



Boulder District
936 Left Hand Canyon Drive
Boulder, Colorado 80302
(303) 442-0428

August 1, 1995

UNITED STATES DEPARTMENT OF AGRICULTURE
Attn: Pat Glynn
Consolidated Farm Service Agency
60 South Twenty-Seventh Avenue
Brighton, CO 80601

Dear Pat:

The eighteen-month time limit for Doug Perry's SIP project has expired. Funding is being CANCELLED for NON-PERFORMANCE.

If you have any questions, please call.

Sincerely,

Douglas J. Stevenson

UNITED STATES DEPARTMENT OF AGRICULTURE
CONSOLIDATED FARM SERVICE AGENCY
Adams County CFSA Office
60 S. 27th Ave.
Brighton, CO 80601
(303) 659-0525

July 18, 1995

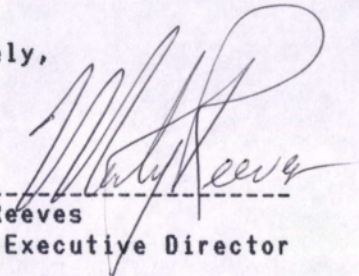
Colorado State Forest Service
Attn: Craig Jones
936 Lefthand Canyon Dr.
Boulder, CO 80302

Dear Craig,

Just a reminder that a meeting of the Adams County Conservation Review Group (CCR6) has been scheduled for Thursday, August 10, 1995 at 2:00 P.M. at the Adams County CFSA Office, 60 S 27th Ave Brighton, CO.

Please let us know by Friday, August 4th if you plan to attend.

Sincerely,



Marty Reeves
County Executive Director

cc: file

*any - CS
Dug*

Pat Glynn

UNITED STATES DEPARTMENT OF AGRICULTURE
CONSOLIDATED FARM SERVICE AGENCY
Adams County CSEA Office
60 S. 27th Ave.
Brighton, CO 80601
(303) 659-0525

July 18, 1995

Colorado State Forest Service
Attn: Craig Jones
936 Leffland Canyon Dr.
Boulder, CO 80302

Dear Craig,

Just a reminder that a meeting of the Adams County Conservation Review Group (CCRG) has been scheduled for Thursday, August 10, 1995 at 2:00 P.M. at the Adams County CSEA Office, 60 S 27th Ave Brighton, CO.

Please let us know by Friday, August 4th if you plan to attend.

Sincerely,

Marty Reeves
County Executive Director

cc: file



May 15, 1995

Doug Perry
1857 West 153rd Place
Broomfield, CO 80020

Boulder District
936 Left Hand Canyon Drive
Boulder, Colorado 80302
(303) 442-0428

Dear Doug:

I still have not received your SIP-245, Page 2. Enclosed is a new copy. Please answer the questions, sign, date and return to me. This is needed for me to authorize payment of your cost-sharing money. I also need receipts for anything you purchased in connection with the project and a list of the hours and dates you worked on it.

The funding authorization expires July 15, 1995. If I do not receive the form and information by that date, the money will be reallocated.

If you have any questions, please call.

Sincerely,

Douglas J. Stevenson

SIP-245
(07-20-93)U.S. DEPARTMENT OF AGRICULTURE
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CD. & C/D | CONTROL NO. (F/Y & NO.) |
08 001 1 | 94 0004 |

FARM NO. 1921	NAME AND ADDRESS DOUG PERRY 1857 WEST 153RD PLACE BROOMFIELD, CO 80020	FARMLAND 2.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 06-30-94
TRACT No. 5607		CROPLAND 2.0			OTHER ASSISTANCE	
Telephone No. 303-252-8384		ID 08 001 0465 T				

Your request for program cost-sharing to perform the practice shown below is approved for the land identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify in writing the State Forester at once. Upon certification of practice completion by the State Forester, payment shall be made within 30 days.

DESCRIPTION OF PRACTICE OBJECTIVE
TO STOP WIND ACTION AROUND BUILDINGS

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
A	B	C	D	E	F	G	H
SIP4	Agroforestry Estab/Main/Renovate (AS)	1.1	.5		550*		
FFW	FARSTEAD AND FEEDLOT WINDBREAK	1.1	.5	450.000	300		
MUL	MULCHING-WEED BARRIER FABRIC	1.1	.5	775.000	250		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount

FFW - 65% of cost not to exceed rate in column E.

