

**GRASSLANDS GRAZING  
GRANT APPLICATION**  
NORTH DAKOTA DEPARTMENT OF AGRICULTURE

North Dakota Department of Agriculture  
600 E Boulevard Ave. Dept 602  
Bismarck, ND 58505-0020

**A. Applicant**

Organization Name of Applicant				
Contact Name of Applicant			Title or Position	
Address	City	County	State	Zip Code
Telephone Number	Fax Number		Email Address	

**B. Approved Projects** (please list approved projects, the location of each project, and the date each project was approved by the Grazing Association)

Project
Location
Date Approved

**C. Funding Requested**

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**D. Estimated Completion**

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**E. Project Summary** (please provide a brief summary of projects approved by the Association)

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**F. Estimated Funding** (25 percent match required)

Applicant	
Local	
Other	
Total	

**F. Signatures**

Grazing Association Authorized Representative	Date
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**Please attach copies of each application approved by the Grazing Association and letters of concurrence from the US Forest Service and Soil Conservation District.**