



COLORADO'S

FLEP FOREST LAND ENHANCEMENT PROGRAM

ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. _____

Applicant name (please print): Oliver R. and Donna S. Moore

Accomplishment (by FLEP practice)

- | | | |
|--------------------------------------|--------------------------|----------------------------------|
| #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/ maintained = _____ | | |

	Contracted Services ¹	Landowner Services ²	Totals
Labor Cost			A Labor Cost= 1039.52
Operating Exp ^{3,*}		635.91	B Oper. Exp.= 635.91
Revenue Generated (from sale of wood products only) ^{4,*}			C Revenue=
Project Cost			D Total Project (A+B-C)= 1675.43
			Amount Originally Approved = 1600 ⁰⁰
Reimbursable to Applicant ⁵			Amount to be Reimbursed = 840 ⁰⁰

¹ Any contracted services where payment was made for services.

² Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

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

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

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Oliver R. Moore

Date: 8-9-04

Mailing Address: 212 Sawmill Road

City: Loveland

County: Larimer State: CO Zip: 80537

Phone: 970.669-9844

Practice certified by: Melvin M. Hughes

Payment Approval: _____ Amount: _____ Date: _____

Return this form, along with your completed Cost Documentation Form and W9 form to your local Colorado State Forest Service District Office. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

Grand Rental Station
3101 W Eisenhower Blvd.
Loveland, CO 80538
970-669-3866

CONTRACT
NUMBER

7593

INVOICE
NUMBER

11765

DATE AND
TIME IN

11/29/2003

4:12 PM

DATE AND
TIME OUT

11/28/2003

4:32 PM

RENTED AND/OR SOLD TO

Closed Contract/Invoice

ADDRESS AT WHICH EQUIPMENT WILL BE USED

Account #: 2193
OLIVER RANDOLPH MOORE
212 SAWMILL ROAD
LOVELAND, CO 80537
970-669-9844

WRITTEN BY: ERIC
CHECKED IN BY: ERIC
AGENT'S NAME:
JOB LOCATION:
AR LICENSE NUMBER:
DRIVER'S LICENSE NUMBER: 92-161-3222
P. O. NO. OR JOB NO.:
DATE AND TIME DUE IN: 11/29/2003 4:32 PM

ITEMS RENTED AND/OR SOLD		Qty		Rates	M	W	D	H	Date&Time In	Amount
50-049-01	CHIPPER, WOOD, AUTO FEED 6"	0	1	24H 195.00				1	11/29/2003 4:12 PM	195.00
Quantity Rtn/AmtChgd: 1/ 195.00										

RENT THE EQUIPMENT - KEEP THE ADVICE!
WINTER STORE HOURS:
MONDAY THRU SATURDAY 7:30 a.m til 5:00 p.m.
SUNDAYS 9:00 a.m til 4:00 p.m.
Prompt return of your rental saves you money.

DAMAGE WAIVER CHARGE (DWC) %
OF RENTAL CHARGE. RENTER MAY, BY INITIALS
HEREON, DECLINE BENEFITS OF PARAGRAPH
D, DAMAGE WAIVER, ON REVERSE SIDE OF
THIS CONTRACT.

DECLINES

(INITIALS)

PROMPT RETURN OF YOUR RENTAL SAVES
YOU MONEY. ALL TIME IS CHARGED INCLUDING
SATURDAY, SUNDAY AND HOLIDAYS.

Total Rental	195.00
Use Tax	3.90
Subtotal	198.90
Sales Tax	13.07
Total	211.97
Amount Due	211.97
Amount Tendered	211.97

I have read and understand the terms and conditions on both sides of this agreement
and certify that those printed on the other side are agreed to as if printed above my
signature. There are no oral or other representations not included herein. Unless declined, I
do agree to the damage waiver charges. I have received a copy of this agreement.

Lessee's Signature _____

Grand Rental Station
 3101 W Eisenhower Blvd.
 Loveland, CO 80538
 970-669-3866

CONTRACT
 NUMBER

8246

INVOICE
 NUMBER

12748

DATE AND
 TIME IN

01/24/2004

4:18 PM

DATE AND
 TIME OUT

01/23/2004

4:37 PM

RENTED AND/OR SOLD TO

Closed Contract/Invoice

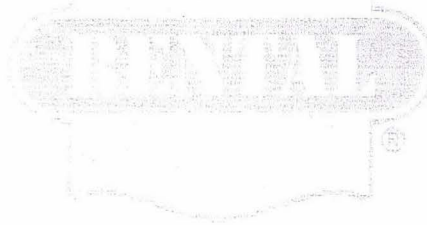
ADDRESS AT WHICH EQUIPMENT WILL BE USED

Account #: 2193
 OLIVER RANDOLPH MOORE
 212 SAWMILL ROAD
 LOVELAND, CO 80537
 970-669-9844

WRITTEN BY: ERIC
 CHECKED IN BY: ERIC
 AGENT'S NAME: _____
 JOB LOCATION: _____
 AR LICENSE NUMBER: _____
 DRIVER'S LICENSE NUMBER: 92-161-3222
 P. O. NO. OR JOB NO.: _____
 DATE AND TIME DUE IN: 01/24/2004 4:37 PM

Item Number	Description	ITEMS RENTED AND/OR SOLD				M	W	D	H	Date&Time In	Amount
		Qty	Out / In	Rates							
50-049-01	CHIPPER, WOOD, AUTO FEED 6" Serial# 1VRU091S921005555 Quantity Rtn/AmtChgd: 1/ 195.00	0	1	24H	195.00			1		01/24/2004 4:18 PM	195.00

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DWC IS NOT INSURANCE.

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 3101 W Eisenhower Blvd.
 Loveland, CO 80538
 970-669-3866

CONTRACT NUMBER
 DATE AND TIME IN
 DATE AND TIME OUT

9833
 04/17/2004
 04/16/2004

INVOICE NUMBER

14886

3:53 PM
 4:38 PM

RENTED AND/OR SOLD TO

Closed Contract/Invoice

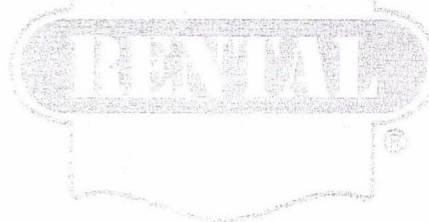
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 DATE AND TIME DUE IN: 04/17/2004 4:38 PM

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 (INITIALS)

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 signature. There are no oral or other representations not included herein. Unless declined, I
 also agree to the damage waiver charges. I have received a copy of this agreement.

Lessee's Signature _____

July 15, 2004

Oliver and Donna Moore
212 Sawmill Road
Loveland, CO 80537

Dear Oliver and Donna:

This is a reminder that your Forest Land Enhancement Program (FLEP) grant project must be completed by September 15, 2004.

As you recall, the FLEP Grant requires a 50/50 fund match. In your original packet you received an Accomplishment Report for Reimbursement, a Cost Document form, and a W9. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

If you will be unable to complete the project, please notify us as soon as possible, so that we may adjust your grant and reallocate the remaining funds to other projects.

If you have any questions, please call me at (970) 491-8839, or Mike Hughes (970) 491-8453, or the Fort Collins District office (970) 491-8660.

Sincerely,

Norland K. Hall
Forester

File Copy



Fort Collins District
5075-Campus Delivery, CSU
Fort Collins, CO 80523-5075
(970) 491-8660
FAX (970) 491-8645

September 18, 2003

Oliver and Donna Moore
212 Sawmill Road
Loveland, CO 80537

Mr. & Mrs. Moore,

Your Forest Land Enhancement Program (FLEP) grant application has been reviewed and funding approved as shown on the attached copy of your application. Our office received over \$120,000 in grant requests. Needless to say we were not able to fund all projects. In most cases, we were able to partially fund a project.

Before you begin project implementation please contact our office to schedule a site visit to review the project and accomplishment standards and expectations. We hope this alleviates any surprises when the final inspection is completed. Please review the attached standards prior to the site visit.

As you recall, the FLEP Grant requires a 50/50 fund match. The project must be completed by September 15, 2004. If it becomes apparent you will not be able to the project by this day, please contact our office as soon as possible.

Enclosed you will also find an Accomplishment Report for Reimbursement, a Cost Documentation form, and a W9. Upon completion of the practice contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

If you have any questions, please contact our office at (970) 491-8660.

Sincerely,

A handwritten signature in cursive script that reads "Dave Farmer".

David A. Farmer
Assistant District Forester

Enclosures

Plan on file



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

PROJECT NUMBER: _____
(For Official Use Only)

NAME: Oliver R. and Donna S. Moore
MAILING ADDRESS: 212 Sawmill Road
City: Loveland State: CO
Zipcode: 80537
TELEPHONE NO: 970/669-9844

PROJECT ADDRESS/LEGAL DESCRIPTION: Within the NE 1/4, SW 1/4 of Sec 23, Tws 5N, R71W.

