

**Garfield County Vegetation Management  
Bookcliff, Mount Sopris & South Side Conservation Districts  
2020 Noxious Weed Cost Share Program**



- On site visit required by Garfield County Vegetation Management (970) 945-1377 (ext. 4305 or 4315) or the Conservation District (970) 404-3438 *before* application is accepted.
- Cost share funds will be limited to \$125 an acre (\$250 total cost), **maximum of \$1000 per landowner under 160 acres, \$1250 for landowners between 160 and 320 acres, and \$1,500 for landowners 320+ acres.** Reimbursements may be up to 50% of costs if using a contractor or up to 75% of material costs for do-it-yourselfers. Reimbursement funds are limited, therefore ineffective materials, incorrect rates, less than optimum treatment timing, and off label treatments will not be cost shared. Reimbursements are only considered for materials and services purchased in this calendar year. A 1099 will be issued to all payments over \$600.
- Tamarisk and/or Russian olive treatment reimbursable up to 50% with professional tree service or 75% for DIY, up to \$1,000 back per property. Site visit by Garfield County or Conservation District and professional tree service estimate required prior to beginning tree work to approve site for program participation.
- If you are a new participant, you **MUST** complete and turn in the attached W9, including Social Security number, for reimbursements over \$600.
- We **MUST** have acres and weeds treated. Only Colorado State Department of Agriculture approved treatments will be reimbursed. For more information go to: <https://www.colorado.gov/pacific/agconservation/noxious-weed-species>; scroll down to find your weed and click on the name; click on your weed's "fact sheet" link; you will find treatment options on second page OR give us a call and we can mail you the fact sheets @ 970-945-1377 x 4305 or 4315.
- Paid receipt *or* canceled check required before reimbursement is made. As always, invoice with chemicals used and application rate required. Paid commercial applicators invoice **MUST** have commercial applicators license number on the bill.
- All applications are subject to review by the Noxious Weed Cost Share Review Committee which consists of representatives of Bookcliff, Mount Sopris & South Side Conservation Districts and the Garfield County Weed Advisory Board.

**Please note deadlines on following pages.**

**PLEASE MAKE SURE APPLICATION IS FILLED OUT IN ITS ENTIRETY. AN INVOICE IS NOT AN APPLICATION.**

I hereby certify that I have read and agree to the above conditions: Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**CALL THE DISTRICT OFFICE AT 404-3450 IF YOU NEED ASSISTANCE IN COMPLETING THE APPLICATION.**

**\*\*New in 2020\*\*** – All State of Colorado listed noxious weeds (A, B, C and Watch List) are now eligible for reimbursement through the Garfield County & Conservation Districts cost-share program. **Species on the Garfield County Weed List will be given priority for reimbursement.**

