APPLICATION FOR COST-SHARE

N	VAME: Tim Martin	١	PR	COJECT NUMB. (For Official V		
	MAILING ADDRESS: B		200 CR	41		
	City: Belly			Co		,
	Zipcode: 80					
T	ELEPHONE NO: 970		360			
	ROJECT ADDRESS/LE					_
	1.	,	/		,	
	Practice No. &	,	Quantity	Maximum	C/S Amount	C/S Amount
	Practice No. & Component Title	Quantity Requested	/		C/S Amount Requested	C/S Amount Approved
	The state of the s	Quantity	Quantity	Maximum		Construction of the constr
	The state of the s	Quantity	Quantity	Maximum		Construction of the constr
	Component Title	Quantity Requested	Quantity	Maximum		Construction of the constr
	Component Title	Quantity	Quantity	Maximum C/S Amount	Requested	Construction of the constr
	Component Title	Quantity Requested	Quantity	Maximum C/S Amount	Requested	Construction of the constr
	Component Title FLEP9/Code 666- 6.302 D Space FLEP3.79/Code 666-1	Quantity Requested	Quantity	Maximum C/S Amount	Requested	Construction of the constr
	Component Title FLEP9/Code 666- 6-302 D Space	Quantity Requested	Quantity	Maximum C/S Amount	Requested	Construction of the constr
	Component Title FLEP9/Code 666- 6.302 D Space FLEP3.79/Code 666-1	Quantity Requested 2ccres	Quantity	Maximum C/S Amount	# 2400.00	Construction of the constr

Total: \$3700.00

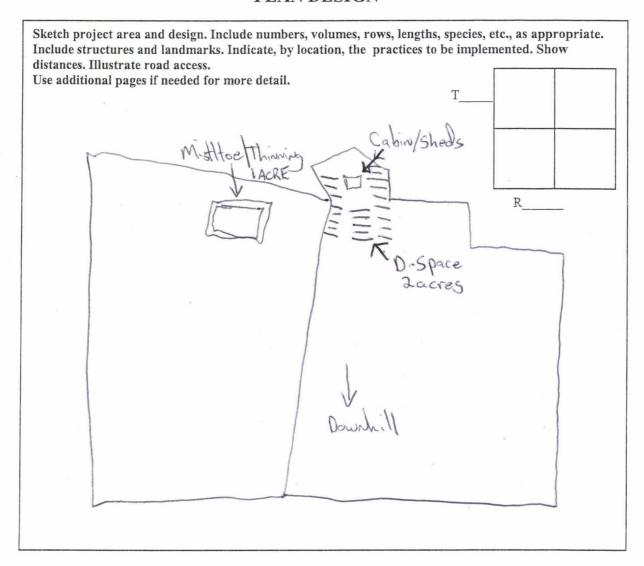
Request for cost-share assistance under this program is to meet the objective stated in the management plan. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. 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: Time matri	DATE: June 14/05.
CSFS FIELD REVIEW SIGNATURE: (Additional USFWS guidelines addressed)	DATE:
C/S APPROVED: Malf M, Hylmamount: 5	1,700 DATE: 8/22/05

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



LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
FLEP9/Code 666-6302 D Space-2 acres	Dec 31/05
FLEP 3,7,9/Code 666-2 Forest Stand Improvement	Dec 31/05
FLEP 3,7,9/Code 666-3-20cres 666-2-10cre	Dec 31/05 Dec 31/05.
000 - 1 acre	Dec 31/05.