. All contributions will be allocated solely for allowable project expenses.

**Glen Thoene**

Authorized Individual Name (*Print Name*)

**Owner/Operator**

Authorized Individual Title

  
Signature

1/14/20

Date

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