## **Divide County Weed Board**

## **Herbicide Cost Share Program**

In the interest of assisting Divide County landowners with the cost of applying herbicides to control noxious weeds, the Divide County Weed Board is offering a cost share program which will pay up to 70% of herbicide costs on select noxious weed herbicides. This program **excludes** equipment costs, surfactants, and dyes as well as Glyphosate (Round-up) and 2,4-D. The terms of this program are as follows:

- 1. The Divide County Weed Board has agreed to provide financial assistance for controlling the following state and county (\*) listed noxious weeds.
  - a. Absinth Wormwood
  - b. Baby's Breath\*
  - c. Canada Thistle
  - d. Leafy Spurge
  - e. Narrowleaf Hawksbeard (NLHB)\*
  - f. Spotted Knapweed
- 2. The chart below is a list of chemicals that will qualify for the cost share program and the weeds they control:

Chemical	Weeds				
Opensight	Control of Absinth Wormwood, Canada Thistle, & Spotted Knapweed				
Tordon K (RUP)	Broad range of control. Labeled for Absinth Wormwood, Canada Thistle, Leafy Spurge, Spotted Knapweed				
Plateau	Control of Baby's Breath, Leafy Spurge (Fall application), Spotted Knapweed				
Curtail	Control of Absinth Wormwood and Canada Thistle				
Milestone	Control of Absinth Wormwood, Canada Thistle, & Leafy Spurge				
Escort	Control of Baby's Breath & Narrowleaf Hawksbeard (For NLHB it is recommended to add 2-4D to tank mix)				
Chaparral	Control of Absinth Wormwood & Narrowleaf Hawksbeard				

- i. Note: Always follow label instructions for proper usage of target weeds, rates, grazing restrictions, etc\*
- ii. RUP = Restricted Use Pesticide A valid applicator/private or commercial license is required to pick up and use this product.
- 3. Applications are due to Travis Binde at the Divide County Extension Office by **July 1<sup>st</sup>, 2021**. Applications and funding will be on a first come first serve basis until funding for the program is used.
- 4. Herbicide(s) must be purchased before **October 15**th, **2021** for reimbursement.
- 5. Original receipt(s) for the herbicide(s) must be submitted by November 15<sup>th</sup>, 2021 for 70% reimbursement.
- 6. FSA maps will be required to be turned in by **November 15**<sup>th</sup>, **2021**, showing legal description, area sprayed, estimated acres, and target weeds.
- 7. Substitution of generic products is acceptable with proper label for usage.
- 8. Any questions or changes to the applications can be directed to Travis Binde.

#### Steps:

- 1. Complete the application form on the backside of this document and leave with the Divide County Extension Office (PO Box 150; Crosby, ND 58730). *Applications due by July* 1<sup>st</sup>, 2021
- 2. Once approved, purchase desired amount of herbicide. *Purchase chemical before October 15<sup>th</sup>, 2021*
- 3. Perform application of herbicide **following label instructions**. <u>Applicant is solely responsible for ensuring</u> herbicide is applied in accordance with law, if required, by a certified chemical applicator
- 4. Receipts and FSA maps with information listed above are due by *November 15<sup>th</sup>*, 2021.

Note: If misuse of the program or misapplication of the herbicide is suspected, the proper regulatory agency may be notified, and the Divide County Weed Board shall have the right to deny any future funds to Applicant and/or Landowner under any cost-share program.

# **Divide County Weed Board**

### **APPLICATION FORM**

Crosby, ND 5	08730.					
(Last)		(First)		(Phone)		
(Address)		(City)		(State) (Zip)		
(Legal descri	ption Tow	vnship, Range, Sectio	on, Lot etc. Site of a	pplication)		
Expected da	te of app	lication:				
Product	Name	Cost Per Gallon	Container Size	# of Containers	Total Price	Target Weeds
RELEASE AN				1	1	
_		•			•	the owner or occupier of ve risks to desired plants,
						to control noxious weeds
and in recogn	ition of risl	ks which may be encou	untered, the undersig	ned agrees to the fo	llowing:	
empl from	oyees, and the unde	d agents from any and	all liability, damage, e, storage or applica	loss, cost or expense	, including attorney's	pective officials, officers, s fees, resulting or arising t of the Williams County
2. The their reaso dama from	undersigno respective onable atto age, destru , in whole	ed shall hold harmles e officials, officers, em orney's fees, damages, uction of property, or I	s, indemnify, and def aployees, and agents lawsuits, actions, or personal injury or de and/or Landowner's	from and against all judgments of any cha ath of any person or purchase, storage,	losses, claims, costs aracter or nature res persons, or other in use, or application o	y weed Board, and all of and expenses, including ulting or arising from any jury which result or arise f herbicides or any other Program.
By signing thi	s Applicati	ion Form, the undersig	gned agrees to the te	rms and conditions	in the Instructions a	nd the Application Form.
Applicant (Si	gnature)				(Date)	