Landowner Agreement Letter

CDFA Healthy Soils Program Incentive Grants

*This section is to be completed if the on-farm project will be implemented on leased land. To complete, please have the landowner complete the indicated sections below and provide the lease.*

This letter is to confirm that I, ​**FULL NAME**​, landowner of **​APN(S) APPLIED ON THE APPLICATION ONLY​**, give my approval for ​**HEALTHY SOILS APPLICANT NAME**​ to implement their Healthy Soils Program Incentive Grants project. I certify that the lessee will have control of the property for the full project term. If selected for funding, the project proposes to implement ​**HEALTHY SOILS MANAGEMENT PRACTICES**​ on ​**THIS MANY ACRES**​ at ​**THIS LOCATION ADDRESS**​. I hereby acknowledge that the proposed project does not violate the terms of the lease agreement.

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​Printed Name of Landowner   Signature              Date

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Printed Name of Applicant Signature              Date