



Florida Department of Agriculture and Consumer Services
Florida Forest Service

COGONGRASS TREATMENT COST-SHARE PROGRAM

ADAM H. PUTNAM
COMMISSIONER

APPLICANT INFORMATION: (please print)

Name: Last First M.I. Email (optional):

Address: City: State: Zip:

Home Phone: Work Phone: FFS Forester Name:

PROPERTY LOCATION: County: S-T-R: Lat: Long:

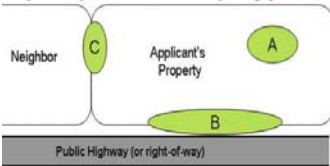
PROJECT DESCRIPTION: (Round all monetary values to nearest whole dollar, areas to nearest 0.1 ac)

Fill in this section after each treatment

Table with 10 columns: Spot Type*, No. of spots, Total Infested Area (ac), Payment requested (total), Acres treated (year 1), Acres treated (year 2), Cost incurred (year 1), Cost incurred (year 2), Payment requested (year 1), Payment requested (year 2). Includes rows for Spot Type A, B, and C.

TOTALS: spots ac \$ ac ac \$ \$ \$ \$ \$

Spot (Infestation) Types*



*A) Spot totally contained on applicant's property, B) Spot shared with public right of way, C) Spot shared with neighboring property. Applications for treatment of spot types B or C require Hold Harmless Agreement signed by adjacent landowner or public land manager.

- Protected natural area(s) w/in 1 mile of proposed treatment area:
Multi-resource Management Plan is in place for the property, including the proposed treatment area.
A Practice Plan has been prepared for the proposed herbicide treatment.

Attach a tract and location map showing north arrow, map scale, applicant's name, section-township-range (STR) of property, the property boundary, size and location (latitude/longitude) of cogongrass infestation(s), and access roads into the property. FFS staff will assist with the creation of the tract map.

INITIAL PROJECT APPROVAL:

By signing this document I certify that I have read and agree to all program requirements and covenants listed on the back of this application.

Cost-share Applicant: Signed: Date:
FFS Forester Approval: Signed: Date:
Program Coordinator Approval: Signed: Date:
Div. of Administration Approval: Signed: Date:

All treatments must be completed by this date:

PARTIAL PAYMENT APPROVAL (YEAR 1):

I hereby submit to the Florida Department of Agriculture and Consumer Services attached documentation of expenses I incurred during cogongrass treatment at my property in accordance with program requirements and the completion summary in the table above.

Cost-share Contract Holder: Signed: Date:
FFS Forester Approval: Signed: Date:
*I certify that the treatment has been completed according to program requirements, and that the information listed above is correct to the best of my knowledge.
Program Coordinator Approval: Signed: Date:

FINAL PAYMENT APPROVAL (YEAR 2):

I hereby submit to the Florida Department of Agriculture and Consumer Services attached documentation of expenses I incurred during cogongrass treatment at my property in accordance with program requirements and the completion summary in the table above.

Cost-share Contract Holder: Signed: Date:
FFS Forester Approval: Signed: Date:
*I certify that the treatment has been completed according to program requirements, and that the information listed above is correct to the best of my knowledge.
Program Coordinator Approval: Signed: Date:

FINANCE AND ACCOUNTING USE ONLY

Account Number: Amount: Approved for Payment: Financial Officer Signature Date

COGONGRASS TREATMENT COST- SHARE PROGRAM APPLICATION

Eligibility Requirements

1. Only private non-industrial landowners are eligible. These may include private individuals, joint owners, non-profit organizations, or corporations that are not wood-using industries and have no publicly traded stock.
2. Applications will only be considered for treatment of cogongrass infestations in the following 43 counties: **Alachua, Baker, Bay, Bradford, Calhoun, Citrus, Clay, Columbia, Dixie, Duval, Escambia, Flagler, Franklin, Gadsden, Gilchrist, Gulf, Hamilton, Hernando, Holmes, Jackson, Jefferson, Lafayette, Lake, Leon, Levy, Liberty, Madison, Marion, Nassau, Okaloosa, Orange, Putnam, Santa Rosa, Seminole, St. Johns, Sumter, Suwannee, Taylor, Union, Volusia, Wakulla, Walton, and Washington Counties.** If eligible applications exceed the available funds, first priority will be given to the fourteen counties bordering Alabama and Georgia.

General Program Requirements

1. Eligible applicants may apply to receive reimbursement for 75% of the actual cost of approved cogongrass treatments, but payment will not exceed the maximum cost-share rate of \$100 per acre for each year of treatment (\$200 per acre total). Applications for treatment of less than one acre total will have a maximum cost-share payment of \$100 per year (\$200 total).
2. Only one application per landowner is allowed per state fiscal year. If an individual owns land (in full or in part) in the name of more than one legal landowning entity, application should be made on behalf of only one of those landowning entities per state fiscal year.
3. Only infestations for which the entire contiguous infested area can be treated will receive funding for treatment from this program. To treat infestations which encroach on public right-of-way land or adjacent private property, the applicant must submit a Hold Harmless Agreement form signed by each landowner or authorized land manager.
4. Any costs incurred before the applicant receives written application approval are not eligible for cost-share reimbursement.
5. **Acreages enrolled in the Conservation Reserve Program (CRP), or other programs that may prohibit receipt of federal cost-share funds from more than one source for the same acreage, are not eligible for treatment under this cost-share program.**
6. Infested areas treated through this program must be monitored and treated for at least two consecutive years, unless full eradication of the infestation is achieved after the first year, as confirmed by a Florida Forest Service (FFS) forester.
7. Submitting an application to the Florida Forest Service **does not** guarantee project approval for cost-share reimbursement, even if the applicant meets all the given criteria (see the Technical Guidelines for details).
8. Cost-shared expenditures must be supported by accurate and legible documentation such as invoices, billing statements, receipts, etc.
9. Cost share funding is available only for authorized/eligible treatment costs, verified and certified complete by a FFS forester.

