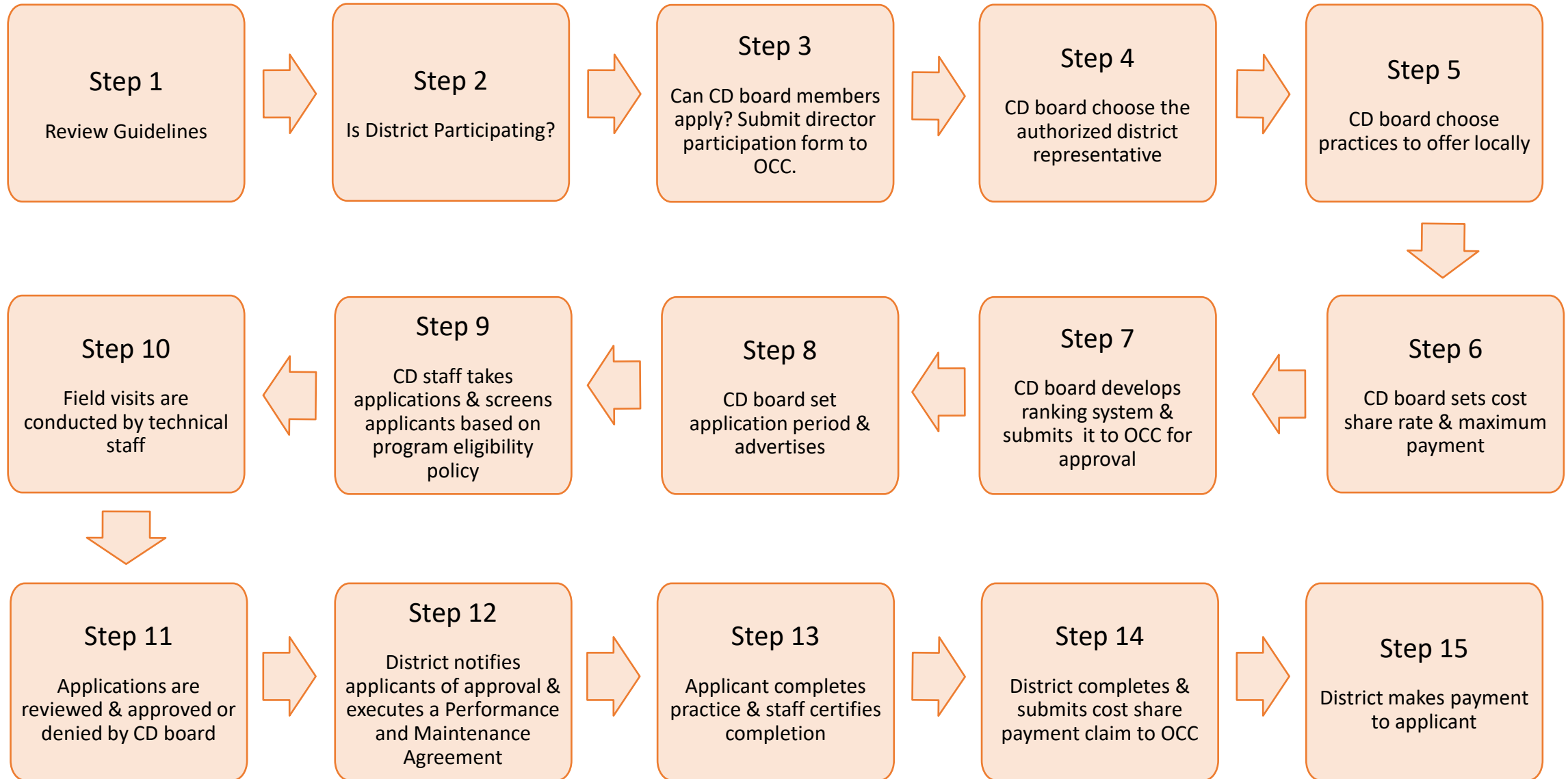


Cost-Share Program Training

Taylor Marshall
Cost-Share Program Coordinator

Cost-Share Program Process



**STATE OF OKLAHOMA
CONSERVATION COST-SHARE PROGRAM
APPLICATION**

Conservation District	
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Name			
Address	City	State	Zip
Phone Number	Email		
Do you have an approved conservation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a district cooperater agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
For which conservation practice(s) are you applying?			
County where practice(s) will be installed.	Legal Description ¼ ¼ Section Township Range		
Do you own or rent this land? <input type="checkbox"/> Own <input type="checkbox"/> Rent			
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.			


