

Application Packet

Water Name:

Location (in UTM's):

Restoration Stream Length (miles):

Applicant Name:

TU Chapter submitting application:

Address:

Contact Numbers:

Co-Applicant Groups/Names and resources committed (time, money, equipment, etc.):

Applications due September 7th, 2009. Send to:

Conservation Committee of Trout Unlimited

C/O: Diana Sweet

PO Box 252

Jackson, WY 83001

TU Chapter: _____

Water Name: _____

What restoration efforts do you believe are necessary in this stream?

Recreational Use

What recreation uses occur within the watershed (fishing, hunting, hiking, ATV's, boating, dirt biking, mountain biking, snowmobiling, etc)?

What regulations are in place to govern recreational use within the watershed (Forest Service closures, etc.)?

Do current recreational uses have positive or negative (or both) impacts on the watershed? Please describe.

Would restoration of this watershed alter current recreational uses? How and why?

TU Chapter: _____

Water Name: _____

Land Management Practices

What proportion of the watershed is owned by public and private entities (for example: 20% Forest Service, 10% Bureau of Land Management, 70% private)?

Are landowners (both public and private) involved in the submission of this watershed for the Wyoming Home Waters Initiative?

What are the current land management practices within the watershed (ranching, farming, public lands grazing, subdivision, mining, etc)?

Do current land management practices have positive or negative (or both) impacts on the watershed? Please describe.

TU Chapter: _____

Water Name: _____

Community

What does this watershed contribute to the surrounding communities (include social, educational, economic, ecologic contributions)?

Was there community participation in the submission of this watershed for the Wyoming Home Waters Initiative? If so, which one and why do they want to restore their watershed?

Do you believe the surrounding communities will support restoration of this watershed? Why and how?

Supplemental Information

Please list all supplemental information below and include with the application.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____