



## LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. 536790-KC  
(For Official Use Only-  
No. from original application)

Applicant name (please print): Chris Colard (Colard Ranch)

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	1300.00		A Labor Cost= \$1300.00
Operating Exp <sup>3,*</sup>			B Oper. Exp.=
Revenue Generated (from sale of wood products only) <sup>4,*</sup>			C Revenue=
Project Cost			D Total Project (A+B-C) = \$1300.00
			Amount Originally Approved = \$800.00
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed <sup>5</sup> (.5XD) \$650.00 <i>8650.00</i>

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 17.55/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. No partial payments.

\* Attach receipts, Cost Documentation Form (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: *Chris Colard* Date: \_\_\_\_\_

Mailing Address: 2969 Stove Prairie Rd. City: Bellvue

County: Larimer State: CO Zip: 80512 Phone: (970) 493-2071

Practice certified by: *Mark M. Hyman*  
CSFS Service Representative

Payment Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
CSFS

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.

Retain documentation such as receipts and payment for three (3) years. The IRS considers reimbursable funds as ordinary income.

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Colord

Project No. 536790-FC

To be completed by CSFS:

**PROGRAM:**

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

SFA! X

**WUI D-space Accomplishment:**

No. of D-spaces= \_\_\_\_\_ Acres slash disposal= \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_

Acres thinned= 1.5 ac Acres pruned= \_\_\_\_\_

**I & D Prevention and Suppression Accomplishment:**

No. of infested trees treated: \_\_\_\_\_

Acres inspected and treated: \_\_\_\_\_

Acres thinned: \_\_\_\_\_

**FLEP Accomplishment:**

#1 Plan Acres = _____	#5 Acres = _____	#9 Acres treated = _____
#2 Acres tree planting = _____	#6 Acres treated = _____	#10 Acres of restoration = _____
Acres treated = _____	#7 Acres treated = _____	#11 Acres = _____
#3 Acres treated = _____	#8 Acres treated = _____	
#4 Acres planted/ renovated = _____		

- In- **.50 for one square**/you must choose at least 4 squares and then in increments of 4 (i.e. 4,8,12,16,20 etc..)  
 Rewards- 10% 1<sup>st</sup> quarter (5.0); 20% 2<sup>nd</sup> Quarter (10.); 30% 3<sup>rd</sup> Quarter (15.) 40 % Final (20.)  
 Numbers will be drawn on Fridays-get a copy from Ryan.

This is only for fun.

Date of Game:	HOME									
V I S I T O R										

**Landowner Signature**

[illegible]





Fort Collins District  
5060 Campus Delivery  
Fort Collins, Colorado 80523-5060  
(970) 491-8660  
FAX: (970) 491-8645

January 18, 2008

Chris Colard  
Colard Ranch  
2969 Stove Prairie Rd.  
Bellvue, CO 80512

Dear Chris:

Your Landowner Assistance Program application has been reviewed. The amount approved is shown on the attached copy of your application. Our office received nearly \$90,000 in grant requests. We were only able to partially fund projects and some were not funded at all.

This grant requires a 50/50 fund match. The project must be completed September 1, 2008. If it becomes apparent you will not be able to complete the project by this day, please contact our office as soon as possible.

Enclosed you will also find an Accomplishment Report and a Cost Documentation form. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on these forms. Final reimbursement cannot be processed without completion of these forms.

If you have any questions or concerns, please call me at (970) 491-8453. Thank you for your interest in the stewardship of your forest and in our Landowner Assistance Program.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael M. Hughes".

Michael M. Hughes  
Assistant District Forester  
Fort Collins District

Enclosures



Form A

LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHAREPROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)NAME: COURT RANCH  
MAILING ADDRESS: 2969 Stone Prairie  
City: Bellvue CO State: CO  
Zipcode: 80512TELEPHONE NO: 9704932071 SW 1/4 and in SW 1/4 of SE 1/4 of 33PROJECT ADDRESS/LEGAL DESCRIPTION: T8 NR 71 NW 1/4 of NE 1/4 S 1/2  
OF NW 1/4 and in N 1/2 of SW 1/4 4PRACTICES TO BE COMPLETED BY: Scp01 T7N R71W  
2008 Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
666-2 Chipping	2 acre		600		
		Total:			\$600 <sup>00</sup>

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. **CSFS forester: make sure the correct program is checked below.** One practice per application is allowed. 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. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: \_\_\_\_\_ DATE: 02 JAN 08

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: <u>WUI Incentives D-space:</u> _____ <u>FLEP:</u> _____ <u>I &amp; D Prevention and Suppression - Bark Beetle:</u> _____ <u>FRFTP:</u> _____ <u>Stevens' Funds:</u> _____ <u>SFA:</u> _____
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C/S Allocated: Mahe M. Ayler AMOUNT: \$600<sup>00</sup> DATE: 1/18/08  
CSFS District Forester

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.