


COST SHARE REQUEST / AGREEMENT

AGREEMENT BETWEEN MO DEPT. OF CONSERVATION (MDC), _____ AND: _____

Landowner/Cooperator Name: City of Columbia			
Address 701 East Broadway, Attn. Steve Fritz			
City: Columbia	State: MO	Zip: 65205	Phone(s): 573-874-6357
County: Boone	Township:	Range:	Section:



Practice / Components (____ Program)	Project Number (ex.MDC 200.B.1)	Units Planned (acres, feet, etc.)	Cost Share Rate	Maint enance (years)	Partner Funding Requested	MDC Funding Requested	Units Completed (acres, feet, etc.)	Partner Funding Earned	MDC Funding Earned
Development and/or Distribution of Tree-care Related Materials	900.C.7	1	75%	10		\$10,150.00			\$0.00
TOTALS					\$ -	\$10,150.00		\$ -	\$0.00


* Attach Plan (if program requires)

Focus Area [] Tier 1-4 Priority Geography [X] Tier 1 Priority Geography With RCT approval [] Geography Name: Tree City USA

List landowner's objectives: Wildlife Forestry/Woodland Wetland/Aquatic Prairie/Glade Recreation Oth

I REQUEST COST SHARE ASSISTANCE TO INSTALL THE ABOVE DESCRIBED PRACTICE(S). IF FUNDED, I AGREE TO MAINTAIN THE PRACTICES FOR THE SPECIFIED MAINTENANCE LENGTH FOR EACH PRACTICE LISTED ABOVE, AND I AGREE TO REFUND ALL OR PART OF THE COST SHARE ASSISTANCE PAID TO ME IF, BEFORE THE EXPIRATION OF THE SPECIFIED PRACTICE LIFESPAN, I (a) FAIL TO SATISFACTORILY MAINTAIN THE PRACTICE, (b) DESTROY THE APPROVED PRACTICE, OR (c) VOLUNTARILY RELINQUISH CONTROL OR TITLE TO THE LAND ON WHICH THE APPROVED PRACTICE HAS BEEN ESTABLISHED AND THE NEW OWNER AND/OR OPERATOR OF THE LAND DOES NOT MAINTAIN THE PRACTICE FOR THE REMAINDER OF ITS LIFESPAN, WHETHER OR NOT NEW OWNER AGREES TO MAINTAIN THE PRACTICE. I FURTHER UNDERSTAND THAT FAILURE TO COMPLY WITH THIS AGREEMENT MAY MAKE ME INELIGIBLE FOR PARTICIPATION IN FUTURE MDC COST SHARE PROGRAMS. FAILED PRACTICES DUE TO CAUSES BEYOND THE LANDOWNER'S CONTROL (E.G. DROUGHT, FLOOD, ETC.) AS DETERMINED BY THE RESOURCE PLANNER, ARE CONSIDERED "NO-FAULT" TERMINATED. PENDING AVAILABLE FUNDING, LANDOWNER IS ELIGIBLE TO RE-ESTABLISH FAILED PRACTICE AS A NEW PRACTICE, WITH ALL DOCUMENTATION AND TIMELINES REINITIATED. I CERTIFY THAT THE FUNDS REQUESTED ABOVE DO NOT DUPLICATE (although they may be used in conjunction or "piggybacked" with) FUNDS PROVIDED BY OTHER STATE OR FEDERAL COST SHARE PRACTICES AND THAT MULTIPLE PROGRAM ENROLLMENT ON THE SAME ACRE(S) WILL BE FOR COMPLIMENTARY PURPOSES. IN SIGNING THIS FORM (SPOUSES SHOULD CO-SIGN), I (WE) ATTEST AND CONFIRM SOLE LEGAL OWNERSHIP OF THE PROPERTY WHERE THESE PRACTICES WILL BE IMPLEMENTED, OR CAN LEGALLY REPRESENT THE OWNERSHIP (MDC POA FORM REQUIRED) FOR THE PURPOSE OF ENTERING INTO THIS CONTRACT TO IMPLEMENT THESE PRACTICES AND ACCEPT PAYMENT ON BEHALF OF ALL OWNERS

HERITAGE REVIEW HAS BEEN COMPLETED Monarch Planting Native Forage New Customer MDC Employee

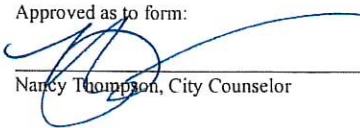
LANDOWNER(S) SIGNATURE
 _____ Date: _____
 John Glascock, City Manager

PARTNER REVIEW (if applicable) _____ DATE _____

ALLOCATION APPROVED (MDC) _____ DATE 08/05/2021

PRACTICE(S) COMPLETED (MDC) _____ DATE _____

Region:	Approved By: (Print Name)
Amount of Payment: \$0.00	Signature:
WPI number: _____ Acct. Number: _____	Title:
Object Code Number: 3403	Date:
Appropriation:	

Approved as to form:

 Nancy Thompson, City Counselor