



**UTAH DEPARTMENT OF AGRICULTURE AND FOOD
GRANT AGREEMENT**

FUND: 100 DEPT: 570 UNIT: 4920 APP: SFA EXP: 7303 FUNC: N/A PROGRAM: COMMDITY CODE: 99999

1. **PARTIES:** This Grant Agreement is between the Grantor Utah Department of Agriculture and Food, Plant Industry and Conservation Division, a State entity as defined in Title 4-2-8.7, and the following Grantee:

Name: Tooele County Address: 47 South Main Street City: Tooele
State: Utah Zip: 84074- Email: mgillette@tooeleco.org Phone: 435-843-3140

2. **PURPOSE OF GRANT:** To pass / provide funds under Utah Code 4-2-8.7 to qualified Grantee. Said funds are for the purpose of removal of invasive weed species, research related to control of invasive species, or rehabilitation of sites infested with invasive weed species.

3. **GRANTEE'S QUALIFICATIONS TO RECEIVE GRANT:** The qualifications to receive this grant are found in Title 4-2-8.7. Grant applications are reviewed, ranked, accepted, and approved as set forth in 4-2-8.7. Grantee meets those qualifications as follows: By implementation of the activities described in Attachment A titled, West Canyon Cooperative Noxious Weed Control.

4. **GRANT AMOUNT:** Grantee will receive a total amount of \$17,600.00 pursuant to this agreement. The funds provided to the Grantee pursuant to this agreement constitute a grant of money as defined in *Utah Code 4-2-8.7 (Invasive Species Mitigation Account Created)*. Funding may be limited by availability of funds.

5. **GRANT PERIOD:** Effective date: January 1, 2017. Termination date: December 31, 2017. This grant may be terminated earlier than the above termination date for breach of this agreement at the discretion of the Grantor. The termination date may be extended by amendment at the discretion of the Grantor.

6. **PAYMENT SCHEDULE:** Payments to the Grantee shall be made as outlined in Attachment (work plan). *The Grantee is required to submit invoices for work completed before July 1 of each agreement year no later than 10 business days after July 1 of the same year.*

7. **INDEMNIFICATION:** The Grantee shall indemnify, hold harmless, and release the State of Utah, and all of its officers, agents, employees and volunteers from and against any and all loss, damages, injury, liability, suits, and proceedings relating to this Grant which are caused in whole or in part by the acts, omissions, or neglect of the Grantee or any of its officers, agents, employees, and volunteers.

8. **SUBCONTRACTS:** The Grantee may subcontract with other individuals or entities to accomplish the purposes stated in this Agreement. If the Grantee is allowed to subcontract, whether or not it chooses to subcontract, the Grantee retains full responsibility for compliance with this Agreement including providing the Grantor with any required reports detailing the use of the Grant monies received.

9. **ASSIGNMENT:** The Grantee shall not assign its benefits or obligations pursuant to this Agreement to any other person or entity. The Grant is NOT transferable.

10. **JURISDICTION:** The provisions of this Agreement shall be construed and governed by the laws of the State of Utah. The parties agree to exhaust any administrative remedies provided by law and to submit to the jurisdiction of the State Courts of Utah for any dispute relating to this Agreement or the breach thereof. Exclusive court venue for any legal action relating to this agreement shall be the Third Judicial Court for Salt Lake County, Utah.

11. **ENTIRE AGREEMENT:** This Agreement constitutes the entire agreement between the parties with respect to the Grant, and supersedes all prior and contemporaneous oral or written agreements.

.....IN WITNESS WHEREOF, the parties sign and cause this agreement to be executed.....

