

# SHOSHONE COUNTY NOXIOUS WEED DEPARTMENT

700 BANK STREET, SUITE 35, WALLACE, IDAHO 83873

Phone: (208) 753-5475 Fax: (208) 753-1011

## NEIGHBORHOOD COOPERATIVE

COOPERATIVE NAME: \_\_\_\_\_

APPLICANT: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Number of landowners involved: \_\_\_\_\_

Number of acres in cooperative: \_\_\_\_\_ Estimate of 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: Herbicide(s) / Revegetation: \_\_\_\_\_

Estimated overall cost of treatment: \_\_\_\_\_

Select one of the following reimbursement choices (or explain your cooperative's setup and reimbursement plan):

- Each cooperator will send in copies of invoices for reimbursement separately
- Reimbursement should be made to one person, who is purchasing on behalf of everyone (list his/her name, address & phone number): \_\_\_\_\_  
\_\_\_\_\_
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Attachments:

- Map of properties included in cooperative
- If non-selective herbicides are to be used, provide brief description of revegetation plan or reason for use of the product(s) proposed.
- Before and after photos of each parcel.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

### For Noxious Weed Control Use:

Date Received: \_\_\_\_\_

Staff Review Date: \_\_\_\_\_

Staff Vote:  Approved  Denied

Potential cost of treatment: \_\_\_\_\_

Maximum reimbursement allowed: \_\_\_\_\_



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## Neighborhood Cooperative End of Season Report 2008 Season

Submit with dated, itemized receipts for re-imburement

Cooperative Name: \_\_\_\_\_

Participant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Physical Address: \_\_\_\_\_ Parcel Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Target Weeds:**

Weed Species:	Total Acres Inventoried	Acres Treated		Weed Species:	Total Acres Inventoried	Acres Treated
Blueweed				Houndstongue		
Chicory				Spotted Knapweed		
Sulfur Cinquefoil				Common Tansy		
Oxeye Daisy				Canada Thistle		
Meadow (Yellow) Hawkweed				Dalmation Toadflax		
Orange Hawkweed				Yellow Toadflax		
Scotch Broom				Other		

<b>IN-KIND:</b> In-kind costs are costs incurred by the landowner and are not reimbursable. These costs are used as a match towards grant money received for this project and to help justify future funding.		LABOR HOURS OR CONTRACT LABOR COST	OFFICE USE	
			RATE	IN-KIND
<b>TOTAL LABOR HOURS</b>				
<b>TOTAL HERBICIDE COST</b> (do not include tax)				
<b>EQUIPMENT USED:</b>	DESCRIPTION-Yr, Make, Model			
<b>TOTALS:</b>				

\_\_\_\_\_  
Signature Date: \_\_\_\_\_