



Fort Collins District
5060 Campus Delivery
Fort Collins, Colorado 80523-5060
(970) 491-8660
FAX: (970) 491-8645

January 18, 2008

Michael & Debbie Young
2221 Chandler Street
Fort Collins, CO 80528

Dear Michael & Debbie:

Your Landowner Assistance Program application has been reviewed. The amount approved is shown on the attached copy of your application. Our office received nearly \$90,000 in grant requests. We were only able to partially fund projects and some were not funded at all.

This grant requires a 50/50 fund match. The project must be completed September 1, 2008. If it becomes apparent you will not be able to complete the project by this day, please contact our office as soon as possible.

Enclosed you will also find an Accomplishment Report and a Cost Documentation form. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on these forms. Final reimbursement cannot be processed without completion of these forms.

If you have any questions or concerns, please call me at (970) 491-8453. Thank you for your interest in the stewardship of your forest and in our Landowner Assistance Program.

Sincerely,

A handwritten signature in dark ink, appearing to read "Michael M. Hughes".

Michael M. Hughes
Assistant District Forester
Fort Collins District

Enclosures



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

Form A

PROJECT NUMBER: _____

(For Official Use Only)

NAME: Michael & Debbie Young
MAILING ADDRESS: 2221 Chandler Street
City: Fort Collins State: CO
Zipcode: 80528
TELEPHONE NO: 970.229.0447

PROJECT ADDRESS/LEGAL DESCRIPTION: Parcel 22310-00-33

PRACTICES TO BE COMPLETED BY: 9/15/2008

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
* FLEP9, 666-1 FSI Thinning	3 Acres				
FLEP9, 338-3 Slash Treatment Pile	5 Acres				
		Total:			\$1000. ⁰⁰

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. **CSFS forester: 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: Michael E Young DATE: 12/24/2007
To be completed by CSFS forester:

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

PROGRAM: WUI Incentives D-space: _____ FLEP: _____
I & D Prevention and Suppression – Bark Beetle: _____
FRFTP: _____ Stevens' Funds: _____ SFA: _____

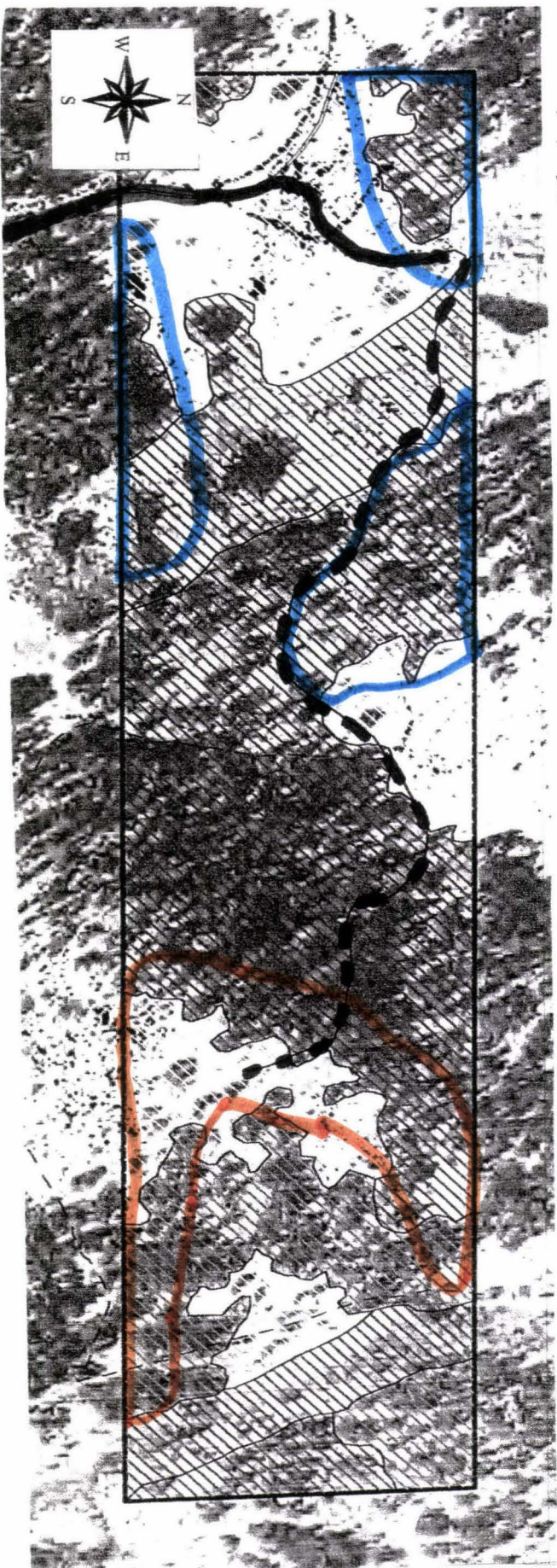
C/S Allocated: Phyllis M. Hyler AMOUNT: \$1000⁰⁰ DATE: 1/18/08
CSFS District Forester

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.