Wade B. Bitner 6 MAR 17
Grantee's Signature Date

Scott Pugh 4/28/17
Grantor's Signature Date

Wade B. Bitner
Grantee's Name Printed

Director Division of Purchasing MAY 01 2017
Date

[Signature] 4/21/17
UDAF Administrative Services Date

DIVISION OF FINANCE
Director of Finance Date

[Signature] 3/15/17
Program Manager Date

UDAF Contact: Mark Quilter 2017046
Phone: 801 538-9905 Email: mquilter@utah.gov

Project Information Summary
 (to be completed by Applicant)

172078

Applicant

| | | | |
|--------------------------------------|------------|----------------------------------|-------|
| Project Name | | | |
| Community spray days and restoration | | | |
| Organization Name (Applicant) | | Contact Person (Project Manager) | |
| South Oquirrh CWMA | | Jerry Caldwell | |
| Mailing Address | City | State | Zip |
| 47 South Main Street | Tooele | UT | 84074 |
| Telephone | Cell Phone | Email | |
| (435) 830-7273 | | jrcaldwell@tooeleco.org | |

Fiscal Agent (if different from Applicant):

| | | | |
|----------------------|------------|------------------------------------|-------|
| Fiscal Agent | | Contact Person (Financial Manager) | |
| Tooele County | | Marilyn Gillette | |
| Mailing Address | City | State | Zip |
| 47 South Main Street | Tooele | UT | 84074 |
| Telephone | Cell Phone | Email | |
| (435) 843-3140 | | mgillette@tooeleco.org | |

Must attach latest tax return showing Name, Address, and Federal Tax ID Number (may submit State of Utah Vendor Number in place of tax return). To receive funding from the State of Utah you must have a vendor number which ties received funding to a legal entity. Vendor numbers are linked to Federal Tax ID numbers and associated name and address.

The State Vendor Number can be found on copies of previous contracts with the State of Utah.

Proposed Project

| | | |
|--|--|--|
| Project Name | | |
| Community spray days and restoration | | |
| Project Location | County | GPS Coordinates * (minimum project center point) |
| Oquirrh Mtn, Cedar and Rush Vall | Utah/Tooele | 40°20'46.80"N 112°11'6.76"W |
| Noxious Invasive Weed Targeted | | Is treatment within the weed's focus area? |
| yellow toadflax (<i>Linaria vulgaris</i>) | | Yes |
| Total Number of Acres to be Treated | | 300.00 |
| Is this a multi-year/multi-phase project? | If so, what phase is this in the overall project? | |
| Yes | 5 | |
| Description of Proposed Project (include history of project) | | |
| <p>The proposed areas that are being targeted for treatment (See attached map) We have Yellow Toadflax in the focus area and Medusahead 1/2 mile from our CWMA border. we also have different weed problems including large infestations of Musk and Scotch Thistles, Hoary Cress, Houndstongue, and small patches of Black Henbane, Russian, Squarrose, Diffuse, and Spotted Knapweeds that will be treated while working in the area. We are going to have several spray days and work with individual private land owners, cattlemen, and farmers to treat noxious weeds in our canyons, grazing lands and pastures. We will supply them with herbicide, some equipment, and the expertise needed to do the job. We feel this is a very effective program for all involved. We will train them on identification and the proper use of herbicide, safety, mechanical and biological treatment of weeds. Some of the areas are being scheduled for seeding this year by land owners in some of the heavily infested areas. We are also doing an EDRR component to this in and will be mapping new infestations in the treatment areas.</p> | | |
| List planned management/monitoring strategies to maintain proposed treatments in the future: | | |
| GPS New Infestations | Resource Management Plan | |
| Monitoring - Photo Points | | |
| Spot Spraying New Infestations | | |
| Monitoring - University Staff | | |

* A map with the Project Area outlined over satellite/aerial photograph coverage showing treatment areas on the site should also be provided.

WB

Future Management Strategies and Timeline for Multi-Year Projects:

| Management Strategy/Treatment | Implementation Date |
|-------------------------------|---------------------|
| EDRR and herbicide treatments | 04/2017 |
| Documentation work | 05/2017 |
| Community workdays | 05/2017 |
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Treatment # 1

