



2023 Noxious Weed Cost Share Program

The La Plata Weed Cost Share Program is a collaborative effort between La Plata County and the Colorado Department of Agriculture. The program intends to assist private landowners/managers with the cost of controlling targeted weeds on their property. The program targets those who own, manage, and/or operate taxable land in La Plata County. The cost share funds are to be used primarily for purchasing herbicide to treat weed-infested areas and for seed mixes used to re-vegetate treatment areas. If using a commercial applicator, one must show an itemized invoice with a separate line item showing the herbicide cost. **Applications must include before treatment and after treatment photos! If photos are not included, you may not get any rebate! Treatments of List A and isolated B weeds will be the 1st priority for rebates.**

To be eligible, the landowner must have a county issued Weed Management Plan (WMP) completed for that particular property within the past 5 years. If not, applicants must schedule and (ideally) participate in a site visit with Ben Bain, La Plata County Weed Control Manager. Call (970) 382-6470 or email ben.bain@co.laplata.co.us to arrange a visit. A plan is not needed if a Colorado licensed professional performs treatment.

The applicant will be considered for the Cost Share Program if the Weed Control Coordinator confirms the presence of the La Plata County targeted weeds or the presence of Colorado List A, B, or C weeds. **Additional funding is available for labor and materials for specific isolated populations of County List A weeds, however, pre-approval must be obtained from the County Weed Manager. Contact Ben Bain to apply for this specific program.** The following online resources may be helpful for determining noxious weed species listed in the program:

Colorado State A, B, and C weed list- tinyurl.com/wy9mmsc

County listed weeds- laplataweeds.org- Enforceable Weeds

A WMP is a written multi-year integrated noxious weed treatment plan that includes weed type, herbicide product, application rate and timing instructions. Applicants must agree to abide by the weed treatment plan recommendations and label directions. Deviations from the treatment plan are allowable only with prior approval of the County Weed Control Office. Weed treatment must be applied only to the lands described in the treatment plan and reimbursement is limited to 50% of the actual cost for materials purchased April 1st through Nov. 15th 2023. **If landowner hires outside help for pesticide application, payment must be made to a licensed applicator.**

The maximum reimbursement under the program is \$600 per private landowner, \$1,000 per homeowner association, and \$1,200 per Ditch Company. Weeds must be treated prior to applying for reimbursement. Any reimbursement over **\$500** is subject to pre- and post-treatment monitoring from the county's weed control staff.

Applications for reimbursement will be processed on a first-come first-served basis with list A and isolated list B treatments prioritized until all funds have been expended. Before and after photos are required this year. Even if your application is turned in early, those without photos may not be eligible. Request for reimbursement will require species treated, herbicide used, rate applied, acres treated, and the original purchase receipts for treatment materials. Contact the Weeds dept. if an amount of \$500 is expected. Applications for cost-share reimbursement must be received by November 15 2023.

Applicants will be disqualified for attempting to defraud the program in any manner, applying alternate herbicides or at rates other than those specifically identified in the Weed Management Plan or for using program materials on lands outside the program guidelines.

Please read and fill out entire application carefully and completely. Incomplete applications will not be processed and will be returned by mail, resulting in a denied or delayed reimbursement. Your reimbursement cost share check will be issued by La Plata County during the winter 2024. Submit application, release form, map of weed project, treatment photographs and original receipts to:

**La Plata County Weed Office
2500 Main Ave
Durango, CO 81301**

Do not include statements, credit card receipts or photocopies of checks in the application package. This program is available to all eligible applicants without discrimination. No endorsement of products is intended nor is criticism implied of products not mentioned.



laplataweeds.org



tinyurl.com/yx5ku5je

LPCD WEED COST SHARE APPLICATION

Fill out and return to: La Plata County Weed Office, 2500 Main Ave., Durango, CO 81301

Deadline NOV. 15 2023 INCOMPLETE APPLICATIONS WILL BE REJECTED!

Treated Parcel Road Address: _____ Total Acres in Parcel(s): _____

Landowner _____ Owner Phone _____

Land user _____ User Phone _____

Mail Address _____ City _____ State _____ Zip _____

Email _____ Direct Questions To: _____

Make Check Payable and Mail to _____

Are before and after photos included? Yes _____ No _____

Weeds eligible for cost---share: All Colorado and County List **A (bold)** and B species, including: **Perennial:** Canada thistle, **Cypress spurge, Dalmatian toadflax, Diffuse knapweed,** Leafy spurge, **Myrtle spurge,** Oxeye daisy, **Perennial pepperweed,** Russian knapweed, Russian olive, Spotted knapweed, **Sulfur cinquefoil,** Tamarisk, Water hemlock, Whorled milkweed, Whitetop, Yellow toadflax **Biennial: Absinth wormwood,** Biennial thistle, **Black henbane,** Houndstongue, mullein. **Annual:** Chamomile, cheatgrass. New invasive species may qualify if discovered.

Herbicide and weed control recommendations are available at the La Plata County Weed Control Office. For information contact 382-6470 or www.laplataweeds.org

Target Weed Example	Best Treatment Growth Stage or Approx. date	Land Use or Crop	Control Agent(s) (herbicides)	Label Rate Per Acre	Total Acres Treated	Actual Product Cost	X 50%	Cost Share Amount
Musk thistle (biennial)	Rosette to mid-bolting	Dryland grass pasture	Milestone	3 to 5oz. Per Acre	8A	96.00	X 50%	48.00
"	"	"	Spreader 90 (surfactant)	1Qt / 100 gal	"	22.00 /gal	X 50%	11.00
							X 50%	
							X 50%	
							X 50%	
							X 50%	
							X 50%	
							X 50%	
							X 50%	
Totals							X 50%	

OFFICIAL USE ONLY-DO NOT WRITE BELOW THIS LINE

Approved by _____ Date _____ Approved Y _____ N _____

Amount _____

1st Application _____ 2nd Application _____

RELEASE FORM FOR COST SHARE PROGRAM

ALL PARTICIPANTS WHO EITHER APPLY PESTICIDES OR OWN LAND UPON WHICH PESTICIDES ARE APPLIED UNDER THIS PROGRAM MUST SIGN THIS RELEASE.

1. The undersigned releases the, the Board of County Commissioners of the County of La Plata, Colorado State University-La Plata Cooperative Extension Department, the La Plata County Undesirable Plant and Rodent Commission, and all members thereof, either in their personal or official capacities from any liability whatsoever, resulting from injury to the undersigned, or any of the undersigned's property, either real or personal, resulting from the undersigned's participation in the Weed Control Program.
2. The undersigned is a volunteer who undertakes any activity at his/her own risk, assuming any responsibility for any loss or injury whatsoever suffered or incurred by the undersigned volunteer.
3. The undersigned volunteer is over 18 years of age and is aware that pesticides are a controlled and dangerous substance. Further, application of pesticides under any circumstances is a hazardous activity, even if performed by knowledgeable and certified applicators. The undersigned, aware of these factors, completely assumes the full risk and liability, which could result from his/her participation in the Weed Control Program, either as a volunteer applicator or as a landowner.
4. The volunteer acknowledges that there may be hazards or conditions not immediately apparent to the volunteer, or known by the program sponsors, which could present a hazard to the volunteer or any affected landowner.
5. The volunteer releases all of the parties specifically named in paragraph #1 above from any liability or loss or injury suffered by the volunteer resulting from all hazards or conditions, whether the hazards are apparent upon inspection or not apparent upon inspection. Further, volunteer agrees to fully defend and indemnify the parties specifically named in paragraph #1 above from any claim or lawsuit or loss from any third parties resulting from volunteer's participation in the Weed Control Program.
6. Volunteer hereby certifies that he/she will strictly adhere to label restrictions of herbicide(s) used. Volunteer landowner or applicator certifies that if restricted pesticides are used, they will be applied by a licensed, certified applicator.

Fill in all spaces below. All signatures are required.

Landowner's Signature

Applicator's Signature

Landowner's Printed Name

Applicator's Printed Name

Landowner Mailing Address

Applicator Mailing Address

City State ZIP

City State ZIP

Date_____

Date_____

EPA Card#_____

Expiration Date_____

Photos included?

Yes No