MUL - 65% of cost not to exceed rate in column E.

INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below and file with the issuing office by the date noted in EXPIRATION NOTICE.

X. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)

YES /_/_ NO /_/_

Y. During the current fiscal year Oct. 1 - Sep. 30, do you have any interest, direct or indirect, in any other entity that is or will be receiving a SIP payment. (If yes, report State, County and amount of each.)

YES /_/_ NO /_/_

APPROVAL MAILED BY CED	DATE
Total Cost-Shares Earned	
Payment Advance (Partial Payment)	
Setoff	
Debt Assignment	
Net Payment	
C/S Earned Approved By/Date	Calc. Verified By/Date

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the State Forester has determined that the practice has been performed. I agree to maintain this practice for at least 10 years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if before the expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan.

SIGNATURE

DATE

PARTICIPATION IN FS PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.

SIP-245
(07-20-93)U.S. DEPARTMENT OF AGRICULTURE
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CO. & C/D | CONTROL NO. (F/Y & NO.) |
08 001 1 | 94 0004 |

FARM NO. 1921	NAME AND ADDRESS DOUG PERRY 1857 WEST 153RD PLACE BROOMFIELD, CO 80020	FARMLAND 2.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 06-30-94
TRACT No. 5607		CROPLAND 2.0			OTHER ASSISTANCE	ID 08 001 0465 T
Telephone No. 303-252-8384						

Your request for program cost-sharing to perform the practice shown below is approved for the land identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify in writing the State Forester at once. Upon certification of practice completion by the State Forester, payment shall be made within 30 days.

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FFW	FARSTEAD AND FEEDLOT WINDBREAK	1.1	.5	450.000	300		
MUL	MULCHING-WEED BARRIER FABRIC	1.1	.5	775.000	250		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount

FFW - 65% of cost not to exceed rate in column E.

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INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below and file with the issuing office by the date noted in EXPIRATION NOTICE.

X. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)

YES // NO //

Y. During the current fiscal year Oct. 1 - Sep. 30, do you have any interest, direct or indirect, in any other entity that is or will be receiving a SIP payment. (If yes, report State, County and amount of each). YES // NO //

APPROVAL MAILED BY CED

DATE

Total Cost-Shares Earned

Payment Advance (Partial Payment)

Setoff

Debt Assignment

Net Payment

C/S Earned Approved By/Date

Calc. Verified By/Date

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the State Forester has determined that the practice has been performed. I agree to maintain this practice for at least 10 years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if before the expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its specified lifespan.

SIGNATURE

DATE

PARTICIPATION IN FS PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.

Invoice No.

32179✓

**Colorado
State**
FOREST
SERVICE

Date:

2/16/94

Item	Unit Cost	Total
1 100 American plums	0 ³⁸	38.00
2 90 Rocky Mtn. junipers	0 ⁹¹	81.90
3 30 Pinyon Pines	0 ⁹¹	27.30
4		147.20
5 2100 Staples	43.40/m	91.14
6 7 Rolls weed barrier	100 ⁰⁰	700.00
7		938.34
8		
9		

Tax Exempt No. _____

Sales Tax

3%

28.15

Total

966.49

CA-MO Amount Paid:

966.49

Amount Due

966.49

Ck# 6166

Dated 3-28-94

Rcv'd By MCM

F.Y. 93-94

Remit to:

CSFS Originator

Payment Due By _____

Douglas J. Stevenson

Deposit No.

Date

A. REFERRAL INFORMATION

1. Farm No. 47	Name and Address AMELIA S OXLEY PO BOX 33504 NORTHGLENN, CO 80233-0504	2. Telephone Number 303-457-2999	3. Contract Id.
Tract No. 47		4. Practice to Begin 03-01-94	5. Referral Expires
6. Practice Location D3\NW1/4 19-1-67		7. Needs Statement	

The practice is needed and practical for this property.

The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.

