

AD-245 (09-11-95)	U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES	ST. & CO. & C/D 08 013 6	CONTROL NO. (F/Y & NO.) 1998 0011
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(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1216	NAME AND ADDRESS JUDY CLARK 296 SANDY DR BOULDER, CO 80302	FARMLAND 3.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / /YES /X/No
TRACT No. 9468		CROPLAND					
Telephone No. 303-939-9073							

DESCRIPTION OF PRACTICE OBJECTIVE
DWARF MISTLETOE CONTROL AND IMPROVEMENT
PRACTICE LOCATION PT 28 & 29 & 32 & 33:1N-71W SIP

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
SIP3	Forest improvement (Ac)	2.0	2.0	200.000	400 ⁰⁰	10-01-1998
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE)	2.0	2.0	200.000	400 ⁰⁰	
DES	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	1.0	1.0	750.000	750 ⁰⁰	
					1150 ⁰⁰	I plan to complete the practice 04-01-2000

CONSERVATION PLAN: Farm Plan By NRCS / /Yes /X/No Forest Plan By FS / /Yes /X/No Other Plan / /Yes /X/No

PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before 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. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: *Judy A Clark* DATE: *9/10/98* Estimated \$ C/S Value 1,150 C/S Willing to Approve \$ *1000*

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK E above for this practice.

FOR THE APPROVING OFFICIAL: *Montrell* DATE: *Jan 27, 99* Practice Expiration Date: *4/1/2000*

REMARKS

For SIP and FIP Only: I certify that I / /do do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S.

SIGNATURE: *Judy A Clark* DATE: *9/10/98* Acres if more than 1,000 Date Waiver Approved

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

UNITED STATES DEPARTMENT OF AGRICULTURE
Boulder-Jefferson-Clear Creek-Gilpin County FSA Office
9595 Nelson Road, Box A
Longmont, CO. 80501
(303)776-1242

Judy Clark
296 Sandy Drive
Boulder, CO 80302

Stewardship Incentive Program
Date: February 4, 1999

Dear Landowner,

Your request for cost sharing on practice numbers SIP 3 from the U. S. Forest Service Stewardship Incentive Program has been approved by the Colorado State Forester's local office. The attached SIP-245, page 2 lists the program practice(s), practice components, and the extent of the components for which you were approved.

Please note the practice expiration date as set by the State Foresters local office on the form(s). To be eligible for cost sharing you must (1) **COMPLETE THE PRACTICE**, (2) fill in the blocks X and Y, (3) sign and date this form (Note: Block G. will be completed by the State Forester's local office after a site review for practice certification), and (4) return this completed form(s) and copies of all practice cost documents such as receipts, invoices, cancelled checks, and labor reports to the **STATE FORESTER'S** local office by the expiration date. **Do not return this form or cost documents to FSA.**

In addition to the steps listed above, landowners who implement SIP practices with contributions or help provided by contributors other than originally approved, must list the contributors, their taxpayer ID numbers, and the proportion of the total cost of the contribution represents.

The State Forester's local office address and telephone number are:

Douglas J. Stevenson, Colorado State Forester
936 Lefthand Canyon Drive
Boulder, CO 80302
(303) 442-0428

If you decide not to implement this practice(s), please notify the State Forester's local office as soon as possible.

If you decide to implement the practice(s), make sure that you are following the practice requirements as outlined in a Landowner Forest Stewardship Plan. Contact your State Forester's local office for details about the implementation requirements for your practice(s).

Payments for landowners who are approved for more than 1 practice who seek cost-share payments for both practices during the same fiscal year will be limited by the \$10,000 per landowner per fiscal year payment limitation.

On behalf of the State Forester

A handwritten signature in cursive script that reads "Jean Turner".

Jean Turner
FSA County Executive Director

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

AD-245* U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION CONTROL NO. (F/Y & NO.) 08 013 6 1998 0011

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1216	NAME AND ADDRESS JUDY CLARK 296 SANDY DR	FARMLAND 3.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE
TRACT No. 9468	BOULDER, CO 80302	CROPLAND	SIP	00		WOOD PRODUCTION	Practice must be completed and reported by 04-01-2000
Telephone No.	303-939-9073						ID 284 32 1249 S

Your request for program cost-sharing to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE
DWARF MISTLETOE CONTROL AND IMPROVEMENT

FOR APPROVING OFFICIAL 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
SIP3	Forest improvement (Ac)	2.0	2.0		1000*		
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	2.0	2.0	200.000	250		
DES	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU	1.0	1.0	750.000	750		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
WIM - 65% of cost not to exceed rate in column E. DES - 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.

