

## INDIVIDUAL ACEQUIA PROJECT APPLICATION FOR COST-SHARE ASSISTANCE

**For Office Use Only** 

FY 25-26 BP 1

## -----<u>APPLICANT INFORMATION</u> -----

Applicant Name:			
Agent or lease holder (if applicable	e):		
Mailing Address:			
	(City)	 (State)	(Zip Code)
Telephone:	(Primary)		econdary)
Email address:	(11mury)	(56	contain y)
Land ownership status (✓):	O - Owned Atta	ch legible copy of a recent property	v tax bill
	O - Leased Atta	ch legible copy of lease & recent p	roperty tax bill
	O - Acting as agent	Attach legible copy of lando recent property tax bill	wner approval &
	PROJECT I	NFORMATION	
Project location (Taos County neig	ghborhood):		
What type of project? What are yo	u applying for?		
Name of acequia:			
Approximate irrigated acres that the	e project will serve:	Year of most recent ha	arvest:
AGRICULTURAL CROP(S) GI	ROWN		
CROP*	AREA* (Acres or square feet)	YIELD (Bales, tons, bushels, pounds)	USE (Personal or commercial)
Hay (alfalfa, timothy, grains)			
Native Pasture			
Garden (vegetables, legumes)			
Orchard (fruits, berries, nuts)			
Other			

<sup>\*</sup>Agricultural production will be verified at time of site visit.

Is the project located on land owned by someone other than yourself (  If yes, a signed <u>Temporary Construction Easement form</u> mus submittal. A Temporary Construction Easement form can be ob	t be attached to this application prior to			
web site (www.tswcd.org).				
Have you applied for funding from other programs for this project $(\checkmark)$ ?	Yes O No			
Have you participated in Taos SWCD projects/programs previously (✓)?	O Yes O No			
If yes, please list which project(s)/program(s):				
CHECKLIST - The following items must be attached to accepted by Taos SWCD:	this application BEFORE it can be			
<ol> <li>All contact information filled out legibly (✓)?</li> </ol>	O Yes			
2. Copy of tax bill attached (✓)?	O Yes			
3. Signed copy of lease (if applicable) (✓)?	O Yes			
4. Copy of landowner approval (if acting as agent) (✓)?	O Yes			
<ol> <li>Project location (neighborhood) (✓)?</li> </ol>	O Yes			
6. Project type (what you are requesting) (✓)?	O Yes			
7. Acequia name listed legibly (✓)?	O Yes			
8. Acreage, harvest and crop information (✓)?	O Yes			
9. Temporary Construction Easement form (if applicable) (✓)?	O Yes			
10. Signature & date (✓)?	O Yes			
I affirm that the above information is true and correct and that I a Water Conservation District. This project is needed to conserve so and technical and/or cost-share assistance is needed.	oil and water resources within Taos County			
Signature of Applicant	Date			
FOR OFFICE USE ONLY				
Application Received By:	Date: ne)			

## APPLICATION SUBMITTAL 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 (batching period I).
- Applications received during regular office hours between July 1 and December 31 will be considered for funding in the following spring (batching period II).
- Regular office hours are Monday through Friday: 8:00 a.m. 12:00 p.m. 1:00 p.m. 5:00 p.m.
- Taos SWCD is closed during the noon lunch hour.
- 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.