GROUP ACEQUIA PROJECT APPLICATION FOR COST-SHARE ASSISTANCE

For Office Use Only

FY 26-27 BP I

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

Acequia Name: _____

IRS Employer Identification Number (EIN): _____

Acequia Representative (commissioner or mayordomo): _____

Mailing Address: _____

_____ _____ _____
(City) *(State)* *(Zip)*

Telephone: _____ _____
(Primary) *(Secondary)*

Email Address: _____

Project is located on (✓): ❍ - Private land ***A signed Temporary Construction Easement form must be obtained from the landowner. A Temporary Construction Easement form can be obtained at the Taos SWCD office or on our website (***www.taosswcd-nm.gov***).***

❍ - Public land ***A permit (US Forest Service, BLM, Tribal, etc.), must be obtained from the jurisdictional authority. If the applicant is in the process of acquiring all required permits and easements, the commission must demonstrate the ability to acquire such required permits/easements.***

----- PROJECT INFORMATION -----

IMPORTANT: The following documents are required and must be attached to this application:

(✓)❍ **Recent meeting minutes listing current elected acequia commissioners.**
(✓)❍ **Meeting minutes detailing membership approval to request Taos SWCD assistance.**
(✓)❍ **A copy of most recent (signed and dated) acequia by-laws.**

Applications without minutes or by-laws will not be accepted.

Acequia location (Taos County neighborhood): _____

What type of project? What are you applying for? _____

_____

Irrigated acres that project will benefit: _____ Number of landowners benefitted by project: _____
Have you or do you intend to apply to other programs (NRCS, ISC 90/10, ACDIF, RCPP, etc.) for assistance with this project (✓)? ❍ Yes ❍ No

Have you or do you intend to seek Capital Outlay funds for this project (✓)? ❍ Yes ❍ No
Please provide information regarding your capital outlay request/allocation if available.

Has your acequia participated in Taos SWCD programs before (✓)? ❍ Yes ❍ No

Please complete the following **(must be legible)**:

Acequia president: _____ Acequia treasurer: _____

Acequia secretary: _____ Mayordomo: _____

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

1. All boxes checked and information filled out legibly (✓)? ❍ Yes
2. IRS EIN provided (✓)? ❍ Yes
3. Acequia representative name (✓)? ❍ Yes
4. Project location private/public designation (✓)? ❍ Yes
5. Minutes and bylaws (✓)? ❍ Yes
6. Acequia neighborhood (✓)? ❍ Yes
7. Type of project (✓)? ❍ Yes
8. Irrigated acres/number of landowners (✓)? ❍ Yes
9. Other funding sources (✓)? ❍ Yes
10. Current commissioners and mayordomo (✓)? ❍ Yes

I certify that the information provided is true and correct and on behalf of the above named acequia I am authorized to request assistance from Taos SWCD. This project is needed to conserve soil and water resources within Taos County and technical and/or cost-share assistance is needed to complete the project.

_____ _____ _____
Printed name Signature Date

FOR OFFICE USE ONLY

Application Received By: _____ Date: _____
(Staff Member Name)

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. - 4:30 p.m.
- Taos SWCD is open the 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 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.