IDNR IFDA – FORESTRY COST-SHARE APPLICATION

APPLICANT: _____ **PHONE:**_____
(FIRST) (LAST)

STREET: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PLAN: _____ **PLAN APPROVAL:** _____ **COUNTY:** _____
(COUNTY CODE – CASEFILE) (MM/DD/YYYY)

APPLICATION APPROVAL: _____ **BEGINS:** _____ **END DATE:** _____
(IDNR FORESTER SIGNATURE) (APPROVAL DATE)

PRACTICE DESCRIPTION / LEVEL	A ACRES	B COST SHARE PER UNIT / ACRE / FT (**BASE COST**) $	C PRACTICE COST-SHARE (**FLAT RATE**) **$**	**D*** COST BASIS (A X B)	E OWNERS COST $ (ACTUAL)	F IFDA COST SHARE EARNED $ **(= A X C)**	G IDNR FORESTER INSPECTION APPROVAL **INITIALS / DATE (MM/DD/YYYY)**
1.							
2.							
3.							
4.							
SUBTOTAL	////	/////////	////////	///////			//////////////////////////////

D* Payment from all cost share sources shall not exceed each line item amount shown in either column D or column E
State cost share earned not to exceed column F, combined Federal and State payments cannot exceed column D or E. FDA payment must be adjusted in order to not exceed the cost basis of practice **or** 100% of the timber growers cost.

COMPLETE IF A TIMBER SALE OCCURRED DURING THE PAST TWO (2) FISCAL YEARS

SALE DATE: _____ SALE AMOUNT: $_____ 4% HARVEST FEE: $_____

BUYER: _____ Address: _____

VERIFICATION OF TIMBER SALE:(Signature of DISTRICT FORESTER)

H. 100% of Harvest Fee = $_____

I.= (E1…E4)- (F1…F4)= $_____. Rebate = H or I whichever is less.

Amount due landowner = Rebate + (F1…F4) = $_____ not to exceed owner's cost (E).

Approved: _____District Forester _____ Date

APPLICANT'S CERTIFICATION:
I request cost-sharing to perform the practice(s) shown above. I agree to perform this practice under the Administrative Rules of this program and according to the natural resource management plan, unless prevented from doing so for reasons beyond my control. Payment will not be made until individual practices have been completed and approved by IDNR forester as being satisfactorily completed. Practice cost share payment may never exceed base cost. I will 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 in effect for a minimum of 10 years except as allowed under the Administration Rules. 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 10 years duration.

Under penalties of perjury, I certify that the number below is my correct Federal Taxpayer Identification Number. My business status is:

☐ Individual ☐ Owner of Sole Proprietorship ☐ Partnership ☐ Government Entity
☐ Tax-exempt hospital or extended care facility ☐ Estate or legal trust ☐ Other
☐ Corporation providing or billing medical and/or health care services
☐ Corporation NOT providing or billing medical and/or health care services
☐ Nonresident alien individual ____ Foreign corporation, partnership, estate, or trust

TAX ID NUMBER (FEIN): _____ **SOC.SEC.#** _____**(W-9 Required)**

The Applicant certifies that it is not barred from being awarded a contract or subcontract under section 10.1 or 10.3 of the Illinois Purchasing Act (30 ILCS 505/10.1, 10 ILCS 505/10.3).

The Applicant certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33-E3 or 33-E4 of the Criminal Code of 1961 (720 ILCS 5/33E-3, 720 ILCS 5/33-E4).

The Applicant certifies that it is not in default on an educational loan as provided in Public Act 85-827 (5 ILCS 385/1)(a partnership shall be considered barred if any partner is default on an educational loan).

The Applicant is not prohibited from selling goods or services to the State of Illinois because it pays dues or fees on behalf of its employees or agents or subsidizes or otherwise reimburses them for payment of their dues or fees to any club which unlawfully discriminates (775 ILCS 25/1)

RETENTION OF RECORDS: Applicant shall maintain, for a minimum of five years after completion of the contract, adequate books, records and supporting documents to verify the amounts, recipients and uses of all disbursements of funds passing in conjunction with the contract; that the contract and all books, records, and supporting documents related to the contract shall be available for review and audit by the Auditor General pursuant to PA 87-991; and that the contractor agrees to cooperate fully with any audit conducted by the Auditor General and to provide full access to all relevant materials. Failure to maintain books, records and supporting documents required by this Section shall establish presumption in favor of the State for recovery of any funds paid by the State under the contract for which adequate books, records, and supporting documentation are not available to support their purported disbursement.