<ul style="list-style-type: none"> 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 does not 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 before construction may begin. I am not an Oklahoma Conservation Commission commissioner or employee, conservation district employee or the spouse of any of these people mentioned. <p>To the best of my knowledge, the information on this application is correct.</p> <p>Applicant Signature _____</p> <p>Date _____</p>

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a district cooperater agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
For which conservation practice(s) are you applying?			
County where practice(s) will be installed.	Legal Description ¼ ¼ Section Township Range		
Do you own or rent this land? <input type="checkbox"/> Own <input type="checkbox"/> Rent			
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--



Decisions Made by Board

- Which Application you use
 - Ranking System and Director Participation
 - The max payment amount and payment percentage (Program guidelines State 85% or total NRCS cost and nothing over \$7,500.00)
 - Applications Approved, and approved alternates
 - Requests For extensions
 - Requests for additional practices
- 

Claims Checklist

- Need
 - Claim Ticket
 - Agreement
 - Conservation Plan
 - Certification of Completion and Acceptance
 - Calculation Sheet
 - Consent Form (If Applicable)
 - In-Kind Contribution Form/Receipts
- Do not need
 - Conservation Maps
 - Program Applications
 - Water and Soil Reports

OSF Form 3 (Revised 08/2020)			CLAIM OF:						For Agency Use Only			
STATE OF OKLAHOMA Notarized Claim Voucher And Disbursement of Payroll Withholdings			ALT. NAME:						TOTAL	AGENCY	CLAIM	WARRANT
OSF - AUDITED BY:			Vend ID.: LOC.:						CLAIM	BUSINESS	VOUCHER	NO.
			ASSIGNMENT SECTION						Agency, Board, Comm., Dept:			
FOR AGENCY USE			ASSIGNEE:									
			Vend ID.: LOC.:									
			I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.									
			Claimant						Date			
ORDER NO.	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED	RESERVED
TOTAL												
DATE	ITEM	QUANTITY	ARTICLE						UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT	
THIS SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS EXCEPT FOR WITHHOLDING REFUNDS								TOTAL AMOUNT APPROVED		\$ -		
The undersigned contractor, vendor, individual, or duly sworn agent, of lawful age, upon oath says that this claim is true and correct. Affiant further states that the work, services, or materials as shown by this claim have been completed or supplied in accordance with the plans, specifications, orders, requests, and all other terms of the contract. Affiant also states that any refunds represented by this payment are due. (NOTE: Claimant signature only for payroll withholding refunds.								I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll withholding rules and regulations of this State.				
Claimant State of _____ County of _____								Agency's Approving Officer				
Subscribed and sworn before me								Title _____ Date _____				
Notary Public (or Clerk or Judge) My Commission expires _____												

STATE OF OKLAHOMA
CONSERVATION COST-SHARE PROGRAM
PERFORMANCE and MAINTENANCE AGREEMENT

Agreement No. _____ - _____ - _____

The _____ Conservation District, hereinafter referred to as District, and _____ hereinafter referred to as participant agree to perform

