

Channeled Scablands Cooperative Weed Management Area

Application for Weed Management Assistance Program

Application Date:

Applicant Contact Information :

Name:

Street Address or PO Box

City, State, Zip code:

Phone:

Email:

Best method to make contact:

Property location description (address, legal description, tax parcel, or nearest road intersection, etc) :

Do you need assistance filling out this application? Y N

Weed species of concern and size of area infested:

Provide a brief description of proposed treatments (chemical, biological, mechanical) Please attach map identifying proposed treatment areas:

Estimate of funds requested:

Chemicals \$ _____

Bio-Control \$ _____

Seed \$ _____

Equipment \$ _____

Proposed match (labor credited at \$20.00/hour):

Labor \$ _____

Chemicals \$ _____

Bio-Control \$ _____

Equipment \$ _____

Send Application to:

Spokane County Weed Board
c/o Dave Mundt, Coordinator
222North Havana, Room 112
Spokane, WA 99202

or

Lincoln County Weed Board
c/o Kevin Hupp, Coordinator
P.O. BOX 241
Davenport, WA 99122

Application Deadline: Ongoing until grant funds are spent

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Weed Management Plan

Property/Landowner Name: _____

County: _____

Legal description of treatment area(s) (please attach map):

T _____ R _____ Sec(s) _____

Current land use _____

Weed species needing control and size of area infested

Proposed treatment (s) (type including application method, rate, and timing)

Treatment type

Rate

Timing

Treatment type	Rate	Timing
_____	_____	_____
_____	_____	_____
_____	_____	_____

Revegetation plan(s) (species to be seeded, methods and season)

_____ Date _____

Landowner Signature

_____ Date _____

CWMA Representative Signature

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2018

