

# Treatment #

## Revegetation Treatment (Requires Supplemental GIS Data Layer and Approval)

Preparation Treatment		Seeding Method	
Seed Mix Name		Seeding Rate	Units
Acres Seeded	Approximate Date of Seeding	Label of Treatment on GIS Data Layer	
Description of Treatment (please be concise)			
<p><i>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.</i></p>			

**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).

Category	ISM Grant Cost
Herbicide	
Labor	
Equipment	
Other	
Administration	
Totals	

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