

**LOWER WEISER RIVER CWMA NEIGHBORHOOD COOPERATIVE  
2025 CWMA COST SHARE PROJECT  
INFORMATION/APPLICATION PACKET  
APPLICATIONS ARE DUE BY NOON SEPTEMBER 12, 2024**

**This packet includes the following:**

**PART 1: Introduction and Background**

**PART 2: Application Instructions and Guidelines**

**2A: Attention Project Coordinators, updates and reminders for the 2025 Application process are included on this page. Please read this over carefully.**

**PART 3: Landowner Information Worksheet**

**PART 4: Project Coordinators Summary Worksheet**

**PART 5: Cooperator's Acknowledgement of Participation Form**

**PART 6: Cooperative Landowner Signature Form**

**PART 7: Project Coordinator's Checklist**

**PART 8: Application Completeness Checklist**

**\*\*Project Coordinator's must use current forms applicable in the 2025 Neighborhood Project Application. If forms are not current your project will not be considered for CWMA funding.**

**\*\*Please see Part 2 &2A for changes to the 2025 application.**

**\*\*Application's must be completed each year to be considered by the Weed Board for assistance.**

For additional copies of any forms/worksheets listed above, please visit the Washington County Weed Department in Weiser.

## PART 1

# Introduction and Background

### PURPOSE

The purpose of this application process is to formalize a cooperative relationship among private landowners, land managers, state and federal agencies and other individuals or organizations interested in participating in a Neighborhood Cooperative Cost Share Project. The objective of organizing and implementing cost share projects is to work toward the prevention, eradication, control, and/or containment of invasive and noxious weeds in Washington County. The intention is that each project will be driven by a grassroots effort of all interested parties pooling their time, resources, and capabilities in order to protect natural and economic resources impacted by the spread of non-native invasive plants and noxious weeds. Involvement in a cost share project requires a genuine commitment from all parties to battle noxious weeds. A good cost share program will implement all the tools (chemical, biological, and mechanical controls) and will incorporate revegetation of desired species to establish competition against noxious weed species. A good program will also include strategies for weed control before and after the project date as well as a long-term plan for weed control for at least five years following project completion.

### WHY APPLY?

Successful applicants will be eligible for assistance with herbicide and will receive on the ground support from the Washington County Weed Department. Applicants will also benefit from the cooperation and in-kind contributions of other landowners and various agency personnel. **Cost Share monies are intended to aid the land owner/land manager in their weed control efforts only to the extent the goals and objectives of the neighborhood project are met. Noxious weed control is the responsibility of the land owner/land manager under Idaho Code.**

### HOW ARE APPLICATIONS EVALUATED?

**A completed application must be turned in annually.**

Applications will be evaluated and prioritized by a committee of CWMA members based on the following criteria:

- **Completeness of this application**
- **Cooperative nature of the project** (volunteers, equipment, and other in-kind contributions)
- **Variety and extent of integrated weed control methods used** (chemical, biological, mechanical, etc.)
- **Long-term sustainability of the project** (will weed control efforts continue after the project & for how long)
- **Extent to which the project supports the Lower Weiser River CWMA goals** to prevent, treat, inventory, monitor and increase public awareness about noxious weeds.

Project applications that demonstrate sound long-term plans for weed control for at least five years following project completion will score higher than applications that do not. Funding for all approved projects will be determined by the availability of cost share funds.

### PROJECT FUNDING POLICY

Approved projects are eligible for the following:

- Year 1-3 Eligible for 100% of herbicide expense on project day(s)
- Year 4-6 Eligible for 50% of herbicide expense on project day(s)
- Year 7- and future years landowner/manager responsible for 100% of herbicide expense

## PART 2

### **APPLICATION INSTRUCTIONS AND GUIDELINES**

#### **INSTRUCTIONS:**

Complete Neighborhood Project Applications will include the following:

- **ONE** “Landowner Information Worksheet” (Part 3) filled out for **EACH** cooperators who owns or manages land to be treated during the project. Landowner, please remember to initial the bottom of this page.
- Pages 1, 2 and 3 of the “Project Coordinators Summary Worksheet” (Part 4) completed by the Project Coordinator.
- **ONE** signed “Cooperator’s Acknowledgement of Participation” form (Part 5) for **EACH** cooperators who owns or manages land to be treated during the project.
- A completed “Cooperative Landowner Signature Form (Part 6) signed by **ALL** cooperators who own or manage land to be treated during the project.

