

**WEST AREA FY2011 WILDLIFE HABITAT INCENTIVES PROGRAM
APPLICATION QUESTIONNAIRE**

1. WHIP APPLICANT

(if differs from landowner, proof of control of land will be required)

Name _____
Address _____
City _____ State _____ Zip _____
Phone (s) _____
Email _____

LANDOWNER

Name _____
Address _____
City _____ State _____ Zip _____
Phone (s) _____
Email _____

Are you a current U.S. Dept. of Agriculture (USDA) program participant (e.g., CRP, CREP, EQIP, GRP, WHIP, WRP, commodity or loan programs)?
___ No ___ Yes - indicate programs _____

2. PROJECT LOCATION:

County _____ 1/4 Section ___ Section ___ Township ___ Range ___

If stream project:
Stream Name _____ Tributary to: _____

3. PROJECT INFORMATION

For structural practices, have designs been completed or will they be completed by a licensed Professional Engineer? ___ No ___ Yes ___ Unknown

Are there known cultural resources, such as archeological sites, historic properties, etc., on the WHIP offered acres?
___ No ___ Yes, if yes, list:

4. SPECIES AND HABITATS

If known, fish/wildlife species documented in project vicinity that will directly benefit from project:

1)	4)
2)	5)
3)	6)

Desired Restoration Activities (if known):

Select one or more:

- Native Tree/Shrub Establishment
- Grass and Flowering Plant Establishment for Pollinator/Beneficial Insects
- Elk forage enhancement
- Snag Creation or Downed Log Placement
- Removal and control of invasive species
- Nesting Structure Placement
- Livestock fencing to control access to surface water
- Wetland vegetation enhancement
- In-stream habitat improvement
- Others: _____

Habitats directly benefited by planned treatment- enter acres for all that apply:

Habitat Type	Approximate Acres
Native Prairie (incl. oak savanna)	
White Oak Woodlands	
Bays and Estuaries	
Riparian	
Wetland	
Woodland	
Agricultural Land	
Instream -Fish Passage (Feet or miles opened)	
Instream -Habitat Restoration (Linear feet treated)	

If project includes repair of at fish passage barrier, has the barrier been identified and evaluated by a state, Federal, or tribal biologist? If yes, list name, agency, and phone number of biologist OR attach the Barrier Evaluation Form:

5. PARTNERSHIPS AND CONTRIBUTIONS:

Are you willing to allow public access (such as workshops, demonstration tours, on-site research) to the project area for the purpose of educational or recreational benefits?

___No ___Yes - describe activities you would allow

Project Applicant Signature _____ **Date** _____