

BONNER COUNTY NOXIOUS WEED DEPARTMENT

335 McGhee Rd. Suite 107

Sandpoint, ID 83864

Phone: (208) 263-3175, (208) 255-5681, Fax: (208) 263-9469

Applications must be filled out COMPLETELY

NEIGHBORHOOD COOPERATIVE

COSTSHARE APPLICATION – DUE April 30, 2011

COOPERATIVE NAME: _____

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

ADDRESS: _____

Number of landowners involved: _____

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

Noxious weeds targeted: _____

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

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

Estimated overall cost of treatment: (hrs. labor, \$ equip., \$ herbicides, etc.)

Reimbursements: Receipts are due no later than 4pm, August 31, 2011 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: Milestone, Chaparral, Curtail (generic Commando), Crossbow, Garlon 3A, Redeem, Ally, Cimarron, Telar, and spray adjuvants. Any **other herbicides must be pre-approved** by the county weed department before used to get reimbursements.

Leader Signature

Date

For Noxious Weed Control Use:	
Date Received: _____	Staff Review Date: _____
Staff Vote: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Potential cost of treatment: _____
Maximum reimbursement allowed: _____	

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Neighborhood Cooperative End of Season Evaluation 2011 Season

Cooperative Name: _____

Leader: _____ Phone (Day) _____

Mailing Address: _____

Notes: _____

Target Weeds:

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

		HRS/COST	RATE	IN-KIND
TOTAL LABOR HOURS				
TOTAL HERBICIDE COST				
EQUIPMENT USED:				
Other:				
TOTALS:				

Date: _____

Signature _____

Papers Due August 31, 2011:
 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 **** Only Pictures can be emailed to (ljasman@co.bonner.id.us)****