

**BONNER COUNTY NOXIOUS WEED DEPARTMENT**  
**335 McGhee Rd. Suite 107, Sandpoint, ID 83864**  
**Phone: (208)263-3175, (208) 255-5681, Fax: (208) 263-9469**

**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 **April 30, 2011**. 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** (stickers), and approved biological controls qualify.
4. For 2011, Neighborhood Cooperative refunds may be made **up to 80%**, 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, 2011**.
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 weed department 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 2011 season exceed the funding budgeted for this program. No obligation of funds can be made beyond the 2011 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, 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 Regional Weed booklet 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 Curtail 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, other people would like to join the cooperative, you must call to get prior approval from the weed department.

### **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.** Pre-approval applications are due before **April 30, 2011**. 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 May.