

STATE OF OKLAHOMA

EMERGENCY DROUGHT ASSISTANCE PROGRAM

SELF-CERTIFICATION OF PRACTICE IMPLEMENTATION

Conservation District	
Participant Name	
Application Number	

I hereby certify that between August 1, 2024, and July 31, 2025 I implemented the drought practice(s) as selected below and approved by the conservation district. The practice(s) are located on the property/properties as described in the legal description(s) provided below:

Practices (check all that apply)

- Heavy Use Protection Area
- Pasture Tap (1 per applicant)
- Pipeline
- Pond Cleanout (1 per pasture)
- Pumping Plant
- Watering Facility
- Water Well (1 per applicant)

Legal Description

(latitude/longitude preferred)

Documentation of Implementation

I have submitted to the conservation district evidence of all goods and/or services used in the implementation of drought practice(s) selected above. This includes a true and accurate photo or photos of the implemented practice(s) that will be maintained in the file and utilized as needed.

Program Compliance

Furthermore, I understand that the conservation district and/or the Conservation Commission will investigate any allegations or suspicions of fraud or abuses in this program and take any actions that are necessary including the filing of criminal charges. In addition, I understand that the conservation district and/or the Conservation Commission may conduct a field audit of the conservation practice(s) implemented under this program at any time.

Participant Signature

The signature below must match the signature on your application. The SSN or EIN provided below must match the IRS Form W-9 submitted with your application.

Print Name

Social Security Number or
Employee Identification Number

Signature

Date