COUNTY PLAN FOR NOXIOUS WEED AND DECLARED PEST CONTROL

County:_____ Year: 2_____

Weed and Pest Supervisor _____ Budget: _____

1. **Program Goals**:
   (State the major things your county board hopes to accomplish during the coming year)

   A.

   B.

   C.

   D.

   E.

2. **Noxious weeds and/or declared pests selected for major emphasis**:

   A. Weed or pest selected: _____ # acres infested _____

   Is the infestation general or somewhat localized? _____

   How many years has this weed/pest been selected for major emphasis, including this year? _____

   Reason for selection: _____

   Special emphasis planned: _____

   _____

   _____

   B. Weed or pest selected: _____ # acres infested _____

   Is the infestation general or somewhat localized? _____

   How many years has this weed/pest been selected for major emphasis, including this year? _____

   Reason for selection:_____

   Special emphasis planned: _____

   _____

   _____

3. **Contract/Cooperative agreements planned for the year**

A. Federal agencies

1. Agency:_____ Agreement Type:_____ Amount:_____

Brief description of project: _____

_____

_____

2. Agency:_____ Agreement Type:_____ Amount:_____

Brief description of project: _____

_____

_____

B. State

1. Agency:_____ Agreement Type:_____ Amount:_____

Brief description of project: _____

_____

_____

2. Agency:_____ Agreement Type:_____ Amount:_____

Brief description of project: _____

_____

_____

C. County/Township

1. Agency:_____ Agreement Type:_____ Amount:_____

Brief description of project: _____

_____

_____

2. Agency:_____ Agreement Type:_____ Amount:_____

Brief description of project: _____

_____

_____

D. Other (include railroads other than state-owned)

1. Agency:_____ Agreement Type:_____ Amount:_____

Brief description of project: _____

_____

_____

2. Agency:_____ Agreement Type:_____ Amount:_____

Brief description of project: _____

_____

_____

4. **Meetings**

No. Regular Meetings: _____ Meeting time/date: _____

Educational (list) _____

_____

5. **Type of control measures planned**:

Chemical:_____

Cultural:_____

Other:_____

6. **Complete the monthly calendar of events**. Use handbook Section E, entitled "Calendar of Activities" as a guide; be specific for your county's program. Use additional pages as needed.

MONTH	ACTIVITY	PERSON RESPONSIBLE	DATE, IF KNOWN