



BONNER COUNTY NOXIOUS WEEDS

1500 Hwy 2, Suite 101 • Sandpoint, ID 83864 • Phone: (208) 255-5681ext.6
<https://www.bonnercountyid.gov/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, 2019**. The application must be filled out **completely**.
2. The County Weeds Superintendent and/or Weeds Advisory Board will review all applications. Two or more landowners are required.
3. Coordinators 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 additives** qualify.
4. For 2019, Neighborhood Cooperative refunds may be made **up to 100%** (dependent on funding), or to a maximum of **\$500.00** per individual landowner for herbicides on the invoices/receipts provided. Reimbursement requests must be turned in **NO LATER THAN 4:00 p.m., on AUGUST 31, 2019**.
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 2019 season exceed the funding budgeted for this program. No obligation of funds can be made beyond the 2019 fiscal budget year.

*See example sheets for guidance on filling out the application

****Group coordinator must sign and date the application.** Applications are due by **May 31, 2019**. Remember, incomplete applications may be refused.

*****Late applications may be considered only if funding is available. You may call 255-5681(extension 6) to confirm your application has been received at the end of the first week of June.**

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NEIGHBORHOOD COOPERATIVE

COSTSHARE APPLICATION – DUE May 31, 2019

COOPERATIVE NAME: _____

Leader/Coordinator: _____ PHONE: _____

ADDRESS: _____

Number of landowners involved: _____ Email: _____

Indicate which method of communication you prefer (check one): ☐ Call ☐ Text ☐ 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--\$42/hour for labor, ~\$25/acre for herbicides)

Reimbursements: Receipts are due no later than 4pm, August 31, 2019 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 their 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 an established 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 manager before use to get reimbursements. **NO REIMBURSEMENT FOR ROUNDUP!**

Group Coordinator Signature _____

Date _____

YOUR APPLICATION IS ACCEPTED
WE WILL CONTACT YOU IF THERE
ARE ANY QUESTIONS.

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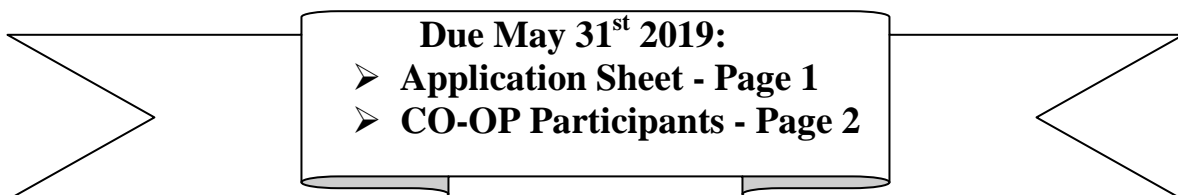
Neighborhood Cooperative *Participants* 2019 Season

Cooperative Name: _____

Participants: print or type physical addresses, day phones, and tax parcel #'s

Name	Address	Phone #	Parcel #	# of Acres In Treated Area	# of Acres To be Treated

Total acres in CO-OP estimated to be treated: _____



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Neighborhood Cooperative End of Season Evaluation 2019 Season

Cooperative Name: _____

Coordinator: _____ 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/DAYS	RATE	IN-KIND
TOTAL LABOR HOURS			\$42.00/hr.	
TOTAL HERBICIDE COST				
EQUIPMENT USED:				
ATV (with sprayer)			\$152/day	
TRACTOR			\$268/day	
PICKUP			\$123/day	
COUNTY SPRAYER			\$30/day	
BACKPACK			\$5/day	
TOTAL:				

X _____ Date: _____

Signature

Due August 31, 2019:

- End of Season Evaluation – Page 3
- ****Individual Herbicide Application Records–Page 4**** (Required from each landowner for re-imbursement)
- All Landowner's Dated Original Receipts
- Written Directions and/or Map
- Before and After pictures (Optional—this helps us justify the grant)

Selkirk CWMA 2019
***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**

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EXAMPLE

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NEIGHBORHOOD COOPERATIVE
COSTSHARE APPLICATION – DUE May 31, 2019

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): ☐ Call ☐ Text ☒ 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: (\$42/hour for labor, ~\$25/acre for herbicides)

\$2,800

Reimbursements: Receipts are due no later than 4pm, August 31, 2019 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 their 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 an established 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 manager before used to get reimbursements. **NO REIMBURSEMENT FOR ROUNDUP!**

Group Coordinator Signature

Date

**YOUR APPLICATION IS
ACCEPTED
WE WILL CONTACT YOU IF
THERE ARE ANY QUESTIONS.**

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EXAMPLE

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Neighborhood Cooperative End of Season Evaluation 2019 Season

Cooperative Name: Stone Ridge CO-OP

Coordinator: 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>Field bindweed</i>	5
Spotted knapweed	20		
Canada thistle	15		
Oxeye daisy			

		HRS/DAYS	RATE	IN-KIND
TOTAL LABOR HOURS	30	30 hrs	\$42.00/hr	\$1,260.00
TOTAL HERBICIDE COST	\$1,080			
EQUIPMENT USED:				
ATV (with sprayer)	Kodiak 500 w/ sprayer	3 days	\$152/day	\$456.00
TRACTOR	70 HP Kubota	1 day	\$268/day	\$268.00
PICKUP	¾-ton 4x4 PU	1 day	\$123/day	\$123.00
COUNTY SPRAYER	Sprayer rented from County	1 day	\$30/day	\$30.00
BACKPACK		2 days	\$5/day	\$10.00
TOTAL:				\$2,147.00

X _____ Date: _____
Signature

Due August 31, 2019:

- 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)

EXAMPLE

Selkirk CWMA 2019

Individual Landowner Herbicide Application Record & In-Kind Contribution Report

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 Bloer'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.**