



(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:
-------------------	-------------------------------	---	--	--

*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.

Conservation Practice Location

Township Name	Township	Range	Section	1/4,1/4
---------------	----------	-------	---------	---------

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
---	--	-----------------------------

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)
------	---

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 \$
--------------------	----------------------	-------------------------------

PERCENT BASED - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: _____ Contract No.: _____

Address: _____

City, State, Zip: _____ Total Amount Authorized : _____

Estimated Project Cost: _____ % Approved States Funds: _____ (state) _____ (state & non-state)

(from approved contract or amended contract, does NOT include Pre- Con. Cover)

Item	Quantity	Unit	Unit Price	Cost
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
PROJECT COST:				\$0.00

PAYMENT AND CERTIFICATION INFORMATION

- A. Type of request (partial or final): _____
- B. Total cost of practice to date: _____
- C. Eligible amount (total cost x % approved+ PCC): _____ \$0.00 (State Funds)
- D. Total other state payment amount: _____
- E. Total non-state payment amount: _____
- F. Total previous partial payments: _____
- G. Pre-Construction Cover payment amount: _____ \$0.00
- H. Maximum payment amount _____ \$0.00

Pre-Con.Cover Ac.	Rate/Ac.

Amount Approved for This Voucher: **\$0.00**
(cannot exceed Total Amount Authorized)

I certify that this is an accurate and true summation of the actual costs and quantities of material, labor, and equipment used on the above project. In cases where the receipts included items not used on the project, I have corrected them accordingly.

Payee Signature _____
Date

I certify that an inspection has been performed and as-built received and that the items identified under the Cost Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

I certify that I have reviewed this voucher and all supporting information, including invoices and paid receipts, and that to the best of my knowledge and belief, the quantities and billed cost or disbursements are accurate and are in accordance with terms of the contract identified.

Technical Assistance Provider **Administrative Sign-off**

Date **Date**