

# LOWER WEISER RIVER CWMA NEIGHBORHOOD COOPERATIVE 2019 COST SHARE PROJECT INFORMATION/APPLICATION PACKET

This packet includes the following:

- COVER PAGE: GIVE ONE TO EACH COOPERATOR (1-page; 10 copies)**
- PART 1: Introduction and Background (1 page; 10 copies paper-clipped: one must be given to each cooperater)**
- PART 2: Application Instructions and Guidelines (1 page; 10 copies)**
  - 2A: Attention Project Coordinators, updates and reminders for the 2017 Application process are included on this page. Please read this over carefully. (1-page, 1-copy)**
- PART 3: Landowner Information Worksheet (1 page; 10 copies; paper-clipped)**
- PART 4: General Cooperator Information Worksheet (1 page; 5 copies; paper-clipped)**
- PART 5: Project Coordinators Summary Worksheet (2 pages, 1 copy)**
- PART 6: Cooperator's Acknowledgement of Participation Form (1 page; 10 copies; paper-clipped)**
- PART 7: Cooperative Landowner Signature Form (1 page; 10 copies)**
- PART 8: Project Coordinator's Checklist (1 page; 10 copies; one must be given to each cooperater)**
- PART 9: Application Completeness Checklist (1 page; 1 copy)**

**\*\*Project Coordinator's must use current forms applicable in the 2019 Neighborhood Project Application. If forms are not current your project will not be considered for CWMA funding.**

**\*\*Please see Part 2A and 5 for changes to the policies for 2019.**

**\*\*Project Coordinator's and Cooperator's: after carefully reading each page you must initial each page which directly relates to you.**

\*\*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 WA 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?

Federal and state tax dollars are being returned to the Idaho State Department of Agriculture (ISDA) to be administered as cost share monies for noxious weed control. For the past 17 years, Washington County has successfully acquired a portion of these cost share monies to assist county residents through Neighborhood Cooperative Cost Share Projects. Participants and observers alike have considered these cost share projects a success. It is our wish to provide opportunity for others to benefit from this program. 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?

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. Decisions for funding requests to be made to the Idaho State Department of Agriculture (ISDA) will be decided upon by December 1, 2018. Funding for all approved projects will be determined by the availability of ISDA 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** cooperator who owns or manages land to be treated during the project.
- **ONE** “General Cooperator Information Worksheet” (Part 4) filled out for **EACH** cooperator who will be helping, but does not own or manage land to be treated during the project.
- Pages 1 and 2 of the “Project Coordinators Summary Worksheet” (Part 5) completed by the Project Coordinator.
- A map of the project area delineating property ownership, sites to be treated, and any sites considered “sensitive” or “off limits” to chemical treatment.
- **ONE** signed “Cooperator’s Acknowledgement of Participation” form (Part 6) for **EACH** cooperator who owns or manages land to be treated during the project.
- A completed “Cooperative Landowner Signature Form (Part 7) signed by **ALL** cooperators who own or manage land to be treated during the project.
- Each page is initialed by either the Project Coordinator or cooperator.

### GUIDELINES:

1. Applications must be submitted to the WA County Weed Department by 12:00 p.m., September 13, 2018.
2. Decisions for funding requests to be made to the Idaho State Department of Agriculture (ISDA) will be decided upon by December 1, 2018.
3. Funding for all approved projects will be determined by the availability of ISDA cost share funds.
4. Washington County Weed Control Staff and ISDA personnel will perform spot checks throughout the cooperative to ensure products and treatments are working. Field performance audits will be performed by ISDA in conjunction with 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.**
5. **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 and help when applying for future cost share funds. This will serve as a part of the scoring process.**
6. 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.
7. 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.
8. Cooperators under the age of 18 **MUST** be accompanied by an adult in order to participate.

