COST SHARE REQUEST / AGREEMENT

AGREEMENT BETWEEN MO DEPT. OF CONSERVATION (MDC),

Organization Name: City of Columbia C/O:Eric Schmittel			
Address: 701 E Broadway			
City: Columbia	State: MO	Zip: 65201	Phone(s): 573-874-7520
County: Boone	Township: T47N	Range: R13W	Section: 11

Practice / Components	Project Number	Units Planned	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
Removal of Critical Risk Trees	900.B.8	20.00	Each	90%	5	0.00	22843.80	0.00	Each	0.00	0.00
Totals						$0.00	$22,843.80			$0.00	$0.00

Attach Plan(If program requires)

Community Conservation: Community Conservation Tier 1

I request cost share assistance to install the above-described practice(s). If funded, I agree to maintain the practice(s) 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(s) 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 the 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.

Allocation Approved(MDC):	Jamie Barton	Date:	10/20/2025
Landowner Signature:		Date:	
Practices Completed:		Date:	
Payment Approved:		Date:	

Organization: City of Columbia C/O: Eric Schmittel		
Region: Central	Planner Name: Danielle Fox	
Amount of Payment: $0.00	WPI Number: 317	Org Code: LPL002
Object Code Number: 3403	Appropriation: 6051	

APPROVED AS TO FORM:

Nancy Thompson, City Counselor P.R.

I hereby certify that this Agreement is within the purpose of the appropriation to which it is to be charged, that is, account 22005222-501310 and that there is an unencumbered balance to the credit of such account sufficient to pay therefore.

E-SIGNED by Matthew Lue
on 2025-11-05 15:55:35 CST

Matthew Lue, Director of Finance

L.L.