

UPPER HONDO
SOIL & WATER CONSERVATION DISTRICT
267 Main Road/P. O. BOX 900, Capitan, NM 88316
Phone: (575) 354-2220
COST SHARE APPLICATION

NAME(S) _____

PHONE _____ EMAIL _____

ADDRESS _____

MAILING ADDRESS _____

CITY _____ ZIP CODE _____

PROPOSED PROJECT: TOWNSHIP, RANGE AND SECTION _____

ADDRESS OF PROJECT LOCATION _____

NUMBER OF ACRES SERVED _____

DESCRIPTION OF NATURAL RESOURCE PROBLEM _____

DETAILED PROPOSED PRACTICE TO ADDRESS PROBLEM _____

CATEGORY REQUESTING ASSISTANCE THROUGH _____

FARM AND TRACT NUMBER (IF REQUIRED) _____

ACEQUIA GROUP _____ SECURED WATER RIGHTS? ___ YES ___ NO

PLEASE ATTACH A COPY OF YOUR CURRENT

LINCOLN COUNTY TAX ASSESSMENT, BILL, OR BYLAWS TO DETERMINE ELIGIBILITY

I request cost share project participation with the UHSWCD to address the natural resource problem on the land identified above. I understand that to be eligible for reimbursement I must complete the project within 90 days of approval. I agree to refund all of the funds paid to me by UHSWCD if; (A) I destroy the practice, or (B) I no longer utilize the practice for the original intended purpose, before the lifespan of the practice is fulfilled.

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

Applicant's Signature Date

The Upper Hondo 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.

Upper Hondo Soil & Water Conservation District

P.O. Box 900~267 Main Road~Capitan, NM 88316
575-354-2220

Cost-Share Program Guidelines

Who may apply: A land manager addressing a natural resource concern, who can prove ownership or lease of land within the Upper Hondo Soil & Water Conservation District (UHSWCD).

Application: Will be received on a fiscal year basis from July 1st to June 30th. One application per operation will be approved each fiscal year. Applicants must provide proof of ownership (a tax bill/assessment) and/or lease agreement with the application.

Categories for assistance:

- **Technical Assistance:** Anyone is eligible, financial assistance is not provided
- **Non-Ag:** 1 lot – 40 acres dependent on Conservation Practice (\$10,000.00 maximum available)
- **Community:** Senior Centers, Parks, Schools, Churches etc. (\$10,000.00 maximum available)
- **Acequia:** Organized ditch association with By-laws in place (\$10,000.00 maximum available)
- **Ranch/Farm:** Determined by the FSA Farm and Tract number or IRS Schedule F (\$10,000.00 maximum available) Alamogordo FSA office (575) 437-3100 ext. 2

Examples of Eligible Projects for Each Category Provided on Page 2

Guidelines:

1. Only one application, per cooperator, will be approved each fiscal year. May not be combined with other cost share programs/projects.
2. Practices must meet the UHSWCD and/or the NRCS standards and specifications.
3. Maintenance and repairs will only be considered if the practice has exceeded its life span according to NRCS Standards and Specifications.
4. The cooperator must allow 30 days for the UHSWCD and/or NRCS staff to complete the necessary site visit(s), drawings, designs, GPS the site, etc. providing this information to the cooperator and district board.
5. Any project requiring an NRCS engineering design may require an additional 60 to 180 days.
6. **The applicant will be placed on the agenda for the next month's regular meeting and asked to attend, in order to present their cost-share project.**
7. **If approved the cooperator MUST return the W9 sent with the letter. No payment will be made without this form being completed.**
8. The cost-share project must be completed within 90 days of approval notification.
9. If the project cannot be completed within this time frame, the Cooperator may ask for a one-time 30-day extension of time within that Fiscal Year.
10. Project may be completed by land manager or contractor.
11. **The USDA/NRCS cost docket will be used by Upper Hondo SWCD as a guideline to determine a reasonable estimate for Conservation Practices.** Landowners are required to obtain two written quotes as estimates for total project cost, as the actual cost of implementing the practice may be different.

Payments:

1. **Approved cost-share projects are reimbursed at a rate of 75% of up to the actual/approved costs.** (Not to exceed \$10,000)
2. Documentation must be received, and checkout completed verifying that the project was completed and is operating according to established specifications.
3. Copies of paid receipts must be submitted for reimbursement.

Examples of Eligible Projects per Category (Valid resource concerns must be met)

Non-Ag and Community Facility: (\$10,000.00 maximum available) 1 lot – 40 acres. New Construction and/or Surfaces Excavated Are Not Eligible for Cost Share but technical assistance is provided.

