MADERA COUNTY MULTIBENEFIT LAND REPURPOSING PROGRAM (MLRP) PRE-APPLICATION FORM

Instructions:

Pre-applications for the Madera County MLRP must be submitted by 11:59 pm on November 22, 2024.

Applicants may submit a pre-application by filling out this form and emailing it to mlrp@maderacounty.com or send via mail to Water and Natural Resources Department, 200 W. Fourth Street, Madera, CA 93637.

An online version of the form is also available at https://forms.gle/XXkeC87BavHPQGku5.

Questions and Assistance Requests:

Contact <u>mlrp@maderacounty.com</u> with questions or to request assistance to fill-out this form. La asistencia con el idioma (incluidas versiones de los documentos y materiales de MLRP en español) está disponible a solicitud. Comuníquese con <u>mlrp@maderacounty.com</u>.

1. Applicant/Owner or Applicant/Owner Designee Information:

| Applicant (Decision Maker): | Application Date: |
|-------------------------------|----------------------------|
| Mailing Address: | Proposed Project Location: |
| Phone: | Email: |
| Proposed Project Description: | |

2. Parcel/Land Information: The following questions apply to the land being offered for enrollment through this application.

| APN(s): | |
|---|--|
| Number of Acres: | |
| Water supply source including (if applicable) the location of well or wells used to irrigate the fields | |

3.

| a) | Are the land(s) being offered for the program within a Groundwater Sustainability Agency (GSA) and Madera County? ☐ Yes ☐ No |
|------------------|--|
| | If yes, which GSA(s): |
| b) | Land Type (check all that apply): ☐ Private Land ☐ Public Land: ☐ Federal Government ☐ State Government ☐ Local Government ☐ Indian Land: ☐ Allotted ☐ Tribal Trust Land ☐ Tribal Non-Trust Land ☐ Other |
| c) | Control of Land Documentation (check all that apply): ☐ Deed or other evidence of land ownership ☐ Written lease agreement |
| | ☐ Other agreement or legal conveyance (describe): |
| d) | Is the land currently enrolled in any other relevant program(s) such as LandFlex or conservation grants through NRCS? ☐ Yes ☐ No |
| | Which program(s): |
| e) | Current Condition (check all that apply): □ Irrigated Agriculture |
| | □ Previously irrigated agriculture (date last irrigated): |
| | ☐ Other (describe): |
| an lea Pro | oposed Project Information . The following questions apply to the project that would be proposed implemented through the program. Applicants must propose a project that would implement at set one eligible project type to convert irrigated agricultural lands to a less water intensive use. Djects must provide at least one or more co-benefits, which are benefits in addition to any water wings provided by the project. |
| a) | Eligible Project Type (check all that apply): □ Community recreational area or cultural space □ Dryland Farming □ Floodplain Habitat □ Less Water Intensive Crop □ Rangeland (Managed Grazing Land) □ Pollinator Habitat □ Recharge Basin or Facilities □ Rotational Strip Cropping □ Renewable Energy (Solar) □ Wildlife Habitat |
| b) | Multibenefits (Co-Benefits) Created (check all that apply): ☐ Air Quality Improvement ☐ Employment Opportunities. ☐ Tribal or Cultural Benefit ☐ Soil Quality Enhancement ☐ Water Quality Enhancement ☐ Renewable Energy ☐ Habitat Creation ☐ Recreation or Community Space ☐ Flood Risk Mitigation |

| 4. | Applicant Information: Select the business structure and enter the legal name, and tax | | | | |
|----|--|--|--|--|--|
| | identification number for all applicants who will be participants on the contract or agreement | | | | |
| | including the decision maker. | | | | |

| Structu | iness ire (Mark an X) | | Tax Number |
|------------|-----------------------------|----------------------|--------------------|
| Individual | Entity | Applicant Legal Name | (last four digits) |
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| pro | oplicant is of to sign Yes 🚨 No | a legal entity or joint operation, do you have appropriate of for the entity or joint operation? ☐ N/A | locuments including |
| | sable servi | ot to start any financially assisted conservation practice or ces of a certified technical service provider before an obliga county. | |
| | onditions o | ain a copy of the applicable program contract appendix, who f program participation from Madera County by emailing com. | ich defines the full |
| Applicant | Signature | Date | |
| | | | |