OKLAHOMA CONSERVATION COMMISSION

FY27 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) ____¼ _____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, **incomplete applications will be ineligible.**
- 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 Oklahoma Conservation Commission Land Management Division 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.
- **Minimum of contiguous 20 acre land parcel is required, can be a combination of leased/owned.**
- 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 IWSCS Removal 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: _____

Notes:

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 _____

as _____

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_____