Post construction eligible practices include:

(Landscaping is not included)

Erosion control/Soil Stabilization

Stream bank protection

Brush Management

Critical Area Planting

Wildlife habitat improvement

Living Windbreaks

Siberian Elm, Salt Cedar, Russian Olive Management

Acequia: (\$10,000.00 maximum available) Organized ditch association with By-laws in place; a copy of signed minutes from Acequia meeting approving the submission of the project application; and a signed letter of cooperation from the Mayordomo.

Eligible practices include:

Irrigation Improvements i.e.:

Pipelines

Dams/Diversions

Gates

Risers

Ditches

Leveling

Herbaceous Weed Management

Siberian Elm, Salt Cedar, Russian Olive Management

Ranch or Farm Operation: (\$10,000.00 maximum available) Determined by the Farm Service Agency Farm and Tract number or IRS Schedule F Alamogordo FSA office (575) 437-3100 ext. 2. *Farming Operation: (water rights must be sufficient for requested practice)*

Eligible practices and improvements include:

Livestock watering facilities

Pipelines Storage tanks Drinkers

Spring Boxes Dirt Tanks Cross

Fencing Critical Area Planting

Brush Management Erosion

Control/Grade Stabilization Risers

Sprinklers Dams Ditches Gates

Leveling Herbaceous Weed

Management Siberian Elm, Salt

Cedar, Russian Olive Management

*Common practices include but are not limited to those that are eligible through the Natural Resource Conservation Service (NRCS) Environmental Quality Incentives Program (EQIP). Projects can be selected and/or deemed ineligible at the board's discretion.

Rainwater Harvesting: *(\$10,000.00 maximum per household for lifetime)* A roof runoff structure, consisting of gutters, downspout, and a storage tank. Used to keep roof clean, water runoff uncontaminated, provide storage for rural on-farm or residential use of roof water and a stable outlet for any excess to distribute along ground surface in a way that avoids erosion.

1. Project is reimbursed at a rate of \$1.00 per gallon. \$10,000 CAP per Household-Lifetime.
2. This Assistance is being offered to purchase tank, gutters, downspouts, or other necessary items to capture storm water

**UPPER HONDO SOIL & WATER CONSERVATION DISTRICT
COOPERATIVE AGREEMENT**

This cooperative agreement is entered into by the Upper Hondo Soil and Water Conservation District (hereinafter referred to as the District) and _____ (hereinafter referred to as the Cooperator).

The District agrees to:

1. Provide resource inventories to include soil surveys, range health assessments, ecological site descriptions, and other resource inventories of the Cooperator's operating unit(s) needed to develop and implement a conservation plan.
2. To furnish technical assistance available through the District for the development and implementation of a conservation plan for the Cooperator's operating unit(s).
3. To maintain confidentiality of the conservation plan and records on the Cooperator's operating unit(s) in accordance with applicable state and federal laws and regulations.
4. To use reasonable care to protect the Cooperator's property and structures including closure of gates, etc., while carrying out its responsibilities under this agreement.

The Cooperator agrees to:

1. Develop as quickly as feasible a conservation plan on his/her operating unit(s).
2. Implement and carry out the provisions of the conservation plan in accordance with approved time schedule and technical standards stated in the conservation plan.
3. Maintain all conservation structures and measures and comply with the management practices prescribed in the conservation plan.
4. Allow access to the operating unit(s) to the District and its cooperating agencies for the purposes of providing needed technical assistance and reviews of conservation plans, practice installation, and application of management practices.

It is Mutually Agreed that:

1. In the event of the sale of the operating unit(s), neither the Cooperator nor the new Owner shall be obligated to carry out the provisions of this agreement except where cost-sharing contracts have been entered into that require compliance with those contracts. In either event, the Cooperator will inform the new owner of the existing conservation plan and any contract compliance requirements for the operating unit(s) and advise the new owner of assistance available from the District.
2. The availability of technical assistance, funding, or other resources of the District will be dependent on the availability of such resources of the District.
3. All activities carried out under this agreement will be done so in compliance with applicable federal, state, and local laws and regulations.

The Upper Hondo Soil and Water Conservation District is an equal opportunity employer. Its services and assistance are available to all persons without regard to race, color, national origin, sex, religion, age, disability, political belief, or marital status.

Cooperator

Date

Upper Hondo Soil & Water Conservation District

Date

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
	2 Business name/disregarded entity name, if different from above					
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____					
	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.					
	<input type="checkbox"/> Other (see instructions) ▶ _____					Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.			Requester's name and address (optional)			
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

Part I Taxpayer Identification Number (TIN)																																																							
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.																																																							
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center; padding: 2px;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table> <p style="text-align: center; margin: 2px 0;">or</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="9" style="text-align: center; padding: 2px;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table>	Social security number																		-			-						Employer identification number																		-			-					
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and	
3. I am a U.S. citizen or other U.S. person (defined below); and	
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.