

EAST TORRANCE SOIL & WATER CONSERVATION DISTRICT  
P. O. BOX 58, ESTANCIA, NM 87016 384-2272, Ext. 103

REQUEST FOR COST-SHARING

APPLICATIONS WILL BE TAKEN FROM \_\_\_\_\_

*Cost-share Assistance will be based Ranking Sheet Scores.*

Application No.: ET-\_\_\_\_\_ Date Received: \_\_\_\_\_

NAME \_\_\_\_\_ SSN: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DISTRICT COOPERATOR AGREEMENT? YES \_\_\_\_\_ NO \_\_\_\_\_ (have you ever had a cost-share contract before with the office)

IF SO, ARE YOU ENROLLED IN ANY OTHER FINANCIAL ASSISTANCE PROGRAMS? PLEASE LIST:

\_\_\_\_\_

LEGAL DESCRIPTION OF PROPOSED PROJECT LOCATION \_\_\_\_\_

**PLEASE PROVIDE A DRAWING OF PROPOSED AREA AND PROJECT ON REVERSE SIDE OF THIS SHEET, and DIRECTIONS TO THE LOCATION, ALSO A MAP (documentation also on proof of ownership)**

DESCRIPTION OF NATURAL RESOURCE PROBLEM \_\_\_\_\_

\_\_\_\_\_

PROPOSED PRACTICE TO ADDRESS PROBLEM \_\_\_\_\_

\_\_\_\_\_

SPECIFY SIZE, LINGHT, CAPACITY ETC. \_\_\_\_\_

ACRES OWED: \_\_\_\_\_ ACRES EFFECTED BY PROJECT \_\_\_\_\_ NO. OF CATTLE: \_\_\_\_\_

PRACTICE TO BE COMPLETED BY \_\_\_\_\_

**APPLICANT'S REQUEST**

I request cost-share assistance under the program to solve the natural resource problem on the land identified above. If cost-sharing is approved for the practice requested, I agree to refund all of the cost-share assistance paid to me by East Torrance SWCD, if, before the require maintenance period of 5 years, I (a) destroy the approved practice, or b) no longer utilize the practice for the original intended purpose.

I certify that I have both read and understood the application, and received a copy of the cost-share guidelines.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

