

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

Contribution Type:	Applicant Contribution <input type="checkbox"/>
Name of Person/Entity Providing the Matching Funds (i.e. Contributor):	Emily Haxby
Contributor Contact Person: (Last Name, First Name)	Emily Haxby
Contributor Address: (Street Address, City, State, ZIP)	8867 SW 86th Rd Clatonia, NE 68328
Contributor E-mail Address:	j.e.haxby@outlook.com
Contributor Phone Number:	402-239-7024
Applicant Name (if different from Contributor):	
Proposed Project Name:	Precision Planting Improvement
Describe any conditions attached to the contribution:	
Total Contribution Amount:	\$ 50,000.00 +

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

Contributer is applicant.

To ensure seamless integration of the variable-rate planter with our John Deere 8330 tractor, GPS system, and farm management software, additional equipment such as monitors, modems, and GPS-compatible devices may be required. While our time of installation and additional technology costs have value that could be listed on this budget breakdown, it would be unfair assumptions as we do not know how much time would be involved in making sure all technologies communicate or if any additional hardware would be needed. We are fully committed to covering these supplementary costs with our own funds/time, reflecting our dedication to the projects success. These investments will ensure the planter operates effectively and is ready for the next planting season, supporting our goals of increased productivity, efficiency, and sustainability.

**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.

**Emily M Haxby**

Authorized Individual Name (*Print Name*)

**Owner**

Authorized Individual Title

*Emily M Haxby*

Signature

1/17/25

Date

[Click to Attach this Form to an Email](#)

[Reset Form](#)