INDIVIDUAL ACEQUIA PROJECT APPLICATION FOR COST-SHARE ASSISTANCE

For Office Use Only

FY 26-27 BP I

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

Applicant Name: _____

Agent or lease holder (if applicable): _____

Mailing Address: _____

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

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

Email address: _____

Land ownership status (✓):

❍ - Owned ***Attach legible copy of a recent property tax bill***

❍ - Leased ***Attach legible copy of lease & recent property tax bill***

❍ - Acting as agent ***Attach legible copy of landowner approval & recent property tax bill***

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

Project location (Taos County neighborhood): _____

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

Name of acequia: _____

Approximate irrigated acres that the project will serve: _____ Year of most recent harvest: _____

AGRICULTURAL CROP(S) GROWN

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			

*Agricultural production will be verified at time of site visit.

Is the project located on land owned by someone other than yourself (✓)? ❍ Yes ❍ No

If yes, a signed Temporary Construction Easement form must be attached to this application prior to submittal. A Temporary Construction Easement form can be obtained at the Taos SWCD office or on our web site (taosswcd-nm.gov).

Have you applied for funding from other programs for this project (✓)? ❍ Yes ❍ No

Have you participated in Taos SWCD projects/programs previously (✓)? ❍ Yes ❍ No

If yes, please list which project(s)/program(s): _____

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

1. All contact information filled out legibly (✓)? ❍ Yes
2. Copy of tax bill attached (✓)? ❍ Yes
3. Signed copy of lease (if applicable) (✓)? ❍ Yes
4. Copy of landowner approval (if acting as agent) (✓)? ❍ Yes
5. Project location (neighborhood) (✓)? ❍ Yes
6. Project type (what you are requesting) (✓)? ❍ Yes
7. Acequia name listed legibly (✓)? ❍ Yes
8. Acreage, harvest and crop information (✓)? ❍ Yes
9. Temporary Construction Easement form (if applicable) (✓)? ❍ Yes
10. Signature & date (✓)? ❍ Yes

I affirm that the above information is true and correct and that I am requesting assistance from Taos Soil and Water Conservation District. This project is needed to conserve soil and water resources within Taos County and technical and/or cost-share assistance is needed.

_____ _____

Signature of Applicant Date

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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 during 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.