

APPLICATION FOR GROUP ACEQUIA PROGRAM COST-SHARE ASSISTANCE

For Office Use Only

FY 2020-2021

---- APPLICANT INFORMATION -----

Legally Recognized Acequia	Name:				
IRS Employer Identification	Number (EIN):				
Contact Person (must be app	roved by Acequia Commissioners):				
Mailing Address:					
		<u> </u>			
Talambana	(City)		(State)	(Zi	ip)
Telephone:	(Primary)			(Secondary)	
Email Address:					
Project Location (Taos Coun	ty Neighborhood):				
Have You Participated in Ta	os SWCD Programs Before (✓)?	O Yes	O No		
formally authorized the ap attached to this application	ACEQUIA PROJECT APPLICATION APPLICATION APPLICATION OF THE PROJECT APPLICAT	er signed b and to act I minutes o	y and indicatin on its behalf th or letter attache	g that the full co croughout the pr d will not be acc	oject must be
				oacted:	
Have You or Do You Intend	to Apply for NRCS Program Assist to Apply for the NM ISC's 90/10 P	tance for Tl	his Project? (✓)? • • Yes	O No O No
	to Seek Capital Outlay Funds for T with a copy of your capital outlay re				
Please List Your Current Acc	equia Commissioner and Mayordon	no Names a	and Titles Here (must be legible)	:
Commissioner Name:	Co	ommissione	r Name:		
Commissioner Name:	Co	ommissione	r Name:		
Mavordomo Name:					

The following items must be attached to this application BEFORE it can be accepted by Taos SWCD staff:

needed to protect soil and water resources on the identified property and technical and/or cost-share assistance is needed to complete it.	1.	All information filled out legibly (✓)?	O Yes		
4. Neighborhood added (√)? 5. Total acres irrigated filled out (√)? 6. Landowners impacted filled out (√)? 7. All other funding requested indicated (√)? 8. Commissioner & Mayordomo names listed legibly (√)? 9. Copy of relevant meeting minutes or letter attached (√)? 9. Copy of relevant meeting minutes or letter attached (√)? 9. Ves 1. recognize that the above information is true and correct and I am requesting Taos SWCD assistance. This project is needed to protect soil and water resources on the identified property and technical and/or cost-share assistance is needed to complete it. FOR OFFICE USE ONLY Application Received By:	2.	IRS EIN provided (✓)?	O Yes		
5. Total acres irrigated filled out (\(\sigma\)? 6. Landowners impacted filled out (\(\sigma\)? 7. All other funding requested indicated (\(\sigma\)? 8. Commissioner & Mayordomo names listed legibly (\(\sigma\))? 9. Copy of relevant meeting minutes or letter attached (\(\sigma\))? 9. Copy of relevant meeting minutes or letter attached (\(\sigma\))? 9. Trecognize that the above information is true and correct and I am requesting Taos SWCD assistance. This project is needed to protect soil and water resources on the identified property and technical and/or cost-share assistance is needed to complete it. Signature of Applicant Date FOR OFFICE USE ONLY Application Received By: Date:	3.	Acequia name filled out legibly (✓)?	O Yes		
6. Landowners impacted filled out (\$\forall ?)\$?	4.	Neighborhood added (✓)?	O Yes		
7. All other funding requested indicated (\$\forall ?)\$? O Yes 8. Commissioner & Mayordomo names listed legibly (\$\forall ?)\$? O Yes 9. Copy of relevant meeting minutes or letter attached (\$\forall ?)\$? O Yes I recognize that the above information is true and correct and I am requesting Taos SWCD assistance. This project in the needed to protect soil and water resources on the identified property and technical and/or cost-share assistance is needed to complete it. Signature of Applicant Date FOR OFFICE USE ONLY Application Received By: Date:	5.	Total acres irrigated filled out (✓)?	O Yes		
8. Commissioner & Mayordomo names listed legibly (✓)?	6.	Landowners impacted filled out (✓)?	O Yes		
9. Copy of relevant meeting minutes or letter attached (\$\)? O Yes It recognize that the above information is true and correct and I am requesting Taos SWCD assistance. This project is needed to protect soil and water resources on the identified property and technical and/or cost-share assistance is needed to complete it. Signature of Applicant Date FOR OFFICE USE ONLY Application Received By:	7.	All other funding requested indicated (✓)?	O Yes		
I recognize that the above information is true and correct and I am requesting Taos SWCD assistance. This project is needed to protect soil and water resources on the identified property and technical and/or cost-share assistance is needed to complete it. Signature of Applicant Date	8.	Commissioner & Mayordomo names listed legibly (✓)?	O Yes		
FOR OFFICE USE ONLY Application Received By: Date:	9.	Copy of relevant meeting minutes or letter attached (✓)?	O Yes		
Application Received By: Date:	Signat	ure of Applicant	Date		
Application Received By: Date:					
Application Received By: Date:	FOR OFFICE USE ONLY				
		FOR OFFICE US.	E ONLY		

APPLICATION SUBMITTAL TIMELINES/INFORMATION

Taos SWCD currently accepts cost-share program applications year-round.

Applications received during regular office hours between January 1 and June 30 will be considered for funding in the fall of that same year.

Applications received during regular office hours between July 1 and December 31 will be considered for funding in the following spring.

Regular office hours are Monday through Friday 8:00 a.m. - 12:00 p.m. and 1:00 a.m. - 5:00 p.m.

Once completed, deliver application to: Taos Soil & Water Conservation District

220 Chamisa Road Taos, NM 87571

Tel. (575) 751-0584

Taos SWCD observes all national holidays (plus the day after Thanksgiving).

In the event of inclement weather, Taos SWCD follows delays set by Taos Municipal Schools.

Taos Soil & Water Conservation District (Taos SWCD) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and, where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact Taos SWCD at 575-751-0584. To file a complaint of discrimination, write to Taos SWCD, 220 Chamisa Road, Taos, NM 87571 or call 575-751-0584. Taos SWCD is an equal opportunity provider and employer.