

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

January 18, 2008

Mary Bollinger
P.O. Box 270602
Fort Collins, CO 80527

Dear Mary:

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,



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: Mary Bollinger

MAILING ADDRESS: PO Box 270602

City: Fort Collins State: CO

Zipcode: 80527

TELEPHONE NO: (970) 493-3050

PROJECT ADDRESS/LEGAL DESCRIPTION: 873 Lakewood Ct., Estes Park
Parcel # 34022-00-084

PRACTICES TO BE COMPLETED BY: September 14, 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
Thinning 666-1	\$250.00				
Chipping 666-2	300.00				
Or	Or				
Heavy 666-3	300.00				
TOTAL	\$550.00	Total:			

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: Mary C Bollinger DATE: 1-8-08

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____

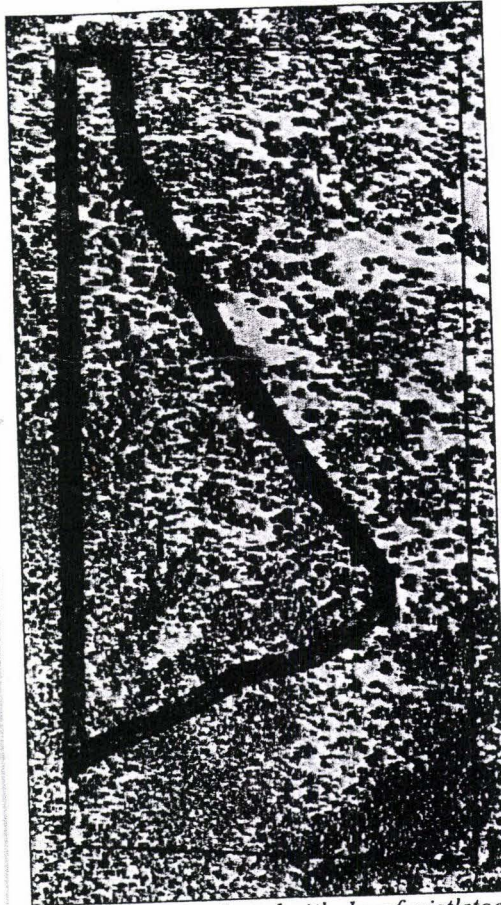
(Additional USFWS guidelines addressed)

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

C/S Allocated: 524/10, 1/1/08 AMOUNT: \$ 1000.00 DATE: 1/1/08
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.

Thinning, Chipping or Hauling
within these 18 acres



Eighteen acres infected with dwarf mistletoe.

873 Lakewood Court
Parcel # 34022-00-084