

SHOSHONE COUNTY NOXIOUS WEED DEPARTMENT

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NEIGHBORHOOD COOPERATIVE COSTSHARE FUNDING

Eighty-Percent Chemical Rebate

General Information to Applicants

1. Cost Share proposals need to be pre-approved prior to spray season. It is recommended that requests be submitted early while funds are available and to allow adequate time for review.
2. The County Weed Superintendent and Weed Advisory Board will review all applications. Late applications may be considered if funds are available.
3. Keep your receipts for herbicides purchased or, if having work done by a commercial applicator; be sure the applicator itemizes labor, herbicide, and surfactant costs. Labor and surfactant charges cannot be reimbursed. The County's payment system requires a copy of the actual invoice or receipt for your purchases.
4. For 2008, Neighborhood Cooperative refunds will be made at **80%** of the amount shown for herbicide, fertilizer or seed on the invoices/receipts provided. Reimbursement requests must be turned in **NO LATER THAN 5:00 p.m. PST, on AUGUST 29, 2008.**
5. Reimbursement checks generally take 2-4 weeks to process.
6. Before and after pictures for each parcel should be included. These may also be helpful to us in applying for future grant funding to help expand our program and in providing visual confirmation of work achieved to those who make decisions in grant funding and budgets.
7. Noxious Weed Control staff may perform spot checks throughout the cooperative to ensure products and treatments are working, determine if neighboring properties need to be notified to provide a weed-free buffer strip, take pictures, etc.
8. Selective herbicides are preferred for treating properties. Herbicide applications have to be consistent with label restrictions. There are a wide variety of products, such as Class 40A, Hi-Dep, Amine 4, Weedmaster, Curtail, LV-4, etc., and many others which are selective and can be applied in various settings. A commercial applicator or persons licensed by the State may also choose to use Tordon, a restricted use herbicide, to give longer-term control.
9. Contact and non-selective herbicides (such as Roundup or glyphosate), and soil sterilants are not recommended by our Department. However, depending upon your overall weed control and land rehabilitation plan, these products can be used in certain situations along with a revegetation plan or when specific locations need to be entirely clear of vegetation. If you need to use a non-selective product, please talk with one of the Department's Weed Specialists. A brief description of your reasons for using the non-selective product, situation, location, and revegetation plans will need to be attached to the application form.
10. The refund amount is set at the sole discretion of the Shoshone County Commissioners. The obligation of Shoshone 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 2008 season exceed the funding budgeted for this program. No obligation of funds can be made beyond the 2008 fiscal budget year.

Filling Out the Form

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 not required. Some groups have established a name for their cooperative, usually based on a road name or geographic feature. It can be helpful to our office in tracking reimbursement requests.

Applicant 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 (i.e., renters or lessors) are currently involved.

Number of acres to be included in cooperative: What is the acreage of the combined area?

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's out there, what needs to be done, and how treatments are going over time.

Noxious weeds targeted: Please list noxious weeds. You may also be controlling some pestiferous weeds (such as dandelions, goatweed, etc.), but these do not need to be listed.

Herbicide(s) proposed/treatment method: 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 boom 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 overall cost of treatment: Depending upon the treatment method and herbicide, give a rough estimate of the cost to treat all of the properties involved in the cooperative.

Select one of the reimbursement choices: Some cooperatives pool their funds; some have each member apply for reimbursement separately; a couple has formed more formal organizations. This information will help in tracking payments.

List of names, addresses, and parcel numbers of participants on reverse: 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, please give us a call so we can update the list.

Attachments:

Maps: These will help us to visualize and identify the cooperative you are proposing. Maps can be obtained from the Assessor's office, 752-1202. You will need to provide them with the Section, Township, and Range; subdivision name and/or parcel numbers.

Non-selective herbicide use: As described in the general instructions, a brief explanation of the type of non-selective herbicide, reason for its use, revegetation plans or need for clear area, etc.

Photos: Before and after pictures of each parcel in the cooperative.

Sign and date the application.