



# Lemhi CWMA

200 Fulton St Suite 104  
Salmon, ID 83467

## 2024 Landowner Cost Share

Reimbursement Requirements

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

The following requirements **MUST BE MET** to receive CWMA Cost Share Funds

- 1) Copy of invoice
- 2) Copy of proof of payment in full (copy of check or CC receipt)
- 3) Copy of completed spray records (follow IDAPA 02.03.03.150.02 record requirements)
- 4) Map of treated area (Google Earth or similar - no hand drawings)

**Bonus** Specific notes about jobs/work down

**Bonus** Photos of weed control activities

**\*Please contact Lemhi County Weed Department for fund availability**

**\*Please discuss these requirements with the contractor prior to work done**