

2026 FALL COST-SHARE APPLICATION FOR LEAFY SPURGE CONTROL

NAME: _____ TELEPHONE: _____

ADDRESS: _____ EMAIL: _____

SEND PAYMENT TO: _____ ADDRESS: _____

CHEMICAL USED GALLONS/POUNDS RATE/ACRE NON-COMMERCIAL LABOR/EQUIPMENT HOURS
(EQUIPMENT CAPACITY DOES NOT AFFECT THE RATE/HOUR)

TORDON 22K _____ _____ LABOR \$30 X _____ HOURS=\$ _____

2,4-D _____ _____ TRUCK/TRACTOR \$25X _____ HOURS=\$ _____

BANVEL/STERLING _____ _____ ATV/UATV \$10X _____ HOURS=\$ _____

PLATEAU _____ _____ DATES SPRAYED : _____

BRASH/RANGE STAR _____ _____ **COMMERCIAL APPLICATIONS REQUIRE RECEIPT WITH
OPERATORS COMMERCIAL CERTIFICATION NUMBER**

MSO/NIS _____ _____ \$ _____ X _____ ACRES=\$ _____

\$ _____ X _____ HOURS=\$ _____

COST-SHARE PAYMENTS

THE LANDOWNER ASSISTANCE PROGRAM OFFERS REIMBURSEMENT UP TO **80%** OF DOCUMENTED EXPENSES AT ANNUAL LIMITS. THIS YEAR APPLICANTS MAY CLAIM UP TO **\$3400 (80% OF \$4250 EXPENSES)**. PARTICIPATION IN THE SPRING AND FALL PROGRAMS IS NECESSARY TO CLAIM THE MAXIMUM ANNUAL REIMBURSEMENT. IF ENROLLED FOR ONLY ONE SEASON THE EXPENSE LIMIT IS **(2125)**. When enrolled in both seasons, spring expenses over **\$2125** MAY BE TRANSFERRED TO THE FALL SEASON IF NEEDED TO REACH THE FALL LIMIT **(\$2125)**. MAXIMUM ANNUAL REIMBURSEMENT FOR SPRING AND FALL PROGRAMS COMBINED WOULD BE **80% OF (\$2125 + \$2125) = \$3400**.

LANDOWNERS/OPERATOR LABOR AND APPLICATION EQUIPMENT HOURS MAY BE INCLUDED AT RATES ABOVE. LABOR HOURS INCLUDE ONLY THE HOURS THE EQUIPMENT WAS USED TO SPRAY THE WEEDS. COMMERCIAL APPLICATION EXPENSES MAY BE ADDED AT THE RATE DOCUMENTED ON THE RECEIPT. THE RECEIPT MUST HAVE THE CURRENT CERTIFICATION NUMBER OF THE APPLICATOR TO QUALIFY AS A COMMERCIAL LABOR EXPENSE.

NOTE: LIMITED FUNDS REMAIN FOR THE FALL PROGRAM. IF PARTICIPATION EXCEEDS BUDGET LIMITS REIMBURSEMENTS COULD BE REDUCED. ANY ADJUSTMENTS WILL BE MADE IN A FAIR AND EQUITABLE MANNER.

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 NC-NON-CROPLAND AND GVT-GOVERNMENT LEASED LAND (CRP, ETC).
2. APPLICANTS MUST BE OWNERS OR OPERATORS OF THE LAND.
3. SEND IN CURRENT YEAR RECEIPTS FOR HERBICIDES PURCHASED AND ANY FSA OR SIMILAR MAP WITH LEAFY SPURGE INFESTATIONS MARKED.

I UNDERSTAND 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: _____

MAIL RECEIPTS, APPLICATION AND MAPS TO:

POSTMARK DEADLINE: **OCTOBER 31, 2026**

OFFICE: 228-2555 CELL: 263-1047

WEB SITE: bottineauco.com/weeds

BOTTINEAU COUNTY WEED CONTROL OFFICE

COURTHOUSE, 314 5TH STREET WEST SUITE 6

BOTTINEAU, NORTH DAKOTA 58318