



COLORADO'S  
**FLEP** FOREST LAND  
 ENHANCEMENT PROGRAM  
 APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
 (For Official Use Only)

NAME: Michael & Debbie Young  
 MAILING ADDRESS: 2413 Vite Court  
 City: Fort Collins State: CO  
 Zipcode: 80525  
 TELEPHONE NO: 970.229.0447

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

PRACTICES TO BE COMPLETED BY: 10/31/05

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
<u>Treat Cheatgrass</u>	<u>1 Acre</u>				
<u>Thinnings</u>	<u>4 Acres</u>				

Total: \_\_\_\_\_

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: Michael E Young DATE: 6/3/2005

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

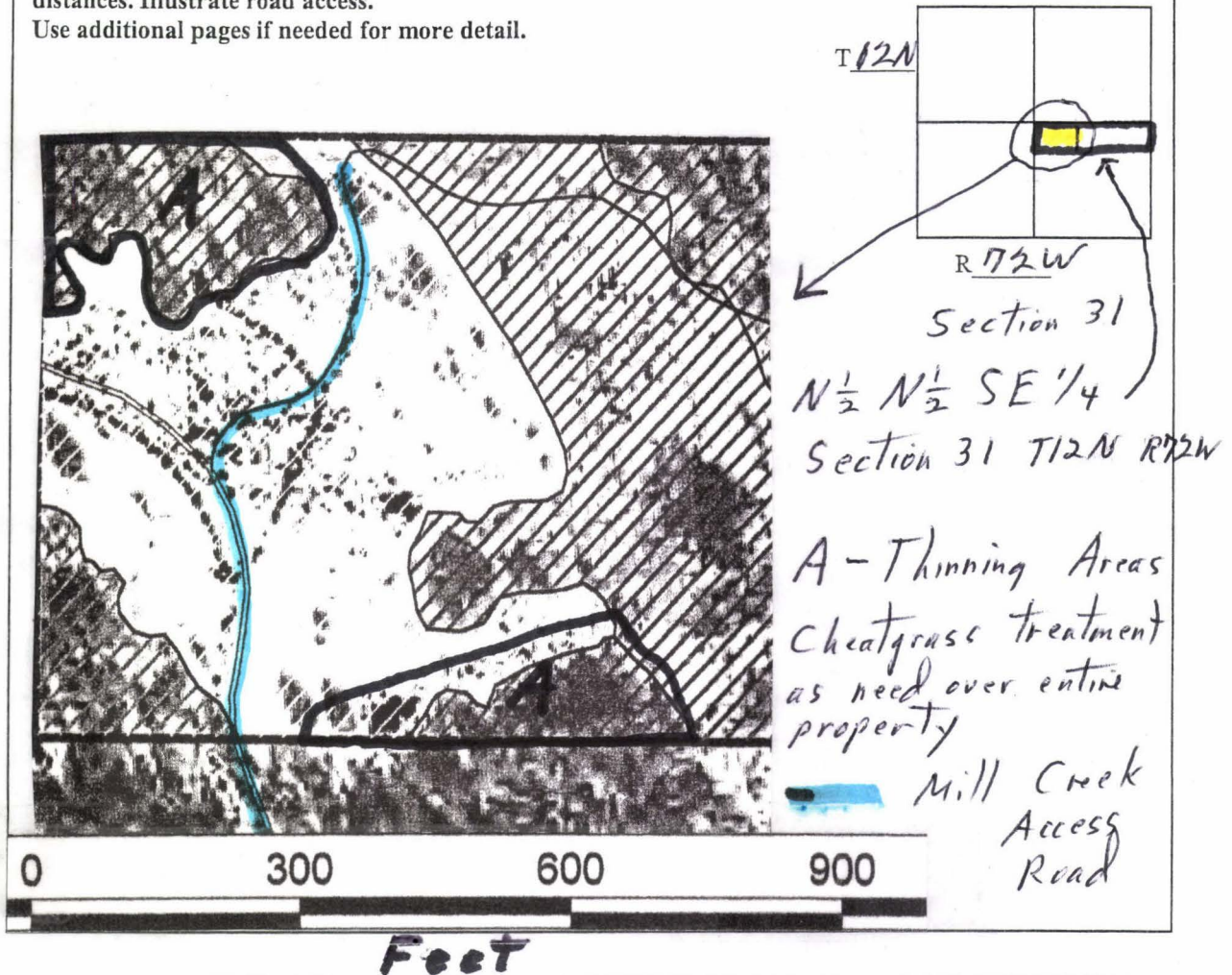
C/S APPROVED: Michael M. Young AMOUNT: \$ 1000 DATE: 8/29/05

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  
PLAN DESIGN

Sketch project area and design. Include numbers, volumes, rows, lengths, species, etc., as appropriate. Include structures and landmarks. Indicate, by location, the practices to be implemented. Show distances. Illustrate road access. Use additional pages if needed for more detail.



LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
Treat Cheatgrass 1 <sup>st</sup> treatment	6/30/2005
Thinning	10/31/2005
Treat Cheatgrass 2 <sup>nd</sup> treatment	8/31/2005



2000

1004