



Chaves Soil and Water Conservation District

1703-A N Garden Ave- P.O. Box 2722 Roswell, NM 88202 575-755-7923 chavesswcd@gmail.com

REQUEST FOR COST-SHARING FOR BRUSH CONTROL

<u>1. Name and Address of Cooperator</u>	<u>Social Security # or Tax ID #</u>
	<u>Practice to Begin:</u>
<u>2. Telephone Number:</u>	<u>Practice to be Completed:</u>

LAND STATUS: | BLM | STATE LAND | PRIVATE

NEEDS STATEMENT: (attach map)

<u>Practice Title</u>	<u>Extent Requested</u>	<u>Chemical Rate/ac.</u>	<u>Acres Completed</u>	<u>Chemical Cost</u>	<u>EQIP/Grant ID#</u>

ALL COST SHARE ASSISTANCE IS SUBJECT TO AVAILABILITY OF FUNDS. I request brush control cost-share assistance under the program to solve the problem described above. The practice will not be started prior to the application approved. The practice is needed to conserve soil and water resources on the farm or ranch identified above and would not be performed to the extent requested and needed by me without district cost-sharing. I will not start any financially assisted practice before the contract is approved. If cost-sharing is approved for the practice requested, I agree to refund all or part of the cost-share assistance paid to me as determined by the Chaves Supervisors, if, before the expiration of the specified practice lifespan, I (a) destroy the approved practice, or, (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan.

SIGNATURE:

DATE:

<u>Estimated Total Cost:</u>	<u>Estimated Cost-Share:</u>
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Approval Issued for the Chaves SWCD:

BY:

DATE:

<u>Total Installation Cost:</u>	<u>Cost-Share:</u>
<u>Date Performed:</u>	<u>Referral Expires:</u>

PERFORMANCE REPORT

<u>SIGNATURE:</u>	<u>DATE:</u>
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PARTICIPATION IN CHAVES SOIL & WATER CONSERVATION DISTRICT PROGRAMS ARE OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.