

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

Contribution Type:	Applicant Contribution
Name of Person/Entity Providing the Matching Funds (i.e. Contributor):	Jakub Brothers Farms
Contributor Contact Person: (Last Name, First Name)	Jakub, Lyle
Contributor Address: (Street Address, City, State, ZIP)	3330 V RD, BRUNO, NE, 68014
Contributor E-mail Address:	lylejakub88@gmail.com
Contributor Phone Number:	402-641-8253
Applicant Name (if different from Contributor):	
Proposed Project Name:	MixMate Integration Project
Describe any conditions attached to the contribution:	
Total Contribution Amount:	\$ 13,528.50

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

Jakub Brothers Farms will contribute 25% of the funds for the MixMate Integration Project, using its operating budget to support the purchase and implementation of the system. As both the applicant and contributor, Jakub Brothers Farms will oversee the installation, maintenance, and use of the MixMate system to improve efficiency and sustainability in its operations, benefiting both the farm and the local agricultural community.

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.

Lyle Jakub

Authorized Individual Name (*Print Name*)

Manager

Authorized Individual Title


Signature

1-6-25

Date

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