



**APPLICATION FOR
STREAM RESTORATION
COST-SHARE ASSISTANCE**

For Office Use Only

FY 2022-2023 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): _____

----- STREAM RESTORATION PROGRAM APPLICATION INFORMATION -----

Name of Stream/River: _____

Approximate Length of Restoration Needed: _____

Description of Damage (include timeline, estimated cause, and any other information that may be relevant: _____

- ☐ - **ACKNOWLEDGE:** I understand that my Stream Restoration project may require a 404 Permit from the US Army Corps of Engineers and that it is my responsibility to acquire that permit (and/or any other required permit) prior to commencing stream restoration work related to this project.
- ☐ - **ACKNOWLEDGE:** I understand that if equipment related to my restoration project will need access to property or easements not owned by myself, a signed temporary construction easement from each relevant neighboring landowner will be attached to this application prior to submittal.

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

- | | |
|---|---------------------------|
| 1. All information filled out legibly (✓)? | <input type="radio"/> Yes |
| 2. Copy of tax bill 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. Neighborhood added (✓)? | <input type="radio"/> Yes |
| 6. Stream name filled in (✓)? | <input type="radio"/> Yes |
| 7. Length of damaged area filled in (✓)? | <input type="radio"/> Yes |
| 8. Is description of damage clear (✓)? | <input type="radio"/> Yes |
| 9. Are both acknowledgments checked (✓)? | <input type="radio"/> Yes |
| 10. If required, is Temporary Construction Easement attached (✓)? | <input type="radio"/> Yes |
| 11. Signature & date provided (✓)? | <input type="radio"/> 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

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.