

Carbon County Weed and Pest

MOSQUITO PROGRAM COMPLETION SUMMARY

Reimbursement Request Deadline: _____

Name of Abatement Organization: _____

Project Name: _____

Start Date: _____ **Completion Date:** _____

Total Reimbursement Request: \$ _____

Summarize the implementation of the project.

Did you meet the need and scope of your project?

How effective were the treatment(s)? (i.e. feedback from participants)

Note any future changes you foresee in your program.

How would you rate Cooperator/Landowner Participation?

Did this program include Monitoring? (i.e. dipping, trapping, testing) Explain.

FINAL BUDGET

Categories	Entity Cash	Entity In-Kind	CCWP-Funds Requested	Other Funding Sources	Total
Contact Labor					
Equipment					
Adulticide					
Lavacide					
Admin Labor					
Total					

Reimbursement:

Please provide all paid invoices for pesticides. If seeking reimbursement for administrative costs, please include a spreadsheet showing these administrative hours and costs.

Please attach maps of the completed project.

I/We certify the Project was completed:

Mosquito Abatement Representative/Title **Date**

For CCWP Use Only:

Reimbursement Approved? No Yes

Amount Approved \$ _____

Notes:

Carbon County Weed & Pest Representative **Date**