

**Water Trust Grant Cost Share Assistance**  
Through The  
**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.*

Date Received: \_\_\_\_\_

NAME \_\_\_\_\_ SSN: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

DISTRICT COOPERATOR AGREEMENT? YES \_\_\_\_\_ NO \_\_\_\_\_

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

\_\_\_\_\_

LEGAL DESCRIPTION OF PROPOSED PROJECT LOCATION \_\_\_\_\_

**PLEASE PROVIDE A DRAWING OF PROPOSED PROJECT ON REVERSE SIDE OF THIS SHEET.**

Conservation Practice Applied For:

- Brush Management/Fire Breaks  
 Diversions – Earth, Rock, Brush

- Grazing Management  
 Critical Area Planting/Range Seeding

ACRES SERVED: \_\_\_\_\_

**PRACTICE TO BE COMPLETED BY DECEMBER 1, 2019**

**APPLICANT'S REQUEST**

I request cost-share assistance under the program to solve the natural resource problem on the land identified above.

\_\_\_\_\_  
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.*