

OKLAHOMA CONSERVATION COMMISSION

PRESCRIBED FIRE ASSISTANCE

APPLICATION

Conservation District:

Name			
Address	City	State	Zip
Phone Number	Email		
Do you have an approved burn plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a district cooperator agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this your first time conducting prescribed fire on this property? Yes No		GPS Coordinates: Lat: Long:	
County where practice will be completed.	Legal Description _____ 1/4 _____ Section _____ Township _____ Range		
Do you own or rent this land? <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Will the local Prescribed Burn Association be assisting with the burn? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, list the personnel and resources available to assist with conducting the burn.			

- 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 financial assistance.
- If approved for financial assistance, I understand that a cash or in-kind match may be required.
- Each application will be evaluated and ranked by the OCC LMD staff to verify the property is eligible for payment under the Terry Peach Watershed Restoration Program.
- Implementation of this practice **prior to application approval** may result in ineligibility of financial assistance.
- Payment assistance is limited to \$20/ac with a max of \$6,000 per landowner each calendar year.
- I am **not** an Oklahoma Conservation Commission commissioner or employee, conservation district employee or the spouse of any of these people mentioned.
- Please provide a copy of the burn plan(s) for the property seeking financial assistance.
- If you are not the landowner, provide a properly executed consent form from the owner(s) of the land and file it with this application.
- Property **currently under contract** through another cost share program for a prescribed burn payment will not be eligible for payment under this program.

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

Applicant Signature _____

Date _____

OCC Land Management Division Approval

We have reviewed the Prescribed Fire application and make the following recommendations based on the program's funds.

- Approve application for financial assistance.
- Disapprove the application for financial assistance.

Authorized Representative _____

Date: _____ Approved Amount: _____