



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 - COST SHARE PROGRAM

General Information & Program Requirements

1. Cost Share application packets include two pages to be submitted prior to herbicide treatments, and two pages to be submitted at the conclusion of the project. The submittal deadline is **May 31, 2021** for pages 1 & 2 of the application packet, and **August 31, 2021** for pages 3 & 4 (along with the herbicide receipts).
2. The County Weeds Manager will review all applications. Two or more parcels are required. Lands used for commercial crops do not qualify. Weeds treated must be on the state noxious weeds list.
3. Coordinators must keep copies of all receipts (statements no longer accepted) + proof of payment (credit card receipt or check copy) for herbicides purchased, as well as detailed spray records. If the project is performed by a commercial applicator, be sure the applicator itemizes labor and herbicide/surfactant costs. Labor charges cannot be reimbursed. The grant requires a copy of the actual invoice or receipt that clearly names the herbicides, as well as quantity and cost before any taxes (sub-total). **Only approved herbicides & spray additives** qualify (listed on page 1 of the packet).
4. Neighborhood Cooperative Cost Share reimbursements are capped at **\$500.00** per individual landowner for eligible herbicides purchased and used, as backed up on page 4 of the packet. Claims under \$500 may be reimbursed in full, funds permitting. In the event there are reduced funds, a formula will be established to equitably distribute the funds.
5. Reimbursement checks are usually issued by the county in October.
6. Herbicides must be used in accordance with all label instructions and safety precautions.
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 appropriated funds for this program; no refund guarantee can be made. This is a grant program utilizing state funds, with a small county supplemental fund. No obligation of funds can be made beyond the 2021 fiscal year.

See example sheets for guidance on filling out the application

*****Late applications may be considered only if projected funding is available. You may call 208-255-5681(extension 6) or email chase.youngdahl@bonnercountyid.gov to confirm your application has been received. *** You may also call or email anytime for clarity on approved herbicides, eligible noxious weeds, herbicide label interpretation, recordkeeping or any other aspect of the program.**

Do
Not
Staple

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Email: Chase.Youngdahl@bonnercountyid.gov

NEIGHBORHOOD COOPERATIVE COST SHARE

APPLICATION (Pages 1-2) – DUE May 31, 2021

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 (must include state listed noxious weeds): _____

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: Materials are due no later than August 31, 2021 to the address or email above.

Materials submitted must include original herbicide/adjutant receipts and pages 3-4 of this packet, completed. Refunds are made to the group coordinator on behalf of everyone. List the name, address and contact info if an alternate is necessary (i.e. – HOA secretary/treasurer, etc.).

Alternate/Other: _____

Attachments: *Written directions and a map for locating each treated area 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/Vastlan, Stinger, Weedmaster, Milestone, Escort (and generics), Telar (and generics) and spray adjuvants. **Any other herbicides must be pre-approved** by the county weeds manager before use to be considered for reimbursement.

NO REIMBURSEMENT FOR ROUNDUP!

Group Coordinator Signature _____

Date _____



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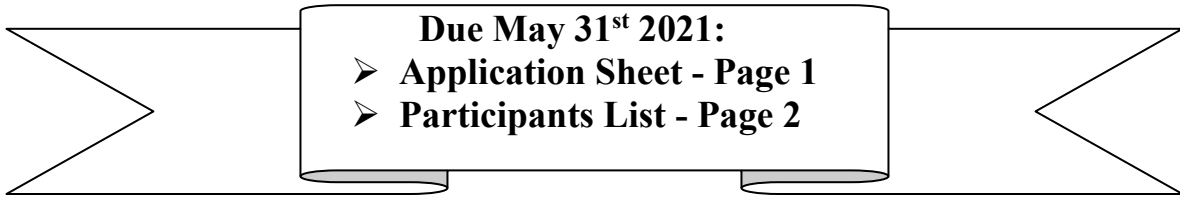
Neighborhood Cooperative Cost Share *Participants*, 2021 Season

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 Cooperative estimated to be treated: _____



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Email: Chase.Youngdahl@bonnercountyid.gov

Neighborhood Cooperative Cost Share End of Season Report 2021 Season

Cooperative Name: _____

Coordinator: _____ Phone: _____

Mailing Address: _____

Notes: _____

Target Weeds:

<i>Species</i>	<i>Estimated Acres Treated</i>	<i>Species; Other</i>	<i>Estimated Acres Treated</i>
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, 2021:

- End of Season Report – Page 3
- Individual Herbicide Application Records (for each landowner) – Page 4
- All [2021 Dated] Original Receipts + evidence of payment
- Written directions to, or map(s) of, specific treatment areas
- Before and After pictures (Optional—this helps us justify the grant)

Selkirk CWMA 2021
Individual Landowner Herbicide Application Record & In-Kind Contribution Report

Please fill out and return via mail or email to: **Bonner County Noxious Weeds** (SelkirkCWMA) with *End-of-Season report & herbicide 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

Email: Chase.Youngdahl@bonnercountyid.gov

EXAMPLE

NEIGHBORHOOD COOPERATIVE COST SHARE

APPLICATION (Pages 1-2) – DUE May 31, 2021

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 (must include state listed noxious weeds): 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: Materials are due no later than August 31, 2021 to the address or email above.

Materials submitted must include original herbicide/adjuvant receipts and pages 3-4 of this packet, completed. Refunds are made to the group coordinator on behalf of everyone. List the name, address and contact info if an alternate is necessary (i.e. – HOA secretary/treasurer, etc.).

Alternate/Other: _____

Attachments: ***Written directions and a map for locating each treated area 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/Vastlan, Stinger, Weedmaster, Milestone, Escort (and generics), Telar (and generics), and spray adjuvants. **Any other herbicides must be pre-approved** by the county weeds manager before use to be considered for reimbursement.

NO REIMBURSEMENT FOR ROUNDUP!

Group Coordinator Signature

Date

WE WILL CONTACT YOU IF THERE ARE ANY QUESTIONS REGARDING YOUR SUBMITTED APPLICATION.

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EXAMPLE

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Neighborhood Cooperative Cost Share *Participants*, 2021 Season

Cooperative Name: Stone Ridge CO-OP

Participants: Print, Physical addresses, day phones, and tax parcel numbers

Name	Address	Phone #	Parcel No.	# of Acres In Treated Area	# of Acres To be Treated
John Smith	1234 Stone Ridge Rd.	xxx-xxx-xxxx	R57N01E1xxxxxx	60	10
Don Smith	1270 Stone Ridge Rd.	xxx-xxx-xxxx	R57N01E2xxxxxx	80	20
Joe Bloe	1295 Stone Ridge Rd.	xxx-xxx-xxxx	R57N01E3xxxxxx	40	5
Jane Jones	34 Stone Ln.	xxx-xxx-xxxx	R57N01E7xxxxxx	40	5

Total acres in Cooperative estimated to be treated: 40

Due May 31st 2021:
➤ Application Sheet- Page 1
➤ Participants List – Page 2

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EXAMPLE

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Neighborhood Cooperative Cost Share End of Season Report 2021 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:

<i>Species</i>	<i>Estimated Acres Treated</i>	<i>Species; Other</i>	<i>Estimated Acres Treated</i>
Hawkweeds		Field bindweed	5
Spotted knapweed	20	Yellow toadflax	1
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, 2021:

- End of Season Report – Page 3
- Individual Herbicide Application Records (for each landowner) – Page 4
- All [2021 Dated] Original Receipts + evidence of payment
- Written directions to, or map(s) of, specific treatment areas
- Before and After pictures (Optional—this helps us justify the grant)

Selkirk CWMA 2021
Individual Landowner Herbicide Application Record & In-Kind Contribution Report

EXAMPLE

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Please fill out and return via mail or email to Bonner County Noxious Weeds (SelkirkCWMA) with *End-of-Season report & herbicide 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 RPXXXXXXXXXXXX	Milestone Weedar 64	6 oz. 1 qt.	60 oz. 10 qts.	10 acres	60 acres
6/6/14	7	Knapweed Thistles	ATV w/ Sprayer	John Smith's parcel RPXXXXXXXXXXXX	Opensight Weedar 64	3 oz. 1 qt.	18 oz. 6 qts.	6 acres	60 acres
6/12/14	8	Knapweed Hawkweeds	Tractor w/ Sprayer	Don Smith's parcel RPXXXXXXXXXXXX	Opensight Weedar 64	3 oz. 1 qt.	60 oz. 20 qts.	20 acres	80 acres
6/16/14	4	Knapweed Oxeye Daisy	ATV w/ Sprayer	Joe Bloe's parcel RPXXXXXXXXXXXX	Curtail	1.5 qts.	7.5 qts.	5 acres	40 acres
6/19/14	5	Toadflaxes	ATV w/ Sprayer	Jane Jones' parcel RPXXXXXXXXXXXX	TelarXP	2 oz.	8 oz.	4 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.**