



UGRA Water Enhancement Cost Share Program

Application for Reimbursement

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

Mailing Address: _____

Phone Number: _____

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: _____
(Must be in North Fork, South Fork, or Johnson Creek)

Signature of Applicant

Date

For UGRA use only

Project in priority watershed? Yes No

Was brush management for ashe juniper (not prickly pear or other) conducted Yes No

Completed NRCS 1245 form attached? Yes No NA

NRCS Contract No. EQIP 2008 or EQIP 2014? Yes No

Completed TSSWCB WSEP form attached? Yes No NA

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

UGRA Natural Resources Coordinator

Date

UGRA General Manager

Date

Application Number: _____

PO Number: _____