

## LARIMER COUNTY HABITAT PARTNERSHIP PROGRAM

#### **Fertilizer Voucher Instructions for Rebate**

LCHPP's purpose for a "rebate" is to help alleviate conflict with big game and landowners who are impacted. Please read the following requirements to determine if you are eligible:

- 1) Landowners within the LCHPP boundaries who own 160 acres or more and apply commercial fertilizer to hay ground are eligible to apply once per fiscal year (July 1-June 30).
- 2) This rebate is for commercial fertilizer applied exclusively to hay lands, (no exceptions). Hay lands are defined as grass hay or alfalfa hay or alfalfa/grass mix, (no exceptions). The hayfields must be subject to big game (deer, elk, pronghorn, or moose) foraging and consumption intermittently over a six month period of any one calendar year. Your statement of verification of such use is required, but documentation is not required unless deemed necessary by the LCHPP committee.
- 3) Commercial fertilizer must have been applied to this year's hay crop. Time frame February through June 1, current fiscal year.
- 4) Rebates are applicable to fertilizer purchases only. Vouchers may not be used for application costs or taxes.
- 5) Reimbursement amounts will be based upon the following criteria:
  - a. 20% of your paid bill submitted, excluding application costs and taxes.
  - b. A maximum payment of \$750 for any one corporation/entity as funding is limited.
  - c. When the project funding maximum of \$7500 has been reached payments will cease.
  - d. Payment requests will be made as completed applications are received.
- 6) All information must be received by our deadline of June 10.

#### Example of payment request:

- 1) Bill of \$4000 20% = \$800 Rebate = \$750 (maximum paid)
- 2) Bill of \$2000 20% = \$400 Rebate = \$400
- 3) Bill of \$1000 20% = \$200 Rebate = \$200

### **REIMBURSEMENT PROCESS:** After your purchase, you will need to submit the following:

- Signed and completed Fertilizer Voucher / Request for Reimbursement form (attached)
- W9 (located on website) The W9 must be signed and include either of the following (do not include both):
  - Your social security number (if HPP is reimbursing you personally)
  - Your ranch FEIN if HPP is reimbursing your ranch company.
- Itemized sales receipts for fertilizer purchased (marked paid in full-unpaid bills or invoices are not considered). Please ensure that receipts are legible.
  - Please note sales tax must be paid at time of purchase. Tax is not eligible for reimbursement.
  - o Vouchers may only be used once. Any unused funds will be forfeited.

Do not copy vouchers- they are non-transferable and for one time use only. All requests for reimbursement must be received by June 10<sup>th</sup>. Reimbursement requests received after the deadline will not be paid. Please note that missing paperwork or illegible receipts will delay or prevent your payment.

Funding is limited. Properly completed applications will be paid in the order they are received until funds are expended. The priority will be determined by the administrative assistant.

If you have any questions, please contact *Hanna Cook, (719) 227-5221, <u>hanna.cook@state.co.us</u>*4255 Sinton Road, Colorado Springs, CO 80907



# LARIMER COUNTY HABITAT PARTNERSHIP PROGRAM FERTILIZER VOUCHER

Voucher issued to:				
Full Name:			Ranch Name:	
Mailing Address:				
Home Phone:	Cell Phone:		Email:	
cres Owned: Acres Fertilized wit		Acres Fertilized with HPP fu	ınds:	
Total Fertilizer Expense Amo (Excluding application costs a taxes) \$		Amount of Voucher (20% of total excluding application costs and ta Max \$750):		Expiration Date (Vouchers will not be accepted after this date):  June 10 <sup>TH</sup>
☐ Complete and ○ W9 m ○ Name ☐ Enclose itemiz	I sign that sign and	ne statement below (do not W-9 (located on the websit lude only ONE tax number. If must match either 'Full Na es receipts for approved fer est be paid at time of purcha	e) <mark>Do not enter bot</mark> me' <b>or</b> 'Ranch N <mark>tilizer only</mark> (see	'ame' above.
		nt requests must be receive		June 10 <sup>th</sup> .
enclosed receipt(s) and am reconot be reimbursed for any am	questing	, certify that I have greimbursement of 20% of over the voucher limit, app	e purchased aut the overall bill ( lication costs, ta	thorized fertilizer as shown on the (up to \$750). I understand that I will exes, or for purchase of unapproved le based on those requirements.
Signature			Date	
(Office Use Only) Approved				
Printed Name:	•	Title: _		
Signature: Voucher Approval Date:				