

## COST SHARE REQUEST / AGREEMENT

AGREEMENT BETWEEN MO DEPT. OF CONSERVATION (MDC),


AND:

Landowner/Cooperator Name:  
**Jackson Co Parks and Recreation**

Address:  
**22807 SW Woods Chapel**

City: **Blue Springs** State: **MO** Zip: **64015** Phone(s): \_\_\_\_\_

County: **Jackson** Township: \_\_\_\_\_ Range: \_\_\_\_\_ Section: \_\_\_\_\_



Practice / Components (Program)	Project Number (ex.MDC 200.B.1)	Units Planned (acres, feet, etc.)	Cost Share Rate	Maintenance (years)	Partner Funding Requested	MDC Funding Requested	Units Completed (acres, feet, etc.)	Partner Funding Earned	MDC Funding Earned
Removal of Critical Risk Trees	<b>900.B.8</b>	1	50%	-		\$12,700.00			\$0.00
<b>TOTALS</b>					\$ -	\$12,700.00		\$ -	\$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

Geography Name: Tier 3

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 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 reinstated. Tier 1 Community Geographies Receiving Upfront Payment- I agree to reimburse the Department for any unspent funds within thirty (30) days of project check-out. 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 those practices and accept payment on behalf of all owners.

LANDOWNER(S) SIGNATURE

*Jake Colehour*

DATE

10/11/2022

PARTNER REVIEW (if applicable)

DATE

ALLOCATION APPROVED (MDC)

**Jake Colehour**

Digitally signed by Jake Colehour

Date: 2022.07.21 09:04:10 -05'00'

PRACTICE(S) COMPLETED (MDC)

DATE

Region: <b>Kansas City</b>	Approved By: (Print Name) <b>Steve Hoel</b>
Amount of Payment: <b>\$0.00</b>	Signature: <i>Steve Hoel</i>
WPI Number: <b>303</b> Org Code: <b>LG30CQL</b>	Title: CPLC Unit Supervisor
Object Code Number: <b>3403</b>	Date:
Appropriation: <b>Expense</b>	

APPROVED AS TO FORM

*Jay D. Halenka*  
 County Counselor

**FILED**

OCT 12 2022

MARY JO SPINO  
 COUNTY CLERK

ATTEST:

*Mary Jo Spino*  
 Clerk of the County Legislature