

Sent to forester 7-3-96

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FORM APPROVED
OMB NO. 0560-0082

AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/D 08 013 6 CONTROL NO. (F/Y & NO.) 96 0030

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1139	NAME AND ADDRESS JANNE COOKMAN 184 PINEGLADE RD NEDERLAND, CO 80466	FARMLAND 3.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / /YES /X/No
TRACT No. 9387		CROPLAND					
Telephone No. 303-258-7647							

DESCRIPTION OF PRACTICE OBJECTIVE
DWARF MISTLETOE AND BARK BEETLE CONTROL
PRACTICE LOCATION ASPEN MEADOWS LOT 23

FOR USE BY THE APPROVING OFFICIAL

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to start the practice 07-15-96
SIP3	Forest improvement (Ac)	3.0				
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	3.0	3	200.000	600.00	
						I plan to complete the practice 01-01-97

CONSERVATION PLAN: Farm Plan By NRCS / /Yes /X/No Forest Plan By FS / /Yes /X/No Other Plan / /Yes /X/No PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the approved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: *Janne Cookman* DATE: 7/3/96 Estimated \$ C/S Value 600 C/S Willing \$ to Approve

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL: *Ron Lovell* DATE: July 3, 1996 Practice Expiration Date 01-01-97

REMARKS

For SIP and FIP Only: I certify that I / /do / (do not) own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S. SIGNATURE: *Janne Cookman* DATE: 7/3/96 Acres if more than 1,000 Date Waiver Approved

TRANSMITTAL SLIP

DATE 4-22-97

To:

Rich

- As requested
- For your information
- Per phone call
- Sign and Return

Remarks:

I finally received the 862 info & did the approval for Janne Cookman. I sent her the approval letter + the 245 pg 2 which requires her signature. We will also need copies of the bills (invoices) for the cost. Questions? Call

From:

Jean Turner

Boulder-Jefferson County FSA

9595 Nelson Rd., Box A,

Longmont, CO 80501 (Tel #) 776-1242

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1139	NAME AND ADDRESS JANNE COOKMAN 184 PINEGLADE RD NEDERLAND, CO 80466	FARMLAND 3.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	EXPIRATION NOTICE Practice must be completed and reported by 01-01-97
TRACT No. 9387		CROPLAND	SIP				ID 010 42 5743 S
Telephone No. 303-258-7647							

Your request for program cost-sharing to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE
 DWARF MISTLETOE AND BARK BEETLE CONTROL

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent	Extent	Rate	Cost-Shares	Extent	Cost-Shares
		Requested	Approved		Approved	Performed	Earned
		C	D	E	F	G	H
SIP3	Forest improvement (Ac)	3.0	3.0		600*		
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	3.0	3.0	200.000	600		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
 WIM - 65% of cost not to exceed rate in column E.

INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below; and file with the issuing office by the date noted in EXPIRATION NOTICE.

APPROVAL ISSUED BY APPROVING OFFICIAL (FOR SIP) APPROVAL MAILED BY CED
Jean Turner, CPA 4/22-97

X. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)

YES / NO

Total Cost-Shares Earned _____
 Payment Advance (Partial Payment) _____
 Is Partic. on FSA Debt Reg.? Y / / N / / _____
 Setoff _____
 Debt Assignment _____
 Net Payment _____

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share payment under the same program on this or any other farm other than through this AD-245? (If yes, report State, County, and amount by farm).

YES / NO

Payment Approved (initials) _____ ACH/Check Number _____
 (For SIP) C/S Earned Approved By/Date (For SIP) Calc. Verif. By/Date

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain and use this practice for at least 10 years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me, as determined by the Approving Official, if before expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: _____ DATE: _____

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

AD-862 (11-21-94) U.S. DEPARTMENT OF AGRICULTURE CONSERVATION REPORTING AND EVALUATION SYSTEM ST. & CO. Code & C/D 08 013 6 Control No. (FY & No.) 96 0030

A. REFERRAL INFORMATION

1. Farm No. 1139 Name and Address JANNIE COOKMAN 184 PINEGLADE RD NEDERLAND, CO 80466 Tract No. 9387
 2. Telephone Number 303-258-7647
 3. Contract Id.
 4. Practice to Begin 07-15-96
 5. Referral Expires 07-15-96

6. Practice Location ASPEN MEADOWS LOT 23

Practice Description	Extent Requested	Extent Needed
8 SIP3 Forest improvement (Ac)	9 3.0	10 3.0
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	3.0	3.0

7. Needs Statement
Needs to improve 3 acres of forested lands

The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.