APPROVAL ISSUED BY APPROVING OFFICIAL (FOR SIP) APPROVAL MAILED BY CED
Jean Turner 2-5-99

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)
Is Partic. on FSA Debt Reg.? Y // N //
Setoff
Debt Assignment

YES /_/_/ NO /_/_/

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share payment under the same program on this or any other farm other than through this AD-245? (If yes, report State, County, and amount by farm).

Net Payment
Payment Approved (initials)
(For SIP) C/S Earned Approved By/Date
ACH/Check Number
(For SIP) Calc. Verif. 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 Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. 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 Approving Official, if before 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. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: _____ DATE: _____

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

U.S. DEPARTMENT OF AGRICULTURE

FORM AD-245 ATTACHMENT
(PRIVACY ACT, PUBLIC BURDEN,
COMPLIANCE AND PENALTY STATEMENT)

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The information is necessary to monitor participation in USDA cost-share programs. Information provided on AD-245, Request of Cost-Shares/Practice Approval/Payment Application 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 (OMB No. 0560-0082), Washington, D.C. 20503.

COMPLIANCE AND PENALTY STATEMENT

The program for which this cost-share application is being completed is listed under the PROGRAM CODE on pages 1 and 2. No monies or benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations and unless there is full compliance with all terms and conditions of the provisions of existing law and regulations and any agreements executed with respect to that program by the participant in the program.

The basic program regulations which apply to the cost-share programs are the subject of this agreement and incorporated herein by reference:

for SIP at 36 CFR Part 230,
for ACP at 7 CFR Part 701,
for FIP at 7 CFR Part 701,
for CRP at 7 CFR Parts 704 and 1410,
for MYCS at 7 CFR Part 1413.
(For other programs inquire where the application is submitted.)

There may also be other regulations that apply. Any fraudulent claims made hereunder may subject the applicant to Federal criminal and civil penalties as provided for in USC 207, 1001, and 31 USC 231.

In the event of a conflict between these or other regulations and the terms of this contract, the provisions of the regulations will prevail.

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AD-245
(09-1-95)

U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARES

ST. & CO. & C/D | CONTROL NO. (F/Y & NO.) |
08 013 6 | 1998 0011 |

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1216	NAME AND ADDRESS JUDY CLARK 296 SANDY DR BOULDER, CO 80302	FARMLAND 3.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / /YES /X/No
TRACT No. 9468		CROPLAND	SIP				
Telephone No. 303-939-9073							

DESCRIPTION OF PRACTICE OBJECTIVE
DWARF MISTLETOE CONTROL AND IMPROVEMENT
PRACTICE LOCATION PT 28 & 29 & 32 & 33:1N-71W SIP

FOR USE BY THE APPROVING OFFICIAL

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WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE)	2.0	2.0	200.000	400 250	250
DES	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	1.0	1.0	750.000	750 750	750
					1150 1000	I plan to complete the practice 04-01-2000

CONSERVATION PLAN: Farm Plan By NRCS / /Yes /X/No Forest Plan By FS / /Yes /X/No Other Plan / /Yes /X/No PARTNERSHIP / /Yes /X/No
Joint Venture / /Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before 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. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE: *Judy a Clark* DATE: *9/10/98* Estimated \$ C/S Value: 1.150 C/S Willing to Approve: \$ *1000* ¹⁰⁰⁰

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE APPROVING OFFICIAL: *R. G. Ronsonell* DATE: *Jan 27, 99* Practice Expiration Date: *4/1/2000*

REMARKS

For SIP and FIP Only: I certify that I / /do do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S.

SIGNATURE: *Judy a Clark* DATE: *9/10/98* Acres if more than 1,000: Date Waiver Approved:

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AD-245
(09-11-95)

U.S. DEPARTMENT OF AGRICULTURE
PRACTICE APPROVAL AND PAYMENT APPLICATION

... & CO. & C/D
08 013 6

CONTROL NO. (F/Y & NO.)
1998 0011

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1216	NAME AND ADDRESS JUDY CLARK 296 SANDY DR BOULDER, CO 80302	FARMLAND 3.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 04-01-2000
TRACT No. 9468		CROPLAND	SIP	00		WOOD PRODUCTION	ID 284 32 1249 5
Telephone No. 303-939-9073							

Your request for program cost-sharing to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

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FOR APPROVING OFFICIAL USE

Number	Practice Title		Extent	Extent	Rate	Cost-Shares	Extent	Cost-Shares
			Requested	Approved		Approved	Performed	Earned
			C	D	E	F	G	H
SIP3	Forest improvement (Ac)		2.0	2.0		1000*		
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE)	AC	2.0	2.0	200.000	250	2 ac	\$1000
DES	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	NU	1.0	1.0	750.000	750	1 ac	

* - Total Cost-Shares Approved For Practice. Component Figures Shown Are Included In This Amount
WIM - 65% of cost not to exceed rate in column E. DES - 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.