Signature: Douglas Stevenson Date: 2/16/94

B. GENERAL INFORMATION

1. Primary Purpose G	12. Program SIP	13. Program Practice No. SIP4	14. VC/SL N	15. Fund Code	16. Estimated Total Cost \$ 750	17. Est. Cost-Share 1.000
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8. Practice Extents Number 1	19. Land Capability Class & Subclass IIIc-1	10. Soil Loss Tolerance 3	11. Land Cover/Use Before 8	12. Technical Practices Applied
2.8				

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 2.8	Technical Practice 380	Cost-Share? Y	Units Planned/ Applied 2.8
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 2.8	184	Y	2.8
3. Other Erosion	a. Problem Type N/A	b. Before (Tons/Yr.)	c. After (Tons/Yr.)	d. Acres Affected		
4. Range Condition	a. Condition Code Before 1	b. Condition Code After 1	c. Trend Cond. Before 1	d. Trend Cond. After 1	13. Endangered Species	14. Hydrologic Unit Code

D. WATER CONSERVATION

E. WATER QUALITY

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before After	c. System Efficiency (%) Before After	d. Water Cons. Acres	1. Problem Type
2. Increased Water Storage	a. Primary Use	b. Capacity (Acres-Inches) Before After	13. Soil Moisture Measures?		2. Type of Water Body Treated/Protected
					3. Pollution Severity

F. WOOD PRODUCTION

G. OTHER ASSISTANCE

1. Site Description	2. Stand Condition	3. Site Preparation	4. Purpose
a. Site Index 80	b. Pot. Prod. 2	a. Acres 2.8	b. Cost-Share 476
a. Forest Cover Before 131	b. Stocking Level Before 902		Trees Planted 200
After 131	After 901		

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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This practice has been performed to the extent shown in item B12c and meets program requirements. If the practice does not meet practice specifications or if additional work is required, explain in item I. Signature: Date:

1P-245
(07-20-93)U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARESST. & CO. & C/D
08 001 1CONTROL NO. (F/Y & NO.)
94 0004

FARM NO. 1921	NAME AND ADDRESS DOUG PERRY 1857 WEST 153RD PLACE BROOMFIELD, CO 80020	FARMLAND 2.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE OTHER ASSISTANCE	OTHER FARMS / YES /X/NO
TRACT No. 5607		CROPLAND 2.0				
Telephone No. 303-252-8384						

DESCRIPTION OF PRACTICE OBJECTIVE
TO STOP WIND ACTION AROUND BUILDINGS

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to Start the Practice 04-01-94
SIP4	Agroforestry Estab/Main/Renovate (AS)	1.1	1.1	450.000	225	
FFW	FARSTEAD AND FEEDLOT WINDBREAK	1.1	1.1	775.000	325	
MUL	MULCHING-WEED BARRIER FABRIC		0.55 AC		\$550	I plan to complete the Practice 06-30-94

LFS Plan
☒ Yes ☐ NoPARTNERSHIP / Yes /X/No
Joint Venture / Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the forest stewardship objectives described above. If cost-sharing is approved for the practice requested, I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if, before the expiration of the specified practice lifespan, I (a) destroy the approved practice, or, (b) voluntarily relinquish control or title to the land on which the approved practice has been established and the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of its lifespan.

SIGNATURE <i>Douglas N Perry</i>	Date 1/6/94	Estimated \$ C/S Value 1,100
APPROVAL ACTION: The State Forester approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.		
FOR THE STATE FORESTER <i>C. Contermill</i>	Date 1/20/94	Practice Expiration Date 6/30/94

REMARKS
\$550 approved; \$550 deferred.

I certify that I / do / do not own more than 1.000 acres of nonindustrial private forestland in the United States or any territory or possession of the U.S.

SIGNATURE:	Acres if more than 1,000	Date Waiver Approved by FS
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PARTICIPATION IN FS PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.

B. GENERAL INFORMATION

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 0.5	4811	Y	0.551
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 0	b. After (Tons/Ac./Yr.) 0	c. Acres to which Rate Applies 0.5			
3. Other Erosion	a. Problem Type 2A	b. Before (Tons/Yr.) 1A	c. After (Tons/Yr.) 1	d. Acres Affected		
4. Range Condition	a. Condition Code Before 3	b. Condition Code After 4	c. Trend Cond. Before 1	d. Trend. Cond. After 1	13. Endangered Species	14. Hydrologic Unit Code

E. WATER QUALITY

G. OTHER ASSISTANCE

II. PERFORMANCE REPORT

Date _____

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program1. COUNTY Adams2. STATE CO

3. ASCS FARM NO.

4. CONTROL NO. (from SIP-245)

5. LANDOWNER NAME AND ADDRESS

SIP ELIGIBILITY WORKSHEET

NOTE: This worksheet should be attached to the SIP-245 and remain attached throughout the cost-share process.

