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? ☐ Yes ☐ No				
Do you have a district cooperator agreement?				
For which conservation practice(s) are you applying?				
County where practice(s) will be installed.		Legal Description		
Do you own or rent this land?				
Do you own of fent this fand:				
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, and I am lawfully present in the United States				
 Completing this form <u>does not</u> guarantee cost-share assistance. 				
• If approved for cost-share assistance, I understand that a cash or in-kind match is required.				
• Each application will be evaluated and ranked by the conservation district based on established criteria.				
• Construction/installation/implementation of this practice prior to application approval 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.				
• I own or operate 20 acres or r	nore and s	ell \$1,000 or more of s	soil dependent pr	oducts annually.
To the best of my knowledge, the information on this application is correct.				
Anulianut Signatura				
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.			
☐ Approve application for cost-share assistance.			
☐ Disapprove the application for cost-share assistance.			
Authorized District Representative			
Date:			