# Treatment # 1

## Mechanical Treatment **(Requires Supplemental GIS Data Layer and Approval)**

| **Treatment** | | |
|---|---|---|
| | | |
| **Acres Treated** | **Approximate Date of Treatment** | **Label of Treatment on GIS Data Layer** |
| | | |
| **Description of Treatment** | | |
| *Please describe treatment in detail and list budget categories the treatment will draw from. If the description exceeds the space given in this form, please attach either another page of this form or a word document of the continued information.* | | |

**Note: Applications including any ground disturbance will require a supplemental .pdf and .shp file of area to be disturbed for archeological clearance. No ground disturbance will proceed without written approval from UDAF as defined in U.C.A. 9-8-404(1)(a).**

*Please enter the breakdown of costs of this treatment in the table below.*

| Category | ISM Grant Cost |
|---|---|
| Herbicide | |
| Labor | |
| Equipment | |
| Other | |
| Administration | |
| Totals | $0.00 |