**INCENTIVE CONSERVATION ACTIVITY REIMBURSEMENT CONTRACT**

**General Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization      | Contract Number      | Other state or non-state funds?Yes [ ]  No [ ]  | Amendment [ ] Board meeting date(s):       | Canceled [ ] Board meeting date**:**  |

\*If contract amended, attach amendment form(s) to this contract.

**Applicant**

|  |  |  |  |
| --- | --- | --- | --- |
| Land Occupier Name      | Address      | City/State      | Zip code       |

\* 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.

**Contract Information**

I (we), the undersigned, do hereby request financial reimbursement to assist with the implementation of the following conservation activity(s) listed in section 1. It is understood that:

1. By entering into this contract, both parties, acknowledge and agree to the rules, regulations, land description, scope and duration, set forth under (a) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(*Supporting Contract Number) (copy attached as Exhibit A)* which is, in effect, the terms of this contract, OR, (b) the conservation activity(s) described below:

Description of the purpose, location, duration and outcomes that will be achieved as a result of this contract:

1. This contract will expire\_\_\_\_\_\_, according to exhibit A or the described conservation activity(s).
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 contract is in force and to notify other parties to the contract of the transfer.
3. A change in ownership shall not change the terms of this contract.
4. The contract, and terms of the contract, shall be in effect for the period of the contract.

**Applicant Signatures**

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation activity(s) will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the activity(s).
3. Be responsible for the operation and maintenance prepared for applicable practice(s) by a technical assistance provider or the operation and maintenance that was prepared under the requirements of a supporting contract (exhibit A) for the conservation activities applied under this contract.
4. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this activity(s).

|  |  |
| --- | --- |
| Date | Land Occupier |
| Date | Landowner, if different from applicantAddress, if different from applicant information:  |

The organization board has authorized the following for financial assistance: total not to exceed a rate of **$     /**, OR total not to exceed  percent of the total cost to complete the conservation activity.

I certify that I have reviewed this contract and all supporting information and that to the best of my knowledge and belief, the information is accurate and in accordance with terms of the contract identified.

|  |  |  |
| --- | --- | --- |
| Board Meeting Date | Authorized Signature | Total Amount Approved$       |

VOUCHER

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** |  | **Quantity** |  | **Unit** |  | **Unit Rate** |  | **Total** |
|   |  |   |  |   |  |   |  | $0.00 |
|   |  |   |  |   |  |   |  | $0.00 |

I certify that this is an accurate and true summation of the above activity(s), which was completed on:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   |   |  |  |   |
| **Payee Signature** |  |  | **Date** |

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the information is accurate and in accordance with terms of the contract identified.

|  |  |  |
| --- | --- | --- |
| Date | Administrative Sign-off | Total Amount Approved for payment (not to exceed amount approved)$       |