Rangeland Health Assessment Program (RHAP)
Partnership Agreement Form

Project Reference Name: ____________________________________________________________

Applicant ___________________________________________ Agent _________________________
(Governmental Agency Name) (Agency Representative)

CHAPTER 15

Section 1. Authority. Pursuant to authority vested in the Wyoming Department of Agriculture (WDA) in W.S. § 11-2-207 the following regulations are hereby promulgated and adopted.

Section 2. Purpose.

(a) To assure the development and use of credible data in the assessment of Wyoming Rangelands by providing through the Wyoming Department of Agriculture a structured approach that fosters and assists in collaborative efforts to monitor rangelands involving, as applicable, landowners, lessees, permittees and federal and state land agencies.

(b) The short-term goal of the program is to sustain viable levels of federal land grazing by providing credible data to assist federal land agencies in completing required permit National Environmental Policy Act (NEPA) analysis and to enable agencies and permittees to defend against challenges to grazing permit renewals and management plans.

(c) The long-term goal of the program is to assess trends in the health of all rangelands and assure the use of credible data in making adjustments in their management where indicated. Monitoring will help maintain or improve the economic viability of the livestock grazing industry and its contribution to the Wyoming economy.

The following page contains the information for each partner’s contribution. Each federal, tribal, state, local, private, and non-governmental partner for the project should complete, sign, and include this form at the time application is made. This form confirms their commitment to participate if the project is approved for inclusion in the RHAP.
Project Reference Name: _____________________________________________

Partner _____________________________________________

Contact Name _____________________________________________    Phone ________________

Contact Address, City, State, Zip _____________________________________________

Contact email _____________________________________________

Partner’s contribution to the project (May include any or all of the following or additional contribution: participation in design of project, establishment of appropriate quality controls, data collection, assessment participation, cash contribution, in-kind contribution, data acceptance, or data analysis.) This may be very specific to meet the agency’s needs or very general in nature. Each person/agency signing this agreement should outline to the level of detail of their commitment.

Wyoming State Senate Enrolled Act 61 – Permission Crossing Private Land to Collect Rangeland Data
By signing this partnership form the private landowner is granting permission to the signing partners, to cross private lands for the purpose of accessing federally managed allotments for the collection rangeland data. No data is to be collected on private lands.

Additionally, if the signing partners use a contractor for the collection of data, the contractor must comply with the provisions set forth under SEA61 and are not covered under this letter unless they are a signing partner from the onset.

NOTE: If data collection associated with this project involves any type of monitoring of or on privatelands, a separate Rangeland Health Assessment Program (RHAP) “Private Lands Agreement” must be signed by the landowner and included in the application.

I understand this program is done with the voluntary cooperation and participation of all partners named in this agreement. By signing this form, as a duly authorized representative of the named partner, I commit to the agreed upon contribution to the RHAP, to participation with this project, to the rules of the program and understand the contributions of the other partners to this agreement.

_____________________________ _______________________________ __________________
Signature Printed Name Date

(Add additional partner information forms as needed.)