



Ravalli County Weed District
329 Stevensville Airport Road* Stevensville, MT 59870. Phone: 777-5842 Fax: 777-0500

2016 County Landowner 50/50 Cost Share Grant Application

Due Date: (Spring Cycle) May 15th (Fall Cycle) July 30th
(if approved all receipts and reimbursement documentation will need to be turned in by (Spring Cycle) June 30th and by (fall cycle) November 30th

Also Available Electronically at http://ravalli.us/223/Weed-District

1.) APPLICANT INFORMATION

Applicant Name _____

Mailing Address _____

City/State/Zip _____ Telephone _____

Email _____

Contact Person/Address/Telephone - if different than applicant _____

2.) PROJECT LOCATION: Project property address – if different than mailing-

3.) REQUESTED BY: [] Individual

[] Landowner Group: please list individuals involved _____

[] Land Manager: please list organization _____

4.) PROJECT PURPOSE: Check all that apply

Weed Management Activities

Practice to be applied on

- [] Seed for Re-vegetation _____ Acres
[] Mowing _____ Acres
[] Biological Control _____ Acres
[] Herbicide _____ Acres
[] Other _____

- [] Private Land _____ Acres
[] Private Roadside _____ Acres
[] Common Area _____ Acres
[] Irrigation District _____ Acres
[] Other _____

5.) LOCATION AND USE:

Size of total property _____ Acres

Size of noxious weed treatment area _____ Acres

Create a map of your property: use the following tools:

http://maps.google.com, http://svc.mt.gov/msl/mtcadastral/

Include on the map: wells, streams, weed infestations by species, home site, etc. Attach map to application.

Current Land Use Practices: livestock, timber, aesthetic, etc.

6.) PRESENCE AND CONCENTRATION OF NOXIOUS WEEDS: Indicate on map

Weed Species	Infestation size (acres with weeds)	Concentration of weeds		
		High (>50%)	Medium (25-50%)	Low (<25%)

7.) NOXIOUS WEED TREATMENT PLAN: Attach additional pages if necessary

Weed Species	Treatment - herbicide, biocontrol, mow, or hand-pull	Herbicide name and rate - if applicable

8.) REVEGETATION PLAN

Species for seeding	Acres to seed	Rate of application: pounds per acre

9.) PROJECT BUDGET

Budget Items	Grant Funds Requested	Matching Contribution: must be equal to 50% of the total grant costs requested	T O T A L
Commercial Applicator:			
Herbicide Application Cost			
Herbicide Cost			
Seed Application Cost			
Seed Cost			

Commercial applicator information:

Business name _____

Name _____

License number _____ (required)

Phone Number _____

Budget Items	Grant Funds Requested	Matching Contribution: must be equal to 50% of the total grant costs requested	T O T A L
Self-Application:			
Herbicide Cost			
Seed Cost			
Herbicide Application Cost*			
Seed Application*			

Have you attended a class sponsored by the Weed District, Extension Service, or Montana Department of Agriculture specifically for application of herbicides in the last year? YES NO
If yes please attach proof of attendance.

* There are no cost share dollars available for self-application labor costs, the cost share is only for the products. Cost share dollars are available for products to be applied by a licensed and insured applicator, unless an approved class is attended by the applicant that has been sponsored by Weed District, Extension Service, or Department of Ag training specifically for application of herbicides.

Total Grant Request	Total Match	Total Project Cost

ALSO ATTACH:

- Map of Project Area
- Photograph of Project Area (show typical weed infestation and terrain)
- Proof of an approved class specifically for applications of herbicides

Your Application will NOT be considered without a map and photographs.

AUTHORIZING STATEMENT

I/We hereby declare that the information and all statements attached to this application are true, complete and accurate to the best of my/our knowledge.

Applicant(s) Signature _____

Sponsor Signature (if applicable) _____

DATE _____

If you have any questions please call the Weed District

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Phone: 777-5842
Fax: 777-0500

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