

Colorado State Forest Service
Fort Collins District
Memorandum

TO: Jan Hackett

FROM: Norland K. Hall

DATE: November 1, 2004

SUBJECT: FLEP Grant Reimbursement

Project No.: 536852-I&D-FC-12

Landowner: Sherry Ryder

Attached are documents requesting reimbursement. The project has been inspected. I have reviewed the documents and recommend reimbursement of **\$372.88**

2004 LOA I&D Grants

Sherry Ryder

536852-I&D-FC-12

Practice	Qty Approved	Unit	Rate	C/S Amt. Approved	Qty Accomplished	Unit	C/S Amt.
Thinning	2.5	AC					
D-Space	1	EA	\$1,000.00	\$750.00	1	EA	\$750.00
Total:				\$750.00	Maximum Amount to be Reimbursed		
					Total: \$750.00		

Landowner Expenses

Timberscapes 7/14		\$275.00
	Total:	\$275.00

Landowner Labor \$11.68/hr	Hrs.	Amount
6/10	2	\$23.36
6/11	2	\$23.36
6/14	2	\$23.36
6/23	2	\$23.36
6/24	2	\$23.36
7/21	3	\$35.04
7/25	3	\$35.04
7/29	2	\$23.36
7/30	2	\$23.36
8/1	2	\$23.36
8/2	2	\$23.36
8/3	4	\$46.72
8/25	3	\$35.04
9/2	1	\$11.68
Total:		\$373.76

Prepared by:

Norland K. Hall
Forester

Supplies & Expenses		
6/15	Oil & Sharpen	\$37.00
7/27	Sharpening	\$60.00
Total:		\$97.00

Total: **\$745.76**

50% Matching **\$372.88**

**Amount to be
Reimbursed \$372.88**



**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. 536852-I+D-FC-12

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

Applicant name (please print): SHERRY RYDER & PAM PICKLE

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost	2 hours \$275.00	32 hours 373.76	A Labor Cost= 648.76
Operating Exp ^{3,*}	Chain sharpening 97.00		B Oper. Exp.= 97.00
Revenue Generated (from sale of wood products only) ^{4,*}			C Revenue=
Project Cost			D Total Project (A+B-C) = 745.76
			Amount Originally Approved = \$750
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed ⁵ (.5XD) \$ 372.88

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

Landowner Signature: [Signature]

Date: 9/20/04

Mailing Address: 203 Mt. Evans Ct.

City: Livermore

County: Larimer State: CO Zip: 80536

Phone: 970 495-0207

Practice certified by: [Signature]
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**.

Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 536852-I+D-FC-12

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: ✓

FLEP: _____

I & D Prevention and Suppression – Bark Beetle: ✓

WUI D-space Accomplishment:

No. of D-spaces= 1 Acres slash disposal= 0.5 Acres fuel breaks = _____

Acres thinned= 0.5 Acres pruned= 0.5

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: 0.5

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 = _____		



LANDOWNER ASSISTANCE PROGRAMS APPLICATION FOR COST-SHARE

PROJECT NUMBER: 536852-I&D-FC-12
(For Official Use Only)

NAME: SHERRY RYDER

MAILING ADDRESS: 203 MT EVANS CT

City: LIVERMORE State: CO

Zipcode: 80536

TELEPHONE NO: 970-495-0207

GLACIER VIEW MEADOWS

PROJECT ADDRESS/LEGAL DESCRIPTION: FRINGE 1, LOT 15

29142-07-015

PRACTICES TO BE COMPLETED BY: 12/31/04
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>D-space Thinning - Release</u>	<u>\$1000/acre</u>				
<u>2.5 acres</u>	<u>= \$2500 total</u>				

Total: 750

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: Sherry Ryder DATE: 03/31/04

To be completed by CSFS:

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

PROGRAM: WUI Incentives D-space: _____
FLEP: _____
I & D Prevention and Suppression - Bark Beetle: _____

C/S APPROVED: Michael M. Bygones AMOUNT: \$ 750 DATE: 5/28/04

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.