* A portion of this thinning is in a defensible space that needs additional attention 5/23/07

Michael & Debra Young
Parcel R2310-00-33

N $\frac{1}{2}$ N $\frac{1}{2}$ SE $\frac{1}{4}$ Section 31 T12N R72W



300 0 300 600 900 1200 1500 1800 2100 Feet

— Mill Creek Access Road

- - - Private Road

— Thinning Boundary

— Pile Burning Boundary



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (a.k.a.: SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>

09-25-07
KC

Name: MICHAEL YOUNG

Address: 2221 CHANDLER STREET

FORT COLLINS, CO 80528

**Approved for Payment
C.S.F.S.**

A795744
09-25-07
KC

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: 536790-FC

Cooperator Match: \$2,132.68

Approved Funding: \$1,000.00

Total Project: \$3,132.68

CSFS Account Number: 536790-5980

Amount of Payment: \$1,000.00

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by: 
(Program manager signature)

Date: 9/27/07

FILE COPY

***** FILE COPY NON-NEGOTIABLE *****

Date Requested: 08/08/07

V YOUNG MICHAEL
E 2221 CHANDLER ST
N FORT COLLINS CO 80528

D
O
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 795744
P FORT COLLINS CO 80523-6011

Contact: SUNDSTROM, GREG
Phone: (970)491-6303
Department: CO State Frst Svc

TO:

Financial Assistance Program
Multiple Payments

Item #	Description	Qty	UOM	Unit Price	Extension	Acct #	Sub	User
1)	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; State Fire Assistance (SFA); Project # 536790-FC	1	LOT	1000.0000	1000.00	536790	5980	
TOTAL:					\$1,000.00			

NOTIFY THE DEPARTMENT
IMMEDIATELY IF THERE ARE
ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE



**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. 536790-FC
(For Official Use Only-
No. from original application)

Applicant name (please print): Michael & Debbie Young

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost		\$3,132.68 178.5 hours	A Labor Cost= \$3,132.68 \$2084.88
Operating Exp ^{3,*}			B Oper. Exp.= <u> </u>
Revenue Generated (from sale of wood products only) ^{4,*}			C Revenue= <u> </u>
Project Cost			D Total Project \$3,132.68 (A+B-C)= \$2084.88
			Amount Originally Approved = \$ 1000.00
How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>0</u>			Amount to be Reimbursed ⁵ (.5XD) \$ 1000.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 11.68 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. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature: Michael E Young

Date: 9/3/2007

Mailing Address: 2221 Chandler Street

City: Fort Collins

County: Larimer State: CO Zip: 80528

Phone: 229-0447

Practice certified by: DSW
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. 536790-FC

Young

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: X I & D Prevention and Suppression – Bark Beetle: _____
FLEP: _____ FRFTP: _____ STEVENS' Fund: _____ SFA: X

WUI D-space Accomplishment:

No. of D-spaces = _____ Acres slash disposal = _____ Acres fuel breaks = _____
Acres thinned = 2 Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____
Acres inspected and treated: _____
Acres thinned: _____

FLEP Accomplishment (Not included above):

#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 = _____		

2007

Form D

LANDOWNER ASSISTANCE PROGRAMS COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$11.68/hr. Separate expenses by component (activity). Attach receipts.

Michael E Young
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
6/23	Mike	Thinning	8	
	Debbie		8	
6/28	Mike	Thinning	2	
6/29	Mike	Defensible Space	7	
7/4	Mike		7	
	Nick	Thinning	7	
	Debbie		7	
7/20	Mike	Defensible Space	2	
	Brendan		2.5	
7/21	Mike		8.5	
	Debbie	Defensible Space	8.5	
	Brendan		8.5	
7/22	Mike		5.5	
	Debbie	Thinning	3.5	
	Brendan		5.5	
8/9	Mike	Thinning	7	
8/12	Nick	Thinning	7.5	
8/18	Nick	Thinning	8	
8/19	Nick	Thinning	4	
8/23	Mike	Thinning	1.5	
8/24	Mike		1	
	Nick	Thinning	2.5	
	Brendan		2.5	
8/25	Mike		8	
	Debbie	Defensible Space	8	
	Nick		8	
	Brendan		8	
8/31	Mike		1.5	
	Nick	Defensible Space	2	
	Brendan		2	