Part I – Conservation Practice(s) To Be Completed

_____ is the conservation practice(s) to be constructed as set forth in the participant’s Conservation Plan.

Part II – Stipulations

A. The participant agrees:

1. To perform or have performed all work described in the Conservation Plan in accordance with conservatic practice standards and specifications furnished by the District or the Natural Resources Conservation Serv (NRCS).
2. To submit to the District a detailed, itemized statement of costs and copies of contractor’s invoices when conservation practice(s) are constructed by a contractor.
3. To submit to the District detailed invoices for participant in-kind contributions.
4. To complete or have completed all work described in the Conservation Plan on or before _____
5. To obtain required permits and approvals prior to the construction of the conservation practice(s).
6. To permit free access to the participant’s land for District and NRCS representatives to inspect the conservation practice(s) upon completion.
7. To maintain, at no cost to the District, the conservation practice(s) as designed and constructed for the expected life of _____ years as set forth by the District. If the participant removes, destroys or does nc maintain the practice(s) before the end of its expected life, the District shall be authorized to recover the C funds disbursed. The participant shall remain ineligible for future CSP funding until the practice(s) is properly maintained, CSP funds are recovered by the District, or the expected life of the practice(s) expire.
8. To accept the District’s method of calculating the cost-share payment for completed work.
9. To complete and attach an IRS W-9 Form-Request for Taxpayer Identification Number and Certification.

B. The District agrees:

1. To provide assistance to the participant to develop a new or revised Conservation Plan that reflects the conservation practice(s) outlined in Part I.
2. To provide specifications and technical assistance for work described in Part I.
3. To provide and pay a _____ % cost-share rate of the lesser of the District average cost or the participant actual cost to install the conservation practice(s). The cost-share payment will not exceed \$ _____
4. To accept in-kind contributions from the participant for work performed by the participant on approved co share conservation practice(s) constructed.

Part III – Signatures

This agreement shall be effective from the last date of signature below. Work can not begin until an effective agreement is signed and dated by the participant and the conservation district.

PARTICIPANT:

CONSERVATION DISTRICT:

Participant Signature

Authorized District Representative Signature

Date

Date Approved by the Board of Directors

Completed W-9 Form Attached

-
- Ex. 01-023-001
 - 01- District Number
 - 023-Program Year
 - 001 Agreement Number

**STATE OF OKLAHOMA
CONSERVATION COST-SHARE PROGRAM
CERTIFICATE OF COMPLETION AND ACCEPTANCE**

Conservation District			
Performance and Maintenance Agreement Number			
	Practice 1	Practice 2	Practice 3
Conservation Practice Name and Number			
Performance and Maintenance Agreement Effective Date (last date of signature)			
Established Completion Date (Part II A. 4. on Performance and Maintenance Agreement)			
Completion Date			
Legal Description			

I CERTIFY: That the participant has submitted evidence that all labor, materials, and other charges have been paid in accordance with the terms of the Performance Agreement; and that all records and documents required by the Conservation District have been submitted. Based upon this information, the Performance Agreement is hereby accepted as completed.

Authorized District Representative Signature

Date

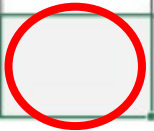
I CERTIFY: That the conservation practice(s) has been satisfactorily completed in accordance with the applicable NRCS conservation practice standards and specifications as described in the Performance Agreement.

Designated Technical Representative Signature

Date

COST-SHARE PAYMENT CALCULATION SHEET

Conservation District						
Participant's Name & Agreement #						
Conservation Practice						
1 Conservation practice units completed						
2 Average cost (unit cost)						
3 Cost-share rate (percentage)						
4 Calculated total (line 1 x line 2 x line 3)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 Maximum cost-share payment amount (Refer to Part II B 3 of the Performance Agreement)						
6 Actual total cost of installing the conservation practice (total of all invoices and in-kind statements)						
7 Cost-share rate (percentage)						
8 Calculated total (line 6 x line 7)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL AMOUNT OF COST-SHARE PAYMENT (lesser of line 4, 5, or 8)						



In-Kind Forms Vs. Receipts

- What is in-kind?
- Who needs to have one?
- Who needs to have both?
- What is the reasoning behind this?

OCC (02/2020)

**STATE OF OKLAHOMA
CONSERVATION COST-SHARE PROGRAM
IN-KIND CONTRIBUTION**

Participant Name	
Agreement Number	

To the best of my knowledge the goods and/or services listed below were provided to complete the construction of conservation practice(s) listed in my Performance and Maintenance Agreement.

Date of Service / Goods Used	Total Hours / Units	Service Performed / Goods Provided	Value of Service / Goods
TOTAL			

	
Participant Signature	Date

Cost-Share Program Process

