

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

Contribution Type:	Applicant Contribution <input checked="" type="checkbox"/>
Name of Person/Entity Providing the Matching Funds (i.e. Contributor):	Ference Agronomy LLC.
Contributor Contact Person: (Last Name, First Name)	Johnny Ference
Contributor Address: (Street Address, City, State, ZIP)	1712 O St Ord, NE 68862
Contributor E-mail Address:	ferenceagronomy@gmail.com
Contributor Phone Number:	3087302046
Applicant Name (if different from Contributor):	Ference Agronomy
Proposed Project Name:	Application Drones
Describe any conditions attached to the contribution:	
Total Contribution Amount:	\$ 13,598.00

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

Ference Agronomy LLC has the funding to provide 13,598 dollars to the project for the applicaiton drones.

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.

Johnny Ference

Authorized Individual Name (*Print Name*)

Owner

Authorized Individual Title

Signature 

1/16/20

Date

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