Water Trust Grant Cost Share Assistance Through EDGEWOOD SOIL & WATER CONSERVATION DISTRICT P. O. BOX 1050, MORIARTY, NM 87035 832-1111

REQUEST FOR COST-SHARING

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

Application No.:ED	_	Date Received:
NAME		SN:
HOME PHONE	WORK PHONE	CELL PHONE
ADDRESS		
DISTRICT COOPERATOR AGREE	EMENT? YES NO	
IF SO, ARE YOU ENROLLED IN A	NY OTHER FINANCIAL AS	SSISTANCE PROGRAMS? PLEASE LIST:
LEGAL DESCRIPTION OF PROPO	OSED PROJECT LOCATIO	N
PLEASE PROVIDE A DRA SHEET.	AWING OF PROPOS	ED PROJECT ON REVERSE SIDE OF THIS
Conservation Practice Applied F	or:	
() Brush Management() Diversions – Earth,() Grazing Manageme	Rock, Brush	() Critical Area Planting/Range Seeding
ACRES SERVED:		
PRACT	ICE TO BE COMPLE	TED BY <u>DECEMBER 2018</u>
APPLICANT'S REQUEST I request cost-share assistance und	der the program to solve the	e natural resource problem on the land identified above.
I certify that I have both read and	I understood the applicati	on, 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.