Treatment Requirements

1. Awarded applicants must arrange to spray the infested areas, including a 10-foot buffer strip around each infestation, with an appropriate herbicide solution (see the Technical Guidelines for herbicide recommendations).
2. Herbicide treatments must take place during the active growing season. Any re-growth observed between August 15 and October 20 must be re-treated at that time.
3. Awarded applicants may hire a contractor to conduct the treatment, or they may choose to purchase the herbicide and apply it themselves (following the product label requirements), if they have access to the appropriate equipment.
4. The treatment must be repeated in the second year, unless the infestation is fully eradicated after the first year of treatment, as confirmed by the FFS forester.

Note: Only those expenses incurred for approved treatments listed on the application/agreement are eligible for cost share reimbursement.

Application Procedure

1. The applicant obtains a copy of the Cogongrass Treatment Cost-Share Program Technical Guidelines, this application form, two copies of the Herbicide Application Record form, Hold Harmless Agreement forms (if the cogongrass infestations extend beyond the applicant's property), and a Federal W-9 form from a FFS representative.
2. In order to process the application and pay the applicant under this agreement, the State of Florida Department of Financial Services has advised that a Taxpayer Identification Number is required. Therefore, **a Federal W-9 (Request for Taxpayer Identification Number and Certification) must be completed and returned with the application.**
3. The applicant contacts the forester to request a site visit and receive treatment recommendations and/or assistance with completing the application form and a tract map (see tract map requirements in the Technical Guidelines).
4. The FFS forester performs a site visit, and verifies that the site conditions meet the specific requirements for the proposed treatment and that the proposed treatment is feasible. The forester will mark the boundaries of the treatment areas with paint and/or flags, obtain GPS locations for each infestation, record the size of the infestations, and use that information to create the tract map of the property and treatment areas.
5. The applicant and FFS forester sign the application form under the section labeled "Initial Project Approval." The forester mails the signed application along with the attached W-9 and the tract map to:

Cogongrass Treatment Cost-Share Program, c/o Jeff Eickwort, Florida Forest Service, 1911 SW 34th Street, Gainesville, FL 32608.

Post-approval Procedure

1. Upon approval by the program coordinator and the Director of the Division of Administration, the application will be assigned a DACS Contract Number. The program coordinator will keep a copy of the application, send a copy to the applicant (henceforth the "contract holder"), and send the original to the FFS county forester to hold until final project completion.
2. After the contract holder receives written approval and a copy of the signed application from the program coordinator, implementation of the treatment may begin. The contract holder is responsible for following all requirements in the Technical Guidelines and for seeing that the approved treatment is carried out according to the Project Description on the application form.
3. Upon completion of the treatment in the first year, the contract holder contacts the FFS forester to schedule a performance check. The FFS forester revisits the property and verifies that the infested areas were treated and effectively controlled according to program requirements.
4. The contract holder shows the FFS forester legible documentation (original receipts and invoices) of all treatment costs incurred, with total costs clearly indicated, and an Herbicide Application Record form signed by the contract holder, with details of the treatment(s) clearly documented.
5. If the treatment has been satisfactorily completed, the FFS forester makes two copies of the original application form, for the forester and contract holder to retain. The forester verifies that the remaining items on the original application form are filled out correctly. The contract holder and the FFS forester sign the form under the section labeled "Partial Payment Approval."
6. The FFS forester or contract holder mails the original application form, along with copies of all receipts and invoices, to the program coordinator for processing (see address in item 5 above).
7. Upon completion of the second year of treatment, the same procedure (items 7-10, above) will be followed, except that the contract holder and forester will sign under the section labeled "Final Payment Approval." A clearly legible copy of the original contract may be used.
8. Upon submittal of proper documentation, cost share payments will be reimbursed to the legal owner of the land in accordance with Subsection 215.422 Florida Statute. The State of Florida performance and obligation to pay under this contract is contingent upon an annual appropriation by the Legislature.

Covenants

By signing the reverse side of this application, I make the following certification and agreements in favor of the Florida Forest Service:

1. I certify that I am the legal owner of the land described on the reverse side of this application.
2. I agree to conduct the approved herbicide treatment in accordance with the requirements above and by the completion date assigned.
3. I further certify that participation by me or on my behalf in the Florida Cogongrass Cost-Share Program is not fraudulent or otherwise illegal, and that all expenditures submitted on my behalf for payment under this program are legitimate claims under the requirements of the program.