



BONNER COUNTY NOXIOUS WEEDS

- 521 S. Division Ave, Suite 216 • Sandpoint, ID 83864
- Phone: (208) 255-5681 ext.6 • Email: chase.youngdahl@bonnercountyid.gov
- Website: <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. Submission deadlines are **May 31, 2025** for pages 1 & 2 of the application packet, and **August 31, 2025** for pages 3 & 4 (along with the herbicide receipts).
2. The County Noxious Weeds Director will review all applications, and contact you upon approval. Two or more parcels are required to be listed on the application. 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 actual 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 are not reimbursed, but time spent & equipment used needs to be recorded on page 3 for the grant match. 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 (see page 1 of the packet or contact the Noxious Weeds Director).
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 in October.
6. Herbicides must be used in accordance with all label instructions and safety precautions.
7. Reimbursements are at the sole discretion of the Bonner County Board of 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 current fiscal year.

See example sheets for guidance on filling out the application

*****Late applications may be considered only if projected funding is available. A pre-inspection of the property may be requested. You may call 208-255-5681(extension 6) or email chase.youngdahl@bonnercountyid.gov to confirm your application has been received—you will be contacted once your application has been reviewed. *** 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.**

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NEIGHBORHOOD COOPERATIVE COST SHARE

APPLICATION (Pages 1-2) – DUE May 31, 2025

COOPERATIVE NAME: _____

Leader/Coordinator: _____ PHONE: _____

ADDRESS: _____

Number of property owners 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 Idaho 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—Type of equipment & planned herbicide(s) of use:

Reimbursements: Materials are due no later than August 31, 2025 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 all participants. List the name, address and contact info if an alternate coordinator is necessary for reimbursement payment (i.e. – HOA secretary, treasurer, etc.).

Alternate/Other (if applicable): _____

Attachments: *****Map & written description of specific treatment areas must be provided*****

****Before and after pictures of the treatment(s) are suggested.****

Approved Herbicides:

Concentrated agricultural, horticultural or specialty broadleaf specific herbicides and quality spray additives for the control of Idaho noxious weeds is the focus of this program. Low concentrate home & garden herbicides are not eligible. Roundup (or generic glyphosate) is not eligible except for specific cases—non-selective herbicides are only eligible if pre-approved by the County Noxious Weeds Department for the control of a grass on the Idaho Noxious Weed List, such as Jointed Goatgrass. Please reach out if there are any questions on eligible herbicides or spray additives.

Group Coordinator Signature

Date

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Neighborhood Cooperative Cost Share *Participants*, 2025 Season

Cooperative Name: _____

Participants: Fill in the fields below for each participant

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

Total acres in Cooperative estimated to be treated: _____

Due May 31st 2025:

- Application Sheet - Page 1
- Participants List - Page 2

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Neighborhood Cooperative Cost Share End of Season Report 2025 Season

Cooperative Name: _____

Coordinator: _____ Phone: _____

Mailing Address: _____

Notes: _____

<i>Target Noxious Weeds</i>	<i>Acres Treated (grand totals from page 4)</i>		<i>Target Noxious Weeds; Other</i>	<i>Acres Treated (grand totals from page 4)</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 or SxS (with sprayer)			\$152/day	
TRACTOR			\$268/day	
PICKUP			\$123/day	
COUNTY SPRAYER			\$30/day	
BACKPACK			\$5/day	
TOTAL:				

X _____ Date: _____
 Signature

Due August 31, 2025:

- End of Season Report – Page 3
- Individual Herbicide Application Records (for each landowner) – Page 4
- All (2025 Dated) Original Receipts + evidence of payment
- Written descriptions & maps of specific treatment areas
- Before and After pictures (Optional—this helps us justify the funding)

Selkirk CWMA 2025 Individual Landowner Herbicide Application Record & In-Kind Contribution Report

Please fill out and return via mail or email to: **Bonner County Noxious Weeds** (c/o Selkirk CWMA)
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/UTV 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 the noxious weed management project(s).

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EXAMPLE

Email: Chase.Youngdahl@bonnercountyid.gov

EXAMPLE

NEIGHBORHOOD COOPERATIVE COST SHARE
APPLICATION (Pages 1-2) – DUE May 31, 2025

COOPERATIVE NAME: Stone Ridge CO-OP

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

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

Number of property owners 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 Idaho listed noxious weeds): Spotted Knapweed & Dalmatian Toadflax

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

Proposed treatment—Type of equipment & planned herbicides(s) of use:

UTV with boom sprayer (& hand wand for touch-up). Milestone + Telar + 2,4-D + surfactant

Reimbursements: Materials are due no later than August 31, 2025 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 all participants. List the name, address and contact info if an alternate coordinator is necessary for reimbursement payment (i.e. – HOA secretary, treasurer, etc.).

Alternate/Other (if applicable): _____

Attachments: *Map & written description of specific treatment areas must be provided*****

******Before and after pictures are suggested.******

Approved Herbicides:

Concentrated agricultural, horticultural or specialty broadleaf specific herbicides and quality spray additives for the control of Idaho noxious weeds is the focus of this program. Low concentrate home & garden herbicides are not eligible. Roundup (or generic glyphosate) is not eligible except for specific cases—non-selective herbicides are only eligible if pre-approved by the County Noxious Weeds Department for the control of a grass on the Idaho Noxious Weed List, such as Jointed Goatgrass. Please reach out if there are any questions on eligible herbicides or spray additives.

x
Group Coordinator Signature

x-xx-2025
Date

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EXAMPLE

EXAMPLE

Neighborhood Cooperative Cost Share *Participants*, 2025 Season

Cooperative Name: Stone Ridge CO-OP

Participants: Fill in the fields below for each participant

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 Jones	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 2025:

- 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 2025 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:

<i>Target Noxious Weeds</i>	<i>Acres Treated (grand totals from page 4)</i>	<i>Target Noxious Weeds; other</i>	<i>Acres Treated (grand totals from page 4)</i>
Hawkweeds		<i>Dalmatian Toadflax</i>	5
Spotted Knapweed	20	<i>Field Bindweed</i>	1
Canada Thistle	15		
Oxeye Daisy	4		

		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 or SxS (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	Solo 3-gallon	2 days	\$5/day	\$10.00
TOTAL:				\$2,147.00

X _____ Date: x-xx-2025

Signature

Due August 31, 2025:

- End of Season Report – Page 3
- Individual Herbicide Application Records (for each landowner) – Page 4
- All (2025 Dated) Original Receipts + evidence of payment
- Written descriptions & maps of specific treatment areas
- Before and After pictures (Optional—this helps us justify the funding)

EXAMPLE

Selkirk CWMA 2025 Individual Landowner Herbicide Application Record & In-Kind Contribution Report

EXAMPLE

Please fill out and return via mail or email to **Bonner County Noxious Weeds** (c/o Selkirk CWMA)
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 Bindweed	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 Jones' 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 X

***For equipment, list any of the following: ATV/UTV 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 noxious weed management project(s).**