STATE OF OKLAHOMA
CONSERVATION COST-SHARE PROGRAM
APPLICATION

Conservation District

Name			
Address	City	State	Zip
Telephone	Email		

Do you have an approved conservation plan? ☐ Yes ☐ No
Do you have a district cooperator agreement? ☐ Yes ☐ No

For which conservation practice(s) are you applying?

County where conservation practice(s) will be constructed.	Do you own or rent this land?	☐ Own ☐ Rent

If you are **NOT** the landowner, provide a properly executed consent form signed by the landowner(s) must be attached to 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 **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 based on and the conservation district's application ranking system and program guidelines.
- 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.
- I own or operate 20 acres or more and sell $1,000 or more of soil dependent products annually.

To the best of my knowledge, the information on this application is true and correct.

_____   _____
Applicant Signature   Date

Conservation District Approve or Not Approve (to be completed by conservation district board)

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

☐ Approve application for cost-share assistance.   ☐ Not approve the application for cost-share assistance.

Date _____