#### **GUIDELINES:**

1. **NEW FOR 2025-Part 3, 5, and 6 are due to the Project Coordinator by September 5, 2024. This allows the coordinator time to complete the application.**
2. Applications must be submitted to the WA County Weed Department by 12:00 p.m., September 12, 2024.
3. Decisions for funding requests will be decided upon by December 2, 2024.
4. Funding for all approved projects will be determined by the availability of weed department cost share funds.
5. Washington County Weed Control Staff personnel will perform spot checks throughout the cooperative to ensure products and treatments are working. Field performance audits will be performed by the Weed Department. **On-site project evaluations will be performed on a random basis by the Washington County Weed Advisory Board and the Weed Superintendent.**
6. **For county records, Project Coordinators will be required to take before and after pictures of the project and provide them to the Weed Dept. This will assist with determining the effectiveness of the treatment. This will serve as a part of the scoring process.**
7. All cooperators who own or manage land to be treated during the project **MUST SIGN** a **Cooperator’s Acknowledgement of Participation** form. These signatures imply consent and give the Cooperative Weed Management Program permission to treat noxious weeds on each landowner’s property. The Project Coordinator is also **REQUIRED TO SIGN EACH** Cooperator Acknowledgement of Participation form.
8. All cooperators who own or manage land to be treated during the project **MUST SIGN** the **Cooperative Landowner(s) Signature** form. This form provides the Cooperative Weed Management Program with a complete list of all participating landowners and identifies whether or not lands to be treated include areas sensitive to chemical treatment.
9. Cooperators under the age of 18 **MUST** be accompanied by an adult in order to participate.

## PART 2A

### Attention Project Coordinators Updates and Reminders for 2025

PROJECT COORDINATORS PLEASE READ CAREFULLY-

**\*\*Project Staging Area must be determined when application is submitted.**

**\*\*If you do not have 75% of the cooperators participation listed on your application for your scheduled project you must notify the weed superintendent 48 hours in advance.**

#### ON-SITE PROJECT EVALUATIONS

**\*\*The Washington County Weed Advisory Board will select projects at random each growing season for an on-site evaluation. Project Coordinators are encouraged to participate. Evaluations will be reviewed and findings reported to the Weed Advisory Board. The board will then determine if the goals and objectives of the Lower Weiser River CWMA are being met.**

#### FOR NEW PROJECTS ONLY-

**THIS IS THE PROJECT COORDINATOR AND/OR LANDOWNER'S RESPONSIBILITY**

**\*\*New Projects mandatory photos with date and location of said photo. Please make sure these are taken of areas that are planned for treatment.**

**\*\*New Projects must have a project map defining project boundaries. All project maps will be created by the Washington County Weed Department. Please make an appointment with the Weed Department prior to the application due date.**

**\*\*IF YOU DO NOT HAVE 75% COOPERATOR PARTICIPATION FOR YOUR SCHEDULED PROJECT YOU MUST NOTIFY THE WEED SUPERINTENDENT 48 HOURS IN ADVANCE OF YOUR PROJECT.**

#### SPRAY DAY

**\*\*Please alert your cooperators that Washington County Weed will only mix herbicides in approved application equipment. No pre-mix containers, barrels or other paraphernalia will be accepted.**

**\*\*Please remember cooperators and equipment indicated on the project application are used to determine project priorities each year. It is vital to your project that equipment and volunteers show up on project day. In-kind contributions (such as equipment and volunteers) are heavily scrutinized. It's imperative that cooperators bring all equipment and volunteers that were pledged on the application form. A shortfall of in-kind could jeopardize current and future funding and neighborhood projects.**

**PART 3**  
**LANDOWNER INFORMATION WORKSHEET**

**WHO FILLS OUT THIS WORKSHEET?** Fill out this worksheet if you are a cooperator who owns or manages land to be treated during the project. Remember to initial that you have reviewed the Neighborhood Project Application Packet at the bottom of this page.

