



BONNER COUNTY PUBLIC WORKS NOXIOUS WEED CONTROL

1500 Hwy 2, Suite 101 • Sandpoint, ID 83864 • Phone: (208) 255-5681
<http://bonnercounty.us/noxious-weeds>

NEIGHBORHOOD COOPERATIVE COSTSHARE FUNDING

General Information to Applicants

1. Cost Share proposals need to be pre-approved prior to each spray season. The submittal deadline is **May 31, 2017**. The application must be filled out **completely**.
2. The County Weed Superintendent and/or Weed Advisory Board will review all applications. Two or more landowners are required, within two miles of each others property lines.
3. Leaders must keep a copy of all receipts for herbicides purchased, or if having work done by a commercial applicator; be sure the applicator itemizes labor, herbicide and surfactant costs. Labor charges cannot be reimbursed. The County's payment system requires a copy of the actual invoice or receipt for your purchases that clearly names the herbicides, the quantity and its cost before any taxes. **Only approved herbicides & spray adjuvants** qualify.
4. For 2017, Neighborhood Cooperative refunds may be made **up to 100%**, or to a maximum of **\$500.00** per landowner for herbicides on the invoices/receipts provided. Reimbursement requests must be turned in **NO LATER THAN 4:00 p.m., on AUGUST 31, 2017**.
5. Reimbursement checks are usually issued by the county in October.
6. Herbicides must be applied properly in accordance with all label instructions and safety precautions. You may contact the county noxious weeds office for assistance if needed.
7. The refund amount is set at the sole discretion of the Bonner County Commissioners. The obligation of Bonner County to provide the cost-share reimbursement program is subject to the ability of the County Commissioners to appropriate funds for this program; no refund guarantee can be made if requests for the 2017 season exceed the funding budgeted for this program. No obligation of funds can be made beyond the 2017 fiscal budget year.

Filling Out the Form - It must be completely filled out.

The form is intended to be fairly self-explanatory and easy to use. Please feel free to give us a call if you have any questions; this will help us to revise and improve the form in the future.

Cooperative name: A name for your group is required. Some groups have established a name for their cooperative, usually based on a road name or geographic feature. It is very helpful to our office in tracking reimbursement requests.

Leader/Coordinator name, phone, email, and address: This should be the contact person for the cooperative, in case we have any questions or need additional information.

Number of landowners involved: This number should reflect how many landowners and land managers are currently involved. **Two or more landowners** involved are required for approval. All participating landowners must be listed on the application. Additional landowners may be added to the application if they are pre-approved by the weed department during the spray season.

Estimate of acres to be treated: This may differ from the combined acreage because there may already be some lands clear of noxious weeds. We expect the number to be a rough estimate only, but it will help to provide an idea of what needs to be done, and how treatments are going over time.

Noxious weeds targeted: Please list noxious weeds only as identified in the Idaho Panhandle Noxious Weed Handbook or the state noxious weed book.

Proposed/treatment method, herbicides etc.: What product(s) will your cooperative be using and how will it be applied? For example, your cooperative may choose to use Opensight and apply it with a sprayer one of your members has available, with touch up treatment by backpack sprayer. Some cooperatives have contracted with a commercial applicator, this is fine, but keep in mind that only the herbicide cost is reimbursable.

Estimated cost of treatment: List estimated hours of labor involved, the total number of acres to treat, and the estimated cost of treatment per acre.

Reimbursement choices: Some cooperatives pool their funds rather than each member apply for reimbursement separately, but this is not required. Remember only **one check per group** will be issued by the county. Important the group leader also keeps track of amounts to be reimbursed to participants.

List of names, addresses, phone numbers, and parcel numbers of each participant on the application: A separate sheet may be attached if more space is needed. If, after you've made an application and other people would like to join the cooperative, you must call to get prior approval from the noxious weeds office.

Attachments:

Detailed instructions for locating each parcel to be treated are required. Written directions, or a map must be provided because inspections will be done without appointments. The weed department supervisor will inspect properties during the season when performing other duties.

Leaders must sign and date the application. Applications are due before **May 31, 2017**. Remember, incomplete applications may be refused.