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The Food, Agriculture, Conservation, and Trade Act of 1990 authorizes the collection of the following data (36 CFR Part 220). The information is necessary to determine eligibility to participate in the Stewardship Incentive Program (SIP). Furnishing this data is voluntary; however, without it participation in the program may be denied. Any fraudulent claim made hereunder may subject the applicant to Federal criminal and civil penalties as provided in 18 USC 287, 1001; and 31 USC 221. The data may be furnished to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate or administrative tribunal.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0596-0120), Washington, D.C. 20503.

PART 1 - ELIGIBILITY CHECKLIST - TO BE COMPLETED BY ASCS

Check "Yes" or "No" for each:

6. The applicant actually owns the land.

YES

NO

7. The landowner is not a Federal, State, or local government agency or other governmental organization.

8. The landowner, if a corporation, is not a publicly traded corporation.

9. The landowner is not principally engaged in the production of wood products.

10. The landowner does not own more than 1,000 acres of NIPF (Non-Industrial Private Forestland), or not more than 5,000 acres of NIPF with an eligibility waiver signed by the State Forester.

11. The landowner owns at least the minimum acreage of NIPF that has been established for SIP eligibility by the State Forester.

12. The practice is voluntary, or is not required by Federal, State, or local government laws or regulations.

13. The practice was not started prior to submission of the application to ASCS.

14. The practice has not been established and currently does not exist on the site as a result of previous Federal cost-sharing.

15. Other (explain)

The eligibility information above is provided by ASCS for use by the Service Forester for making eligibility determinations. This information is provided only as a recommendation, and is only based on information made available at the time of application.

16. Signature (Landowner)

Date

17. Signature (CEO or designee)

Date

Supporting statements or documents, if any, are attached by ASCS.

PART 2 - ELIGIBILITY DETERMINATION - TO BE COMPLETED BY THE SERVICE FORESTER

Check "Yes" or "No" for each:

YES

NO

18. The practice requested was determined to be needed and practical (from AD-862).

19. The application meets all explicit eligibility criteria and is eligible for cost-sharing at this time because it is higher priority and ample funds are available. ("No" should be checked when eligible applications are not approved because of priorities, or ample funds are not available.)

20. Other (explain)

ELIGIBLE ☒INELIGIBLE ☐

An INELIGIBLE determination is based on the following from item(s) 6-15 or 18-20 that are checked "No": _____ (Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

(Enter numbers)

authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

21. Signature (Service Forester)

Date

Supporting statements or documents, if any, are attached by the Service Forester.

NOTE to Service Foresters: The original signed copy of this form must be returned to the county ASCS office with each SIP-245 so that ASCS can properly notify the applicant of their application approval/disapproval.

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or handicap.

