

Madison County Weed District

Cost-Share Program



In the interest of assisting landowners, subdivisions, and cooperating landowner groups with the cost of applying herbicides to control noxious weeds, the Madison County Weed District is offering a cost-share program in which (50%) of the total bill up to \$1250.00 (**excluding, rental equipment, surfactants, and dyes**) will be shared by the Weed Board. The terms and conditions of this program are as follows. **(Please Read)**

1. The cost share program applies only to **Noxious Weeds**.
2. There is an upper payment limit of \$1250.00 per applicant/landowner.
3. The program covers 50% of the total bill **excluding** surfactants, dyes, and rental equipment.

Steps to Take

1. Complete application, **(YOU MUST INCLUDE LEGAL DESCRIPTION)** and return it to the Madison County Weed District, PO Box 278, Virginia City, MT 59755.
2. After purchasing and applying herbicide, send receipts and completed Claim Sheet (last sheet) to the same address. **REMEMBER TO FOLLOW THE LABELS**

Note: If misapplication of herbicide occurs, Cost Share funds will be denied. If a misapplication is deemed to be harmful to the environment or the surrounding area, the proper regulatory agency may be notified.

Things to consider if you plan to employ a Commercial Applicator:

1. What is the estimated cost per acre?
2. What herbicide and rates of herbicide will be used?
3. What are the targeted weeds?
4. Do they offer a follow-up treatment?
5. Schedule of herbicide application & billing schedule?
6. Do you want to be present during application?

These suggestions are made for your protection and your understanding of what is occurring on your property. If you have any questions call the Madison County Weed District office @ (406) 842-5595.

**NOTE: ALL COST SHARES MUST BE TURNED IN
NO LATER THEN DECEMBER 1ST FOR
REIMBURSEMENT!!**

MADISON COUNTY WEED BOARD/DISTRICT Cost-Share Program Release & Indemnity

Please completely fill out this application and return it to the Madison County
Weed District Office P.O. Box 278, Virginia City, MT 59755

Name of Landowner, Subdivision, or Group Representative:

(Last) (First) (Telephone)

(Address) (City) (State) (Zip)

(Legal description Township, Range, Section etc. for area of herbicide application)

Expected date of
application: _____

Herbicide(s) used: _____

Target weed(s): _____

Approximate size of area to be treated (sq. ft. OR acres): _____

RELEASE and INDEMNITY:

The undersigned (Applicant) acknowledges that they have a legal and moral duty as the owner or occupier of land to control noxious weeds. They also recognize that control measures sometimes involve risks to desirable plants, animals, and humans. In consideration of the benefit obtained by reducing the burden of their responsibility to control noxious weeds and in recognition of risks which may be encountered, the undersigned hereby releases, holds harmless and indemnifies and defends Madison County, its agents, and employees, from all loss, claims, costs and expenses, damages, lawsuits or judgments resulting from damage or destruction of property, personal injury or death of any person or persons which arise from Applicants conducting weed control activity in areas described in this Cost/Share Program Application including, but not limited to, costs of suit and reasonable attorney fees.

(Applicant) (Date)

(Weed Board Representative) (Date)

Project Description

Description of area(s) to be treated

Please include the use of the land such as pasture, subdivision lot, hayfield, lawn, subdivision parks, native grassland, etc. Please be specific on the location, and provide a rough sketch of the area in the box provided on the page. The sketch should include waterways, sensitive areas, roads, and neighboring land uses. If applicable, please list all of the cooperating applicants.

Sketch Area to be treated



Cost-Share Claim Sheet

(To be presented to Weed District Office with copies of receipt of herbicides purchased and contractor invoice, if one was hired.)



Date(s) of Treatment: _____

Was the weed control contracted or done by yourself? _____

Where was the herbicide purchased? _____

Section A: Herbicides used, and rate(s) per acre:

1.) _____ /acre

2.) _____ /acre

3.) _____ /acre

Approximate area sprayed in acres or sq. ft.- _____

Total purchase cost of the herbicide (registered herbicides only – no surfactants or dyes) \$ _____

Print Name (Last) _____ (First) _____ (Telephone #) _____

(Mailing Address) _____ (City) _____ (State) _____ (Zip) _____

Property Location (Township, Range, Section etc. for area of herbicide application) _____

Signature (Cost-Share Applicant) _____ **(Date)** _____

PLEASE ATTACH A COPY OF THE RECEIPT(S)/INVOICES TO THIS CLAIM.

For office use:

Herb: _____ *50%= _____

Labor _____ *50%= _____

Total: \$ _____

Approved _____ Date _____