

2023-24 Strawberry Creek Grant

Weed Management Project

Sponsored by: Park County Cooperative Weed Management Area (PCCWMA)

Contact Name: _____

Ranch or Business Name (if applicable): _____

Name of Party Responsible Financially: _____

Physical Address of Property: _____

Mailing Address of Contact (if different than above): _____

Contact Home Phone: _____ **Contact Cell Phone:** _____

Contact Email Address: _____

Total Acres in Project Area Owned, Leased, or Managed: _____

Total Acres in Project Area to Spray: _____

GENERAL INFORMATION	
Which noxious weeds are present on your property?	<i>Estimated number of acres of each weed</i>

Please complete the back side of this form.

PRIVATE APPLICATION OF HERBICIDES	
What herbicides would you like to purchase for private use for weed control? (Note – Private herbicide purchased cannot be used by Commercial Applicators)	<i>How much of each herbicide would you like to purchase: (i.e., gallons, quarts, etc.)?</i>
(Example – Tordon)	<i>(Example – 5 gallons)</i>
COMMERCIAL APPLICATION OF HERBICIDES	
How much would you be willing to spend on commercial application that you would want the CWMA to Match?	
How many acres would you like to have sprayed commercially?	
Any Questions, Comments, or Concerns:	

MONITORING:
 Will you work with the CWMA to conduct pre- and post-application monitoring on your property?

YES _____ NO _____

Signature _____