

CLAUNCH-PINTO SOIL & WATER CONSERVATION DISTRICT
P. O. BOX 129, MOUNTAINAIR, NM 87036 847-2243/847-2941
Water Trust Grant Cost Share Assistance

REQUEST FOR COST-SHARING

Cost-share Assistance for Watershed Health Grant will be based on the Water Trust Grant Ranking Sheet Scores.

Application No.: CP-_____

Date Received: _____

NAME _____

SSN: _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

ADDRESS _____

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DISTRICT COOPERATOR AGREEMENT? YES _____ NO _____

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

LEGAL LOCATION	DESCRIPTION	OF	PROPOSED	PROJECT
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PLEASE PROVIDE A DRAWING OF PROPOSED PROJECT ON REVERSE SIDE OF THIS SHEET.

Conservation Practice Applied For Watershed Health Grant through Water Trust Board:

- | | |
|--|---|
| <input type="checkbox"/> Brush Management/Fire Breaks | <input type="checkbox"/> Critical Area Planting/Range Seeding |
| <input type="checkbox"/> Diversions – Earth, Rock, Brush | |
| <input type="checkbox"/> Grazing Management | |

ACRES SERVED: _____

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.

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

Applicant's Signature

Date

The Water Trust Grant Cost Share Program is available to anyone regardless of national origin, age, sex, creed, race, marital status, or handicap.