

**CENTRAL TRI-COUNTY
SOIL & WATER CONSERVATION DISTRICT**

P. O. BOX 3450, MORIARTY, NM 87035

Phone: (505) 832-1111

2026-2027 COST SHARE APPLICATION

DEADLINE: MAY 29, 2026

NAME(S) _____

PHONE _____ EMAIL ADDRESS _____

MAILING ADDRESS _____ CITY _____ ZIP CODE _____

ADDRESS OF PROJECT LOCATION _____

Describe in detail your natural resource problem: _____

What practice are you applying for? _____ Please detail the specifics of the proposed practice and how it will address the problem: _____

List the needed components, materials, etc. for the proposed project: _____

Have you applied for Central Tri-County (formally Edgewood) SWCD Cost-Share Program in the past? ____ If yes, when? _____

What was the project? _____ Was that application approved and project planned? _____

If yes, was the project completed and payment issued? _____

If no, please explain why not: _____

****PLEASE ATTACH A COPY OF YOUR CURRENT
BERNALILLO, TORRANCE, OR SANTA FE COUNTY TAX BILL TO DETERMINE ELIGIBILITY****

Before signing this application, please read the entire application packet. Your signature below will indicate you have read and understand the following: 1.) No work shall begin prior to receiving approval, in the form of a signed Central Tri-County SWCD Project Agreement; 2.) If any work is started before receiving approval the project will become ineligible for cost-share; 3.) It is understood this is only an application and gives no guarantee, written or implied, for funding; 4.) Original application can be hand-delivered to Central Tri-County SWCD or mailed and date stamped by USPS no later than May 29, 2026. No faxes or electronic applications will be accepted.

I request cost share project participation with the Central Tri-County Soil & Water Conservation District to solve the natural resource problem on the land identified above. I understand that to be eligible for reimbursement **I must complete the project within the fiscal year (July 1 – June 30) and understand there are no project extensions allowed.** I agree to refund all of the funds paid to me by Central Tri-County Soil & Water Conservation District if; (A) I destroy the practice, or (B) I no longer utilize the practice for the original intended purpose, before the required maintenance period of 5 years.

I certify that I have read and understand the application and received a copy of the guidelines.

Applicant's Signature

Date

Applicant's Signature

Date

The Central Tri-County Soil & Water Conservation District's cost-share program is available to anyone without regard to: national origin, age, sex, creed, race, marital status, sexual preference, or handicap.

*FSA Criteria for approved producing farms and ranches