



**APPLICATION FOR RANGE IMPROVEMENT COST-SHARE PROGRAM**

**For Office Use Only**  
**FY 2021-2022 BP 1**

**----- APPLICANT INFORMATION -----**

Applicant Name: \_\_\_\_\_

Applicant's Agent/Leasee (if applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Telephone: \_\_\_\_\_ (Primary) \_\_\_\_\_ (Secondary)

Email Address: \_\_\_\_\_

Project Location (Taos County Neighborhood): \_\_\_\_\_

- Property is (✓):
- Owned *(Must attach a copy of a recent property tax bill for the project location)*
  - Leased *(Must attach a copy of lease & recent property tax bill for the project location)*
  - Agent *(Must attach a copy of written/dated landowner approval & a recent property tax bill for the project location)*

Have You Participated in Taos SWCD Programs Before (✓)?  Yes  No

If Yes, Please List Project Type(s): \_\_\_\_\_

**----- RANGE PROJECT APPLICATION INFORMATION -----**

Total Acres (Min. 40 Acres to Qualify): \_\_\_\_\_ Intact External/Boundary Fencing in Place (✓):  Yes  No

Type of Livestock on Property: \_\_\_\_\_

Type of Assistance Requested (please ✓ ONLY ONE):

- Seeding       Internal Fencing       Brush Management       Water Resource Dev.       Other

If Other, please explain: \_\_\_\_\_

Have You Applied for Funding from Other Sources? (✓):  Yes  No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

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

- |  |                           |
|--|---------------------------|
| 1. All information filled out <u>legibly</u> (✓)?          | <input type="radio"/> Yes |
| 2. Copy of property tax bill/notice of value attached (✓)? | <input type="radio"/> Yes |
| 3. Copy of lease (if leased) (✓)?                          | <input type="radio"/> Yes |
| 4. Copy of landowner approval (if acting as agent) (✓)?    | <input type="radio"/> Yes |
| 5. Project location neighborhood documented (✓)?           | <input type="radio"/> Yes |
| 6. Acreage filled out/meets 40-acre minimum (✓)?           | <input type="radio"/> Yes |
| 7. Intact external/boundary fence (✓)?                     | <input type="radio"/> Yes |
| 8. Type of livestock noted (✓)?                            | <input type="radio"/> Yes |
| 9. Type of assistance requested checked (✓)?               | <input type="radio"/> Yes |

***I recognize that the above information is true & correct & I am requesting Taos SWCD assistance. This project is needed to protect soil & water resources on the identified property & technical/cost-share assistance is needed to complete it.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Application Received By: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Staff Member Name)*

# **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.*