

COST SHARE REQUEST / AGREEMENT

AGREEMENT BETWEEN MO DEPT. OF CONSERVATION (MDC),

AND:

Landowner/Cooperator Name:
City of Columbia

Address
 701 East Broadway

City: **Columbia** State: **MO** Zip: **65201** Phone(s): _____

County: **Boone** Township: _____ Range: _____ Section: _____



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
Equipment	900.A.6	1	Each	90%	10		\$2,658.60		Each		\$0.00
Purchase of Tree-care Education Materials	900.B.6	1	Each	90%	10		\$1,630.80		Each		\$0.00
TOTALS						\$ -	\$4,289.40			\$ -	\$0.00

* Attach Plan (if program requires)

Non-Focus Area/CC Tier 3 [] Tier 1-4 Geography/ CC Tier 2 [] Tier 1 Geography With RCT approval/ CC Tier 1 [X]

Tier 1 _____

List landowner's objectives: Wildlife [] Forestry/Woodland [x] Wetland/Aquatic [] Prairie/Glade [X] Recreation [] Other []

Heritage Review [X] Monarch Planting [] Native Forage [] New Customer [] MDC Employee []

I request cost share assistance to install the above described practice(s).

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 reinstated.

Tier 1 Community Geographies Receiving Upfront Payment- I agree to reimburse the Department for any unspent funds with thirty (30) days of project checkout. I understand that undocumented expenses are not eligible to be included within calculation of actual project expenses.

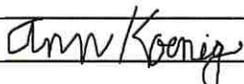
I certify that the funds requested above do not duplicate (although they may be used in conjunction or "piggybacked" with) funds provided by other state or federal cost share practices and that multiple program enrollment on the same acre(s) will be for complimentary purposes.

LANDOWNER(S) SIGNATURE

PARTNER REVIEW (if applicable)

ALLOCATION APPROVED (MDC)

PRACTICE(S) COMPLETED (MDC)



DATE

DATE

DATE

DATE

12/13/2022

Land Owner:
City of Columbia

Region: Central Region	Planner Name: Ann Koenig	Approved By: (Print Name) De'Carlon Seewood
Amount of Payment: \$0.00	WPI Number:	Signature:
Object Code Number: 3403	Org Code:	Title: City Manager
Appropriation:		Date:

APPROVED AS TO FORM:

By: _____
 Nancy Thompson, City Counselor