**LANDOWNER NAME:** \_\_\_\_\_ **PHONE NUMBER #** \_\_\_\_\_

**ACRES IN PROJECT AREA:** \_\_\_\_\_ **ESTIMATE OF ACRES TO BE TREATED:** \_\_\_\_\_

**WEEDS TARGETED ON YOUR PROPERTY:** \_\_\_\_\_

\_\_\_\_\_

**PLEASE LIST ANY HIGH PRIORITY "New Invader" weeds on your property that will be targeted:** \_\_\_\_\_

\_\_\_\_\_

**\*\*If cost share funding were to go away will you continue treating on your own? YES\_\_NO\_\_**  
**If your answer is no please provide an explanation on a separate piece of paper attached to Part 3.**  
Please tally below the contributions you will bring to the project.

- Cooperators: \_\_\_\_\_ (list total number of cooperators)
- lunches: \_\_\_\_\_ (if providing lunch for cooperators, list number of days you will do so)
- 4x4 truck sprayers: \_\_\_\_\_ (list how many)
- 4x4 truck without sprayer: \_\_\_\_\_ (list how many)
- ATV with sprayer: \_\_\_\_\_ (list how many)
- ATV without sprayer: \_\_\_\_\_ (list how many)
- tractor with sprayer: \_\_\_\_\_ (list how many)
- tractor without sprayer: \_\_\_\_\_ (list how many)
- UTV with sprayer: \_\_\_\_\_ (list how many)
- UTV without sprayer: \_\_\_\_\_ (list how many)
- backpack sprayer: \_\_\_\_\_ (list how many)
- mules: \_\_\_\_\_ (list how many)
- horses: \_\_\_\_\_ (list how many)
- nurse tank: \_\_\_\_\_ (list how many & size)
- trailers: \_\_\_\_\_ (list how many)
- GPS unit: \_\_\_\_\_ (list how many)
- digital camera: \_\_\_\_\_ (list how many)

*I have reviewed the Neighborhood Project Application Packet.* \_\_\_\_\_  
Landowner/Manager Initial Here (required)

**PART 4**

**PROJECT COORDINATORS SUMMARY WORKSHEET (Page 1 of 3)**

*WHO FILLS OUT THIS WORKSHEET?* Fill out this worksheet if you are a Project Coordinator.

**COOPERATIVE PROJECT NAME:** \_\_\_\_\_

**PROJECT COORDINATOR:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

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

**E-MAIL ADDRESS:** \_\_\_\_\_

**PROJECT DURATION (number of days):** \_\_\_\_\_

**PLEASE HELP US WITH SCHEDULING BY PROVIDING A PROJECT DATE OF YOUR CHOICE:** \_\_\_\_\_

(We cannot guarantee scheduling requests but this will assist us with this process.)

**TOTAL NUMBER OF ACRES IN PROJECT (include total acreage for all landowners):** \_\_\_\_\_

**ESTIMATE OF ACRES TO BE TREATED (include total acreage for all landowners):** \_\_\_\_\_

**NOXIOUS WEEDS TO BE TARGETED:** \_\_\_\_\_

**PLEASE LIST ANY HIGH PRIORITY "NEW INVADER" WEEDS THAT WILL BE TARGETED IN YOUR PROJECT AREA:** \_\_\_\_\_

**TOTAL NUMBER OF LANDOWNERS WHO'S PROPERTY WILL BE TREATED:** \_\_\_\_\_

**TOTAL NUMBER OF LANDOWNER'S WHO MARKED NO ON PART 3 "IF COST SHARE MONEY WERE TO GO AWAY WILL YOU CONTINUE TREATING ON YOUR OWN:** \_\_\_\_\_

**LIST THE NAMES OF ALL PARTICIPATING LANDOWNERS/AGENCIES BELOW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART 4 (CONTINUED)**

**PROJECT COORDINATORS SUMMARY WORKSHEET (Page 2 of 3)**

**COOPERATION AND IN-KIND CONTRIBUTIONS:**

Below, please **TALLY** the **TOTAL** in-kind contributions **from ALL** *Landowner Information Worksheets* (Part 3) **COMBINED**.

Provide the location of your staging area for project day: \_\_\_\_\_

Cooperators: \_\_\_\_\_ (list total number of cooperators including landowners, agencies, food preparers, etc.)

