APPLICATION FOR FOREST HEALTH PROGRAM COST-SHARE ASSISTANCE

For Office Use Only

FY 26-27 BP I

----- APPLICANT INFORMATION -----

Applicant Name: _____

Applicant's Agent (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): _____

----- FOREST HEALTH PROJECT APPLICATION INFORMATION -----

Total Acres: _____ Number of Acres You Are Applying to Treat: _____

Are you interested in participating in larger-acreage projects if they become available (✓)? ❍ Yes ❍ No

Do You Plan to Do the Work Yourself (✓)? ❍ Yes ❍ No

IMPORTANT: *Taos SWCD's Forest Health projects are not intended to be landscaping beautification projects. To be eligible for funding through this program, the project must conform to national standards for defensible space in forestland. If this application is approved, a licensed and insured professional forester will design a treatment plan specific to current forest conditions and health, regardless of view aesthetics (though he can take some minor requests into consideration if they are submitted to him before he prepares the treatment plan and if they do not prohibit him from adhering to those national standards).*

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

1. All information filled out legibly (✓)? ❍ Yes
2. Copy of property tax bill or notice of value attached (✓)? ❍ Yes
3. Copy of lease (if leased) (✓)? ❍ Yes
4. Copy of landowner approval (if acting as agent) (✓)? ❍ Yes
5. Neighborhood added (✓)? ❍ Yes
6. Acreage filled out (✓)? ❍ Yes
7. Do you plan to do the work yourself indicated (✓)? ❍ Yes
8. Signature & date provided (✓)? ❍ 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 & water resources on the identified property and technical/cost-share assistance is needed to complete the project.

_____ _____

Signature of Applicant Date

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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. – 4:30 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 County.

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.