CONVERSE COUNTY CONSERVATION DISTRICT

Community Canopy

Cost Share Application-Agreement

Property Owner_____

Address of Tree Location_____

Mailing Address_____

Telephone Number_____

Tax Identification Number or Social Security # _____ (CCCD is required to provide a 1099 for receipt of cost-share funds totaling $600 or more, SSN is still needed for funds totaling less than $600 for record keeping reasons)

I, _____ agree to participate in the Converse County Conservation District Community Canopy tree trimming/removal program.
I understand that applications shall be considered on a first come first served basis, subject to budget availability, provided the tree meets the necessary deterioration criteria as outlined by the Converse County Conservation District.

As a participant in the Community Canopy program, I am required to:

1. Get approval from the Converse County Conservation District Board of Supervisors.
2. Obtain an estimate from a licensed contractor.
3. Complete and submit this application to the Converse County Conservation District.
4. After approval, the homeowner must contact and schedule the work to be done with the contractor.
5. After completion, the homeowner shall contact Converse County Conservation District to verify the work is complete and accepted.
6. After contractor has been paid in full by homeowner, proof of payment shall be delivered to the Converse County Conservation District. Reimbursement in the amount of 50% up to $4,000 will be scheduled to pay at the next regularly scheduled Board of Supervisors meeting.

Work will be performed only on those trees approved by the Converse County Conservation District. Work shall be limited to tree trimming and removal of diseased or declined trees. CCCD cannot cost share on stump grinding.

Project Justification-Describe how the project meets the program objectives and how it benefits the public: (Public benefits include continued agricultural production to maintain open space and healthy ecosystems; enhanced opportunities for outdoor recreation; enhancements to air, land, or water quality; maintenance or enhancement of wildlife habitat; preclusion of soil loss or disease; or other perceived public benefits_____
_____
_____

I Acknowledge that I CANNOT have the work done until the application has been reviewed and approved by the board - Initial _____

Signed_____ **Dated**_____

Proposed Contractor_____

The Converse County Conservation District and its elected officials, employees and agents hereinafter referred to collectively as "the District" shall not be liable to the Property Owner for any damage to persons or property arising out of, or connected in any way with the trimming/removal of trees of Property Owner. Property Owner agrees to indemnify, defend and hold harmless the District from any and all claims, lawsuits, losses and liability by or on behalf of any person, firm or corporation arising out of or connected in any way with the trimming or removal of Property Owner's trees or in connection with any act of negligence or omission of Contractors or any of its agents, servants or employees arising out of or connected in any way with the trimming/removal of Property Owner's trees.

For Office Use Only

Date Application Received: _____
Verification of need: _____
Contractor Quote per Tree Removal: _____
Contractor Quote per Tree Trimmed: _____
Total Estimated Cost: _____
50% Cost-Share: _____
Date Completed: _____
Actual Cost: _____
CCCD Reimbursement Paid:_____

Board Decision: Approved / Denied
Called to Inform of decision on: _____
Informed That Receipts must be Turned in by:_____