STEWARDSHIP INCENTIVE PROGRAM
PAYMENT LIMITATION REVIEW

County

State

PROGRAM YEAR	1969-70	1970-71	1971-72	1972-73	1973-74	1974-75	1975-76	1976-77	1977-78	1978-79	1979-80	1980-81	1981-82	1982-83	1983-84	1984-85	1985-86	1986-87	1987-88	1988-89	1989-90	1990-91	1991-92	1992-93	1993-94	1994-95	1995-96	1996-97	1997-98	1998-99	1999-00	2000-01	2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27	2027-28	2028-29	2029-30	2030-31	2031-32	2032-33	2033-34	2034-35	2035-36	2036-37	2037-38	2038-39	2039-40	2040-41	2041-42	2042-43	2043-44	2044-45	2045-46	2046-47	2047-48	2048-49	2049-50	2050-51	2051-52	2052-53	2053-54	2054-55	2055-56	2056-57	2057-58	2058-59	2059-60	2060-61	2061-62	2062-63	2063-64	2064-65	2065-66	2066-67	2067-68	2068-69	2069-70	2070-71	2071-72	2072-73	2073-74	2074-75	2075-76	2076-77	2077-78	2078-79	2079-80	2080-81	2081-82	2082-83	2083-84	2084-85	2085-86	2086-87	2087-88	2088-89	2089-90	2090-91	2091-92	2092-93	2093-94	2094-95	2095-96	2096-97	2097-98	2098-99	2099-00	2100-01	2101-02	2102-03	2103-04	2104-05	2105-06	2106-07	2107-08	2108-09	2109-10	2110-11	2111-12	2112-13	2113-14	2114-15	2115-16	2116-17	2117-18	2118-19	2119-20	2120-21	2121-22	2122-23	2123-24	2124-25	2125-26	2126-27	2127-28	2128-29	2129-30	2130-31	2131-32	2132-33	2133-34	2134-35	2135-36	2136-37	2137-38	2138-39	2139-40	2140-41	2141-42	2142-43	2143-44	2144-45	2145-46	2146-47	2147-48	2148-49	2149-50	2150-51	2151-52	2152-53	2153-54	2154-55	2155-56	2156-57	2157-58	2158-59	2159-60	2160-61	2161-62	2162-63	2163-64	2164-65	2165-66	2166-67	2167-68	2168-69	2169-70	2170-71	2171-72	2172-73	2173-74	2174-75	2175-76	2176-77	2177-78	2178-79	2179-80	2180-81	2181-82	2182-83	2183-84	2184-85	2185-86	2186-87	2187-88	2188-89	2189-90	2190-91	2191-92	2192-93	2193-94	2194-95	2195-96	2196-97	2197-98	2198-99	2199-00	2200-01	2201-02	2202-03	2203-04	2204-05	2205-06	2206-07	2207-08	2208-09	2209-10	2210-11	2211-12	2212-13	2213-14	2214-15	2215-16	2216-17	2217-18	2218-19	2219-20	2220-21	2221-22	2222-23	2223-24	2224-25	2225-26	2226-27	2227-28	2228-29	2229-30	2230-31	2231-32	2232-33	2233-34	2234-35	2235-36	2236-37	2237-38	2238-39	2239-40	2240-41	2241-42	2242-43	2243-44	2244-45	2245-46	2246-47	2247-48	2248-49	2249-50	2250-51	2251-52	2252-53	2253-54	2254-55	2255-56	2256-57	2257-58	2258-59	2259-60	2260-61	2261-62	2262-63	2263-64	2264-65	2265-66	2266-67	2267-68	2268-69	2269-70	2270-71	2271-72	2272-73	2273-74	2274-75	2275-76	2276-77	2277-78	2278-79	2279-80	2280-81	2281-82	2282-
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The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The information is necessary to monitor participation in the Stewardship Incentive Program (SIP). This program is authorized by the Food, Agriculture, Conservation, and Trade Act of 1990 which will be used in applying statutory payment limitation provisions. Furnishing this data is voluntary; however, without it we may be unable to establish your maximum eligibility for program payments unless this report is completed and filed as required by existing law and regulations (36 CFR Part 230). Any fraudulent claim made hereunder may subject the applicant to Federal criminal and civil penalties as provided in 18 USC 287, 1001; and 31 USC 231. The data may be furnished to other USDA agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to orders of a court magistrate or administrative tribunal.

Public reporting burden for this collection of information is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate, or any other aspect of this collection of information, including suggestions for reducing this burden, to the Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Management and Budget, Paperwork Reduction Project (OMB No. 0596-0120), Washington, D.C. 20503.

1. Entity's Name and Address

Douglas N. Perry
1857 W. 153rd Pl.
Broomfield, Co. 80020

12. Entity Identification Number

523-80-9778

3. Date Entity Formed**4. Type of Entity (Check One)**

- A. Individual ☒ C. Revocable Trust ☐ E. Limited Partnership ☐ G. Joint Venture ☐ I. Other (Specify) ☐
B. Irrevocable Trust ☐ D. Corporation ☐ F. General Partnership ☐ H. Estate ☐ _____

5. Member - List all stockholders, members, heirs, or beneficiaries having an interest in the entity.

Stockholder's, Member's, Heir's, or Beneficiary's Name

Social Security/ Employer ID Number(s)

% Share

Executor's or Grantor's Name

6. Entity Certification:

I certify that all information provided on this form is true and correct to the best of my knowledge and belief.

ENTITY'S SIGNATURE

DATE _____