



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

PROJECT NUMBER: _____
(For Official Use Only)

NAME: ZACHARY H. BOWEN

MAILING ADDRESS: 11419 RIST CANYON RD

City: BELLVUE State: CO

Zipcode: 80512

TELEPHONE NO: 493-7014 H

226-9218 W

PROJECT ADDRESS/LEGAL DESCRIPTION: SE 1/4, NW 1/4, S30, R70W, T8N

PRACTICES TO BE COMPLETED BY: 15 SEPT / BOWEN + HOURLY HELT

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
3,7,9(666-1)					
FOREST STAND					
IMP. - THINNING	3A		1,500	750	
3,7,9(666-3)					
SLASH DISPOSAL					
CHIPPING	3A		900	450	

Total: \$1,200

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: Z.H. Bowen DATE: 31 MAY 07

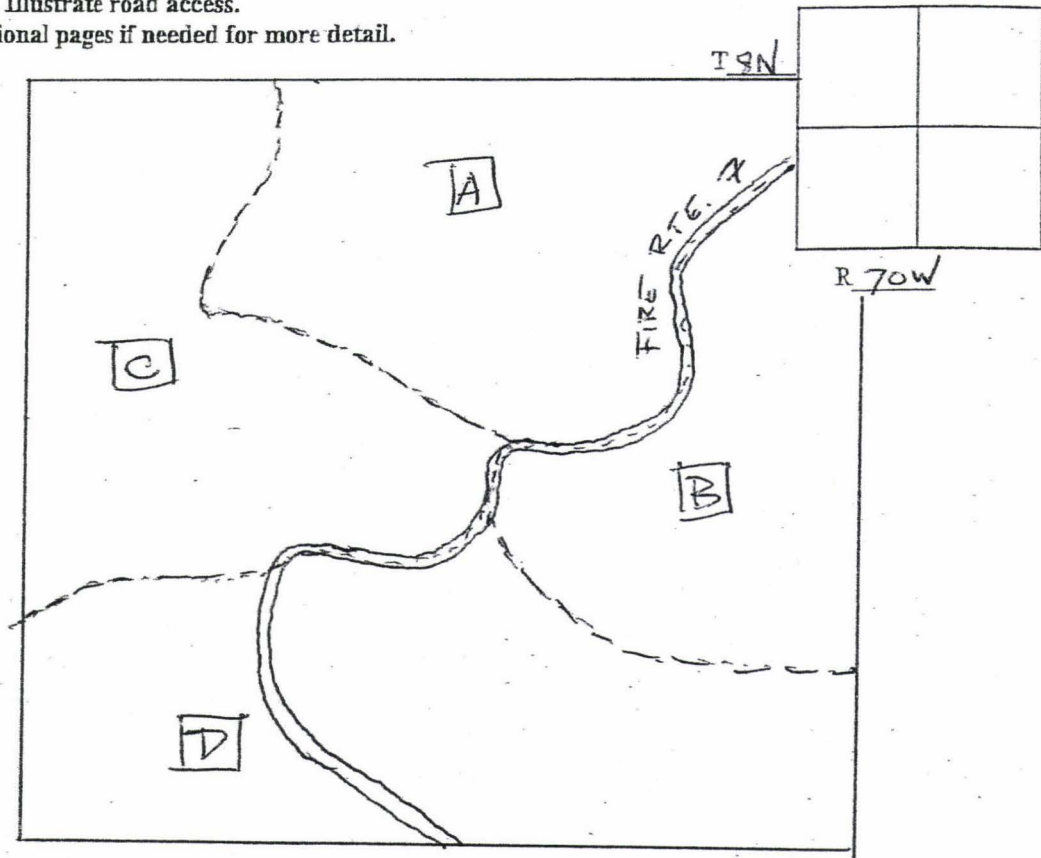
CSFS FIELD REVIEW SIGNATURE: Michael M. Hyman DATE: _____
(Additional USFWS guidelines addressed)

C/S APPROVED: Michael M. Hyman AMOUNT: \$ 1,000⁰⁰ DATE: 6/8/07

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.

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.



LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
THIN 3 AC. IN COMPARTMENT C	NLT 15 SEPT
CHIP 3 AC. IN COMPARTMENT C	NLT 15 SEPT