



March 25, 1992

Doug Parker
Box 1077
Boulder, CO 80306

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

Dear Doug:

Your SIP-3, Defensible Space practice was funded at \$750.00. The SIP-8, 1/10-Acre Shrub Thicket was funded at \$280.00.

The SIP-4, Farmstead Windbreak; and SIP-6, Streambank and Shoreline Restoration practices were disapproved.

The ASCS will send you the official start-work notice. You should be receiving it late next week, or early the following week.

If you need help with layout or marking, give me a call. Note that the northwest corner of the Defensible Space area drops over the edge of the hill.

I can bring you the shrubs and polymer anytime you want them, I just need a week's notice. An invoice, showing the amounts due for these items, is enclosed.

If you have any questions, please call.

Sincerely,

Douglas J. Stevenson



March 4, 1992

Doug Parker
Box 1077
Boulder, CO 80306

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

Dear Doug:

Enclosed are two copies of your plan. Please sign and return one copy to me along with a check for \$40.00 payable to the Colorado State Forest Service. If the plan does not meet with your approval, please indicate specific changes you would like to see and return it to me. If your wishes can be incorporated without violating technical specifications, I will include them.

Please understand that the agreements you signed constitute a contract. Contingent on funding, you agreed to complete the practices described in the plan. If you do not complete it to specifications, the cost-sharing may be reduced or forfeited altogether.

I have some paperwork for you to sign; apparently, we forgot to tell you about one line on the form. It is a certification that you don't own more than 1000 acres of forested land anywhere in the United States. Also, the ASCS has some forms that need signatures. They will be sending them to you through the mail.

Enclosed is a direct-deposit form if you want the money deposited directly to your account; otherwise, the check will be mailed to you. If you want direct deposit, send this back to me; if not, just tear it up.

All I could get for erosion control work was \$24.00 and that would require you to go back to the ASCS office and apply (You didn't sign up for it.). I thought that would be a lot of hassles for very little return, so I didn't include it.

I took the liberty of ordering 250 Woods roses for your planting. I hope you want them. The nursery was running low and I didn't think they'd last until we got the paperwork done.

If you have any questions, please call.

Sincerely,

A handwritten signature in cursive script that reads "Douglas J. Stevenson".

Douglas J. Stevenson
Assistant District Forester

COPY

FORM APPROVED
OMB NO. 0596-0120

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SIP-245
(03-04-92)U.S. DEPARTMENT OF AGRICULTURE
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CO. & C/D | CONTROL NO. (F/Y & NO.)
08 013 6 | 92 0047

FARM NO. 956	NAME AND ADDRESS DOUG PARKER BOX 1077 BOULDER, CO 80306	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE WOOD PRODUCTION	EXPIRATION NOTICE Practice must be completed and reported by 10-01-93
TRACT No. 9218		CROPLAND				
Telephone No. 000-000-0000						ID 128-34-5106 S

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
FIRE HAZARD, WIND, SOIL EROSION, LACK OF WILDLIFE SHELTER

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
SIP3	Forest and Agroforest Improvement (Ac)				750*		
DES	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU	1.0	1.0	750.00	750		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
DES - 75% 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.

APPROVAL MAILED BY CED

DATE

Cindy E. Hotley

5-26-92

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.)

Total Cost-Shares Earned

Payment Advance (Partial Payment)

Setoff

Debt Assignment

YES // NO //

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

Net Payment

C/S Earned Approved By/Date Calc. Verified By/Date

YES // NO //

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.

COPY

FORM APPROVED
OMB NO. 0596-0120

Page 2

SIP-245
(03-04-92)U.S. DEPARTMENT OF AGRICULTURE
PRACTICE APPROVAL AND PAYMENT APPLICATIONST. & CO. & C/D
08 013 6CONTROL NO. (F/Y & NO.)
92 0050

FARM NO. 956	NAME AND ADDRESS DOUG PARKER BOX 1077 BOULDER, CO 80306	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 10-01-93
TRACT No. 9218		CROPLAND			OTHER ASSISTANCE	
Telephone No. 000-000-0000						ID 128-34-5106 S

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DESCRIPTION OF PRACTICE OBJECTIVE
FIRE HAZARD, WIND, SOIL EROSION, LACK OF WILDLIFE SHELTER

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
SIP8 WH2	Wildlife Habitat Enhancement (Ac) WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET NU	3.0	1.0	280.00	280* 280		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
WH2 - 75% of cost not to exceed rate in column E.

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APPROVAL MAILED BY CED

DATE

Cindy E. Dattel

5-26-92

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Total Cost-Shares Earned

Payment Advance (Partial Payment)

Setoff

Debt Assignment

YES // NO //

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

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

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