



**Carson Water Subconservancy District
Noxious Weed Abatement Program
2008-2009
Applicant Form**

Date: **July 21, 2008**

Amount of Funds Requested: **\$12,000** (up to \$12,000)

Applicant Information

Name of Applicant: **El Dorado/Alpine County Department of Agriculture**

Name of Agency/Organizations: **Alpine Upper Carson Weed Management Association**

Address: **311 Fair Lane, Placerville, CA 95667**

Phone Number: **(530) 621-5520**

Fax Number: **(530) 626-4756**

Email address: **eldcag@co.el-dorado.ca.us**

PROGRAM PROCEDURES AND REQUIREMENTS

1. Applicant must complete this application form and submit a proposed budget. The budget must specify how CWSD funds will be spent. CWSD funds can only be used for direct costs that include seasonal labor costs for chemical application, chemical purchase, weed mapping expenses, etc. No indirect costs will be considered (i.e. administrative or overhead costs). Funds are available on a reimbursable basis beginning July 1, 2008. All expenditures must occur prior to June 30, 2009. Roll-over of unused funds will not be allowed.
2. All invoices must be submitted no later than July 31, 2009 for reimbursement consideration. Please include copies of invoices and a breakdown of hours and salary rates for seasonal labor.
3. The following organizations are authorized to apply for funding for the 2008/2009 funding cycle:
 - a. Churchill County Mosquito and Weed Abatement District (funds are also to be utilized by the Lahontan Conservation District as necessary)
 - b. Dayton Valley Conservation District
 - c. Carson Valley Conservation District (for the Carson City WMA)
 - d. Douglas County Weed Control District
 - e. Eldorado/Alpine County Department of Agriculture (for Alpine Upper Carson WMA)

For more information or if you have questions please call Genie Azad at (775) 887-9005.

I understand and agree that I _____ am responsible for the proper use and care when conducting noxious weed spraying. I will adhere to federal (including guidelines outlined by the U.S. Environmental Protection Agency), state and local regulations and will take appropriate steps not to contaminate waterways. It is understood that spraying is done at my own risk and that the Carson Water Subconservancy District ("CWSD") is released from any liability associated with the subject spraying program. It is further understood and agreed that the CWSD will not be held liable for any claims and attorney's fees related to noxious weed spraying hereunder. _____ (initial and date)

I agree to abide by all procedures and requirements for the Noxious Weed Abatement Program.

Name _____ Date _____

 Amount of Funding Approved: _____

Approval of the Application:

Name

Date

Title

Return Form to:
Carson Water Subconservancy District
777 E. Williams, Suite 110A
Carson City, NV 89701