



INVASIVE SHRUB REMOVAL COST-SHARE PROGRAM APPLICATION	
PROPERTY OWNER'S NAME _____	
PROPERTY ADDRESS (with city, state, zip) _____	
PHONE NUMBER _____	EMAIL _____
DATE OPENLANDS' ECOLOGICAL ASSESSMENT CONDUCTED _____	SIZE OF PROJECT AREA (acres) _____
PROJECT ACTIVITIES (check all that apply) <input type="checkbox"/> Cut invasive shrubs <input type="checkbox"/> Herbicide stumps <input type="checkbox"/> Chip cuttings <input type="checkbox"/> Burn cuttings <input type="checkbox"/> Foliar spray <input type="checkbox"/> Resprout treatment <input type="checkbox"/> Basal bark treatment <input type="checkbox"/> Other	
CONTRACTOR (check one) <input type="checkbox"/> Tallgrass Restoration <input type="checkbox"/> Native Restoration Services <input type="checkbox"/> Integrated Lakes Management	AMOUNT OF CONTRACTOR'S PROPOSAL \$ _____ AMOUNT OF SUPPORT REQUESTED \$ _____ Limited to 50% of contractor's proposal, with a maximum benefit of \$3,000
PROPERTY OWNER STATEMENT OF COMMITMENT I do hereby affirm that I am the owner of the property that is the subject of this application and I request cost-sharing to perform the practice(s) shown above. I agree to perform this work under the rules of this program. Upon satisfactory completion of the practice(s), I agree to provide the necessary receipts and documents as required to show my expenses. I have read and agree to the legal requirements listed on this form. I agree that the practices cost-shared under this agreement shall be maintained for a minimum of three consecutive years. I am familiar with the contractor work and financial support that may be authorized by approval of this application. Should this application be approved, I do hereby agree to sign and fulfill the contractor's proposal. I understand, should I fail to maintain the above practices or elect to discontinue participation, I will refund all cost-share payment made to me for the practices being affected, and which have less than three years duration.	
PROPERTY OWNER SIGNATURE _____ DATE _____ Email this signed form, with an <u>unsigned</u> copy of contractor's proposal and project map to: Help@Openlands.org. Do not sign contractor's proposal until Openlands approves application.	
FOR OPENLANDS USE:	
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	
AMOUNT to be reimbursed to property owner upon successful completion of work and proof of payment of invoice \$ _____	
Openlands staff signature _____ Date _____	
POST-PROJECT INSPECTION APPROVAL Openlands staff signature _____ Date _____	
VERIFICATION RECEIVED OF CONTRACTOR'S INVOICE PAID BY PROPERTY OWNER Openlands staff signature _____ Date _____	