yes
11. Signature *Richard C Gray* Date *4-21-97*

B. GENERAL INFORMATION

1. Primary Purpose <i>F</i>	2. Program <i>SIP</i>	3. Program Practice No. <i>SIP3</i>	4. VC/SL <i>N</i>	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share <i>600</i>
8. Practice Extents Number <i>3</i> Ac. Served/Treated	9. Land Capability Class & Subclass <i>2W</i>	10. Soil Loss Tolerance <i>3</i>	11. Land Cover/Use Before After <i>✓ ✓</i>	12. Technical Practices Applied		
				Technical Practice <i>a</i>	Cost-Shared? <i>b</i>	Units Planned/ Applied <i>c</i>

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies	<i>✓</i>	<i>✓</i>	<i>✓</i>
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies			
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)			
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend. Cond. After	13. Endangered Species <i>0</i>	14. Hydrologic Unit Code

D. WATER CONSERVATION

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before After	c. System Efficiency (%) Before After	d. Water Cons. Acres	1. Problem Type
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before After	3. Soil Moisture Measures?		2. Type of Water Body Treated/Protected
					3. Pollution Severity

E. WATER QUALITY

F. WOOD PRODUCTION

1. Site Description a. Site Index <i>999</i> b. Poten. Prod.	2. Stand Condition a. Forest Cover Before After b. Stocking Level Before After	3. Site Preparation a. Acres b. Cost-Share	4. Trees Pr/Ac	Purpose <i>1</i>
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G. OTHER ASSISTANCE

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost *\$900.00*
 2. Cost-Share *\$600.00*
 3. Date Performed *4-21-97*

I. PERFORMANCE REPORT

Meets all requirements recommend full cost share payment be made
 Signature *Richard C. Gray* Date *4-21-97*

This practice has been performed to the extent shown in item B12c and meets program requirements. If the practice does not meet practice

LUMBERJACKS LOGGING & FIREWOOD, INC.
PO BOX 1609
NEDERLAND, CO 80466
303 642-0953

July 22, 1996

Ms. Jan Cookman
184 Pine Glade
Nederland, CO 80466

pa ck # 1503

Re: Tree Removal

31.5 Hours x \$50/hour = \$1,562.50

Total Due \$1,562.50

Please make your check payable to LumberJacks

Thank you for the opportunity to have served you.

Natalie & Jack Davidson

DATE	* DESCRIPTION OF TRANS. (DESCR. - CONTROL NO. FARM/P-A, CNTR # - PROD.)	* ALLOCATION * AND CHANGES * AMOUNT	* COST-SHARE ASSISTANCE			* BALANCE * AVAILABLE FOR * COMMITMENT
			* AMOUNT * APPROVED	* PERFORMED	* AMOUNT EARNED	
(1)	(2)	(3)	(4)	(5)	(6)	(7)
10-01-96	CARRY FORWARD	19,844	14,673			5,171
10-11-96	FINAL PAYMENT 975 MICHAEL W SCHMIDT			914	77	6,008
10-15-96	C/S APPROVED 1143 DAVID SIMPSON		900			5,108
10-24-96	C/S APPROVED 1150 HAROLD T BENNETT		500			4,608
11-04-96	C/S APPROVED 1151 REBECCA BERTOLIN		400			4,208
03-05-97	CANCELLED 1151 REBECCA BERTOLIN		400-			4,608
03-05-97	C/S APPROVED 1153 MARGARET HASCALL		750			3,858
03-05-97	CANCELLED 236 ROBERT D CLIFTON		225-			4,083
03-05-97	CANCELLED 1078 TONI RANDALL		1,985-			6,068
03-18-97	ALLOCATION	3,454-				2,614
04-22-97	C/S APPROVED 1139 JANNE COOKMAN		600			2,014
06-05-97	FINAL PAYMENT 1139 JANNE COOKMAN			600	600	2,014
07-16-97	CANCELLED 978 HAL AAVANG		263-			2,277
07-16-97	CANCELLED 978 HAL AAVANG		208-			2,485
07-16-97	CANCELLED 182 G T LOPEZ		613-			3,098
07-16-97	CANCELLED 182 G T LOPEZ		733-			3,831
07-16-97	CANCELLED 1050 JOHN BEHRS		380-			4,211
07-16-97	CANCELLED 1086 CHRIS K WOOD		600-			4,811
07-16-97	CANCELLED 1096 JOAN NEVILLE		409-			5,220
10-31-96	MONTH END	19,844	16,073	914	77	4,608