

Upper Hondo SWCD/LCCWMA
Noxious Weed Cost Share Program

- Cost share monies are limited and not guaranteed.
- Applicants are reimbursed on a first come, first served basis.
- Before and after treatment photos are required. Location will be mapped.
- Maximum reimbursement: 75% up to \$1000.00/fiscal year (July 1-June 30)
- Ineffective materials, incorrect rates, less than optimum timing, and any off label treatments will not be eligible for reimbursement. All materials purchased must be used in the current season.
- Applications **MUST** denote acreage and weed species to be treated. Only weeds on the New Mexico Department of Agriculture noxious weed list will be eligible. If you need help in identifying the weeds of concern, contact staff at 575-354-2220 to schedule an appointment.
- Landowners using a Commercial applicator shall furnish an invoice with all charges listed and a current commercial applicator license number.
- Chemical to be covered under the cost share **MUST** be purchased through the UHSWCD.
- All applications are subject to review by the County Weed Manager.

Name: _____ Date: _____

Address: _____ Email: _____

City, State, Zip: _____ Phone: _____

Acres Owned: _____ Target Noxious Weed Species: _____

Acres Treated: _____ Location of Project: _____

I understand that it is MY RESPONSIBILITY to pay the contractor upon completion of the project and final inspection by the LCCWMA staff.

I will then submit bills to the LCCWMA for reimbursement and upon approval of the project, receive payment.

I understand that continued treatment is necessary to control noxious/invasive weeds and I acknowledge that I will attempt to follow the recommendations.

Disclaimer: I understand the importance of controlling noxious/invasive weeds. I understand that every effort to protect desirable vegetation i.e. trees and flowers will be made, but in the event a desirable plant dies I will not hold LCCWMA, Upper Hondo SWCD or the Contractor liable.

Landowner Signature: _____ Date: _____

Release and Indemnity Agreement for Cost Share Program

1. The undersigned wishes to participate in the Noxious Weed Cost Share Program for the purpose of controlling noxious weeds. A weed management plan along with a map of the proposed treatment area must be attached to this application.
2. The undersigned is a volunteer Cost Share program participant.
3. Applicant must be over 18 years of age and own the land where treatments will be applied.
4. The undersigned acknowledges that the control of weeds through the use of herbicides, mechanical treatments and other methods can be dangerous and hazardous activities. The undersigned also acknowledges that there may be hazards not immediately apparent in the use of these methods. The undersigned, therefore, certifies that he/she will strictly adhere to the label restrictions/instructions of any herbicides applied and will exercise caution in the use of all other methods of weed control.
5. The undersigned is aware of these factors and undertakes the activities in the Weed Cost Share program at his/her own risk and does not hold the LCCWMA, UPPER HONDO SWCD, THE COUNTY OF LINCOLN, OR CONTRACTOR responsible.

The undersigned releases all personnel and agents from any liability whatsoever resulting from any injury or damage to the undersigned and his/her agents, real or personal property due to or related to the undersigned's participation in the Cost Share program.

1. Further, the undersigned agrees to fully defend and indemnify all entities and individuals 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 applications of herbicides to the undersigned land.
2. Nothing in this Release and Indemnity Agreement shall be construed as or is intended to be a waiver of governmental immunity under New Mexico law.

Signature of Landowner: _____

Date: _____