<b>Garfield County Weed List:</b>			
Absinth wormwood	Black henbane	Bouncingbet	Bull thistle
Canada thistle	Chicory	Chinese clematis	Common burdock
Common tansy	Common teasel	Corn chamomile	Curly dock
Cutleaf teasel	Cypress spurge	Dalmatian toadflax	Dame's rocket
Diffuse knapweed	Hoary cress	Houndstongue	Jointed goatgrass
Leafy spurge	Mayweed chamomile	Meadow knapweed	Mediterranean sage
Musk thistle	Myrtle spurge	Oxeye daisy	Perennial pepperweed
Plumeless thistle	Poison hemlock	Purple loosestrife	Russian knapweed
Russian olive	Salt cedar/tamarisk	Scentless chamomile	Scotch thistle
Spotted knapweed	Sulfur cinquefoil	Yellow starthistle	Yellow toadflax
<b>Other State of Colorado List-A species eligible for reimbursement:</b>			
African rue	Bohemian knotweed	Camelthorn	Common crupina
Dyer's woad	Elongated mustard	Flowering rush	Giant knotweed
Giant reed	Hairy willow-herb	Hydrilla	Japanese knotweed
Medusahead	Orange hawkweed	Parrotfeather	Rush skeletonweed
Squarrose knapweed	Tansy ragwort		
<b>Other State of Colorado List-B species eligible for reimbursement:</b>			
Eurasian watermilfoil	Moth mullein	Wild caraway	Yellow nutsedge
<b>Other State of Colorado List-C species eligible for reimbursement:</b>			
Bulbous bluegrass	Common mullein	Common St. John's-wort	Cheatgrass/downy brome *
Field bindweed	Halogeton	Johnsongrass	Perennial sowthistle
Poison hemlock	Puncturevine	Quackgrass	Redstem filaree
Velvetleaf	Wild proso millet		
<b>State of Colorado Watch-List species eligible for reimbursement:</b>			
Asian mustard	Baby's breath	Bathurst burr/spiny cocklebur	Brazilian egeria/Brazilian elodea
Caucasian bluestem	Common bugloss	Common reed	Garden loosestrife
Garlic mustard	Himalayan blackberry	Hoary alyssum	Japanese blood grass/cogongrass
Meadow hawkweed	Onionweed	Purple pampas grass	Scotch broom
Sericea lespedeza	Siberian elm	Swainsonpea	Syrian beancaper
Tree of Heaven	Water hyacinth	White bryony	Woolly distaff
Yellow flag iris	Yellow bluestem	Ventenata grass	

\*Garfield County Vegetation Management and the Bookcliff, Mt. Sopris and South Side Conservation Districts encourage the treatment of cheatgrass (downy brome) to aid in creating defensible space and fire fuel remediation

**2020 Garfield County / Conservation Districts' Noxious Weed Cost Share Application**  
*For anyone owning or operating taxable land in Garfield County.*

**Please read and fill out entire application. Incomplete or late applications will not be processed. YOUR INVOICE IS NOT AN APPLICATION. No exceptions.**

Return to: Conservation District-Att: Noxious Weed Cost Share Program  
**258 Center Dr**  
Glenwood Springs, CO 81601  
Sharie Prow  
970-404-3450 Email: [garpitcd@gmail.com](mailto:garpitcd@gmail.com)

Application deadlines are July 10, 2020 (spring treatment) and November 6, 2020 (fall). Receipts must be turned in by due date.

Land location (legal description to nearest 1/4 of 1/4 section): \_\_\_\_\_

Landowner: \_\_\_\_\_  
Mail address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_

Landuser: \_\_\_\_\_  
Mail address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

**NEW PARTICIPANTS:** Please include Social Security Number on completed W9 Form (attached) – required for reimbursements over \$600

Send Correspondence to: \_\_\_\_\_

Direct questions to: \_\_\_\_\_

**MUST BE SIGNED BY LAND OWNER**  
**Release and Indemnity Agreement for Weed Cost Share Program**

**All participating land owners in the Garfield County / Conservation Districts' Weed Cost Share Program must sign this release.**

1. The undersigned wishes to participate in the Weed Cost Share Program, as described in the Weed Management Plan attached to this Application, for the purpose of controlling the weeds specified on the project area map included in the Weed Management Plan and for the protection of property throughout Garfield County.
2. The undersigned is a volunteer Weed Cost Share Program participant, is over 18 years of age, and owns the land to which the Weed Management Plan will be applied.
3. The undersigned acknowledges that control of weeds through the use of herbicides and mechanical and other methods can be dangerous or hazardous activities. The undersigned also acknowledges that there may be hazards not immediately apparent in the use herbicide, mechanical and other methods of weed control. The undersigned, therefore, certifies that he/she will strictly adhere to herbicide label restrictions if he/she applies an herbicide, rather than obtaining application services, and will exercise caution in the use of all other methods of weed control.
4. The undersigned, aware of these factors, undertakes activities in the Weed Cost Share Program at his/her own risk and releases the Board of Commissioners of Garfield County, the Garfield County Vegetation Management Department, the Garfield County Weed Advisory Board, the Natural Resources Conservation Service, Bookcliff, South Side, and Mount Sopris Conservation Districts, their employees and agents and all members thereof, in their personal and official capacities, from any liability whatsoever resulting from any injury to the undersigned or the undersigned's real and personal property due to or related to the undersigned's participation in the Weed Cost Share Program. This release applies whether dangers or hazards are, or are not, apparent to the undersigned.
5. Further, the undersigned agrees to fully defend and indemnify the entities and individuals, named in Paragraph 4, from any claim or lawsuit or loss by any third party (ies) resulting from the undersigned's participation in the Weed Cost Share Program, including application of herbicides to the undersigned's land.
6. Nothing in this Release and Indemnity Agreement shall be construed as or is intended to be a waiver of governmental immunity under Colorado law.

