



June 17, 2005

Dear Michael Hughes,

Please accept our application for the FLEP Cost-Share. We are planning to spend approximately \$5,793 in labor from September to December 2005 on forest thinning and pruning the lower branches to remove ladder fuels. If approved for the cost-share program it will offset our expenses by 50%; we are requesting \$2,875.

If approved for the cost-share program we would like to thin and prune 3.25 acres that are part of our 2006 plans. Also, we would like to finish the 1.75 acres left from our 2005 plans (we received a \$750 grant for thinning 1.5 acres as part of our 2005 plans).

To complete these two projects we plan to work an equivalent of 62 eight-hour person days from September through December 2005 at the labor equivalent rate of \$11.68/hr; totaling approximately \$5,793.

The area we are intending to finish as part of the 2005 plans will continue to the east boundary approximately 1/3 of the way from the south to the north boundary (1.75 acres). The additional 3.25 acres will start at the west boundary and extend 1/2 way to the east boundary and will be about 1/2 way in between the north and south boundary. See drawing.

Thank you for your time in considering our application. Please call if there are any questions.

Sincerely,



(3 pages total)



COLORADO'S
FLEP FOREST LAND
 ENHANCEMENT PROGRAM
 APPLICATION FOR COST-SHARE

NAME: _____
 MAILING: _____

PROJECT NUMBER: _____

(For Official Use Only)

State: CO

Zipcode: 80515

TELEPHONE NO: _____

PROJECT ADDRESS/LEGAL DESCRIPTION: _____

PRACTICES TO BE COMPLETED BY: Dec 30, 2005

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
660 Tree Pruning	5 ac.		\$ 375	\$ 375	
666-1 Thinning	5 ac.		\$ 2500	\$ 2500	

Total: 2875

Request for cost-share assistance under this program is to meet the objective stated in the management plan. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. **I understand that I will not be reimbursed for any expenses incurred prior to approval of my application.** Work must be completed according to approved plan and application, and must meet the standard set for each component. Practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: _____

DATE: _____

CSFS FIELD REVIEW SIGNATURE: _____

DATE: _____

(Additional USFWS guidelines addressed)

C/S APPROVED: _____

AMOUNT: \$ 1500

DATE: 8/29/05

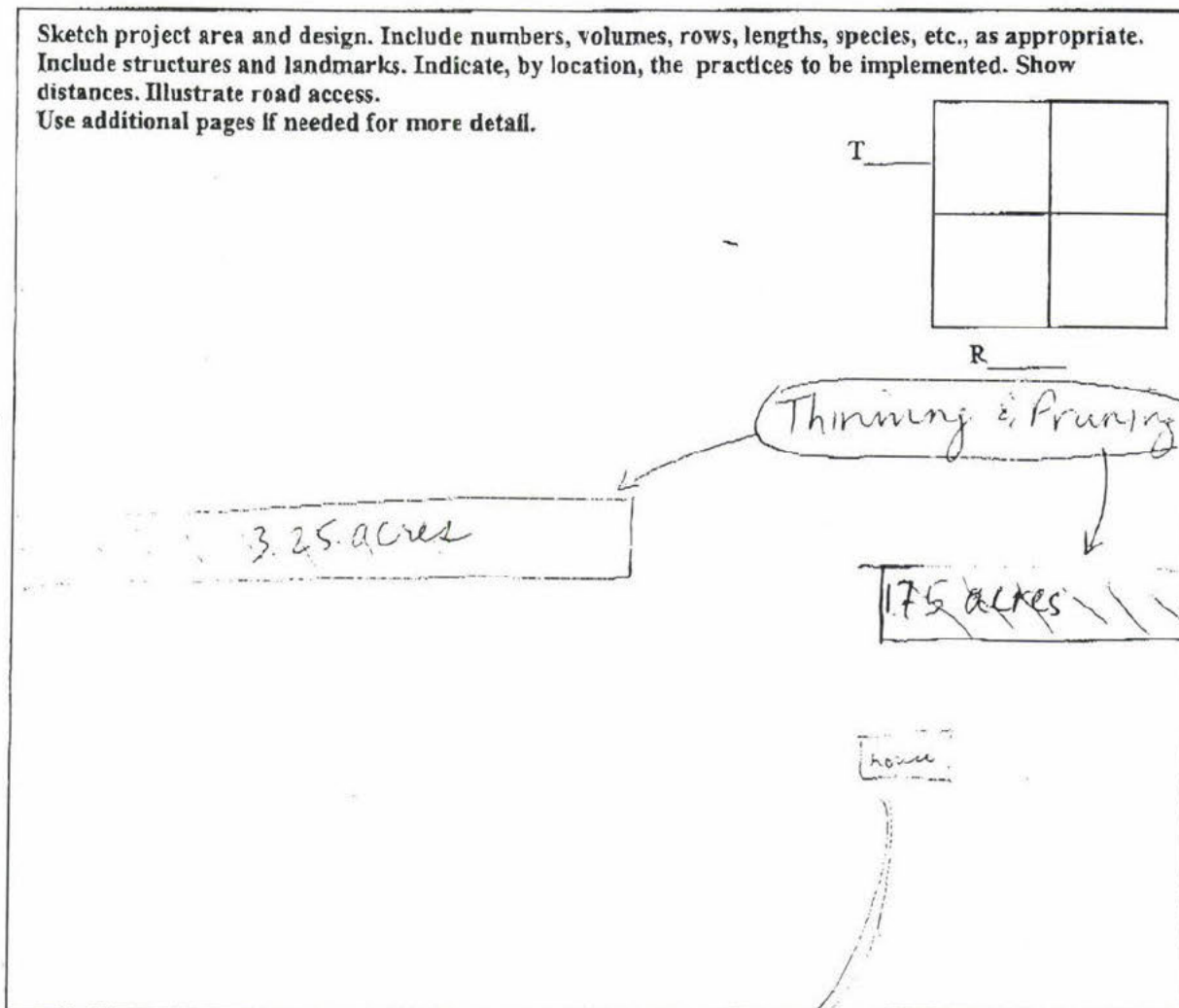
Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.

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FOREST LAND ENHANCEMENT PROGRAM PLAN DESIGN

Sketch project area and design. Include numbers, volumes, rows, lengths, species, etc., as appropriate. Include structures and landmarks. Indicate, by location, the practices to be implemented. Show distances. Illustrate road access. Use additional pages if needed for more detail.

↑
N
black = 40
ac.
parcel



LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
5 Acres Thinning	Dec. 30, 2005
5 Acres Pruning	Dec. 30, 2005