## STATE OF OKLAHOMA CONSERVATION COST-SHARE PROGRAM APPLICATION

Conservation District					
Name					
Address		City		State	Zip
Phone Number	Email				
Do you have an approved conservation plan? $\Box$ Yes $\Box$ No					
Do you have a district cooperator agreement? $\Box$ Yes $\Box$ No					
For which conservation practice(s) are you applying?					
County where practice(s)	Legal Description				
will be installed.		¼¼ Section Township Range			
Do you own or rent this land?					
If you are <u>not</u> the landowner, provide a properly executed consent form from the owner(s) of the land and file it with this application.					
• I am a United States citizen or a qualified alien under federal Immigration and Naturalization Act,					
<ul> <li>and I am lawfully present in the United States</li> <li>Completing this form <u>does not</u> guarantee cost-share assistance.</li> </ul>					
<ul> <li>If approved for cost-share assistance, I understand that a cash or in-kind match is required.</li> </ul>					
• Each application will be evaluated and ranked by the conservation district based on established					
criteria.					
• Construction/installation/implementation of this practice <b>prior to application approval</b> will result in ineligibility of cost-share assistance.					
• If approved for cost-share assistance, the applicant must sign a Performance and Maintenance					
Agreement <u>before construction may begin</u> .					
• I am <u>not</u> an Oklahoma Conservation Commission commissioner or employee, conservation district employee or the spouse of any of these people mentioned.					
To the best of my knowledge, the information on this application is correct.					
Applicant Signature					
Date					

Conservation District Approval or Disapproval (to be completed by conservation district board)

We have reviewed the cost-share application and make the following recommendations based on the program guidelines and the conservation district's application ranking system.

- $\Box$  Approve application for cost-share assistance.
- □ Disapprove the application for cost-share assistance.

Authorized District Representative

Date: