

**2009 SPRING COST-SHARE
APPLICATION FOR LEAFY SPURGE CONTROL**

NAME: _____ TELEPHONE: _____
 ADDRESS: _____ Email: _____
 SEND PAYMENT TO: _____ ADDRESS: _____

CHEMICAL USED	GALLONS/POUNDS	RATE/ACRE	APPLICATION HOURS
TORDON 22K/ OUTPOST 22K	_____	_____	NON-COMMERCIAL LABOR _____
2,4-D	_____	_____	TRUCK OR TRACTOR SPRAYER _____
BANVEL/STERLING	_____	_____	ATV SPRAYER HOURS _____
PLATEAU	_____	_____	COMMERCIAL RATE PAID _____
OVERDRIVE	_____	_____	DATES SPRAYED _____
BRASH/RANGESTAR	_____	_____	
MSO/NIS	_____	_____	

Effective treatments are: **4oz Plateau + 16oz Outpost (Tordon) + 32oz 2,4-D + 32oz MSO/A** This combination has averaged 83% control 1 yr after treatment.
8oz Outpost (Tordon) + 4oz Overdrive + 32oz MSO/A or 32oz NIS /100gal. This combination averaged 90% control 1 yr after treatment.

OutPost is a **100% substitute** for **Tordon** for less money. Calibrate and follow all label directions and requirements; over application may damage grass.

COST-SHARE PAYMENTS

Reimbursement is limited to **50%** of combined application and chemical costs up to **\$750.00**. This includes landowner contribution in labor and sprayer equipment use. **Maximum price/gal for chemical:** Tordon /OutPost 22K - \$80, 2,4-D - \$16 (all variations), Banvel/Sterling - \$85, Plateau - \$205/gal, Brash/RangeStar - \$35, MSO/NIS - \$25, Overdrive - \$34/lb.

Hourly rates for non-commercial application: **Labor - \$15/hr, Truck/Tractor Sprayer - \$15/hr, ATV - \$75/day (8 hour day).**

If cost-share requests exceed available funds, payments will be made in a fair and equitable manner at a less than 50% rate.

HOW TO APPLY FOR COST-SHARE

1. Fill out both sides of this application. On the back, list the township, range, section and quarter locations. Name the owner and operator. List how many acres of leafy spurge are in **C**-cropland, **NC** - non-cropland and **GVT**- government leased land (CRP, etc.)
2. Applicants are required to include an FSA map with leafy spurge infestations marked.
3. Applicants must be owners or operators of the land.
4. Send in current year receipts for chemicals purchased with application for cost-share.

I understand these documented cost-share expenses are for **leafy spurge control only** and not for any other purpose. Fraudulent use of this program may cancel my eligibility to enroll in future programs. Any improperly obtained funds must be returned immediately upon notice.

DATED: _____ SIGNATURE: _____
 (Applicant)

MAIL RECEIPTS, APPLICATION AND MAPS TO:
Postmark Deadline: July 15, 2009
 For more information call: 1-701-228-2555
 Website address: www.botcoweeds.homestead.com

BOTTINEAU COUNTY WEED CONTROL OFFICE
 COURTHOUSE
 314 5TH STREET WEST
 BOTTINEAU, ND 58318