


COST SHARE REQUEST / AGREEMENT

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

Cooperator Name: JACKSON COUNTY PARKS AND RECREATION			
Address 8101 BLUE RIVER RD			
City: KANSAS CITY	State: MO	Zip: 64132	Phone(s): (785) 643-9103
County: JACKSON	Township: 48	Range: 33 W	Section: 14



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
Woody Invasive Species Removal	900.A.4	1	Acre	90%	11		\$6,350.00		Acre		\$0.00
TOTALS						\$ -	\$6,350.00			\$ -	\$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

List landowner's objectives: Wildlife Forestry/Woodland Wetland/Aquatic Prairie/Glade Recreation Other
 Heritage Review Monarch Planting Native Forage New Customer MDC Employee

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 has been established and the new owner and/or operator of the land does not maintain the practice for the remainder of it's 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 cooperator's control (e.g. drought, flood, etc..) as determined by the resource planner are considered "no-fault" terminated pending available funding, cooperator is eligible to re-establish failed practice as a new practice, with all documentation and timelines reinitiated.

Tier 1 Community Geographies Receiving Upfront Payment- I agree to reimburse the Department for any unspent funds within 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.

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 for required) for the purpose of entering into this contract to implement these practices and accept payment on behalf of all owners.

COOPERATOR SIGNATURE		DATE	
PARTNER REVIEW (if applicable)		DATE	
ALLOCATION APPROVED (MDC)		DATE	
PRACTICE(S) COMPLETED (MDC)		DATE	

Cooperator: JACKSON COUNTY PARKS AND RECREATION	
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Region: KANSAS CITY REGION	Planner Name: TAYLOR NEFF	Approved By: (Print Name) Steve Hoel
Amount of Payment: \$0.00	Signature:	
WPI Number: 302	Org Code: LG30CK	
Object Code Number 3403	Title:	
Appropriation:	Date:	