

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

Contribution Type:	
Name of Person/Entity Providing 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:	
Describe any conditions attached to the contribution:	
Total Contribution Amount:	\$

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

**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.

\_\_\_\_\_  
 Authorized Individual Name (*Print Name*)

\_\_\_\_\_  
 Authorized Individual Title

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date