COST SHARE REQUEST / AGREEMENT

AGREEMENT BETWEEN MO DEPT. OF CONSERVATION	ON (MDC),										AND
Landowner/Cooperator Name: City of Columbia											
Address 701 East Broadway, Attn: Office of	Sustainability										
City:	State:			Zip:		Phone(s):					
Columbia County:		MO Township:			65201 Range:		573-441-5526 Section:				
Boone											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
Community Tree Inventories	900.B.3	1	Each	90%	10		\$2,400.00		Each		\$0.00
Purchase of Tree-care Education Materials	900.B.6	1	Each	90%	10		\$2,400.00		Each		\$0.00
TOTALS						\$ -	\$4,800.00			\$ -	\$0.00
* Attach Plan (if program requires)		N.	X						<i>8.000000000000000000000000000000000000</i>		
Non-Focus Area/CC Tier 3 [] Tier	1-4 Geography/ CC	Tier 2 [] Tie	r 1 Geogra	aphy With RC	T approva	al/ CC Tier 1 [X	[]			Tier 1	
List landowner's objectives: Wildlife [X] Fe	orestry/Woodland [] Wetland	l/Aquatic [] Prairie/	Glade [X]	Recreation	n[] Other[]			
Heritage Review [X] Monarch Planting []	Native Forage [3	X] New C	ustomer [] MDC Em	nployee []					
I request cost share assistance to install the above describ	ped practice(s).										
I further understand that failure to comply with this agreem the resource planner, are considered "no-fault" terminated										. drought, flood, et	c.) as determined by
Tier 1 Community Geographies Recieving Upfront Payme	nt- I agree to reimburse	the Department	for any unsp	pent funds with t	hirty (30) da	ys of project check	cout. I understand	that undocumented	expenses a	re not eligible to be	e included within
calculation of actual project expenses.											
I certify that the funds requested above do not duplicate (a be for complimentary purposes.	although they may be us	ed in conjunctio	n or "piggyba	acked" with) fun	ds provided	by other state or fe	ederal cost share p	oractices and that mi	ultiple progra	am enrollment on t	he same acre(s) will
LANDOWNER(O) CIONATU	DE.										
LANDOWNER(S) SIGNATU	KE							DATE			
PARTNER REVIEW (if applicable)				<u> </u>	1/2	<u> </u>		DATE			
ALLOCATION APPROVED (MDC)				DUVVY	V/V	ereg		DATE		02/27/2	3
PRACTICE(S) COMPLETED (MDC)						<u> </u>		DATE			
Land Owner:											
City of Columbia											
Region:	Planner Name:					Approved By: (Pr	int Name)				
Central Region	Ann Koenig	enig				De'Carlon Seewood					
Amount of Payment:	\$0.00					Signature:					
WPI Number:	Org Code:										
Object Code Number	3403					Title: City Ma	anager				
Appropriation:						Date:					
						ΔPPR∩\	/FD AS T	O FORM:			
					APPROVED AS TO FORM:						
						Dv.					
	By: Nancy Thompson, City Counselor										