



**Franklin**  
COUNTY KANSAS  
] EST. 1855 [

# Agenda Cover Sheet

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To: Franklin County Board of County Commissioners  
From:  
Department:  
Date:

## **Agenda Item Narrative**

## **Background**

## **Specific Action Requested**

## **Attachments**

# 2023 Management Plan

For \_\_\_\_\_ County

\_\_\_\_\_, County Weed Director

Specify the goals and priorities of the program for the coming year.

Specify the goals and priorities of the program for the next five years.

Describe the areas which noxious weed species are known to occur within the county and specific locations of new infestations and areas particularly susceptible to new infestations.

Field bindweed	
Musk thistle	
Sericea lespedeza	
Johnsongrass	
Bur ragweed	
Canada thistle	
Hoary cress	
Leafy spurge	
Quackgrass	
Kudzu	
Russian knapweed	

List any non-noxious invasive weed species you plan to control and the types of integrated weed control methods you plan on using on them.

List your planned integrated weed management goals and procedures, including but not limited to biological control agent selection and distribution, pesticide selection and application and cultural and mechanical controls.

Biological Controls

Chemical Controls

Cultural Controls

Mechanical Controls

Estimate the projected personnel, operations, and equipment costs of the proposed program.

Personnel costs	
Operations costs	
Equipment costs	

List the methods you plan to use to encourage compliance and the enforcement actions you will take if necessary.

List your plans for working with state and/or federal agencies to control the noxious weeds on state and/or federal lands.

Describe your education and outreach plans for the coming year. Include training and professional development for yourself and your staff. (Attend District meetings? Annual Conference? Recertification?)

List the facilities and equipment available for use in managing the noxious weeds in your county, including a list of the equipment available for rent to the public and the rent you charge.

Noxious Weed Department Employees			
Name	Title	Years of service in the Nx Wd Dept.	# Jobs within the county

I certify that this is the official \_\_\_\_\_ Management Plan of \_\_\_\_\_ County

\_\_\_\_\_, County Weed Director \_\_\_\_\_  
Date

\_\_\_\_\_, County Commissioner \_\_\_\_\_  
Date

\_\_\_\_\_, County Commissioner \_\_\_\_\_  
Date

\_\_\_\_\_, County Commissioner \_\_\_\_\_  
Date