Signature of Landowner: \_\_\_\_\_ Date \_\_\_\_\_

## Weed Management Plan

Land Owner/ Manager Name: \_\_\_\_\_ Address \_\_\_\_\_  
*Pre-application on site visit by Garfield County Vegetation Management (945-1377 x 4305) **MUST** be verified by signature below before application is accepted and at least two weeks prior to weed treatment. Make an appointment early!*

Signature of Garfield Co. Vegetation Mgt. or Conservation District employee \_\_\_\_\_ Date \_\_\_\_\_

1. Targeted weed \_\_\_\_\_
2. Total acres \_\_\_\_\_ Current amount of infested acres \_\_\_\_\_
3. Describe the areas you plan to treat:
4. Attach detailed map of project area showing location of weed infestations. Include: species labels, stand densities, north arrow, any ditches, roads, fences, buildings, etc; and any other important information (see attached sample map). Free mapping is provided by the Conservation Districts (Call 970-404-3438 to schedule an appointment)
5. The Districts must know when you are treating noxious weeds in order to budget this year's funding.
  - Spring Deadline July 10, 2020
  - Fall Deadline November 6, 2020
  - Spring and Fall Deadline November 6, 2020– IF you are treating noxious weeds in the spring and fall and would like reimbursement for both treatments this box must be checked.
6. What methods of treatment will you use?
  - a. Herbicides. List product name and rate and timing of application.
  - b. Grazing. Describe grazing plan and timing.
  - c. Mechanical. Describe method. (mowing, cutting, pulling)
  - d. Alternative methods.
  - e. Revegetation. What and when you plan to reseed.
7. Name of professional weed control/tree service company: \_\_\_\_\_
8. Amount spent \_\_\_\_\_ Amount requested \_\_\_\_\_

**It is your responsibility to fill out 1-8, not your professional applicator. YOUR INVOICE IS NOT AN APPLICATION.**

**Please read each bullet and initial:**

- \_\_\_\_\_ I understand that reimbursements are limited to \$125/acre treated with the following caps: \$1,000 maximum for landowners with less than 160 acres; \$1,250 maximum for 160-320 acres; and \$1,500 maximum for greater than 320 acres
  - Ex: 10 treated acres x \$125/acre = \$1,250, but cap is \$1,000 for <160 acres treated so ONLY UP TO \$1,000 of total cost will be reimbursed
  - Tamarisk/Russian olive treatment reimbursable up to 50% if using professional tree service or 75% DIY, up to \$1,000 back per property; NOT determined by acreage
- \_\_\_\_\_ I understand that I am eligible for up to a 50% reimbursement for treatments made by hired contractors, and up to 75% for DIY treatments. I have attached copies of all relative invoices and receipts for each application or purchase made
- \_\_\_\_\_ I understand that my application must include total property acres as well as acres treated, and a detailed map attached showing the project area, location of weed infestations with species labels and stand densities, and any other important information including North arrow, ditches, roads, fences, buildings, etc. (see attached sample map for example)
- \_\_\_\_\_ I understand that the Conservation Districts will map my property free-of-charge and this map can be included with my application (to schedule apt call 970-404-3438)
- \_\_\_\_\_ I understand that it is my duty as the land owner or land manager to properly fill out and sign this application, and make sure it is turned in on or before the due dates mentioned in #4 above - NOT the responsibility of my hired contractor