Lunch Provided: \_\_\_\_\_ (list number of days lunch will be provided for volunteers)

**EQUIPMENT:**

4x4 truck sprayers: \_\_\_\_\_ (list how many)

4x4 truck without sprayer: \_\_\_\_\_ (list how many)

tractor with sprayer: \_\_\_\_\_ (list how many)

tractor without sprayer: \_\_\_\_\_ (list how many)

ATV with sprayer: \_\_\_\_\_ (list how many)

ATV without sprayer: \_\_\_\_\_ (list how many)

UTV with sprayer: \_\_\_\_\_ (list how many)

UTV without sprayer: \_\_\_\_\_ (list how many)

backpack sprayer: \_\_\_\_\_ (list how many)

mules: \_\_\_\_\_ (list how many)

horses: \_\_\_\_\_ (list how many)

nurse tank: \_\_\_\_\_ (list how many & size)

trailers: \_\_\_\_\_ (list how many)

GPS unit: \_\_\_\_\_ (list how many)

digital camera: \_\_\_\_\_ (list how many)

Other: \_\_\_\_\_

**PART 4 (CONTINUED)**

**PROJECT COORDINATORS SUMMARY WORKSHEET (*Page 3 of 3*)**

Returning Project Coordinators-please read the following carefully, write a paragraph (you may attach an additional sheet if necessary) and complete as requested by the Weed Advisory Board. Be sure to include the requested information.

As “Project Coordinator” please describe cooperators participation in your 2024 Project. (If your project has not happened yet, please explain how the 2023 project went.) Did your cooperators provide the manpower and equipment they promised in the application? It is very important you do this portion. You are welcome to add other comments. Completion of this portion will reflect on your 2025 project.

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***PROJECT COORDINATOR SIGNATURE (REQUIRED):***

By signing below, the Project Coordinator certifies that the information provided in this application is true and complete to the best of his/her knowledge.

\_\_\_\_\_  
Project Coordinator Signature (required)

\_\_\_\_\_  
Date (required)



**PART 5**

**COOPERATOR’S ACKNOWLEDGEMENT OF PARTICIPATION**

I acknowledge and understand that as a landowner in the State of Idaho it is my duty and responsibility to control noxious weeds on my property as defined in Idaho Code Title 22, Chapter 22-2407, subsection (1). Therefore, I am a willing participant and cooperator in the Cooperative Weed Management Program of Washington County.

In order to help ensure that proper areas are sprayed for such weeds, I agree to be on site, or have a knowledgeable agent on site, to direct and aid Washington County employees as to those areas. I further agree to clearly mark any areas not to be sprayed.

I have seen and read the following portions of the Neighborhood Cost Share Application Packet:

- Cover page to the application packet
- Part 1: Introduction and Background
- Part 2: Application Instructions and Guidelines
- Part 3: Landowner Information Worksheet
- Part 5: Cooperator’s Acknowledgement of Participation Form
- Part 6: Cooperative Landowner(s) Signature Form
- Part 7: Project Coordinator’s Checklist

I further acknowledge that I am serving in a volunteer capacity for services to be rendered and I am not entitled to wages, pay or the usual benefits of employees of Washington County.

I have read the foregoing and understand that the terms of this agreement are contractually and legally binding and that no verbal statement to the contrary, by any person or entity, can void or alter the terms of this agreement.

This agreement pertains to 2025 project activities.

\_\_\_\_\_  
Cooperative Landowner Signature (required)

\_\_\_\_\_  
Date (required)

\_\_\_\_\_  
Project Coordinator Signature (required)

\_\_\_\_\_  
Date (required)

**PART 6**

**COOPERATIVE LANDOWNER SIGNATURE FORM**

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LANDOWNER  
NAME

\_\_\_\_\_

LANDOWNER  
ADDRESS

\_\_\_\_\_

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ACRES IN PROJECT  
AREA:

\_\_\_\_\_

ESTIMATE OF ACRES TO BE  
TREATED:

\_\_\_\_\_

SENSITIVE AREAS TO BE AVOIDED?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

LANDOWNER  
SIGNATURE:

\_\_\_\_\_

***This agreement pertains to 2025 project activities.***

PART 7  
**PROJECT COORDINATORS CHECKLIST**  
**NEIGHBORHOOD COOPERATIVE COSTSHARE PROJECT**

**\*\*IF YOU DO NOT HAVE ADEQUATE COOPERATOR PARTICIPATION (75%) YOU MUST NOTIFY THE WEED SUPERINTENDENT 48 HOURS PRIOR TO YOUR PROJECT.**

