Montana Fish, Wildlife & Parks

Montana Upland Game Bird Enhancement Program

CRP SEED COST-SHARE ENROLLMENT APPLICATION

Include FSA aerial maps that show CRP fields and lands open for access. Enrollment will be based on eligibility, priority, and available funding.

Applicant Name: _____

Address: _____

City, State: _____ Zip: _____

Telephone: _____ Email: _____

1. **Conservation Practice seed mix.** You may be eligible to receive seed cost-share for up to 640 acres. Cost-share is $30 per acre but not more than 35% of the total seed costs. Copies of your receipts will be required for reimbursement. Please indicate the seed mix and number of acres. If you have a species list, please enclose with your application.

   CP 2: _____ acres Other Seed Mix: _____ acres

   CP 25: ____ acres

2. **CRP project location.** Please attach map or FSA aerial photo and highlight CRP fields:

   County: _____

   Will any of the CRP be located on State Trust Lands: ☐ Yes ☐No

   List Township(s), Range(s) and Sections(s) of CRP:

   T_____, R_____, Section(s)_____

   T_____, R_____, Section(s)_____

   T_____, R_____, Section(s)_____

   T_____, R_____, Section(s)_____

3. **Public access for upland game bird hunting.**

   Total public access acres: _____

   - If the project is located on Block Management, please submit a copy of your BMA map.
   - If the project area is not in Block Management, please delineate the access boundaries on your Farm Map.

PLEASE CHECK ONE:

I am the ☐ Landowner ☐ Operator.
If you are not the landowner, please fill out the landowner's contact information below. If the application is accepted for enrollment, the landowner must agree to the terms of the contract by signing the contract.

Landowner's Name: _____

Address: _____

City, State: _____ Zip: _____

Telephone: _____ Email: _____

If the land is enrolled in Block Management for the current year, please disregard the section below.

Landowner preference for hunter contact:
The Upland Game Bird Habitat Enhancement Program requires that all habitat projects occur on land open to free public hunting during the term of the contract. The location of the project is published annually in the Upland Game Bird Access Guide and also includes landowner contact information for hunters to obtain permission prior to their hunt. Please provide the Department with your preference for contact **(select only 1)**. If appropriate, include days of the week, time frame, and the location that you wish to be contacted.

- ❑ By phone, during the hours of: _____, on days of the week: _____, at phone number(s): _____. Are reservations taken? _____
- ❑ In person, during the hours of: _____, on days of the week: _____, at physical address: _____. Are reservations taken? _____
- ❑ By email, at email address: _____
- ❑ Accessible Public Land. No permission is required.
- ❑ Walk-in hunting allowed with no further permission required. Areas signed.
- ❑ Permission issued by FWP – Contact regional office for phone number.
- ❑ Other: _____

Thank you for your interest in the Upland Game Bird Enhancement Program and CRP seed cost-share. Your application will be reviewed, and you will be notified of your enrollment status within 60 days or less.

Applicant signature: _____ Date: _____

Return completed application with maps to:
Montana Fish, Wildlife & Parks – Wildlife
P.O. Box 200701
Helena, MT 59620