

# OUT OF THE ASHES

WILDFIRE DISASTER RELIEF PROGRAM



## Nomination Form

### Nominee Information

Name(s) \_\_\_\_\_

Ranch Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

County Operation Located In \_\_\_\_\_ SSN (if known) \_\_\_\_\_

### Farm/Ranch Operation Information

Describe nominee's operation (history, location, type): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many years in the business? \_\_\_\_\_

Describe how the nominee was impacted during the October 2024 wildfires: \_\_\_\_\_

\_\_\_\_\_

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Describe other assistance received (if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe other anticipated assistance (if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Feel free to attach additional pages, related photographs or other documentation to verify losses or support the application. The information provided will be kept confidential.*

***Nominator Information***

*(If you choose, this information will not be shared with the nominee, but we would like to contact you with questions.)*

Keep my information confidential.      Yes \_\_\_\_\_      No \_\_\_\_\_

Name \_\_\_\_\_  
Relationship to Nominee \_\_\_\_\_  
Address \_\_\_\_\_  
City, State & Zip \_\_\_\_\_  
Phone \_\_\_\_\_      Cell \_\_\_\_\_  
E-mail \_\_\_\_\_

I, \_\_\_\_\_, attest that the information provided is truthful to the best of my knowledge and that the losses indicated occurred as a result of the October 2024 wildfires.

Additional financial assistance may be available from partnering organizations. I authorize the North Dakota Stockmen's Foundation and North Dakota Stockmen's Association to release this information to partner organizations for that purpose only.    Yes \_\_\_\_\_    No \_\_\_\_\_

***Nominations must be postmarked or dropped off by or before Jan. 10, 2025.***

**Send to or drop off at:**

**North Dakota Stockmen's Foundation  
4520 Ottawa St., Bismarck, ND 58503  
(701) 223-2522**

No e-mailed nomination forms, please.



**HAY & FEED LOSS INFORMATION**

Type of Feed Lost	Producer Share	Quantity Lost (ex. # of bales)	Estimated Dollar Value Lost	Realized or Anticipated Insurance Coverage	Realized or Anticipated Disaster Program Assistance

**FENCING LOSS INFORMATION**

Fence Type	Feet or Miles Needing Repair	Feet or Miles Needing Replacement	Estimated Cost of Materials	Estimated Cost of Labor	Realized or Anticipated Insurance Coverage	Realized or Anticipated Disaster Program Assistance	Interested in having volunteers assist with fence removal or rebuilding if available? Yes or No.

**BUILDING LOSS INFORMATION**

Building Type	Damage or Loss Incurred	Estimated Cost of Materials	Estimated Cost of Labor	Realized or Anticipated Insurance Coverage	Realized or Anticipated Disaster Program Assistance

**OTHER INFRASTRUCTURE LOSS INFORMATION (ex. wells or anything not covered in other categories)**

Infrastructure Type	Damage or Loss Incurred	Estimated Cost of Materials	Estimated Cost of Labor	Realized or Anticipated Insurance Coverage	Realized or Anticipated Disaster Program Assistance

**SHELTERBELT DAMAGE INFORMATION**

Damage Incurred	Feet or Miles of Shelterbelt Destroyed	Estimated Cost of Materials	Estimated Cost of Labor	Realized or Anticipated Insurance Coverage	Realized or Anticipated Disaster Program Assistance