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

Conservation District	

Name			
Address	City	State	Zip
Phone Number	Email		

☐ I am a United States citizen. OR ☐ I am a qualified alien under federal Immigration and Naturalization Act, and I am lawfully present in the United States.

Do you have an approved conservation plan? ☐ Yes No ☐

Do you have a district cooperator agreement? ☐ Yes No ☐

For which conservation practice(s) are you applying?

County where practice(s) will be constructed.	Legal description where practice(s) will be constructed.

Do you own or rent this land? ☐ Own Rent ☐

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.

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. 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	