

## Landowner Agreement Letter CDFA Healthy Soils Program Incentive Grant American Olive Oil Producers Association Block Grant

This section is to be completed if the on-farm project will be implemented on leased land. Please have the landowner complete the indicated sections below and provide a copy of the lease.

This letter is to confirm that I,		, landowner
ofAPN(S) APPLIED ON THE APPLI		give my approval
APN(S) APPLIED ON THE APPLI	CATION ONLY	
for HEALTHY SOILS APPLICANT NA	to implement t	heir Healthy Soils Program
Incentive Grants project on the c	aforementioned land which is	currently leased by the
applicant. I certify that the lessee	e will have control of the prop	erty for the full project
term (October 1, 2024 – Novemb	er 30, 2024). If selected for fur	nding, the project
proposes to implement:		
HEALTH	IY SOILS MANAGEMENT PRACTICE	<mark>=S</mark>
on, at		·
ACRES	LOCATION ADDR	RESS
I hereby acknowledge that the p	proposed project does not vio	late the terms of the
lease agreement.		
Printed Name of Landowner	Signature	Date
Printed Name of Applicant	 Signature	 Date