

# EDGEWOOD SOIL & WATER CONSERVATION DISTRICT

P. O. BOX 1050, MORIARTY, NM 87035  
Phone: 832-1111 / Fax: 832-1121

## 2010-2011 COST SHARE APPLICATION

*Fiscal year - July 1, 2010 – June 30, 2011*

NAME(S) \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PROPOSED PROJECT: TOWNSHIP, RANGE AND SECTION \_\_\_\_\_

ADDRESS OF PROJECT LOCATION \_\_\_\_\_

NUMBER OF ACRES SERVED \_\_\_\_\_

DESCRIPTION OF NATURAL RESOURCE PROBLEM \_\_\_\_\_

DETAILED PROPOSED PRACTICE TO ADDRESS PROBLEM \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CURRENT  
BERNALILLO, TORRANCE, OR SANTA FE COUNTY TAX BILL TO DETERMINE ELIGIBILITY**

I request cost share project participation with the Edgewood Soil & Water Conservation District to solve the natural resource problem on the land identified above. I understand that to be eligible for reimbursement **I must complete the project within the fiscal year (July 1 – June 30)**. I agree to refund all of the funds paid to me by Edgewood Soil & Water Conservation District if; (A) I destroy the practice, or (B) I no longer utilize the practice for the original intended purpose, before the required maintenance period of 5 years.

I certify that I have read and understood the application and received a copy of the guidelines.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*The Edgewood Soil & Water Conservation District's cost share program is available to anyone without regard to: national origin, age, sex, creed, race, marital status, sexual preference, or handicap.*