*****Late applications may be considered only if funding is available. You may call 255-5681 to confirm your application has been received at the end of the first week of June.**

BONNER COUNTY NOXIOUS WEEDS DEPARTMENT

1500 Hwy 2 Suite 101

Sandpoint, ID 83864

Phone: (208) 255-5681, Fax: (208) 263-9469

Website: bonnercounty.us/noxious-weeds

NEIGHBORHOOD COOPERATIVE

COSTSHARE APPLICATION – DUE May 31, 2017

COOPERATIVE NAME: _____

Leader/Coordinator: _____ **PHONE:** _____

ADDRESS: _____

Number of landowners involved: _____ **Email:** _____

Indicate which method of communication you prefer (check one): **Phone** **Email**

Estimated acres in cooperative: _____ **Estimate acres to be treated:** _____

Noxious weeds targeted: _____

Please list names, addresses, and parcel numbers of participants on page 2: (attach separate sheet if more space is needed)

Proposed/treatment method: (Type of Application/Equipment)

Estimated overall cost of treatment: (use these rates--\$23/hour for labor, ~\$25/acre for herbicides)

Reimbursements: Receipts are due no later than 4pm, August 31, 2017 to the address above.

Receipts must be **legible**, name the products, and show a total **minus** any **taxes**.

Refunds are made to one person, on behalf of everyone. List his/her name, address, and phone number if an alternate is necessary.

Other: _____

Attachments: *Written directions and a map for locating each parcel treated must be provided and before and after pictures are suggested.*****

*****Directions must begin from a commonly known public road.*****

Approved Herbicides:

The following herbicides approved for this program include: Opensight, Curtail/Cody, Crossbow, Stinger, Weedmaster, Milestone, Escort/MSM60, Telar/Chlorsulfuron75 and spray adjuvants. **Any other herbicides must be pre-approved** by the county weeds office before use to get reimbursements. **NO REIMBURSEMENT FOR ROUNDUP!**

Group Leader Signature

Date



BONNER COUNTY NOXIOUS WEED DEPARTMENT

1500 Hwy 2 Suite 101, Sandpoint, Idaho 83864

Phone: (208) 255-5681, Fax: (208) 263-9469

Website: bonnercounty.us/noxious-weeds

Neighborhood Cooperative End of Season Evaluation 2017 Season

Cooperative Name: _____

Leader: _____

Phone: _____

Mailing Address: _____

Notes: _____

Target Weeds:

Weed Species:	Estimated Acres Treated		Weed Species; Others	Estimated Acres Treated
Hawkweeds				
Spotted knapweed				
Canada thistle				
Oxeye daisy				

		HRS/COST	RATE	IN-KIND
TOTAL LABOR HOURS			23.00/hr.	
TOTAL HERBICIDE COST				
EQUIPMENT USED:				
ATV			\$125/day	
TRACTOR			\$135/day	
PICKUP			\$95/day	
COUNTY SPRAYER			\$27/day	
BACKPACK				
TOTALS:				

X _____ Date: _____

Signature

Papers Due August 31, 2017:

- End of Season Evaluation – Page 3
- ****Individual Herbicide Application Records–Page 4**** (Required from each landowner for re-imbusement)
- All Landowners Dated *Original Receipts*
- Written Directions and/or Map
- Before and After pictures (Optional)

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EXAMPLE

EXAMPLE

NEIGHBORHOOD COOPERATIVE
COSTSHARE APPLICATION – DUE May 31, 2017

COOPERATIVE NAME: Stone Ridge CO-OP

Leader/Coordinator: John Smith PHONE: XXX-XXX-XXXX

ADDRESS: 1234 Stone Ridge Rd., Anywhere, Id.

Number of landowners involved: 4 Email: Jsmith@yahoo.com

Indicate which method of communication you prefer (check one): Phone Email

Estimated acres in cooperative: 220 Estimated acres to be treated: 40

Noxious weeds targeted: Knapweed, Thistles

Please list names, addresses, and parcel numbers of participants on page 2: (attach separate sheet if more space is needed)

Proposed/treatment method: (Type of Application/Equipment) ATV w/ Sprayer, Tractor w/Sprayer

Estimated overall cost of treatment: (\$23/hour for labor, ~\$25/acre for herbicides)

\$1,800

Reimbursements: Receipts are due no later than 4pm, August 31, 2017 to the address above.

Receipts must be **legible**, name the products, and show a total **minus** any taxes.

Refunds are made to one person, on behalf of everyone. List his/her name, address & phone number if an alternate is necessary.

