UGRA Water Enhancement Cost Share Program

Application for Reimbursement

Name: __________________________________________________________
(As it should appear on payment check)

Mailing Address: ______________________________________________

Phone Number: ____________________________ E-mail:________________

Amount Requested: $____________________ 25% of amount paid by NRCS or TSSWCB
(Checks will be mailed 30 days after approval by UGRA)

Tax ID # or Social Security #: ______________________________________
(If amount requested is greater than $600)

Project watershed: _____________________________________________

Was brush management for Ashe juniper? Yes ☐ No ☐

______________________________ __________________________
Signature of Applicant Date

For UGRA use only

Project in priority watershed? Must be in Guadalupe River Watershed in Kerr County Yes ☐ No ☐

Was brush management for Ashe juniper (not prickly pear or other) conducted. Yes ☐ No ☐

NRCS Contract No. EQIP 2014, EQIP 2018, TSSWCB WSEP, TSSWCB WQMP ☐ Yes ☐ No ☐

Completed NRCS 1245, TSSWCB WSEP, or WQMP form attached? Yes ☐ No ☐

Amt. paid by NRCS or TSSWCB: $__________________ Evidence of payment attached? Yes ☐ No ☐

Are funds still available? Yes ☐ No ☐ Is contract completion date within last 12 months? Yes ☐ No ☐

Contract effective date* __________________ Evidence of contract effective date attached Yes ☐ No ☐ NA ☐

*If effective date is after 5/22/19, is documentation attached to verify brush was stacked in piles or rows at least 75 feet
apart or burned? Yes ☐ No ☐ NA ☐

Has a cost share payment been previously issued to this applicant and mailed to a different address? Yes** ☐ No ☐

**If yes, indicate new address on PO to notify accounting.

______________________________ __________________________
UGRA Natural Resources Coordinator or Specialist Date

______________________________ __________________________
UGRA General Manager Date

Application Number: ________________ PO Number: ____________

Revision 13
Effective 10/1/2020