COST SHARE REQUEST / AGREEMENT

AGREEMENT BETWEEN MO DEPT. OF CONSERVATION (MDC),

ACKELINENT BETTIELK IIIO BETTI OF GONGERVANO	it (iiibo),										AND.
Cooperator Name: City of Columbia Tree Board											
Address A 701 Fast Broadway City Hall Att	n: Steve Fritz (Communit	ty Deve	lonment							
A 701 East Broadway, City Hall, Attn: Steve Fritz Community Develo			Юринсии	Zip: Phone(s):			ne(s):				
Columbia		МО		65201			573 874 6357				
County: Boone		Township:			Range:			Section:			MISSOURI
Practice / Components (Program)	Project Number (ex.MDC 200.B.1)	Units Planned (acres, feet, etc.)	Unit Type	Cost Share Rate	Maint enance (years)	Partner Funding Requested	MDC Funding Requested	Units Completed (acres, feet, etc.)	Unit Type	Partner Funding Earned	MDC Funding Earned
Tree Planting Projects	900.B.10	1	Each	90%	10		\$10,011.00		Each		\$0.00
TOTALS						\$ -	\$10,011.00			\$ -	\$0.00
* Attach Plan (if program requires) Non-Focus Area/CC Tier 3 [] Tier	1-4 Geography/ CC	Tier 2 [] Tie	er 1 Geog	raphy With R	CT approv	al/ CC Tier 1 [X]			Tier 1	
List landowner's objectives: Wildlife [] Fore	estry/Woodland []	Wetland/	Aquatic []] Prairie/G	Blade []	Recreation [] Other []				
Heritage Review [X] Monarch Planting []	Native Forage [] New Cu	stomer []	MDC Em	ployee []	I					
I request cost share assistance to install the above describ- paid to me if before the expiration of the specified practice established and the new owner and/or operator of the land	lifespan, I (a) fail to sati	sfactorily mainta	ain the pract	tice, (b) destroy	the approve	d practice, or (c) v	oluntarily relinquish o	control or title to the			
By entering into this agreement, the cooperator will receive Species Act, for any incidental take of the Endangered or T conditioned upon the cooperators's compliance with the ag management plan. (2) Cooperator will allow MDC staff to in landowner's enrollment in the MDC Bat HCP and their com management plan is a condition of the agreement and failu the actions necessary for the landowner to bring the site be with the actions listed in the noncompliance letter, withdraw nature of the violation, MDC may seek reimbursement, thre incidental take exemptions extended to the landowner under the cooperation of the stage of the site of the si	Threatened Indiana Bat, reement, including the spect the practice as nipliance with the practic irre to comply will constitute into compliance with the treatment of the compliance with the technical or financial spugh legal means if necessary.	Little Brown Ba following terms eeded to confirm e implementation tute a violation on nin a specific time support, disquali	at, Grey Bat, and condition m the praction on requirement of the agreed neframe (De ify the coope	Northern Long- ons: (1) Landown ce has been impents. (4). Landov ment. If a violation adlines will vary erator from future	eared Bat, a ner will imple elemented as wner acknow on occurs, M depending of e participation	and Tricolored Batement the planned of described in the planed of the pl	resulting from the act d practice consistent v site-specific manage bliance with the practi- cooperator with a no- ne violation). (5) Coopers, or similar actions	ctivities conducted ur with he practice sperment plan. (3). Coop ce implementation no compliance letter voterator acknowledge consistent with the	nder the agreeifications poerator will a equirements within 30 days as that MDC scale of the	reement this covers rovided within the sallow MDC to report is included within the ys of detection. The may, if the cooper violations. Dependent	age is specifically site specific rt to USFSW the le site-specific e letter will include rator fails to comply ding on the scale and
I further understand that failure to comply with this agreem the resource planner, are considered "no-fault" terminated. Tier 1 Community Geographies Recieving Upfront Paymen calculation of actual project expenses. I certify that the funds requested above do not duplicate (al be for complimentary purposes.	Pending available fund tt- I agree to reimburse	ling, landowner the Department	is eligible to t for any uns	re-establish fail spent funds with	ed practice a thirty (30) da	as a new practice, ays of project chec	, with all documentation ckout. I understand the	on and timelines rein nat undocumented e	nitiated. expenses are	e not eligible to be	included within
In signing this form (spouses should co-sign), I (we) attest a into this contract to implement these practices and accept p			e property wl	here these pract	ices will be i	mplemented, or c	an legally represent t	he ownership (MDC	POA form	required) for the pu	urpose of entering
COOPERATOR SIGNATUR	RE							DATE			
PARTNER REVIEW (if applicable)			//					DATE			
ALLOCATION APPROVED (MDC)	X	Inn 1	Soen	ig				DATE		02/29/20	024
PRACTICE(S) COMPLETED (MDC)				V				DATE			

Cooperator:		
City of Columbia, M	issouri	
Region:	Planner Name:	Approved By: (Print Name)
Central Region	Ann Koenig	De'Carlon Seewood
Amount of Payment:	\$0.00	Signature:
VPI Number:	Org Code:	
Dbject Code Number	3403	Title: City Manager
Appropriation:		Date:
		APPROVED AS TO FORM:
		By: Nancy Thompson, City Counselor ATTEST:
		By: Sheela Amin, City Clerk
		CERTIFICATION: I hereby certify that there are sufficient unencumbered funds in Account No. 11004010-505990 to provide for reimbursable expenses.