



Socorro Soil & Water Conservation District
103 Francisco de Avondo, Socorro, NM 87801
(575) 838-0078

DRIP IRRIGATION COST SHARE PROGRAM GUIDELINES

1. All practices shall be based on a fiscal year basis from July 1 through June 30.
2. All mill levy contributors are eligible for the program.
3. Cost share for urban drip irrigation projects shall be a 75% cost share on parts and materials only. The maximum paid will be limited to \$499 as funding permits.
4. Cooperators must file an application for cost share prior to start of project, which will be reviewed by the Board at the next regular meeting. The cooperator will be notified of approval or rejection in writing.
5. Applications will be considered on a first come, first serve basis as funding permits.
6. Approval is subject to project feasibility determination by Socorro SWCD.
7. If the project is not feasible, the approval will be cancelled and no cost share shall be paid.
8. Projects must not be started prior to final approval.
9. Projects must be completed within 60 days from time of final approval. Extensions for valid reasons will be allowed upon request.
10. A full detailed accounting of all expenses with paid receipts (copies) for parts and materials only must be submitted with project completion notification. Receipts for labor will not be accepted for cost share calculation.
11. No more than \$499 total per fiscal year per individual or entity will be granted.
12. All completed practices must be maintained for a period of 5 years or a full refund of cost share will be required.



Socorro Soil & Water Conservation District
103 Francisco de Avondo, Socorro, NM 87801
(575) 838-0078

APPLICATION FOR DRIP IRRIGATION COST SHARE ASSISTANCE

Request for cost share assistance from the Socorro Soil and Water Conservation District.

I understand that the cost share assistance requested on this application is subject to approval by the Socorro Soil and Water Conservation District and a determination of needs by the Socorro SWCD. I understand that I am eligible for a maximum of \$499 in cost share assistance for a drip irrigation project per fiscal year. Copies of all receipts for the drip irrigation project materials must be turned into the District for review and approval. The District has maximum prices set for all practices. The fiscal year of the District is July 1 to June 30. I understand that I **cannot** start the practice until I receive a letter of final approval from the District. The project must be completed within 90 days after approval. If I cannot complete the project within that time, I must contact the District to ask for an extension of time. I understand that I must maintain the completed practice for a period of 5 years or full refund of the cost share will be required.



Socorro Soil & Water Conservation District
 103 Francisco de Avondo, Socorro, NM 87801
 (575) 838-0078

APPLICATION FOR DRIP IRRIGATION COST SHARE ASSISTANCE

I understand that the cost share assistance requested on this application is subject to approval by the Socorro Soil and Water Conservation District and a determination of needs by the Socorro SWCD. I understand that I am eligible for a maximum of \$499 in cost share assistance for a drip irrigation project per fiscal year. Copies of all receipts for the drip irrigation project materials must be turned into the District for review and approval. The District has maximum prices set for all practices. The fiscal year of the District is July 1 to June 30. I understand that I **cannot** start the practice until I receive a letter of final approval from the District. The project must be completed within 90 days after approval. If I cannot complete the project within that time, I must contact the District to ask for an extension of time. I understand that I must maintain the completed practice for a period of 5 years or full refund of the cost share will be required.

Applicants Name:

_____ Date: _____

Print

Address: _____

Mailing

City

State

Zip

Phone: _____ (Home) _____ (Business)

Email: _____

Project size (lot size): _____

Location of Project (physical address): _____

Proposed Project: _____

I understand that if I begin the practice before Socorro SWCD Board approval I will be denied funding.

Applicant's Signature

Approval Date: _____ Supervisor Signature: _____