**PRIOR ARRANGEMENTS:**

***Project Coordinator's Responsibilities:***

- 7-10 days prior to the project date: Notify all cooperators of the project date, time, and place.
- Remind each cooperator of the resources they agreed to bring to the project.
- If meals are a part of your IN-KIND services, be sure to notify the cook of the number of people and approximate time to serve.
- Remind each cooperator they are responsible for their own Personal Protective Equipment (PPE) on project day. This includes a long sleeve shirt, protective eyewear, and chemical resistant gloves. These are gloves made of any waterproof material such as polyethylene or polyvinyl chloride.
- Land Owner's Responsibilities:
- As defined in Idaho Code Title 22, Chapter 24, 22-2407, subsection (1), "It shall be the duty and responsibility of all landowners to control noxious weeds on their land and property, in accordance with this chapter and with all the rules and regulations promulgated by the director."**
- 7-10 days prior to the project date: Scout the area to be treated with the Project Coordinator and mark boundaries and OFF LIMIT areas with surveyor's tape or spray paint. **With a DIFFERENT COLOR of tape or paint than that used for "boundaries" and "off limit" areas, mark satellite areas of target weeds so they don't get missed. "OFF LIMIT" areas are those areas sensitive to chemical treatment for whatever reason. It shall be the landowner's responsibility to identify and clearly mark these areas for project participants.**
- BEFORE, DURING and AFTER pictures are necessary for Year-End Reports and performance reviews. The scouting phase is the ideal time to take "BEFORE" pictures.**
- Each cooperator is responsible for providing their own Personal Protective Equipment (PPE) on project day. This is a requirement per the herbicide label.

**DAY OF PROJECT:**

***Project Coordinator and Landowners' Responsibilities:***

- During sign-in and inventory is a good time for PHOTOS of participants and preparation activities.
- All participants in the project including the landowner/agent will attend an orientation. The orientation will provide introductions for all participants, and all work assignments for the day will be given to the volunteers, identifying any sensitive area(s) within the boundaries of the project.
- If for some reason the landowner does not attend an orientation and act as an active participant in the project, all portions of that landowners' property will be excluded from that particular project until the landowner/agent arrives and is given the necessary orientation.** These neighborhood projects can and should be a pleasant social and educational experience for all. **WORK SAFELY AND HAVE FUN!**
- IMPORTANT:** The "landowner" or "agent" in charge of the project **MUST BE AT LEAST 18 YEARS OF AGE!**

## PART 8

# APPLICATION COMPLETENESS CHECKLIST

**REMEMBER: Completeness of this application is ESSENTIAL as it directly affects how the application is evaluated!**

In order for an application to be considered complete, all of the following items must be included. Before you turn in your application, use this form to ensure that you have included all the required information, addresses, signatures, maps, etc.

- ONE** *Landowner Information Worksheet* (Part 3) is completed and attached for **EACH** cooperator who owns or manages land to be treated during the project.
- Cooperative Project name, Project Coordinator's name, address, phone, and email address (if applicable), and Project Duration are all entered on page one of the *Project Coordinators Summary Worksheet* (Part 4).
- Total number of acres in project, estimated acres to be treated, and noxious weeds to be targeted all listed on page one of the *Project Coordinators Summary Worksheet* (Part 4).
- Total number of landowners and names of all participating landowners are all entered on page one of the *Project Coordinators Summary Worksheet* (Part 4).
- Total In-kind contributions from ALL *Landowner Information Worksheets* (Part 3) are tallied on page two of the *Project Coordinators Summary Worksheet* (Part 4).
- The Project Coordinator has signed and dated page three of the *Project Coordinators Summary Worksheet* (Part 4).
- ONE** *Cooperator's Acknowledgement of Participation* form (Part 5) is completed for **EACH** cooperator who owns or manages land to be treated during the project.
- ALL** *Cooperator's Acknowledgement of Participation* (Part 5) forms are signed and dated by both the cooperator and the Project Coordinator.
- ALL** cooperators who own or manage land to be treated during the project have signed the *Cooperative Landowner(s) Signature Form* (Part 6).