



1665 43rd Street S Ste. 103  
Fargo ND 58103  
Phone: (701) 282- 2157 extension 3  
Fax: (701) 282-9203  
Website: [www.cassscd.org](http://www.cassscd.org)

# Cass County Wildlife Windbreak Planting Initiative

Landowner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Planting Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The Cass County Soil Conservation District has implemented a cost-sharing program that covers the following conservation practices: **Field Windbreaks**, **Riparian Tree Plantings**, or **Wildlife Plantings**. The funding will be available on a first-come, first served basis. The program will provide successful applicants with a 75% cost-share, up to \$7,500. All plantings must meet NRCS Standards and Specs to qualify. The planting plan must be designed by the Cass County SCD.

### **CCWWPI Contract Conditions:**

1. Tree planting plans must be designed by the Cass County SCD
2. Cost-share contract must be signed and returned to the Cass County SCD prior to the tree planting
3. All site preparation is the responsibility of the landowner and needs to be completed prior to planting
4. Weed barrier or a weed control plan must be in place for all tree plantings. Failure to control weeds will result in repayment of cost-share dollars
5. Livestock must be kept out of trees until they are large enough to not be damaged
6. All future maintenance is the responsibility of the landowner
7. Cass County SCD will cost-share on trees, machine tree planting, fabric barrier, and fabric barrier application. The cost-share will be based on actual costs incurred, and will be reimbursed after planting is complete, full payment for planting and fabric is received, and submission **W-9 form**.
8. It is the landowner's responsibility to ensure there are no underground utilities by contacting the **OneCall** service.
9. The trees must be maintained for a period of 5 years, with at least 80% survival at the end of 5 years.

DISTRICT SUPERVISORS

Kelli Bowen  
Casselton

Warren Solberg  
Horace

Terry Hoffmann  
Wheatland

Brad Kellerman  
Davenport

Jan Russell  
Davenport

DISTRICT STAFF

Jeffrey Miller  
Director

Amy Cole  
Office Manager

Tony Peterson  
Programs Manager

Eric Dahl  
Soil & Water Resources Manager

*Cass SCD is an equal opportunity provider and employer  
USDA is an equal opportunity provider, employer, and lender.*



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10. The SCD will conduct yearly survival counts of the tree rows. If you would like to be notified prior to the field visit, please contact the District office.

**Best Management Practices for a Successful Planting:**

1. An annual check of dead or weakened trees or shrubs should be undertaken for replacement trees
2. If fabric barrier is used, weeds should be pulled from the tree openings in the fabric a few times a year. This will ensure the trees don't have undue competition.
3. It is recommended that trees be watered regularly.
4. Weed barrier should be inspected each year to ensure it is still tight, and stapled as needed.

**Tree Planting:**

Attached Tree Plan: Y or N

Township Range Section:

Number of Rows:

Conservation Goal:

**Landowner Information:**

I agree with all the conditions and guidelines as written in this application form and tree planning plan. I certify that these lands are owned by me. I understand that if the planting is not maintained according to the terms of this contract, I will be required to repay the monies cost-shared through the Cass County SCD. I understand I am responsible for the preparing the land for planting. I certify that I have read and understood all of the conditions of this contract.

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cass SCD Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Project Completed Date: \_\_\_\_\_

Checked out Date: \_\_\_\_\_

Check Mailed Date: \_\_\_\_\_

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# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input type="checkbox"/> S Corporation                     <input type="checkbox"/> Partnership                     <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____             </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
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or								
<b>Employer identification number</b>								
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**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<p>Signature of U.S. person ▶ _____</p>	<p>Date ▶ _____</p>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*