



**(Grantee Name & Logo Here)**  
**Landowner Agreement**  
**FY-22, Lawns to Legumes Phase 2 – Demonstration Neighborhoods**

**General Information**

Organization Name	Contract Number FY-22 - 01	Other state or non-state funds? Yes <input type="checkbox"/> No <input type="checkbox"/>	Amendment <input type="checkbox"/> Board meeting date(s):	Canceled <input type="checkbox"/> Board meeting date:
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\*If contract amended, attach amendment form(s) to this contract.

**Applicant**

Land Occupier Name	Address	City/State	Zip code
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\* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

**Conservation Practice Location**

Township Name	Township	Range	Section	1/4,1/4
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**Agreement Information**

I (we), the undersigned, do hereby request assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a **minimum of 5 years**, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this agreement is in force and to notify other parties to the contract of the transfer.
3. Practice(s) must be planned and installed in accordance with technical standards and specifications of the: **Lawns to Legumes Grant**.
4. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the payments.
5. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by \_\_\_\_\_ (date), this contract will be automatically terminated on that date.
6. Reimbursement requests must be supported by a completed voucher.

**Applicant Signatures**

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date	Land Occupier
Date	Landowner, if different from applicant  Address, if different from applicant information:

**Conservation Practice**

The primary practice for which assistance is requested is  Bee Lawn,  Pocket Planting,  Pollinator Meadow, ...  Trees & Shrubs

Practice standards or eligible component(s)	Engineered Practice <input type="checkbox"/> yes or <input type="checkbox"/> no Ecological practice <input type="checkbox"/> yes or <input type="checkbox"/> no	Total Project Cost Estimate
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**Technical Assessment and Cost Estimate**

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	Technical Assistance Provider ( Grantee )
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**Amount Authorized for Financial Assistance**

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of \$ \_\_\_\_/\_\_\_\_.

Amount	Program Name	Fiscal Year
\$	Lawns to Legumes Grant	FY-22
\$	Match	
\$		

Board Meeting Date	Authorized Signature	Total Amount Authorized \$
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