Land owner/manager signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Bookcliff, Mount Sopris & South Side Conservation Districts**  
**Garfield County Vegetation Management**  
258 Center Dr., Glenwood Springs, CO 81601  
970-404-3450

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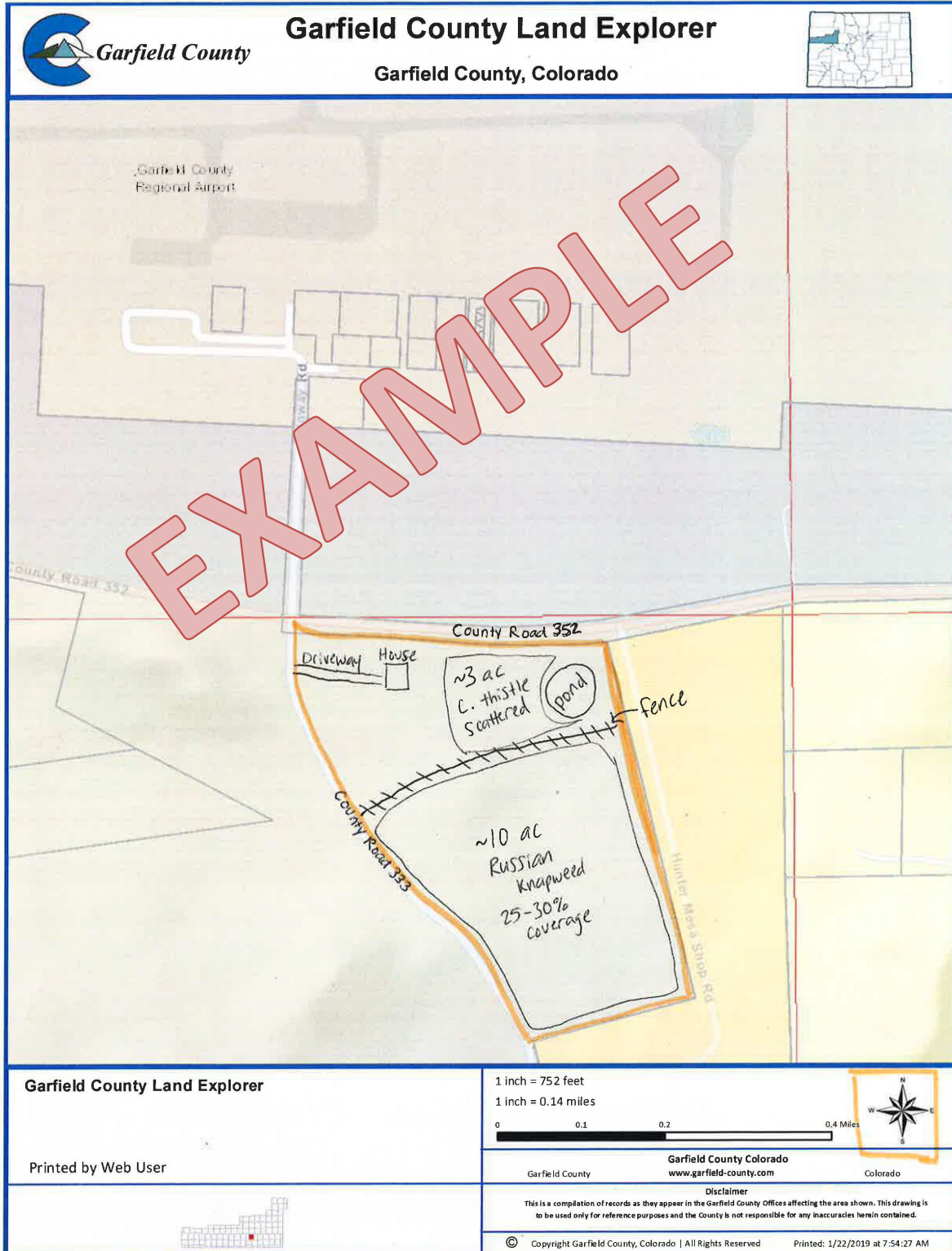
**Noxious Weed Cost Share Policy**

