

Landowner's Assistance Program (LAP) In-Kind Worksheet

Township_____ Range_____ Section_____

Itemize Chemical and Labor Costs

Chemical Name	Quantity Applied	Applied Chemical Cost
		\$
		\$
		\$
Self-Application	Number of Hours	Number of Acres
	Hours	Acres
	Equipment Used/Mileage	
(Enter number o	of miles travelled or days equ	ipment was used)
days	Backpack Sprayer (\$8 daily	use plus \$30 per hour)
days	ATV Sprayer (\$112 daily us	e plus \$30 per hour)
days	Light Truck (\$240 daily use	plus \$30 per hour)
days	Heavy Truck (\$240 daily use	e plus \$30 per hour)
days	Self-Propelled Sprayer (\$24	0 daily use plus \$30 per
	hour)	

Complete and return before November 1st of application calendar year

I hereby certify the above information is an accurate account of work completed.

Landowner Name		Email	
Complete Address		Telephone	
City	State	Zip Code	

Mail to address in letterhead.

Landowner Verification Signature_____

Emmons County	Weed Board Use Only
In-Kind Total	\$
Total LAP Reimbursement	\$
In-Kind must meet 25% of chemical c	ost for full chemical cost reimbursement.
Lenard Vetter, President	Date

In-Kind Cost Share Checklist

In Kind Worksheet

- Worksheet must be filled out completely and signed.
- ASCS Map or similar map must be included. (Be sure you highlight areas that were sprayed.)

Copy of Paid Invoice

- Invoice must be for type of chemical used or from an applicator + chemical.
- Remember, we will not reimburse you for any application of Roundup or products that include Roundup. We also will not reimburse for bare ground control chemicals.
- Payments can only be made for control of State-prescribed Noxious Weeds.