The Applicant certifies that it has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor has the Applicant made an admission of guilt of such conduct which is a matter of record, nor has an official, agent, or employee of the applicant been so convicted nor made such admission of bribery on behalf of the firm and pursuant to the direction or authorization of a

responsible official of the firm. (Chapter 30 ILCS 505/10.1)
The Department of Natural Resources does not discriminate on the basis of race, color, sex, national origin, age, or handicap in admission to, or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act the Illinois Constitution, TITLE VI or the 1964 Civil Rights Act, Section 504 of the Rehabilitation Act of 1973, as amended, and the U.S. Constitution. The Equal Employment Opportunity Officer is responsible for compliance and may be reached at 217/782-7616.
This certification is required by the Drug Free Workplace Act(30 ILCS 580/1) for contracts and grants. The Drug Free Workplace Act, requires that no grantee or contractor shall receive a grant or be considered for the purposes of being awarded a contract for the procurement of any property or services from the State unless that grantee or contractor will provide a drug free workplace. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract or grant payments, termination of the contract or grant and debarment of contracting or grant opportunities with the State for at least one (1) year but not more than five (5) years.
The Applicant certifies and agrees that it will provide a drug free workplace by:

(a) Publishing a statement:
(1) Notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance, including cannabis, is prohibited in the grantee's or contractor's workplace.
(2) Specifying the actions that will be taken against employees for violations of such prohibition.
(3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will:
(A) abide by the terms of the statement; and
(B) notify the employer or any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

(b) Establishing a drug free awareness program to inform employees about:
(1) the dangers of drug abuse in the workplace;
(2) the grantee's or contractor's policy of maintaining a drug free workplace;
(3) any available drug counseling, rehabilitation, and employee assistance programs; and
(4) the penalties that may be imposed upon an employee for drug violations.

c) Providing a copy of the statement required by subparagraph (a1) to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.

(d) Notifying the contracting or granting agency within ten (10) days after receiving notice under part (B) of paragraph (3) of subsection (a) above from an employee otherwise receiving actual notice of such conviction.

(e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by section 5 of the Drug Free Workplace Act.

(f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation is required, and rehabilitation is required and indicating that a trained referral team is in place.

(g) Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act.

(h) Individuals: If applicant is an individual, or an individual doing business in the form of sole proprietorship, the individual certifies that the individual will not engage in unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of the contract. Vendor certifies that it will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of the contract. This requirement applies to contracts of more than $5,000.

For contracts exceeding $10,000 the applicant certifies that neither it nor any substantially-owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Action of 1979 or the regulations of the U.S. Department of Commerce promulgated under that Act.

Applicant, its employees and subcontractors, agree not to commit unlawful discrimination and agree to comply with the applicable provisions of the Illinois Human Rights Act, the Public Works Employment Discrimination Act, the U.S. Civil Rights Act and Section 504 of the Federal Rehabilitation Act, and rules applicable to each. The equal employment opportunity clause of the Department of Human Rights' rules is specifically incorporated herein.

The Americans with Disabilities Act (42 U.S.C. 12101 et seq.) and the regulations thereunder (28 CFR 35.130)(ADA) prohibit discrimination against persons with disabilities by the State whether directly or through contractual arrangements, in the provision of any aid, benefit or service. As a condition of receiving this contract, the undersigned vendor certifies that services, programs and activities provided under this contract are and will continue to be in compliance with the ADA.

For the purpose of this certification, "grantee" or "contractor" means a corporation, partnership or other entity with twenty-five (25) or more employees at the time of issuing the grant, or a department, division, or other unit thereof, directly responsible for the specific performance under a contract or grant of $5,000 or more from the State.

Pursuant to 775 ILCS 5/2-105(A)(4), applicant shall have written sexual harassment policies that shall include, at a minimum, the following information: (I) the illegality of sexual harassment; (ii) the definition of sexual harassment under State Law; (iii) a description of sexual harassment, utilizing examples; (iv) the applicant internal complaint process including penalties; (v) the legal recourse, investigative and complaint process available through the Department of Human Rights and the Human Rights Commission; (vi) directions on how to contact the Department and Commission; and (vii) protection against retaliation as provided by Section 6-101 of the Illinois Human Rights Act. A copy of the policies shall be provided to the Department upon request.

Obligations of the State will cease immediately without penalty of further payment being required if in any fiscal year the Illinois General Assembly or federal funding source fails to appropriate or otherwise make available sufficient funds for this agreement.

THE UNDERSIGNED, UNDER PENALTIES OF PERJURY, IS AUTHORIZED TO EXECUTE THIS CERTIFICATION ON BEHALF OF THE DESIGNATED ORGANIZATION/PERSON.

_____ _____ _____

Signature of Authorized Representative | Printed Name and Title | Date

This state is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 720 ILCS 5/33 E-12 Disclosure of this information is REQUIRED. Failure to provide any information will result in this form not being processed. This form has been approved by the Forms Management Center.

BEGIN DATE _____ END DATE_____ Payment Processing Approved _____
(IDNR Forester Signature & Date (MM/DD/YYYY)