



**APPLICATION FOR
INVASIVE SPECIES PROGRAM COST-
SHARE ASSISTANCE**

**For Office Use Only
FY 25-26 BP 1**

----- APPLICANT INFORMATION -----

Applicant Name: _____

Applicant's Agent (if applicable): _____

Mailing Address: _____

(City) (State) (Zip)

Telephone: _____
(Primary) (Secondary)

Email Address: _____

Project Location (Taos County Neighborhood): _____

Property is (✓): ☐ - Owned *(Must attach a copy of a recent property tax bill for the project location)*

☐ - Leased *(Must attach a copy of lease & recent property tax bill for the project location)*

☐ - Agent *(Must attach a copy of written/dated landowner approval & a recent property tax bill for the project location)*

Have You Participated in Taos SWCD Programs Before (✓)? ☐ Yes ☐ No

If Yes, Please List Project Type(s): _____

----- INVASIVE SPECIES PROJECT APPLICATION INFORMATION -----

Total Acres: _____ Approximate Size of Infestation: _____

Invasive Species if known: _____

Additional Comments/Concerns: _____

**The following items must be attached to this application BEFORE
it can be accepted by Taos SWCD staff:**

- | | |
|---|---------------------------|
| 1. All information filled out legibly (✓)? | <input type="radio"/> Yes |
| 2. Copy of property tax bill or notice of value attached (✓)? | <input type="radio"/> Yes |
| 3. Copy of lease (if leased) (✓)? | <input type="radio"/> Yes |
| 4. Copy of landowner approval (if acting as agent) (✓)? | <input type="radio"/> Yes |
| 5. Neighborhood added (✓)? | <input type="radio"/> Yes |
| 6. Acreage filled out (✓)? | <input type="radio"/> Yes |
| 7. Species noted if known (✓)? | <input type="radio"/> Yes |
| 8. Signature & date provided (✓)? | <input type="radio"/> Yes |

I recognize that the above information is true and correct and I am requesting Taos SWCD assistance. This project is needed to protect soil & water resources on the identified property and technical/cost-share assistance is needed to complete the project.

Signature of Applicant

Date

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Application Received By: _____ Date: _____
(Staff Member Name)