

AGREEMENT

This contract agreement shall begin as of (date):

_____ I fully understand that this agreement is good for one (1) year from date of signed agreement or October 31, 2020, whichever comes first. After date of expiration, no monies will be reimbursed. Extensions may be granted, but are not guaranteed.

_____ I fully understand that the SWCD has the right to deny reimbursement if the project is not completed according to the specifications provided to me and/or if I fail to complete the project by _____, 20____. **specifications can include but are not limited to technical recommendations from a SWCD appointed representative including our Federal Partner NRCS and/or other CWI partners*

_____ I fully understand that all reimbursements from SWCD will come after I have completed the project and/or verification of the project completion by a representative of the SWCD including, but not limited to our Federal Partner NRCS and/or other CWI Partners.

_____ I am fully aware that the reimbursable amount for this agreement is based on a per acre rate of \$60/acre for low-moderate infestation and \$80/acre for moderate-high infestation with a maximum of \$800.

_____ I understand that controlling invasive species can include herbicide applications, which MUST be applied according to applicable Indiana laws, regulations, and herbicide label instructions.

_____ I agree to not hold the SWCD, its employees, agents, and/or other partners for vegetative loss or damages (to myself or property) arising from the use of tools and chemicals on my property.

_____ I understand that this invasive species control plan is intended to benefit myself, my property, and my neighbors' property by reducing the spread of invasive species.

Invasive plant control projects will be reimbursed at a rate of \$60/acre for low-moderate infestation and \$80/acre for moderate-high infestation with a cap of \$_____ for this project based on established per acre rates. Total project cannot exceed \$800.

By signing below, I agree to the terms and limits above and will fully comply with the requirements and restrictions of this program and thence forth am entering into an agreement with _____ Soil and Water Conservation District (SWCD).

X

Landowner

Date

X

SWCD Representative

Date