## PART 2A

### Attention Project Coordinators Updates and Changes for 2019

#### **PROJECT COORDINATORS PLEASE READ CAREFULLY-**

**\*\*If you do not have adequate cooperator participation 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 not required to be present but are welcome to attend. Evaluations will be reviewed and findings reported to the weed board after each visit. The board will then determine if the goals and objectives of the Lower Weiser River CWMA are being met.**

#### **NEW PROJECTS: MAPPING**

**\*\*Washington County Weed Control will be providing all project area maps to NEW Project Coordinators. You will be required to phone ahead and make an appointment to come to the weed office and assist with boundaries and your overall project area. You will be given the map of your project area so that you may return to your cooperators; have cooperators indicate areas and species needing treatment.**

**You will then turn in your completed map with your 2019 Neighborhood Project Application.**

**Please remember once project boundaries have been determined they cannot be altered for any reason. If it is determined that areas outside the project area require treatment a new Neighborhood Project is encouraged to form.**

#### **PROJECT COORDINATOR AND/OR LANDOWNER'S RESPONSIBILITY**

**\*\*Before, during and after pictures are necessary for Year-End Reports, performance reviews and to assist the Sifting Committee with the scoring process. Other documentation which may help show your project is demonstrating progress include chemical bills, labor and equipment hours as well as additional product (herbicide) used either before or after your project. If this is turned in you will also receive additional in-kind credit toward your project from this work.**

**\*\*If grazing is indicated as a control measure on Part 3 Landowner Information Worksheet photographs will be required of said grazing treatments.**

#### **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 leverage ISDA Cost Share dollars 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 cost share 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. If you are cooperator who will be helping, but do not own or manage land to be treated during the project, fill out Part 4: *General Cooperator Information Worksheet*. If you are the Project Coordinator, fill out Part 5: *Project Coordinator's Summary Worksheet*.

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" type 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.**

**COOPERATION AND IN-KIND CONTRIBUTIONS:**

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)

cash contribution: \_\_\_\_\_

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)

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

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

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

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

**\*\*What are you planning to contribute to this project that you are paying for (i.e. \$40 per acre helicopter fee for spraying). Please use your best judgment to estimate this amount. Specify what it is going to be used for.** \_\_\_\_\_

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

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

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

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

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

**WEED TREATMENT HISTORY:**

**Instructions:** Please use the boxes below to summarize the past present and future weed treatment plans for each of the proposed project properties. Treatment types include: **chemical** (herbicide applications); **biological** (use of living organisms such as insects, fungus, etc.); **mechanical** (hand-pulling, mowing, tilling, burning etc.); **mapping** (use of maps, GPS, or other tools to inventory locations of weed populations/treatments). Please include additional comments on a separate piece of paper attached to Part 3.

TREATMENT TYPE	PAST TREATMENT		2019 PROJECT TREATMENT	FUTURE PLANS
	check the box (below) next to each treatment type used on your property in the past	for each "past treatment" box checked, enter the year(s) treatments were made	check the box (below) next to each treatment type you plan to use during the proposed 2019 project	check the box (below) next to each treatment type you plan to use after the proposed 2019 project
Chemical				
Biological (insects/bugs)				
Mechanical				
Mapping				

## PART 4

# GENERAL COOPERATOR INFORMATION WORKSHEET

**WHO FILLS OUT THIS WORKSHEET?** Fill out this worksheet if you are a cooperator who will be helping, but do not own or manage land to be treated during the project. If you are a cooperator who owns or manages land to be treated during the project, fill out Part 3: *Landowner Information Worksheet*. If you are the Project Coordinator, fill out Part 5: *Project Coordinator's Summary Worksheet*.

**COOPERATOR NAME:** \_\_\_\_\_

**AGENCY/AFFILIATION:** \_\_\_\_\_

### COOPERATION AND IN-KIND CONTRIBUTIONS:

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)

cash contribution: \_\_\_\_\_

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)

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

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

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

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

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

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

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

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

\_\_\_\_\_

**PART 5**

**PROJECT COORDINATORS SUMMARY WORKSHEET (Page 1 of 2)**

*WHO FILLS OUT THIS WORKSHEET?* Fill out this worksheet if you are a Project Coordinator. If you are a cooperator who owns or manages land to be treated during the project, fill out Part 3: *Landowner Information Worksheet*. If you are a cooperator who will be helping, but do not own or manage land to be treated during the project, fill out Part 4: *General Cooperator Information Worksheet*.

