



Taylor Grazing Act 2023

Range Improvement Fund Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Mailing Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Start Date: _____ Projected End Date: _____ Desired Funds: _____

Project Type: _____
(Examples: Noxious Weed Control, Fencing Improvements, Water Development, etc.)

Is project on BLM allotment? YES NO Will project result in surface disturbance? YES NO

Allotment Name: _____

Area impacted by BLM permittee operations? YES NO If yes, what are your plans for weed
 management and reclamation? _____

Will project be completed in 2023? YES NO

If no, include annual work plans and completion thresholds. Have you inquired or received funding from any other YES NO
agencies to assist with this project? _____

Budget

Materials: \$ _____

Equipment: \$ _____

Will you be performing your own labor? YES NO SOME

Contracted Labor: \$ _____

Budget Total: _____

In Kind Contributions: \$ _____

Desired Funds: _____

***Please attach a detailed itemized budget.**

Projects reviewed on case by case basis, though historically half of project cost is provided by applicant.

Project Description

Please describe how project will improve land stewardship. Please include a comprehensive weed management plan for any weed treatments or anticipated ground disturbance. Attach additional pages if needed.

Maps

Address of Project Site: _____

Is the project within Routt County?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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***Please attach a map of project location.**

Maps can be viewed and created at: <http://www.co.routt.co.us/364/Interactive-Maps>

Additional Documentation

If your project is approved, you will be asked to submit the following:

- **Receipts:** Monies are awarded as reimbursement. Please submit all receipts at the commencement of your project and no later than December 11, 2023 to receive reimbursement. Only up to the approved amount will be awarded. If receipts total less than the approved amount, only the total amount in receipts will be awarded. A W-9 and ACH-EFT/Direct Deposit Authorization Form will be required for reimbursement.
- **Photographs:** A minimum of two photos will be required depicting the site prior to improvements and a picture post improvements depicting project completion. Please take photos from the same location incorporate geographical and/or structural references.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand failure to submit all of the requested documents or failure to complete this form in its entirety may result in rejection and/or denial of my application and funds will not be dispersed.

Signature: _____ Date: _____

Please indicate preferred contact method?	Email <input type="checkbox"/>	Phone <input type="checkbox"/>	Mail <input type="checkbox"/>
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Please submit applications via email to tcarlson@co.routt.co.us or mail to Routt County Noxious Weed Program, 136 6th Street, Suite 103, Steamboat Springs, CO 80487. Applications must be received before 3:00 pm Monday, March 6, 2023.

Name and Mailing address you would like reimbursement checks mailed:

Is a W-9 Included?

Name: _____

Yes No

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*