

OKLAHOMA CONSERVATION COMMISSION

PRESCRIBED FIRE FINANCIAL ASSISTANCE APPLICATION

Conservation District

Name			
Address	City	State	Zip
Phone Number	Email		
Do you have a written burn plan?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a district cooperators agreement?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this your first time conducting prescribed fire on this property?		GPS Coordinates	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Lat: _____ Long: _____	
County where practice will be completed.		Legal Description (please include direction in Township and Range)	
		_____ ¹ / ₄ _____ Section _____ Township _____ Range	
Do you own or rent this land? <input type="checkbox"/> Own <input type="checkbox"/> Rent			
Are you a member of an Oklahoma Prescribed Burn Association? <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 Prescribed Fire Financial Assistance 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 fiscal year.
- I am **not** an Oklahoma Conservation Commission commissioner or employee, conservation district employee or the spouse of any of these people mentioned.
- 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.
- Land parcels are only eligible for payments on a 3-year burning interval. **Example: Parcel burned in 2025 is not eligible again until 2028.**

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

Applicant Signature _____

Date _____

Name of Applicant: _____

The Prescribed Fire Financial Assistance 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: _____

Approved for Payment by the OCC Land Management Division

Authorized OCC Representative: _____

Date: _____

Signature: _____

APPLICATION FOR CONSERVATION DISTRICT COOPERATOR AGREEMENT

This is a formal application to have a Conservation District Cooperator Agreement executed between the _____ Conservation District and the following person(s):

Name of Applicant(s) _____

Mailing Address _____

Telephone Number _____

E-mail Address _____

Signature of Applicant(s): _____ Date _____

_____ Date _____

The next regular board meeting is scheduled on _____, 2____ and this application and Cooperator Agreement will be a part of the meeting agenda.

District Representative _____ Date _____

CONSERVATION DISTRICT COOPERATOR AGREEMENT

This is an agreement between the _____ Conservation District, hereinafter referred to as District and _____, hereinafter referred to as Cooperator(s).

Check either Landowner or Non-landowner box:

Landowner:

The Cooperator(s) Agrees to:

1. Cooperate with the representative of the District to develop as rapidly as feasible, a conservation plan for his/her land.
2. Start applying one or more conservation practices as provided in the conservation plan and which meets the technical standards of the District.
3. Maintain all conservation practices established in an effective condition and continue the use of all conservation measures put into effect.

The District Agrees to:

1. Furnish Cooperator(s) with technical assistance as needed in developing a conservation plan based upon a soil and plant inventory of the land.
2. Furnish the Cooperator(s) a conservation soils map, aerial photo and job sheets for needed conservation practices.
3. Furnish the Cooperator(s) with information, guidance and needed technical assistance as available for proper maintenance of established conservation measures.
4. Keep Cooperator(s) informed of conservation programs suitable for implementation on their land.

Individual Non-Landowner, Organization or Business:

The Cooperator Agrees to:

1. Work with representatives of the District to carry out planned projects, assist with district activities and participate in district events.
2. Become knowledgeable about the District. Suggested ways to do this are attend board meetings, volunteer to help with District activities, read District materials, attend conservation meetings or visit with district directors or staff.
3. Provide input to the District as they develop their conservation goals and needs assessments.

The District Agrees to:

1. Provide information and education to the Cooperator(s) so they will be informed about the District, conservation programs, and District activities.
2. Provide opportunities for Cooperator(s) to become involved in information and education events and activities, and other District activities and projects.
3. Provide recognition to Cooperator(s) for assistance to the District.

It is mutually agreed that:

1. Provisions of this agreement are understood by the Cooperator(s) and the District and that neither shall be liable for damage to the other's property resulting from carrying out this agreement unless such damage is caused by negligence or misconduct.
2. This agreement supersedes any previous Cooperator Agreement between the Cooperator(s) and the District.
3. This agreement will become effective on the date of the last signature and may be terminated by either party upon written notice.

Signature of Cooperator(s) _____ Date _____
_____ Date _____

Signature of District Chair _____

Date approved by district board _____

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
requester. Do not
send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
				-					
or									
Employer identification number									

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they