

# STATE OF OKLAHOMA

## CONSERVATION COST-SHARE PROGRAM

### APPLICATION

Conservation District			
Name			
Address		City	State
Telephone		Email	
Do you have an approved conservation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a district cooperator agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
For which conservation practice(s) are you applying?			
County where conservation practice(s) will be constructed.		Do you own or rent this land? <input type="checkbox"/> Own <input type="checkbox"/> Rent	
If you are <b>NOT</b> 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.

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 \_\_\_\_\_