



Animal Enhancement Activity – ANM11 – Patch-burning to enhance wildlife habitat

State Criteria (same as NATIONAL CRITERIA)

Additional Criteria for Nebraska

- Two burn treatments during a five year period are required in all counties east of the Panhandle (Vegetative Zones II, III, and IV). Only one burn treatment in a five year period is required in the eleven Panhandle counties (Vegetative Zone I) due to reduced, historic fire frequency.
- Burning should not be conducted during peak nesting/fawning season: May 1 – July 15.

Documentation Requirements (SEE NATIONAL ENHANCEMENT ACTIVITY JOBSHEET)

Identify wildlife management objectives: _____

(Example: A wide variety of structural habitat types will be present to benefit a wider array of grassland-nesting birds including those that rely on tall, dense cover such as Henslow’s sparrow and bobolink as well as those that rely on short, sparse cover such as McCown’s longspur and horned lark.)

Documentation Requirements (SEE NATIONAL ENHANCEMENT ACTIVITY JOBSHEET)

Additional State Documentation Requirements

Complete the Table below:

To be completed by NRCS and Producer during planning					To be completed by Producer during certification		
1	2	3	4	5	6	7	8
Tract	Pasture	Total Acres	Percent to be Burned	Timing of Burn (month/year)	Applied Acres Burned	Applied Percent Burned	Dates Burned (Month/Year)
<i>Ex. 99</i>	<i>R4</i>	<i>160</i>	<i>25%</i>	<i>April 2015</i>	<i>50 Ac</i>	<i>31%</i>	<i>March 2015</i>

EX= EXAMPLE, COLUMNS 1-5 NRCS COMPLETES, COLUMNS 6-8 PRODUCER COMPLETES

I certify that the enhancement criteria have been met and the required documentation provided to NRCS for review.

1. Attach a prescribed burning plan that identifies the applicable elements shown on #3 and #4 of national job sheet. Note: These plans can describe those required elements using text, tables, and/or maps.
2. Attach a grazing management plan that identifies the applicable elements for #3 of national job sheet.
3. Map(s) with treated areas, including season/year of burns, clearly identified (highlighted, outlined, etc.)
4. Representative digital images of the area showing before and after photos of the area that was treated.

Certified by: _____ **Date:** _____