

Applicant Name:	County:
Application Number:	Field Office:
Evaluator Name:	Date:
<div>1. The application includes Prescribed Grazing (528).<div><input type="checkbox"/> Yes <b>(HIGH)</b> &lt;end review&gt; <input type="checkbox"/> No, continue to Question 2</div></div>	
<div>2. The application includes at least 3 Primary EQIP CIC practices.<div><input type="checkbox"/> Yes <b>(HIGH)</b> &lt;end review&gt; <input type="checkbox"/> No, continue to Question 3</div></div>	
<div>3. The application includes at least 2 Primary EQIP CIC practices.<div><input type="checkbox"/> Yes <b>(MEDIUM)</b> &lt;end review&gt; <input type="checkbox"/> No <b>(LOW)</b> &lt;end review&gt;</div></div>	
APPLICATION PRIORITY	
<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM
<input type="checkbox"/> LOW	