

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: Private State Federal	Acres Benefited:
Explanation of needed conservation work:	
Program Guidelines	
	vill be provided by the submission of your current tion. Cost shares are not considered for leased land.
assistance will be based on NRCS state aver Natural Resources Conservation Service (N wires. Specs will be provided. I understand with the maximum amount of cost-share all	conservation practice listed above. The cost-share rage cost. The fence will be installed according to IRCS) standards and specifications but not limited to 4 d the cost share is based on NRCS annual payment rate owed for exterior fencing being \$5,000.00 per fiscal e district can use that information to compile a local cost
I reside within the boundaries of the Carrizo	ozo Soil and Water Conservation District.
	on the SWCD board meeting agenda for the next I may attend the meeting to answer any questions the
I understand that work for this project cann	ot begin prior to approval.
I understand, if approved, I must complete t	the fence within 90 days of approval.
I agree that the original fence line will rema expected lifespan.	ain the same and I will maintain the fence line for its
I am engaged in livestock or agricultural agriculture products this year.	production, and have produced at least \$5,000 of
I realize that application is not complete owner(s) is submitted to Carrizozo SWC	until signed permission from neighboring property D office.
I understand that field staff will verify locat board.	tion and condition of fence before consideration by the
I realize that I will receive a 1099 for tax pu	urposes in the amount of the cost share.



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EXTERIOR FENCELiability Agreement

I,		
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 knovalid and accurate and will follow all	owledge, that all information contained in this application is l guidelines/agreements listed above.	
Applicant Signature	Date	
Carrizozo SWCD Signature	Date	
LAND MANAGEMENT AGENCY or NEI	IGHBORING LAND OWNER AUTHORIZATION	
	ency or neighboring land owner and has discussed the installation need and feasibility of the exterior fence and the permit process has	
Representative name		
Representative Signature		