

Crosby Wetland Management District

Cooperative Grazing Application

In order for your application to be considered, you must truthfully answer the following questions. You may be required to provide supporting documentation for your answers. Providing false information will invalidate your application and result in ineligibility to apply for future opportunities.

Name of unit for which you are applying: _____

County: _____

1a. Do you have experience with cooperative grazing or infrastructure maintenance on this unit within the past 3 years?

Yes _____

No _____

1b. If no, do you have experience grazing on other U.S. Fish and Wildlife Service units?

Yes _____

No _____

If yes, which Refuge or Wetland Management District? _____

Year(s) grazed _____

2a. Do you currently own or lease private or public pasture in the local area that you are willing to graze in rotation with USFWS land?

Yes _____

No _____

2b. If yes, please check the choice that best describes the nearest parcel under your control that you would graze in rotation with this USFWS unit:

Adjacent (shares a boundary) _____

Within 5 miles of the unit _____

Between 5 and 10 miles from the unit _____

More than 10 miles from the unit _____

Please provide the legal description of this nearest parcel (to the quarter section):

3. Can you provide the necessary stock to graze the unit following a prescribed grazing plan for the stocking rate and desired duration described in the unit summary?

Yes _____

No _____

4. Are you able to follow a grazing plan, and maintain records including number of stock, dates in and out of unit, maintenance records, and other information that may be necessary to ensure management objectives are being met?

Yes _____

No _____

5. Are you willing to install (either yourself, or hire out) and maintain all fence necessary to execute this agreement?

Yes _____

No _____

6. Are you (or your designee) able to respond within 2 hours to address any urgent needs that may arise during grazing, including escaped livestock, infrastructure maintenance, neighbor complaints, etc.?

Yes _____

No _____

I certify that all information provided above is true and accurate to the best of my knowledge and I meet all qualifying standards for this application.

Print Name: _____

Mailing address: _____

Contact Phone: _____

Applicant Signature: _____ Date: _____