



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 Specialist

Date

UGRA Natural Resources Manager

Date

Application Number: _____

PO Number: _____

Revision 14

Effective 1/30/2023