## Colorado State Forest Service Fort Collins District

### Memorandum

TO: Jan Hackett

FROM: Norland K. Hall

DATE: December 1, 2003

SUBJECT: FLEP program reimbursement for Glenn Johnson

Attached are documents supporting work accomplishments and expenses under the FLEP program. The work was inspected by Mike Hughes and meets requirements. I have reviewed the documents and recommend reimbursement.

#### ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Applicant name (please print):	CTCENN JOHNSON	_
Accomplishment (by FLEP practice	2)	
#1 Plan Acres =//	#5 Acres =	#9 Acres treated = $\angle$
#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 <sup>1</sup>	Landowner Services <sup>2</sup>	Totals
Labor Cost		185 HRS \$2160.80	A Labor Cost= 11.68 4 2160.80
Operating Exp <sup>3, *</sup>		OIL 31.61 FUEL 38.20	B Oper. Exp.=
Revenue Generated (from sale of wood products only) 4, *		SAW LOGS 3640 FERE WOOD 50.	C Revenue= 86.40
Project Cost			D Total Project (A+B-C) = 2144.21
		,	Amount Originally Approved =
Reimbursable to Applicant <sup>5</sup>			Amount to be Reimbursed =

Any contracted services where payment was made for services.

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

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

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

<sup>5</sup> 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:	Date:
Mailing Address: 15491 REST CANYON Ro	City: BELL YUE
County: LARSMEN State: Co Zip: 305	5/2 1 Phone: 484 2012
County: LARSMEN State: (0 Zip: 305) Practice certified by: MIKE Hughes	The light Light
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.

1. xan on you

COLORADO'S

FOREST LAND
ENHANCEMENT PROGRAM
APPLICATION FOR COST-SHARE

	$PROJECTNUMBER:\_\_\_$	
	(For Official Use Only)	
NAME: Jenn Johnson	A	
MAILING ADDRESS: 15491 Ris-	+ Canyon Rd	-
City: B-ellvue	State: CO	
Zipcode: 80512	1	
Zipcode: 80512 TELEPHONE NO: 970-484-20	015	
		11
PROJECT ADDRESS/LEGAL DESCRI	IPTION: Tarce 15 18350-00 008	150 Acres in 5/28
Sec 35, T8N, R71 W of 65 PRACTICES TO BE COMPLETED BY	PM., Lariner Cty	
PRACTICES TO BE COMPLETED BY	1: 12-31-03	

Practice No. &	Quantity	Quantity	Maximum	C/S Amount	C/S Amount
Component Title	Requested	Approved	C/S Amount	Requested	Approved
0.					
FLEP 1, 30-2 Plan	150	Ø	1192	1135	Ø
FLipio, 484 -2 Molching	1/2	8	75	75	P
FLERS SX7 Colvert	3	· Ø	1900	460	8
FLEP6,648, Wildlife		8	200	40	0
FLEP 7660 Pruning	6	6	450	450	(8)
F-L897 666-1 Thinning	6	2 se	3000	3000	\$1,000°
FLER 7,666 3 Chionna	6	Ø	1800	1800	5

Total: 6950

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:	DATE: 7-2-03
CSFS FIELD REVIEW SIGNATURE	DATE:
(Additional USFWS guidelines addressed)	
C/S APPROVED Paris & Farmer	AMOUNT: \$1,000 DATE: 9-16-03

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.



# FOREST LAND ENHANCEMENT PROGRAM COST DOCUMENTATION

I have incurred the following expenses for completion of the Forest Land Enhancement Program practice for which I have been funded. These expenses are itemized below Labor rate to be used if landowner is doing

the work =\$11,68/hr. Seperate expenses by component (activity).

DATE	BY WHOM	<b>ACTIVITY/EXPENSE:</b>	HOURS	<b>EXPENSES</b>
9-18-03	GLENN	THINNING	6	70.08
9-19	1'	( '	7	81.76
9-20	1 (	//	6	76.08
9-22	11	11	22	256.96
9-29	11	1 /	7	81.76
9-30	11	1 1	8	93.44
10-1 TH 3	11	/ /	101	163.52
10-6 TH 9 10-14	//	/ 1	29	338.72
10-14	11	71	31	362.08
10-21 TH24	t 1	1 /	24	280.32
10-27 TH-30	GLENN & JATNE	/ /	31	362.08
				2160.80



INVOICE DATE: 09/16/03 ACCOUNT NUMBER: 1950

P.O.BOX 1831 105 E. Lincoln Fort Collins, Colorado 80522 970-482-2533 1-800-540-3915

SOLD

TO SPRING VALLEY WOODS 15491 RIST CANYON RD BELLVUE, CO 80512 SHIP

TO SPRING VALLEY WOODS 15491 RIST CANYON RD BELLVUE, CO 80512

P.D. #	SHIPPED VIA	PURCHASED TERM	IS		
PRODUCT	MH DESCRIPTION	NET 10TH UNIT PRICE	QUANTITY	АМОИМТ	
TE2DS	TAX EXEMPT #2 DIESEL COMBUSTIBLE LIQUID NA199	1.16962 3	46.60	54,50	

