

EDGEWOOD SOIL & WATER CONSERVATION DISTRICT

P. O. BOX 1050, MORIARTY, NM 87035
Phone: (505) 832-1111

2021-2022 COST SHARE APPLICATION

DEADLINE: June 1, 2021

Fiscal year: July 1, 2021 – June 30, 2022

APPLICANT INFORMATION

NAME(S) _____

PHONE _____ EMAIL ADDRESS _____

MAILING ADDRESS _____

CITY _____ ZIP CODE _____

ADDRESS OF PROJECT LOCATION _____ COUNTY _____

Legal Description of Property: _____

NUMBER OF ACRES SERVED _____

PRACTICE REQUEST

Which practice are you applying for? (**list only one practice**) _____

Please refer to Eligible Practice Sheets for list of eligible practices.

The Edgewood SWCD will only fund one (1) practice per fiscal year.

Please provide detailed information below.

1. Natural resource problem on your property: _____

2. Proposed practice to address the resource problem: _____

DISCLAIMER and SIGNATURE

Before signing this application, please read the entire application packet. Your signature below will indicate you have read and understand the following:

1. No work shall begin prior to receiving a signed Edgewood SWCD Project Agreement.
2. Work started before receiving Edgewood SWCD Project Agreement will be ineligible for reimbursement.
3. This is an application only and gives **no guarantee, written or implied, for funding.**
4. Original application must be mailed to Edgewood Soil & Water Conservation District, PO Box 1050, Moriarty, NM 87035, and date stamped by USPS no later than June 1, 2021. **Faxes or Electronic applications will not be accepted.**

Initials_____ I request cost-share project participation with the Edgewood Soil & Water Conservation District to solve the natural resource problem on the land identified on this application.

Initials_____ I understand that to be eligible for reimbursement I must complete the project within the fiscal year **(July 1, 2021 – June 30, 2022).**

Initials_____ **I understand no project extensions are allowed.**

Initials_____ 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.

Initials_____ I certify that I have read and understood the application and program the guidelines.

Initials_____ I certify that I have applied for one (1) conservation practice.

Applicant's Signature

Date

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.

*FSA Criteria for approved producing farms and ranches

**A COPY OF YOUR
BERNALILLO, TORRANCE, OR SANTA FE
COUNTY TAX BILL
MUST BE INCLUDED WITY YOUR APPLICATION
TO DETERMINE ELIGIBILITY**