Other: _____

Attachments: *Written directions and a map for locating each parcel treated must be provided and before and after pictures are suggested.*****

*****Directions must begin from a commonly known public road.*****

Approved Herbicides:

The following herbicides approved for this program include: Opensight, Curtail/Cody, Crossbow, Stinger, Weedmaster, Milestone, Escort/MSM60, Telar/Chlorsulfuron75, and spray adjuvants. **Any other herbicides must be pre-approved** by the county weed department before used to get reimbursements. **NO REIMBURSEMENT FOR ROUNDUP!**

Group Leader Signature

Date



BONNER COUNTY NOXIOUS WEEDS DEPARTMENT

1500 Hwy 2 Suite 101, Sandpoint, Idaho 83864

Phone: (208) 255-5681, Fax: (208) 263-9469

EXAMPLE

EXAMPLE

Neighborhood Cooperative End of Season Evaluation 2017 Season

Cooperative Name: Stone Ridge CO-OP

Leader: John Smith Phone (Day) XXX-XXX-XXXX

Mailing Address: 1234 Stone Ridge Rd., Anywhere, Id. XXXXX

Notes: _____

Target Weeds:

Weed Species:	Estimated Acres Treated	Weed Species; Others	Estimated Acres Treated
Hawkweeds		<i>Scotch broom</i>	5
Spotted knapweed	20		
Canada thistle	15		
Oxeye daisy			

		HRS/COST	RATE	IN-KIND
TOTAL LABOR HOURS	30	30 hrs	\$23.00/hr	\$690
TOTAL HERBICIDE COST	\$1,080			
EQUIPMENT USED:				
ATV	ATV w/ sprayer	4 days	\$125/day	\$500
TRACTOR	70 HP Kubota	1 day	\$135/day	\$135
PICKUP			\$95/day	
COUNTY SPRAYER	Sprayer rented from County	1 day	\$27/day	\$27
BACKPACK				
TOTALS:				\$1,352

X _____ Date: _____
 Signature

Papers Due August 31, 2017:

- End of Season Evaluation – Page 3
- ****Individual Herbicide Application Records–Page 4**** (Required from each landowner for re-imbursement)
- All Landowners Dated *Original* Receipts
- Written Directions and/or Map
- Before and After pictures (Optional)

Selkirk CWMA 2017
***Individual* Landowner Herbicide Application Record &
 In-Kind Contribution Report**

Please fill out and return or mail to: **Bonner County Noxious Weeds** (SCWMA)
 1500 Hwy 2, Ste. 101 Sandpoint, Idaho 83864 w/ **End-of-Season evaluation & receipts**

NAME:	ADDRESS:	PHONE:
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Date	Hours	Target Noxious Weed(s)	Equipment Used*	Location (Include GPS coordinates, or legal description, or attach map)	Herbicide	Rate per Acre	Total Herbicide Used	Treated Acres	Treatment Area (Acres)

Total Hours _____

Signature _____

***For Equipment, list any of the following: ATV w/sprayer, pickup truck w/sprayer, tractor w/Sprayer, backpack sprayer, transfer pump, trailer(s), saddle horse, tanker truck, GPS unit or any work directly related to weed management**

Selkirk CWMA 2017
Individual Landowner Herbicide Application Record & In-Kind Contribution Report

EXAMPLE

EXAMPLE

Please fill out and return or mail to: **Bonner County Noxious Weeds (SCWMA)**
 1500 Hwy 2, Ste. 101 Sandpoint, Idaho 83864 **W/ End-of-Season evaluation & receipts**

NAME: John Smith	ADDRESS: 1234 Stone Ridge Rd., Anywhere, Id.	PHONE: xxx-xxx-xxxx
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Date	Hours	Target Noxious Weed(s)	Equipment Used*	Location (Include GPS coordinates, or legal description, or attach map)	Herbicide	Rate per Acre	Total Herbicide Used	Treated Acres	Treatment Area
6/5/14	6	Knapweed Thistles	ATV w/ Sprayer	John Smith's parcel	Opensight Weedar 64	3 oz. 1 qt.	12 oz. 4 qts.	4 acres	60 acres
6/6/14	7	Knapweed Thistles	ATV w/ Sprayer	John Smith's parcel	Opensight Weedar 64	3 oz. 1 qt.	18 oz. 6 qts.	6 acres	60 acres
6/12/14	8	Knapweed Thistles	Tractor w/ Sprayer	Don Smith's parcel	Opensight Weedar 64	3 oz. 1 qt.	60 oz. 20 qts.	20 acres	80 acres
6/16/14	4	Knapweed Thistles	ATV w/ Sprayer	Joe Bloe's parcel	Opensight Weedar 64	3 oz. 1 qt.	15 oz. 5 qts.	5 acres	40 acres
6/19/14	5	Scotch broom	ATV w/ Sprayer	Jane Jones' parcel	Crossbow	2 qts.	10qts.	5 acres	40 acres
EXAMPLE									

Total Hours 30

Signature _____

***For Equipment, list any of the following: ATV w/sprayer, pickup truck w/sprayer, tractor w/Sprayer, backpack sprayer, transfer pump, trailer(s), saddle horse, tanker truck, GPS unit or any work directly related to weed management.**