Herbicide Application

| | | | |
|--|--|---|--------------|
| Herbicide Applied | | Adjuvant | |
| Milestone VM | | Insists 90 (Nonionic surfactant) | |
| Application Method | | Application Rate | Units |
| Boom spray - ATV | | 7.00 | oz/ac |
| Acres Treated | Approximate Date of Application | Label of Treatment on GIS Data Layer | |
| 300.00 | 04/2017 | South Oquirrh CWMA EDDMaps Points | |
| Description of Treatment (please be concise) | | | |
| <p>We will begin with meeting land owners in March to train on weed ID of the new weed list, spraying, calibration, safety and mapping. Herbicide and EDRR treatments start in April. We are going to have workdays with local land owners and other entities in areas of dense populations and will continue with the project as long as weather permits. We will be providing land owners herbicide and some spray equipment for the project with the grant and expect to chemically treat at least 300+ acres with 2-4,D, Escort, Milestone, Roundup, Quest conditioner and Insist 90 surfactant depending on weed and location type.</p> | | | |

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Budget and Scope of Work

Budget Table:

| Category | ISM Grant | Federal | Other Gov. | Private | Total |
|----------------|--------------------|---------------|---------------|---------------|--------------------|
| Herbicide | \$9,800.00 | | | | \$9,800.00 |
| Labor | \$4,000.00 | | | | \$4,000.00 |
| Equipment | \$2,400.00 | | | | \$2,400.00 |
| Other | \$600.00 | | | | \$600.00 |
| Administration | \$800.00 | | | | \$800.00 |
| Totals | \$17,600.00 | \$0.00 | \$0.00 | \$0.00 | \$17,600.00 |

Scope of Work/Work Plan:

For each Item on the Work Plan below, you must attach a separate, fully completed treatment page (either Herbicide Application, Biocontrol, Mechanical, or Revegetation page). Select the Treatment Number of the sheets that you filled out for the treatments that correspond to the attached treatment sheet. The costs listed here should reflect the costs that ISM will pay for each treatment.

| Item | Description of Item Needed or Task to be Performed | Estimated Date | ISM Cost |
|--------------|--|----------------|--------------------|
| 1 | Treatment #1 - Herbicide Application | 11/2017 | \$17,600.00 |
| 2 | - | | |
| 3 | - | | |
| 4 | - | | |
| 5 | - | | |
| 6 | - | | |
| 7 | - | | |
| 8 | - | | |
| 9 | - | | |
| 10 | - | | |
| 11 | - | | |
| 12 | - | | |
| 13 | - | | |
| 14 | - | | |
| 15 | - | | |
| 16 | - | | |
| 17 | Final Report Submitted to UDAF (10% of Total withheld) * Report must include GPS/GIS Data | | \$1,760.00 |
| Total | | | \$17,600.00 |

Payments will be made based on the above Scope of Work or Work Plan. Design your items so that you will have the cash flow needed to complete the project successfully. For example if you purchase chemicals for an entire season make that separate item with a date when the chemicals are purchased or if you plan on spraying chemical twice during the contract period, but would like to be paid after the first application, create two treatment items. That way you can be paid shortly after the purchase.

* Also note that 10% of the grant amount will be withheld until a final report is received by UDAF along with GIS coverage of the project(not just a printed map). Please contact Rich Riding or Mark Quilter about how to provide this data, if you do not have access to GIS or a GIS Professional.



Rich Riding <rriding@utah.gov>

2017 ISM South Oquirrh Scope of Work

1 message

Jerry Caldwell <jrcaldwell@tooeleco.org>

Thu, Mar 23, 2017 at 4:11 PM

To: Rich Riding <rriding@utah.gov>

Hello Mr. Riding,

On the category of Other we have \$600 for seed to disperse in some remote areas we have treated in the past when are inspecting it for regrowth. Thank you for all your help in keeping things straight for us. anything you need just let us know.