**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 5 (CONTINUED)**

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

**COOPERATION AND IN-KIND CONTRIBUTIONS:**

Below, please **TALLY** the **TOTAL** in-kind contributions from **ALL** *Landowner Information Worksheets* (Part 3) and **ALL** *General Cooperator Information Worksheets* (Part 4) **COMBINED**.

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

GPS unit: \_\_\_\_\_ (list how many)  
digital camera: \_\_\_\_\_ (list how many)  
trailers: \_\_\_\_\_ (list how many)  
nurse tank: \_\_\_\_\_ (list how many)  
UTV with sprayer: \_\_\_\_\_ (list how many)  
UTV without sprayer: \_\_\_\_\_ (list how many)

**OTHER:**

cash contributions: \_\_\_\_\_ (list total dollar amount)  
chemical provided: \_\_\_\_\_ (list total dollar amount)

(Please provide types and quantities of other in-kind contributions not covered above, these will include those listed in Part 3 that you will be paying for (an example is \$40 per acre for helicopter spraying). Please list what these contributions are for.

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

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**PART 6**

**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 6: Cooperator's Acknowledgement of Participation Form
- Part 7: Cooperative Landowner(s) Signature Form
- Part 8: 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 2019 project activities.

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

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

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

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

**PART 7**

**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 2019 project activities.***

## PART 8

# PROJECT COORDINATORS CHECKLIST NEIGHBORHOOD COOPERATIVE COSTSHARE PROJECT

**\*\*NEW FOR 2019**

**\*\*IF YOU DO NOT HAVE ADEQUATE COOPERATOR PARTICIPATION 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.
- Notify Washington County Weed to confirm what resources will be provided and by whom. (e.g. chemicals, spray rigs, water for spraying, drinking water, cameras, number of volunteers for lunch, etc.)
- 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.
- If possible, please provide handheld maps of the project area. They are very useful for directing crews to target areas and for keeping track of treated and untreated sites.

#### **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.**

### **DAY OF PROJECT:**

#### **Project Coordinator and Land Owners' 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!**

#### **Washington County Weed Control's Responsibilities:**

- Must have the signatures of all participating landowners involved in the Neighborhood Project on the application form for them to be involved in the project. **This signature implies consent and gives the cooperative weed management program permission to treat noxious weeds on the landowner's property.**
- Have a sign-in sheet for all participants, inventory all equipment and services they bring to the project and inventory all weed species located, treated and or mapped. This is very important for proper credit to be given for all IN-KIND services. The aforementioned items are necessary for reporting purposes, Year-End Report documentation etc.

## PART 9

# 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.
- ONE** *General Cooperator Information Worksheet* (Part 4) is completed and attached for **EACH** cooperator who will be helping, but does not own or manage 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 5).
- 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 5).
- Total number of landowners and names of all participating landowners are all entered on page one of the *Project Coordinators Summary Worksheet* (Part 5).
- Total In-kind contributions from **ALL** *Landowner Information Worksheets* (Part 3) and **ALL** *General Cooperator Information Worksheets* (Part 4) are tallied on page two of the *Project Coordinators Summary Worksheet* (Part 5).
- The Project Coordinator has signed and dated page two of the *Project Coordinators Summary Worksheet* (Part 5).
- ONE** *Cooperator's Acknowledgement of Participation* form (Part 6) is completed for **EACH** cooperator who owns or manages land to be treated during the project.
- ALL** *Cooperator's Acknowledgement of Participation* (Part 6) 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 7).
- Project Coordinator and cooperators have initialed all pages in the application which pertain to them.
- A map of the project area, delineating property ownership, sites to be treated, and any sites considered "sensitive" or "off limits" to chemical treatment, is included with the application.