APPROVAL ISSUED BY APPROVING OFFICIAL
(FOR SIP) APPROVAL MAILED BY CED
Jean Turner 2-5-99

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 \$1000.00
Payment Advance (Partial Payment)

YES NO

Is Partic. on FSA Debt Reg.? Y / / N / /
Setoff
Debt Assignment

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share payment under the same program on this or any other farm other than through this AD-245? (If yes, report State, County, and amount by farm).

Net Payment \$1000.00

YES NO

Payment Approved (initials) | ACH/Check Number
(For SIP) C/S Earned Approved By/Date | (For SIP) Calc. Verif. By/Date
CS Craig Jones

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 Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. 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 Approving Official, if before 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. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: *Judy Clark*

DATE: 2/10/99

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A. REFERRAL INFORMATION

1. Farm No. 1216 Name and Address JUDY CLARK 296 SANDY DR BOULDER, CO 80302 Tract No. 9468

2. Telephone Number 303-939-9073 3. Contract Id.

4. Practice to Begin 10-01-1998 5. Referral Expires 10-01-1998

6. Practice Location PT 28 & 29 & 32 & 33:1N-71W SIP

7. Needs Statement
The practice is needed and possible.

Practice Description	Extent Requested	Extent Needed
SIP3 Forest improvement (Ac)	2.0	2.0
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	2.0	2.0
DES DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU	1.0	1.0

11. Signature *Douglas J. Stearns* Date 10/5/98

B. GENERAL INFORMATION

1. Primary Purpose F 2. Program SIP 3. Program Practice No. SIP3 4. VC/SL N 5. Fund Code 6. Estimated Total Cost 1,150 7. Est. Cost-Share 1,150

8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	11. Land Cover/Use After	12. Technical Practices Applied
3.0/	VII 91	1	7	7	660A/666 666

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
	1	1	3.0
2. Wind Erosion			
3. Other Erosion			

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	b. Water Applied (Ac.-in./Ac.) After	c. System Efficiency(%) Before	c. System Efficiency(%) After	d. Water Cons. Acres	1. Problem Type
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before		b. Capacity (Acre-Inches) After		3. 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 60 b. Poten. Prod. 1	a. Forest Cover Before 131 b. Stocking Level Before 131	a. Acres 100 b. Cost-Share 80	Trees Pr/Ac 150

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

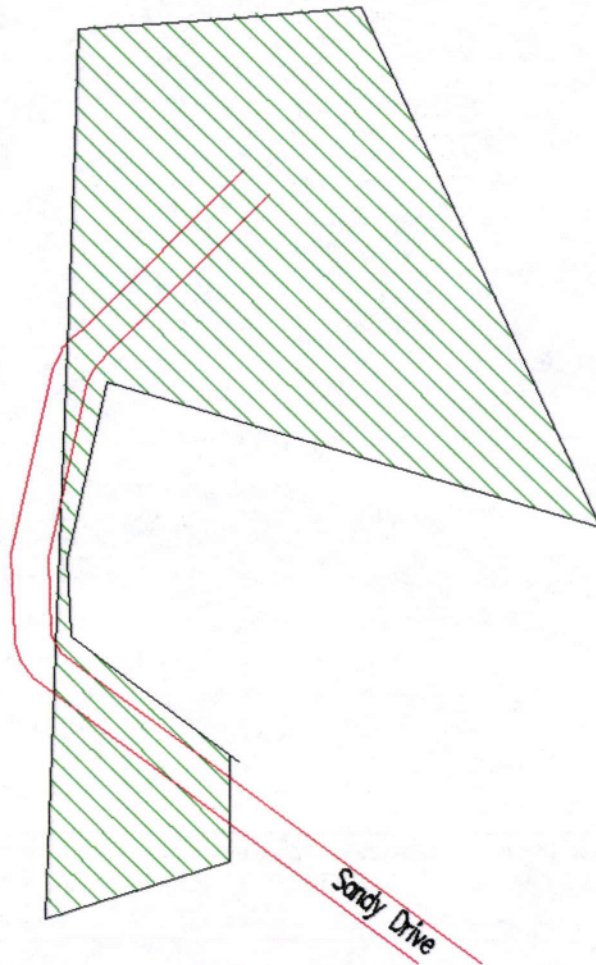
1. Total Install. Cost \$3475.00 2. Cost-Share \$1000 3. Date Performed 9/99

Practice Completed as Prescribed

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 *Douglas J. Stearns* Date 9/21/99

Scale: 1:1874; 1 Inch = 156 Feet



Judy Clark

Sections 29; 30; 31; & 32, T1N, R71W, S.P.M.

— Property Line
== Road

 Ponderosa Pine

Drawn By: Douglas J. Stevenson

June 9, 1998