Thanks,

Jerry Caldwell

Tooele County Weed Supervisor

47 South Main Street

Tooele, UT 84074

(435)830-7273

2017 South Oquirrh CWMA Focus Area



Legend

- 2016 Tooele County Weeds
- 2016 Utah County Weeds
- ▭ Utah_County_Boundary
- ▭ Tooele_County_Boundary
- ▭ 2017 South Oquirrh ISM Focus Areas

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AeroX, Getmapping, Aerogrid, IGN, IGP, swisstopo, and the GIS User Community, Esri, HERE, DeLorme, TomTom, MapmyIndia, © OpenStreetMap contributors, and the GIS user community



DECLARATION OF CONFLICT OF INTEREST

FOR CONTRACTED OR GRANTED OBLIGATIONS WITH THE UTAH DEPARTMENT OF AGRICULTURE AND FOOD

Because contracted /grant obligations with the Utah Department of Agriculture and Food (UDAF) can be construed as “being employed” by the State of Utah you are required by state law (Utah Code Annotated 67-16-8) to disclose any conflict of interest you may have relating to your contract /grant with Utah Department of Agriculture and Food. Please list below and explain any involvement you may have with: State Government, Local Government including committees, districts, or boards, Irrigation Boards, Colorado River Salinity Control Program, United States Department of Agriculture, Bureau of Reclamation, Bureau of Land Management, U. S. Fish and Wildlife Service, or other party that has influence or participates with UDAF’s Invasive Species Mitigation program.

- 1).
- 2).
- 3).
- 4).
- 5).

I understand that the filing of this Declaration of Conflict of Interest with Utah Department of Agriculture and Food satisfies the requirements as described in Utah Code Annotated 67-16-8 and 67-16-7.

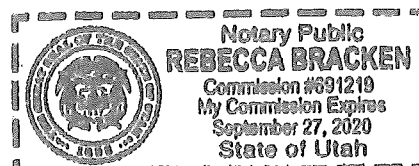
Wade B. Bitner
Signature

6 MARCH 2017
Date

WADE B. BITNER
Name Printed

Sworn before me Wade Bitner on 3-6-17.

Rebecca Bracken
Notary or Justice Signature and Seal



Dear Successful ISM Grant Recipient,


This is your signed copy of your ISM grant with the Utah Department of Agriculture and Food. Your grant has been approved and you may start work as outlined in the agreement (Attachment B Work Plan).

As you complete the line items of the work plan you can submit payment requests to:

Utah Department of Agriculture and Food
Attn: Mark Quilter
PO Box 146500
Salt Lake City, UT 84114-6500

Please use the attached payment request form to request payments. Notice that the form requires 2 signatures, the person doing or inspecting the work signs the upper signature block and the financial representative requesting the payment signs the lower signature block. If you have any questions please call Mark Quilter at 801 538-9905. An electronic version of the payment request form is available and can be requested by emailing Mark Quilter at: mquilter@utah.gov.

Thank you for your efforts to control invasive weeds,



Mark Quilter

APPLICATION REQUEST FOR PAYMENT



UTAH INVASIVE SPECIES MITIGATION FUND

Project Name: West Canyon Cooperative Noxious Weed Control Contract Number: 172078

Name of Applicant: Tooele County

Address: 47 South Main Street, Tooele, Utah 84074

Contract Amount: \$17,600.00 Date Inspected: _____

BEST MANAGEMENT PRACTICES INSTALLED

| UDAF Approval | Contract Item No. | Practice & Identifiable Unit | Date Completed | Planned Practice Cost | Cost Share Amount to be Paid |
|--------------------------------------|-------------------|------------------------------|----------------|-----------------------|------------------------------|
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| Total Reimbursement Requested | | | | | |

I (we) certify that the above information is true and correct; that the identifiable unit for which cost-share is requested was carried out and performed in accordance with the specifications and provisions of the above-numbered contract; and that if more than one participant contributed to the carrying out of the identifiable unit, the cost-share will be divided among the participants in proportion to the extent which they contributed to the carrying out of the identifiable unit, as shown below.

I certify that to the best of my knowledge and belief this application contains no duplication of payment under any state or federal conservation cost-share program and that work done complies with Project Plan practices identified above.

(X) _____ Date _____
Signature of Applicant or Person Doing Work

Approval:

I certify that the identifiable unit specified in the above application has been properly carried out, meets the standards of contracted plan.

(X) _____ Date _____
Signature of Fiscal Agent

Contract Completed:
Dollars Remaining In Contract: \$