PRACTICES TO BE COMPLETED BY: Owners

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
FLEP3,7, <u>9</u> ,666-1 Thinning	5 acres	<u>2 AC</u>	2,500	2,000	<u>\$1,000⁰⁰</u>
FLEP3,7, <u>9</u> ,666-3 Slash disposal (chipping)	5 acres	<u>2 AC</u>	300	1,500	<u>\$000⁰⁰</u>
			Total: <u>3,500</u>		

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: *Oliver R. Moore*
Donna S. Moore DATE: July 24, 2003

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

C/S APPROVED: *David A. Farmer* AMOUNT: \$1,600⁰⁰ DATE: 9-18-03

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.



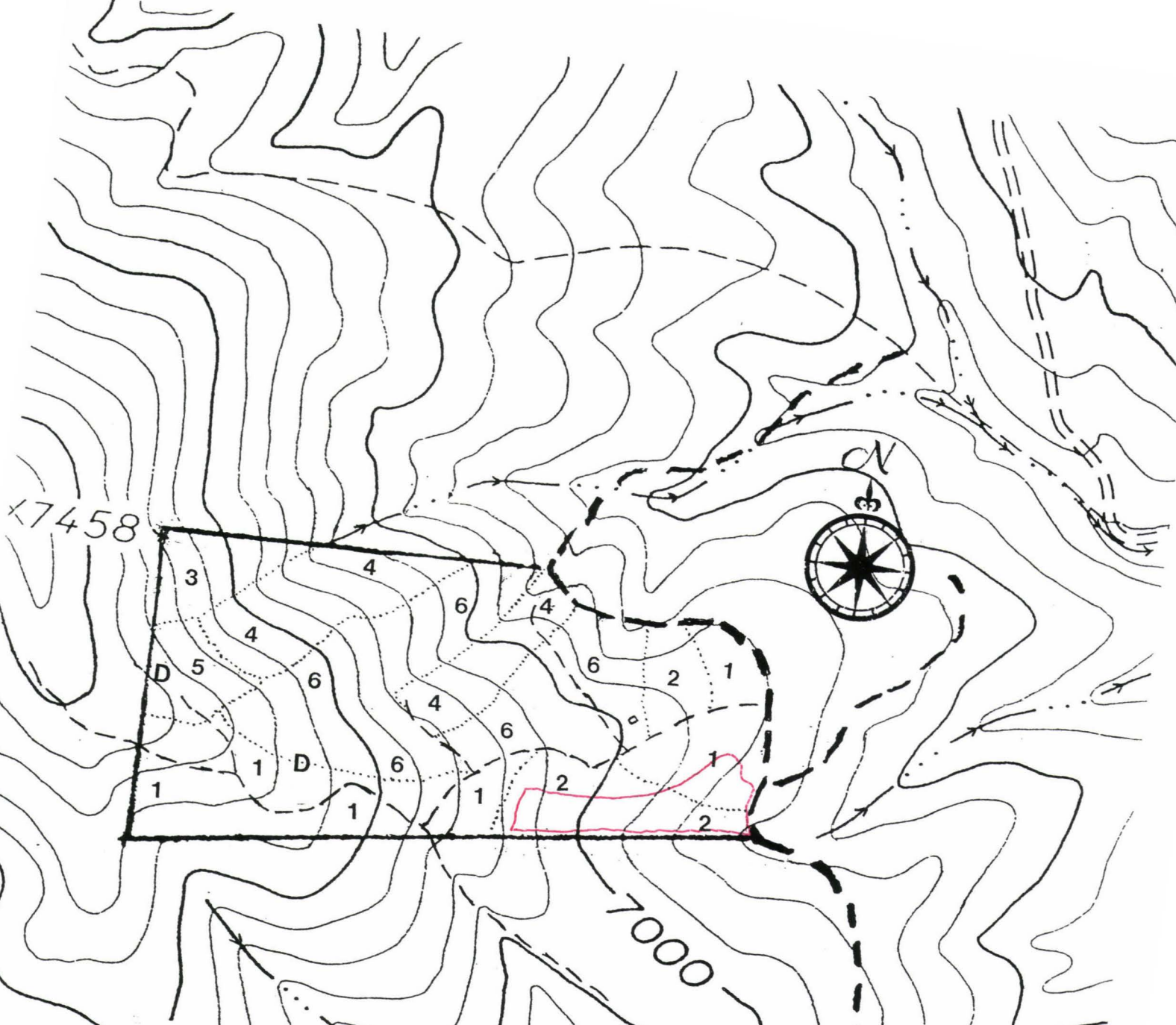


Figure 3. Forest Cover Types on the Oliver Moore Property, Larimer County, Colorado.

Scale 1:5940 or 1"=495'

Map Symbols

- Forest cover type boundaries
- 6 Forest cover types
- Forest road (4wd maintained)
- Forest log roads/trails
- Building
- Intermittent stream