

50% COST SHARE APPLICATION FORM



The TNRD will rebate landowners up to 50% of the cost of noxious weed control using herbicides on their private land. Landowners who have 160 acres (65 hectares) or less qualify for a maximum rebate of \$1,500 (50% of \$3,000). Landowners who have over 160 acres (65 hectares) or more, qualify for a maximum rebate of \$3,000 (50% of \$6,000). This rebate may be applied for on a yearly basis for work done the same calendar year.

How To Apply:

1. Landowners must make arrangements with a certified licensed applicator, from the TNRD Contractor List, to carry out herbicide treatment on the property listed.
2. Once the treatment is complete, landowners must pay the contractor directly.
3. The landowner submits a completed 50% Cost Share Program application package to the TRND for their rebate. The application package must include to the following completed documents:
 - a. 50% Cost Share Application Form
 - b. Electronic Funds Transfer Form (EFT)
 - c. Contractor Treatment Invoice*
 - d. Herbicide Treatment Day Sheet *
 - e. Map of Treatment Area*

**These forms are completed by contractor and provided to the landowner for inclusion in the application package.*

Payment: ***NEW***

As of 2024, all program rebates will be issued via Electronic Funds Transfer (EFT). Please complete the EFT form and email it directly to the TNRD at ap@tnrd.ca in advance of the service, or include it in your application package. Submission of the EFT is only required once, unless your banking information changes. If you are unable to accept EFT, please contact the TNRDs finance department.

Conditions:

- Only residents paying taxes to the TNRD or the following municipalities qualify for this program: City of Merritt, District of Clearwater, District of Logan Lake, Sun Peaks Mountain Resort Municipality, and the Village of Clinton.
- Invasive plant species eligible for this program must be on the 50% Cost Share Program Eligible Invasive Plant List. Plants NOT on this list must be pre-approved by an appropriate TNRD representative.
- A TNRD representative may visit the treated property to monitor pre and post treatment.
- Reimbursement to program participants is based on funding availability and the order the applications are received.
- Rebate payments are issued twice per year with application submission cut off dates being July 31st and October 15th. The annual application deadline is October 15th.
- Rebate payments will be made out to the registered land owner.

TNRD Disclaimers:

- The TNRD SHALL NOT be involved in laying out treatment areas, selecting the pesticide applicators & pesticide products, applying the herbicide, or other matters of operational nature. The landowner is solely responsible for all work done by the applicator.
- The TNRD DOES NOT authorize herbicide treatments; it is the sole responsibility of the landowner/lease holder to ensure any necessary approvals/consultations are obtained prior to treatment and that all relevant regulations are being followed.

Application Form

Registered Landowner's Name

Mailing Address

Parcel Identification Number (PID) of Treated Property*

Landowner Phone Number

Total Land Owned (Hectares)

Estimated Area of Infestation Being Treated (Hectares)

Invasive Specie(s) Being Treated

Certified Applicators Name

Your signature represents agreement to the terms & conditions of this application.

Landowner Signature:

Date Signed:

Please confirm the method of EFT submission:

Attached Emailed NA:Already Submitted

By checking this box, the land owner acknowledges that the TNRD reserves the right to:

- Enter said lands for the purpose of inspecting work to verify its accuracy and completeness;
- Enter site and treatment information into the provincial BC Invasives database. No personal information will be released.

*Parcel identification numbers are available online:

- BC Assessment: www.bcassessment.ca
- ParcelMapBC: www.ltsa.ca/online-services/parcelmap-bc
- MyRegionView: <https://tnrd.ca/content/interactive-maps>

FOR DEPARTMENT USE ONLY

Full Cost of Treatment: _____ Amount Approved by TNRD: _____

Payee Name: _____ Account Code : 102492100410

Department Head Signature: _____ Date: _____ Initial 1: _____ Initial 2: _____