Rotational Grazing Claim Form

Please summarize your grazing records in this form at the end of the season to request Farm Agronomic Practice payment.

This form should only list fields eligible for FAP rotational grazing payment according to program standards listed at

<u>agriculture.vermont.gov/FAP</u>

FARM NAME:				Calendar Year:	
Livestock Type:				Livestock #: Last day of grazing:	
First day of grazing:					
Field ID/name as used in maps. List each field only ONCE	Total field area (acres)	Number of paddocks OR typical paddock size (# OR acres)	Residual Height (inches)	Frequency of moves (in days)	Length of rest periods over season (approximate range, in days)
Example #1: Big Pasture	20.2	10 paddocks	4-6"	3 days	25-45 days
Example #2: Field 10	40.0	1 acre	3"	0.5 days	3 weeks (May) - 2 months (Sept/Oct)
By typing my	name on the	line below. I certify tha	at the fields lis	ted above meet FAP requir	rements for practice payment.
Signature:		Solott, i cortily the	Date:		