

OKLAHOMA CONSERVATION COMMISSION

Invasive Woody Species Removal APPLICATION FOR COST SHARE

Conservation District

Name

Address

City

State

Zip

Phone
Number

Email

Do you have a district cooperator agreement?

☐ Yes

☐ No

Do you own or rent the property?

☐ Own

☐ Rent

Is this your first time applying for Brush
Management Cost Share? ☐ Yes ☐ No

Land use of the property.

County where practice
will be completed.

Legal Description (please include direction in Township and Range)

____ 1/4 ____ Section ____ Township ____ Range

Please select which target species you are seeking financial assistance for towards controlling.

☐ **Eastern Red Cedar**

☐ **Saltcedar**

☐ **Mesquite**

- 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 this is a cost share program, 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 Invasive Woody Species Removal Program.
- Implementation of this practice **prior to application approval** may result in ineligibility of financial assistance.
- Payment assistance is limited to a max of \$50,000 per landowner each Fiscal Year. A new application will not be accepted until current contract is completed.
- I am **not** an Oklahoma Conservation Commission commissioner or employee, conservation district employee or the spouse of any of these people mentioned.
- 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.
- Land parcels **currently under contract** through another cost share program for brush management 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 _____

Name of Applicant: _____

The Invasive Woody Species Removal Cost Share Application has been reviewed by the OCC Land Management Division, and the following recommendation is made based on the program's funds.

☐ Approve application for financial assistance.

☐ Disapprove the application for financial assistance.

Authorized OCC Representative: _____

Date: _____

Signature: _____