

Noxious Weed Management Plan Request for Cost Share

The below listed summary of work performed with chemical purchased through the Prairie County Weed District cost-share program for **2019** (year). The chemical applied was according to label directions. The noxious weeds controlled will be monitored annually. Additional control measures will be applied in succeeding years for control of eradication if necessary. Access is granted the Prairie County Weed Board to check controlled areas.

Name (please print) _____ Mailing Address _____
 Applicator License # _____

This section must be filled out to receive cost share payment.

The following noxious weeds, estimated acres and location were controlled:

Noxious Weed(s)	Est. Acres	Legal Location

Chemical purchased and amounts:

Chemical: _____	Amount: _____	gallon(s) @ _____	per gallon	Cost: \$ _____	-
Chemical: _____	Amount: _____	gallon(s) @ _____	per gallon	Cost: \$ _____	-
Chemical: _____	Amount: _____	gallon(s) @ _____	per gallon	Cost: _____	
Total Chemical Cost				\$ _____	-

(Enclose receipts for chemical purchased through dealers other than the Weed District)

Cost of chemical eligible for cost-share _____

Cost-Share earned (60% of eligible chemical) _____

(Weed District pays 60%, landowner 40% of chemical cost)

Amount to be paid by the Prairie County Weed District _____

Maximum total cost-share is \$500 per year

Request Made: _____
 Date _____ Landowner/Operator Signature _____

Request Approved: _____
 Date _____ Prairie County Weed District _____

(All claims must be submitted on or before the 25th of each month or will not be allowed in that month's business)

Mail signed Cost Share Request to:

**Prairie County Weed District
PO Box 7
Terry, MT 59349-0007**

For Office Use Only	
Received _____	Submitted for payment _____