



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

## **LOW FLOW WATER DEVICES 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 low flow water devices shall be a 50-50 share. The maximum paid for low flow showerheads shall be \$25 for a device which flows 2.5 gallons per minute or less. Return of the old showerhead to the Socorro SWCD office is required prior to reimbursement. The maximum paid for low flow toilets shall be \$100 for a device which uses a maximum of 1.3 gallons of water per use. The maximum paid for aerators will be \$2 per aerator which flows at 2 gallons per minute or less. The maximum cost share that an individual or entity may receive is \$499 per fiscal year.
4. Cooperators must file an application for cost share prior to replacement of showerheads, toilets or aerators, 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. Replacement of water devices must not be started prior to final approval.
7. A full detailed accounting of all expenses with paid receipts (copies) must be submitted.



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**APPLICATION FOR LOW FLOW WATER DEVICES 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. Copies of all receipts for the low flow water devices must be turned into the District for review and approval. The District has maximum prices set for each device. 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 installation must be completed within 90 days after approval. If I cannot complete the installation within that time, I must contact the District to ask for an extension of time.

Applicants Name: \_\_\_\_\_

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

Print

Address: \_\_\_\_\_

Mailing

City

State

Zip

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Business)

Email: \_\_\_\_\_

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: \_\_\_\_\_