

STATE OF OKLAHOMA CONSERVATION COST-SHARE PROGRAM COST-SHARE APPLICATION

| |
|--|
| Conservation District: Okmulgee County |
|--|

| | | | |
|--|------|-------|--------|
| Name | | | |
| Address | City | State | Zip |
| Phone Number | | | |
| Social Security Number or Federal Employee Identification Number (Successful applicants will receive an IRS Form 1099 for payment received.) | | | |
| I have attached to my application an affidavit for <input type="checkbox"/> verification of citizenship or <input type="checkbox"/> verification of qualified alien status. | | | |
| Do you have an approved conservation plan? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have a district cooperator agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Legal description where the conservation practice(s) is to be constructed. | | | County |
| Do you own or rent this land? <input type="checkbox"/> Own <input type="checkbox"/> Rent If you are <u>not</u> the landowner, provide a properly executed consent form from the owner(s) of the land and file it with this application. | | | |
| For which conservation practice(s) are you applying? | | | |
| Reason and/or need for cost-share application. Explain details. (If additional space is needed, please use the back.) | | | |

I understand this application does not obligate the applicant or the Conservation District to enter into a contract. I am not an Oklahoma Conservation Commission commissioner or employee, conservation district employee or the spouse of any of these people mentioned above. I own or operate 20 acres or more and sell \$1,000 or more of soil-dependent products annually. To the best of my knowledge, the information on this application is correct.

Applicant Signature _____ Date _____

Failure to provide correct, complete information will result in the withholding or withdrawal of financial assistance.

| | |
|--|-----------------------------------|
| FOR OFFICE USE ONLY | |
| Verification of Cooperator Agreement | Verification of Conservation Plan |
| FSA Farm Number | FSA Tract Number |
| Date Reviewed by Conservation District Board | |