



**CARRIZOZO SOIL AND WATER CONSERVATION
PO BOX 457; 307 12TH STREET
CARRIZOZO, NM
(575) 648-2941**

EXTERIOR FENCE Cost Share Program Application

(First come, first serve within fiscal year July 1 – June 30)

Name:	Telephone:
Mailing Address and Email Address:	Physical Location of Practice:
Ownership of land where practice is being installed: <input type="checkbox"/> Private <input type="checkbox"/> State <input type="checkbox"/> Federal	Acres Benefited:
Explanation of needed conservation work:	

Program Guidelines

- _____ I understand that land proof of ownership will be provided by the **submission of your current property taxes included with this application.** Cost shares are not considered for leased land.
- _____ I request cost-share assistance to install the conservation practice listed above. The cost-share assistance will be based on NRCS state average cost. The fence will be installed according to Natural Resources Conservation Service (NRCS) standards and specifications but not limited to 4 wires. Specs will be provided. I understand the cost share is based on NRCS annual payment rate with the maximum amount of cost-share allowed for exterior fencing being \$7,000.00 per fiscal year. Project receipts are required so that the district can use that information to compile a local cost schedule.
- _____ I reside within the boundaries of the Carrizozo Soil and Water Conservation District.
- _____ I realize this application will be placed on the SWCD board meeting agenda for the next regular board meeting. If so desired, I may attend the meeting to answer any questions the board may have.
- _____ I understand that work for this project cannot begin prior to approval.
- _____ I understand, if approved, I must complete the fence within 90 days of approval.
- _____ I agree that the original fence line will remain the same and I will maintain the fence line for its expected lifespan.
- _____ I am engaged in livestock or agricultural production, and have produced at least \$5,000 of agriculture products this year.
- _____ I realize that application is not complete until signed permission from neighboring property owner(s) is submitted to Carrizozo SWCD office.
- _____ I understand that field staff will verify location and condition of fence before consideration by the board.
- _____ I realize that I will receive a 1099 for tax purposes in the amount of the cost share.



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**EXTERIOR FENCE
Liability Agreement**

I, _____(property owner) hereby agree to assume all responsibility for any damages or injuries to life or property through the installation of any conservation practice that I or my representative would apply through this program. I understand and agree that the Carrizozo Soil and Water Conservation District will not be liable for any damages or injuries to life or property that may result from the installation of any conservation practice approved and/or designed by the staff of the Carrizozo SWCD as part of their Cost Share Exterior Fence Program.

I, _____(property owner) hereby agree to assume all responsibility for any legal issues of ownership or property lines through this exterior fence program. I understand and agree that the Carrizozo Soil and Water Conservation District will not be liable.

I hereby certify, to the best of my knowledge, that all information contained in this application is valid and accurate and will follow all guidelines/agreements listed above.

Applicant Signature

Date

Carrizozo SWCD Signature

Date

State of _____
County of _____

Signed and sworn to (or affirmed) before me on _____ by _____

[Official Stamp]

Title Of Office _____

LAND MANAGEMENT AGENCY or NEIGHBORING LAND OWNER AUTHORIZATION

The applicant has contacted the effected agency or neighboring land owner and has discussed the installation of the exterior fence. We concur with the need and feasibility of the exterior fence and the permit process has been initiated if applicable.

Representative Name

Representative Signature

Date

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____ by _____

[Official Stamp]

Title of Office: _____