1. Will cost share up to \$125 per acre (\$250 total cost), maximum of \$1000 per landowner under 160 acres, \$1,250 for landowners between 160 and 320 acres, and \$1,500 for landowners 320+ acres. Must supply W9 and Social Security number or Tax ID number for reimbursement over \$600, will receive 1099 in January of next year.
2. Tamarisk and/or Russian olive treatment reimbursable up to 50% with professional tree service or 75% if DIY, up to \$1,000 per property. Site visit by Garfield County or Conservation District and professional tree service estimate required **prior to tree work** to approve site for program participation.
3. Provide separate map for each property showing weed species and location. Map must show physical address and north arrow. If you are submitting an application for an area treated in previous years, you must re-submit another map with your new application.
4. Separate receipt and bills must be provided for each application. Duplicate receipts on another application will result in disapproval of both applications.
5. Professional or paid applicators must provide state pesticide applicators license number. Payment will not be made without documentation.
6. Homeowners Associations (HOA's) may only submit applications for common areas within a subdivision (for example: open spaces, roadsides, or utility easements). Applications for individual lot owners within a subdivision must be submitted and signed by the property owner of record.
7. Application must be easily understood, neat and concise. Weed spray work must not be mixed with other lawn care, landscaping activities.
8. State the preliminary amount you expect cost share on.
9. Cost share only on the weeds listed on the application.
10. Treatment shall be proven science based. When chemicals or soil amendments application are used, rates must meet EPA label requirements. Only approved treatment methods by Colorado Department of Agriculture will be cost shared.
11. Separate property, same ownership will require separate tax id number if two applications are received.
12. Seeding will be reviewed on a case by case basis. Seeding must be a best management practice to control or prevent weeds, not as production of hay, pasture or rangeland.
13. Equipment can be reimbursed on a case by case basis, with the maximum remaining at \$1000 per landowner. Such equipment cannot be used commercially.
14. The review committee consists of landowner volunteers from the Conservation District Boards and the Garfield County Weed Advisory Board. Applicants shall not contact the review committee individually to discuss the project. All projects will only be discussed and selected by the review committee on the predetermined committee meeting date (s). Applicants are welcome to attend the review committee meeting. Contact the Conservation Districts for review committee meeting date (s) if interested. Acceptance of the application by the District, NRCS, or Garfield County staff does not constitute approval of the application by the review committee.

This policy was developed and approved on January 13, 2009 by representatives of Garfield County Weed Board, Bookcliff, Mount Sopris and South Side Conservation Districts. Updated January 2010. Updated July 24, 2012. Updated January 15, 2014. Updated April 6, 2016. Updated March 21, 2019. Updated November 26, 2019.

**SAMPLE MAP - THIS IS TO SERVE ONLY AS AN EXAMPLE OF WHAT YOUR MAP SHOULD INCLUDE. HAND-DRAWN MAPS ARE ACCEPTABLE AS LONG AS ALL OF THE REQUIRED INFORMATION IS INCLUDED AND MAP IS LEGIBLE.**

- Map from Garfield-county.com → online → Explore live maps → Land Explorer
- You can also use Google Maps for an aerial image of your location, or call the Conservation Districts at 970-404-3438 to get your property mapped free of charge.



**Note:** Sample map for example only – not a real property shown. Includes North arrow, main roads, buildings/fences, weed infestations and estimated sizes/densities.

# Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type. See Specific Instructions on page 3.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
		-				-		
or								
Employer identification number								
		-						

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

