

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

Contribution Type:	Applicant Contribution ▼
Name of Person/Entity Providing the Matching Funds (i.e. Contributor):	Frontier Cooperative
Contributor Contact Person: (Last Name, First Name)	Aaron Chin
Contributor Address: (Street Address, City, State, ZIP)	3333 Landmark Cir. Lincoln, NE 68504
Contributor E-mail Address:	aaron.chin@frontiercooperative.com
Contributor Phone Number:	402-954-8494
Applicant Name (if different from Contributor):	
Proposed Project Name:	Precision Drone Spraying
Describe any conditions attached to the contribution:	N/A
Total Contribution Amount:	\$ 5,937.25

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

Frontier Cooperative will be matching the funds, with those funds going towards the purchase of the newly proposed equipment. There is no relationship between contributor and applicant since they are the same entity. Frontier's role in the project will be to support the drone program within the company by making sure the necessary infrastructure and equipment are in place.

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.

Aaron Chin _____

Authorized Individual Name (*Print Name*)

Chief Pilot _____

Authorized Individual Title

Aaron Chin _____ 12/9/24

Signature Date

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