



**SIERRA SOIL AND WATER CONSERVATION DISTRICT
2101 S. BROADWAY
TRUTH OR CONSEQUENCES NM
(575) 894-2232 FAX (575) 894-2165**

Agricultural Cost Share Program Application

Name:	Telephone:
Mailing Address:	Practice Title:
Physical Location of Practice:	Acres Benefited:
Type of Agricultural Land: <input type="checkbox"/> Cropland <input type="checkbox"/> Rangeland	Ownership of land where practice is being installed: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> Federal _____
May Sierra SWCD include this project on webpage interactive map: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Program Guidelines

- _____ I request cost-share assistance to install the conservation practice(s) listed above. The practice(s) is needed to conserve soil and water resources on the land identified above and would not be performed to the extent requested without cost-share assistance. I hereby agree to assume all responsibility for any damages or injuries to life or property through the installation of any conservation practice that I or my representative would apply through this program. If cost-sharing is approved, I agree to refund all or part of the assistance paid to me if the following occurs: I destroy the practice(s), or I voluntarily relinquish control of the land on which the practice has been applied and the new owner or operator does not agree to maintain the practice(s) for the remainder of its specified lifespan. Cost-share assistance will be based on State Average Cost and the practice(s) will be installed according to Natural Resources Conservation Service(NRCS) standards and specifications. I understand the cost share is a 60-40 share with the maximum amount of cost-share allowed is \$7,500.00 per fiscal year. Applicant must reside within the boundaries of the Sierra Soil and Water Conservation District.
- _____ I understand that by checking “yes” above will allow Sierra SWCD to include my project on their interactive map. I understand that only pictures of my project will be included in the map.
- _____ I understand that, if approved, I must complete the practice before June 1st of the fiscal year or if I am unable to, will submit a letter requesting an extension to June 30th.



**SIERRA SOIL AND WATER CONSERVATION DISTRICT
2101 S. BROADWAY
TRUTH OR CONSEQUENCES NM
(575) 894-2232 FAX (575) 894-2165**

Liability Agreement

I, _____ (property owner) hereby agree to assume all responsibility for any damages or injuries to life or property through the installation of any conservation practice that I or my representative would apply through this program. I understand and agree that the Sierra Soil and Water Conservation District will not be liable for any damages or injuries to life or property that may result from the installation of any conservation practice approved and/or designed by the staff of the Sierra SWCD as part of their Cost-Share Program.

I hereby certify, to the best of my knowledge, that all information contained in this application is valid and accurate and will follow all guidelines/agreements listed above.

Applicant Signature

Date

Sierra SWCD Signature

Date

LAND MANAGEMENT AGENCY AUTHORIZATION (If applicable)

The above named individual(s) has contacted this agency and has discussed with us the installation of the conservation practices listed above. We concur with the need and feasibility of the above practice(s) and the permit process has been initiated.

Representative name

Representative Signature

Date