

**FLEP Grant 2006
Fort Collins District**

Funding Distribution & Project Tracking

Applicant	FLEP Practice	FLEP Code	Qty Requested	C/S Amount Requested	C/S Amount Approved	Acres Treated (Completed)	Date Inspected	Payment Amount
Bowen, Zack	Thinning	666-1	3	\$1,500.00	\$560.00			
Bowen, Zack	Chipping	666-3	3	\$900.00				
Budge, David	Thinning	666-1	4	\$2,000.00	\$560.00			
Budge, David	Chipping	666-3	2	\$2,000.00				
Budge, David	Pruning	660	4	\$300.00				
Colard, Christopher	Thinning	666-1	2	\$500.00	\$500.00			
Doyle, Cliff	Thinning	666-1	2.5	\$1,250.00	\$560.00			
Herrmann, Ray	Thinning	666-1	4	\$1,000.00	\$560.00			
Lucia, Edwin	Thinning	666-1	5	\$2,500.00	\$1,000.00			
Ronca, Carlie	Thinning	666-1	5.65	\$2,825.00	\$560.00			
Ronca, Carlie	Pruning	660	5.65	\$423.00				
Snyder, Glenn	Thinning	666-1	2	\$1,000.00	\$560.00			
Snyder, Glenn	Pruning	666-3	1	\$300.00				
Snyder, Glenn	Hauling	666-4	1	\$300.00				
Soulen, Ric	Thinning	666-1	1.5	\$750.00	\$560.00			
Soulen, Ric	Hauling	666-4	1.5	\$750.00				
Young, Michael	Thinning	666-1	4	\$600.00	\$560.00			
Total:				\$18,898.00	\$5,980.00	0.00		\$0.00



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

PROJECT NUMBER: _____
 (For Official Use Only)

NAME: ZACK BOWEN
 MAILING ADDRESS: 11419 RIST CANYON RD
 City: BELLEVUE State: CO
 Zipcode: 80512
 TELEPHONE NO: 970-493-7014

PROJECT ADDRESS/LEGAL DESCRIPTION: SAME / SE 1/4, NW 1/4, S30, R70W,
T&N
 PRACTICES TO BE COMPLETED BY: BOWEN / SEXTON / WALTERMIRE
15 DEGS

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
FLEP 3,79,000-1 THINNING	3 ac		\$ 1,500	\$ 1,500	
FLEP 3,7,9000-3 CHIPPING	3 ac		\$ 900	\$ 900	

Total: \$ 2,400

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: [Signature] DATE: 16 June 06

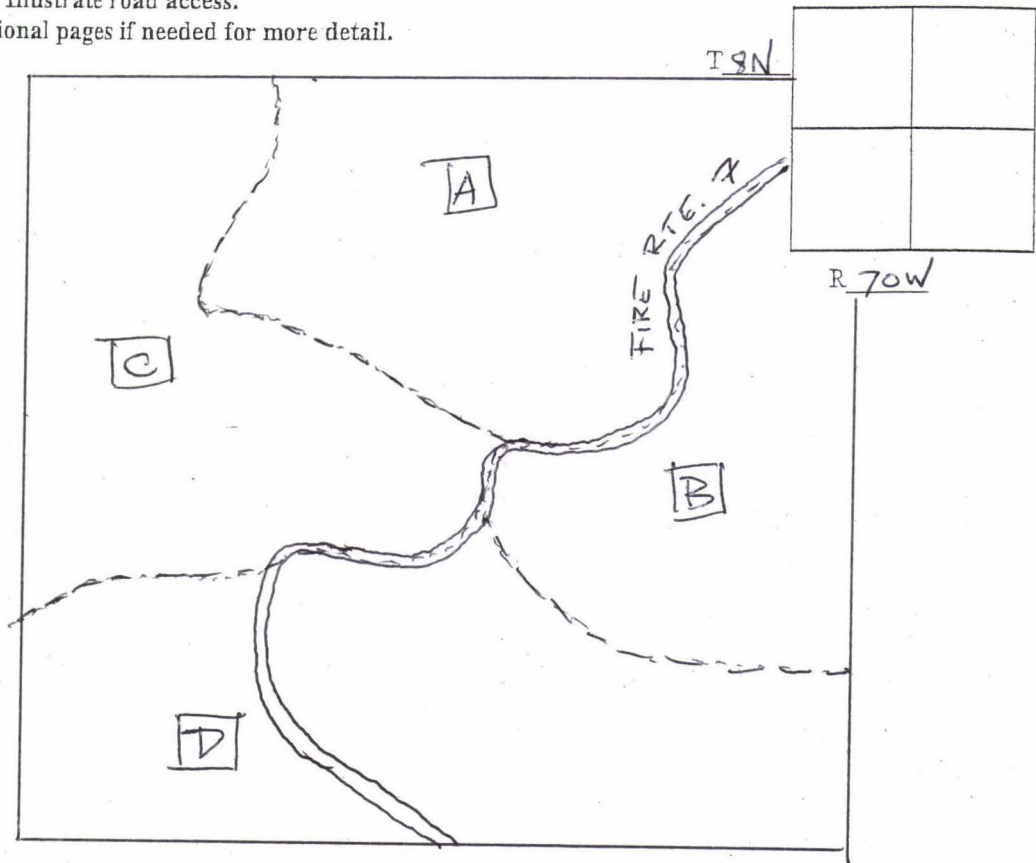
CSFS FIELD REVIEW SIGNATURE: [Signature] DATE: July 7, 06
 (Additional USFWS guidelines addressed)

C/S APPROVED: _____ AMOUNT: \$ 560.⁰⁰ DATE: 7/7/06

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 A&C	NLT OCT 1 06
CHIP 3 AC. IN COMPARTMENT A&C	NLT OCT 1 06