

## DESCHUTES COUNTY

### NOXIOUS WEED FINANCIAL ASSISTANCE PROGRAM AGREEMENT

Deschutes County, a political subdivision of the State of Oregon, (County) will provide financial assistance to persons occupying or controlling private land in Deschutes County to assist such persons in controlling noxious weeds subject to the terms of this Agreement. Applications will be reviewed by the Deschutes County Weed Board and Weed/Vegetation Manager. Subject to available funding, awards of financial assistance will be made to those persons for weed abatement and restoration projects that provide the largest public benefit. The Agreement to provide financial assistance incorporates the following conditions and the Applicant's Application set forth below.

1. The weed(s) to be eradicated must be listed as an "A" or "B" weed on the County Noxious Weed List, unless the Weed Board approves other proposed weed(s).
2. Financial assistance under this program is subject to the availability of funds for this program. The County reserves the right to cancel the program and limit the amount of funds available for each Applicant.
- 3 All noxious weed abatement and restoration projects which meet the goals of the County Weed Abatement Program are eligible for consideration for financial assistance.
4. By accepting financial assistance for a project, the Applicant agrees to be solely responsible for the application of treatments to the land described in the Application. The Applicant covenants that the Applicant is properly licensed by the State of Oregon to apply any herbicides and other chemicals or agents listed in the Application and agrees to apply such substances in accordance with the laws of the United States, State of Oregon, and any regulations and rules thereunder. Applicant agrees to strictly follow any and all label instructions, manufacturer's recommendations and accepted industry standards. Applicant agrees that no chemicals or agents for which financial assistance is provided or offered will be applied to the waters of the United States or the State of Oregon on in or along any streams, rivers, canals, ponds, flood irrigated lands, lakes or other bodies of water. Flood irrigated lands are not eligible for financial assistance.
5. It is agreed by and between the parties that Applicant is not carrying out a function on behalf of County, and County does not have the right of direction or control of the manner in which Applicant delivers services under this Agreement or exercise any control over the activities of Applicant. Applicant is not an officer, employee or agent of County as those terms are used in ORS 30.265.
6. This Application does not constitute a National Pollutant Discharge Elimination System (NPDES) permit. Applications of aquatic herbicides to waterways are subject to the requirements of the federal Clean Water Act, meaning that a NPDES permit must be obtained prior to applying herbicides to waterways of any nature. Those certain assurances entitled "Assurances – Non-Construction Programs," standard Form 424B, attached hereto are incorporated herein by reference. Applicant, to the extent applicable, shall comply with the above referenced assurances.
7. County is not, by virtue of this agreement, a partner or joint venturer with Applicant in connection with activities carried out under this agreement, and shall have no obligation with respect to Applicant's debts or any other liabilities of each and every nature.
8. Applicant shall defend, save, hold harmless and indemnify the County and its officers, employees and agents from and against all claims, suits, actions, losses, damages, liabilities costs and expenses of any nature resulting from or arising out of, or relating to the activities of Applicant or its officers, employees, contractors, or agents under this Agreement.

9. Applicant hereby grants access to go upon all real property benefited by the project to the Deschutes County Weed Board, the Weed/Vegetation Manager and their representatives to evaluate and monitor the project.

10. Approval of this Application constitutes an agreement between the Applicant and the County. Financial Assistance will be paid upon completion of the project, receipt of required documentation and verification by the Weed/Vegetation Manager.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Identity of Applicant landowner, ranch, lessor, or etc.

Address: \_\_\_\_\_  
Business Address of Applicant License Number (If Applicable)

Target Weed(s): \_\_\_\_\_  
Weed(s) project is focused on. The project must include a plant from the "A" or "B" Deschutes County Weed List.

Proposed Acreage: \_\_\_\_\_  
Amount of infested acres that will be surveyed, treated and restored.

Project Location(s): \_\_\_\_\_  
Location that project will take place. Please include address or Township, Range, Section and Lot number in description.  
Please include map indicating project area.

Proposed and Existing Use of Land: \_\_\_\_\_  
What is the land currently being used for and will the use of the land change?

Project Cost: \_\_\_\_\_  
For treatment and for restoration i.e. cost of chemicals, reseeding, grazing, cultivating, pulling or mowing.

Approximate Starting Date: \_\_\_\_\_

Restoration Plans: \_\_\_\_\_  
How will area be restored? If area will not have restoration please explain.

Maintenance and Monitoring Plans: \_\_\_\_\_  
How will project be maintained and monitored and what plans will be incorporated to prevent future infestation

\_\_\_\_\_

\_\_\_\_\_

**I HAVE READ THE ABOVE AGREEMENT, UNDERSTAND ITS TERMS AND AGREE TO COMPLY WITH THE ABOVE LISTED CRITERIA AND BE RESPONSIBLE FOR THE PROJECT.**

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVAL:

BY: \_\_\_\_\_

DATE \_\_\_\_\_

***RETURN TO: Weed Vegetation Program, 61150 SE 27<sup>th</sup> Street, Bend, OR 97702  
After this application has been reviewed by all parties, you will be contacted.***

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**OFFICE USE ONLY**

Date of Consideration: \_\_\_\_\_

Decision on Application:  
Weed Board or Designated  
Representative Approval: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Awarded: \$ \_\_\_\_\_

Verification of receipts and program:

\_\_\_\_\_

\_\_\_\_\_

Payment of Financial Assistance:

Amount: \$ \_\_\_\_\_

Check No. \_\_\_\_\_

Sent Date: \_\_\_\_\_