10 GAL OF THES PURCHASE

SUB TOTAL: 54.50 ST. GAS TAX: 0.00 .0000 0.00 ST DSL TAX: 46.60 . 0094 0.44 FED GAS TAX: 0.00 . 0000 0.00 FED DSL TAX: 0.00 .0000 0.00 SALES TAX: 0.00 TOTAL DUE: 54.94



P.O.BOX 1831 105 E. Lincoln Fort Collins, Colorado 80522 970-482-2533 1-800-540-3915 INVOICE NUM: 32981 INVOICE DATE: 05/30/03 ACCOUNT NUMBER: 1950

1821 80257

SOLD

TO/ SPRING VALLEY WOODS 15491 RIST CANYON RD . BELLVUE, CO 80512 SHIP

SPRING VALLEY WOODS 15491 RIST CANYON RD BELLVUE, CO 80512

P.O. #	SHIPPED VIA	PURCHASED TERM	15	
PRODUCT	DESCRIPTION	NET 10TH UNIT PRICE	GUANTITY	AMOUNT
TE2DS	TAX EXEMPTS THE DIESEL COMBUSTIBLE LIGHT NA1993	1,05962	205.30	217.54
	250.92			
	10-16-5			25 GAL
			USED	25 GAL IS FUEL
1	and the same of th	and rest in the second	DF TH	1
Santa Commission Commi				

SUB TOTAL:		217.54
ST. GAS TAX: ST DSL TAX: FED GAS TAX: FED DSL TAX: SALES TAX:	3.00 .0000 205.30 .0094 0.00 .0000 0.00 .0000	0.00 1.93 0.00 0.00 0.00
TOTAL DUE:		219, 47



INVOICE NUM: 32346 INVOICE DATE: 05/08/03 ACCDUNT NUMBER: 1950

P.O.BOX 1831 105 E. Lincoln Fort Collins, Colorado 80522 970-482-2533 1-800-540-3915

SOLD

TO SPRING VALLEY WOODS 15491 RIST DANYON RD BELLVUE, CO 80512 SHIP

TO SPRING VALLEY WOODS 15491 RIST CANYON RD BELLVUE, CO 80512

P.U. #	SHIPPED VIA	PURCHASED TERM	45	
PRODUCT	DESCRIPTION	UNIT PRICE	QUANTITY	AMOUNT
22315-5	CITGARD 500 15/40	5.40000	3.00	27.00
54150-Q	PPO INJEX TC-W3	2.62000	1.00	2.62

USEP Winds

	SUB TO	ITAL:			29.62
	ST. GAS	TAXL	0.00	.0000	0.00
	ST DOL	TAXI	0.00	. 0000	0.00
	FED GAS	TAX:	0.00	.0000	0.00
	FED DSL	TAX:	0.00	.0000	0.80
	SALES	TAX			1, 99
0 T	A L D.	U Er	Experience of the second of th		31.61

GLENN Januson

1/2 1/1/1 20 BF.

1 HHL 1 60 BF

2 1/1 60 BF

140 BF.

X:26

X:26

1 coped Financy 50.00

486.40

W000 Soc D

File Copy



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

September 16, 2003

1

Glenn Johnson 15491 Rist Canyon Road Bellvue, CO 80512

Mr. Johnson,

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,

David A. Farmer

Assistant District Forester

Enclosures

Plan on fil



#### APPLICATION FOR COST-SHARE

	$PROJECTNUMBER:\_\_\_$	
	(For Official Use Only)	
NAME: Jenn Johnson		
MAILING ADDRESS: 15491	Rist Caryon Rd	_
City: Belline	State: Co	
Zipcode: 80512		
Zipcode: 80512 TELEPHONE NO: 970-48	4-2012	
PROJECT ADDRESS/LEGAL I Sec 35, T8N, R71 W o PRACTICES TO BE COMPLET	DESCRIPTION: Parcels 18350-00 008  OF 6th P.M., Lariner Cty  TED BY: 12-31-03	150 Acres in 5/28

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
FLEP 1, 30-2 Plan	150	Ø	1122	1135	Ø
FLEP 10,484 -2 Mulching	1/2	8	75	75	8
FLERS 587 Colvert	3	'V	1200	460	8
FLEP6,648, wildlife	1	0	200	40	0
FLEP 7.660 Proving	6	6	450	450	i es
FLEP 7, 606-1. Thinning	6	2 se	3000	3000	41,00000
FLEP 7,666 3 Chipping		Ø	1800	1800	8

Total: 6950

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:	DATE: 7-2-03
CSFS FIELD REVIEW SIGNATURE:	DATE:
(Additional USFWS guidelines addressed)	

C/S APPROVED Land & Farmer AMOUNT: \$1,000 DATE: 9-16-03

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.





