



Crook County
Natural Resource District

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Crook County Rangeland Health Improvement Program Partnered with the Old West Invitational Turkey Shoot

Landowner Application Form

PROGRAM OVERVIEW

Thank you for your interest in the Crook County Rangeland Health Improvement Program. This program offers cost-share assistance to Crook County landowners who want to improve wildlife habitat while enhancing rangeland health and livestock productivity.

Simple Process: Complete this application, meet with a District representative, and if selected, work together to design and implement a treatment plan that works best for your operation.

The Crook County Natural Resource District's mission is to provide coordinated leadership in resource conservation to educate, assist, and meet the needs of Crook County resource users.

Board of Supervisors

Chairman: Wayne Garman Vice Chairman: Lily Altaffer Treasurer: Wanda Burget Secretary: Kim Fundaun Member: Casey Devish

APPLICATION FORM

Date Received: _____

SECTION 1: LANDOWNER INFORMATION

Landowner name(s):

Ranch or operation name (if any):

Mailing address:

City, State, ZIP:

Primary phone: _____ Email: _____

Secondary contact person (if different from above):

SECTION 2: PROPERTY INFORMATION

Property name (if different from ranch name):

General location / directions (to help us find it):

Approximate total acres in your operation: _____ acres

Approximate acres you'd like to treat under this program: _____
acres

Do you own the land you want to treat?

Yes, I own it

No, I lease it (please describe the lease arrangement):

SECTION 3: ELIGIBILITY

Are you a participating Old West Invitational Turkey Shoot landowner?

Yes No Not sure (we can help clarify)

What is your primary land use?

Commercial livestock (cattle, sheep, horses, etc.)

Mixed livestock and wildlife/recreation

Other (describe): _____

SECTION 4: CURRENT CONDITIONS

Please check boxes that best describe your property:

Juniper and conifer coverage:

- A few scattered trees starting to come in; mostly open
- Scattered to moderate patches and small stands
- Heavy encroachment; dense stands with little grass underneath
- Not sure

Grass and understory condition:

- Mostly healthy perennial grasses and forbs
- Mix of perennials, bare ground, and weeds
- Mostly cheatgrass or other invasive annuals
- Heavily grazed or degraded

Wildlife you see regularly on or near your property:

- Wild turkeys (flocks, nesting areas, winter roosts)
- Deer (Mule Deer and/or Whitetail Deer)
- Elk
- Pronghorn antelope
- Sage-grouse or other grouse
- Other wildlife of interest: _____

Fire risk:

- Concerned
- Some concern
- Not a priority for me

SECTION 5: WHAT YOU'D LIKE TO DO

In a few sentences, describe what you want help with. For example: "Thin junipers in the draws north of the hay field," or "Open up this bench to improve turkey nesting habitat," or "Improve grass production in this pasture":

Which of these practices interest you? (Check all that apply; you're not committing yet):

- Juniper or conifer removal (sawing, hand-felling, or mechanical work)
- Spot seeding of native grasses and wildflowers after removal
- Control of invasive weeds (cheatgrass, thistles, etc.) after treatment
- Simple fence or water improvements to help with grazing management
- Other ideas: _____

SECTION 6: GRAZING & POST-TREATMENT MANAGEMENT

How is this pasture currently grazed? (Describe season, length of use, and what kind of livestock):

After treatment, would you be willing to rest or lightly graze the treated areas for 1-2 growing seasons to let grass recover if it is recommended?

- Yes, I can do that
- Maybe, depending on where and when
- Not sure
- No, I can't hold off grazing

If you checked "Maybe," "Not sure," or "No," please explain:

SECTION 7: YOUR PARTICIPATION & COST-SHARE

Are you willing to help pay for part of the project cost? This can be money, labor (like running saws, fencing, seeding, etc.), or use of your equipment.

- Yes, I'd like to contribute
- Maybe, depending on the amount
- No, I can't contribute

If yes or maybe, what could you provide? (Check all that apply):

- Operator labor (running chainsaws, operating equipment)
- Use of ranch equipment (tractor, skid steer, dozer, etc.)
- Cash contribution
- Labor for seeding or other follow-up work
- Other: _____

SECTION 8: MAPS AND PHOTOS (OPTIONAL BUT HELPFUL)

If you have them, please attach or email to the District:

- A simple map or screenshot (Google Maps, OnX Maps, county assessor map, or FSA map) with the treatment areas circled or outlined
- 3-5 recent photos showing typical conditions of the area you want to treat

*Note: You can email these separately if easier—doesn't have to be with this form.

SECTION 9: ACCESS & LIABILITY

Would you allow District staff and Game & Fish personnel to visit your property for site visits and monitoring?

Yes No

If project is approved, when would you like to start?

Any liability or access concerns we should know about? (Gates, cattle, steep terrain, etc.):

SECTION 10: LANDOWNER ACKNOWLEDGEMENT

By signing below, I am expressing interest in the Rangeland Health Improvement Program and giving the Crook County Natural Resource District permission to:

- Contact me to discuss my application
- Access my property to evaluate the proposed treatment area after all reasonable efforts have been made to contact the applicant.
- Share basic project information with partner agencies (Wyoming Game & Fish Department, The WYldlife Fund, and Old West Invitational Turkey Shoot, etc.)

I understand that:

- This application does NOT guarantee funding. The District will review all applications and select projects based on habitat priority, rangeland benefit, and likelihood of success.
- No work will begin until a written "Treatment Agreement" is signed by both the landowner and the District.
- I am responsible for ensuring I have the right to make decisions about the land and for securing any needed permits or landowner/leaseholder approval.
- If my project is funded, I will work with the District to implement the practices as designed and will allow any agreed-upon grazing rest or deferment on treated areas if applicable.
- The District may monitor the treated area for 2-3 years after treatment and may take photos or collect simple data (like grass cover estimates) to show results to funders (if required).

Landowner Signature: _____ Date: _____

Printed Name: _____

Spouse or Co-owner signature (if applicable): _____
Date: _____

THANK YOU!

Once we receive your application, a District representative will contact you within 2 weeks to discuss your project and answer questions.

Questions before applying? Contact:

Justice Miller, CCNRD Program Coordinator
 Phone: (307) 281-7053
 Email: jbmillier.ccnrd@gmail.com
 Website: ccnrd.org
 Address: 117 S 21st St. Sundance, WY

FOR DISTRICT USE ONLY

Date received: _____

Reviewed by: _____

Initial ranking (high/medium/low priority): _____

Notes:

Site visit date: _____

Site visit attendees: _____

Conditions observed:

Decision: Approved for treatment design Waitlist Not selected

Date decision made: _____

[INSERT PROJECT
MAP HERE]