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

the Matching Funds (i.e. Contributor):  Contributor Contact Person: (Last Name, First Name)  Contributor Address: (Street Address, City, State, ZIP)  Contributor E-mail Address:  Contributor Phone Number:  Applicant Name (if different from Contributor):  Proposed Project Name:  A  Describe any conditions attached to the contribution:  Total Contribution Amount:  \$  Narrative: Include a narrative below deand the contributor's role in the propose	yke Kozeal  19 Westridge Dr ozeal24@gmail.com 08-215-8122  pplication Drones  10,528.00  escribing the relationship between the contributor and applicant, and applicant, applicant.
(Last Name, First Name)  Contributor Address: (Street Address, City, State, ZIP)  Contributor E-mail Address:  Contributor Phone Number:  Applicant Name (if different from Contributor):  Proposed Project Name:  A  Describe any conditions attached to the contribution:  Total Contribution Amount:  \$  Narrative: Include a narrative below deand the contributor's role in the propose	19 Westridge Dr ozeal24@gmail.com 08-215-8122  pplication Drones  10,528.00 escribing the relationship between the contributor and applicant,
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	unding to provide \$10528 to the project for the application 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.  Tyke Kozeal  Authorized Individual Name (Print Name)  Project Manager	
Authorized Individual Title	1/14/25
	Date