

COLORADO
BOULDER
Report ID: EUA900-R001

U. S. Department of Agriculture
Farm Service Agency
SIP Disbursements Transmission Report

Prepared: 09/14/1999

Page: 1

Transmission Date: 09/14/1999
Time: 08:28:33

CONTROL NUMBER	SEQ. NO.	LANDOWNER ID	LANDOWNER NAME	PAYEE NAME	AMOUNT DISBURSED
1998 0001		042 48 0481 S	STEVE SHERMAN	STEVE SHERMAN	500.00
			COUNTY CONTROL RECORD		500.00

Verification Number: 19990914082833

Date of Last Transmission: 08021999



Boulder District
936 Lefthand Canyon Drive
Boulder, Colorado 80302
(303) 442-0428

July 21, 2000

Steve Sherman
921 Dixon Rd
Boulder, CO 80302

RE: Forest Stewardship Incentive Cost-Share Program
SIP-8, Wildlife Habitat Enhancement (WH2)
Gold Run Subdivision Lot 3, Boulder County
Control #98 0002

Dear Mr. Sherman,

This letter shall serve as notification of practice cancellation, effective **immediately**, per paragraph 222, page 5-103, FSA SIP Guideline Handbook. The practice for which you had been funded, had an 18 month time period in which you were to complete the project. The expiration date of the approved practice was March 1, 1999.

Sincerely,

A handwritten signature in dark ink, appearing to read "Allen Owen".

Allen Owen
District Forester

cc: Ron Gosnell, CSFS Area Forester
Jean Turner, FSA

Bo Dint
aques

AD-245
(09-11-95)U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARESS. & CO. & C/D | CONTROL NO. (F/Y & NO.) |
08 013 6 | 98 0002 |

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

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS
1185	STEVE SHERMAN 921 DIXON RD	1.0					/ / YES
TRACT No. 9440	BOULDER, CO 80302-9769	CROPLAND .4	SIP			OTHER ASSISTANCE	/X/No
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE

WILDLIFE HABITAT IMPROVEMENT

PRACTICE LOCATION SIP ONLY - GOLD RUN SUBDIVISION, LOT 3

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
-- A --	B	C	D	E	F	03-01-98
SIP8	Wildlife habitat enhancement (Ac)	.1				
WH2	WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET	2.0	2	280.000	560	
						I plan to complete the practice 03-01-99

CONSERVATION PLAN:	Farm Plan By NRCS	Forest Plan By FS	Other Plan	PARTNERSHIP	/ / Yes /X/No
	/ / Yes /X/No	/ / Yes /X/No	/ / 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:	DATE:	Estimated \$ C/S Value	C/S Willing to Approve
<i>[Signature]</i>	1-14-98	560	560

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	DATE:	Practice Expiration Date
<i>[Signature]</i>	2/26	3/1/99

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:	DATE:	Acres if more than 1,000	Date Waiver Approved
<i>[Signature]</i>	1-14-98		

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

AD-245

(09-11-95)

U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARESST. & CO. & C/D
08 013 6CONTROL NO. (F/Y & NO.)
98 0001

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

FARM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM	FUND	CONTRACT/LTA	PRIMARY	OTHER
1185	STEVE SHERMAN 921 DIXON RD	1.0	CODE	CODE	& ITEM NO.	PURPOSE	FARMS
TRACT No.	BOULDER, CO 80302-9769	CROPLAND					/ / YES
9440		.4	SIP			OTHER ASSISTANCE	/X/No
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE

WIND EROSION

PRACTICE LOCATION SIP ONLY - GOLD RUN SUBDIVISION, LOT 3

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
-- A --	B --	C	D	E	F	
SIP4	Agroforestry estab/main/renovate (AS)	.4	0.5			03-01-98
FFW	FARMSTEAD & FEEDLOT WINDBREAK	.4	0.5	450.000	190 225	
MUL	MULCHING - WEED BARRIER FABRIC	.4	0.5	775.000	310 350	
				Total:	500	I plan to complete the practice 09-01-99

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: *[Signature]* DATE: 1-14-98 Estimated \$ 770 C/S Value 490 C/S Willing to Approve \$ 770

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: *[Signature]* DATE: 2/26 Practice Expiration Date 9/1/99

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: *[Signature]* DATE: 1-14-98 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.

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.) 98 0002
----------------------	---	-----------------------------	-----------------------------------

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

FARM NO. 1185	NAME AND ADDRESS STEVE SHERMAN 921 DIXON RD BOULDER, CO 80302-9769	FARMLAND 1.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE OTHER ASSISTANCE	OTHER FARMS / /YES /X/No
TRACT No. 9440		CROPLAND .4					
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE
WILDLIFE HABITAT IMPROVEMENT
PRACTICE LOCATION SIP ONLY - GOLD RUN SUBDIVISION, LOT 3

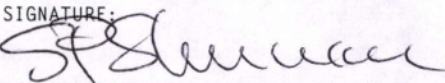
FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
-- A --	B	C	D	E	F	
SIP8	Wildlife habitat enhancement (Ac)	.1				03-01-98
WH2	WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET	2.0	2	280.000	560	
						I plan to complete the practice 03-01-99

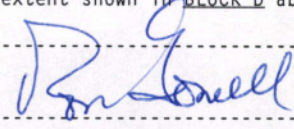
CONSERVATION PLAN:	Farm Plan By NRCS / /Yes /X/No	Forest Plan By FS / /Yes /X/No	Other Plan / /Yes /X/No	PARTNERSHIP Joint Venture	/ /Yes /X/No / /Yes /X/No
--------------------	-----------------------------------	-----------------------------------	----------------------------	------------------------------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

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.

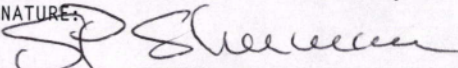
SIGNATURE: 	DATE: 1-14-98	Estimated \$ C/S Value 560	C/S Willing \$ to Approve 560
--	------------------	-------------------------------	----------------------------------

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 	DATE: 2/26	Practice Expiration Date 3/1/99
--	---------------	------------------------------------

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: 	DATE: 1-14-98	Acreage 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.

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

FARM NO. 1185	NAME AND ADDRESS STEVE SHERMAN 921 DIXON RD	FARMLAND 1.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS
TRACT No. 9440	BOULDER, CO 80302-9769	CROPLAND .4	SIP			OTHER ASSISTANCE	/ / YES /X/No
Telephone No.							

DESCRIPTION OF PRACTICE OBJECTIVE
WIND EROSION
PRACTICE LOCATION SIP ONLY - GOLD RUN SUBDIVISION, LOT 3

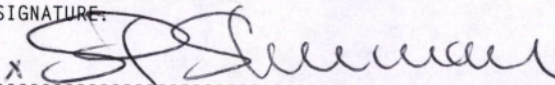
FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
A	B	C	D	E	F	
SIP4	Agroforestry estab/main/renovate (AS)	.4	0.4			03-01-98
FFW	FARMSTEAD & FEEDLOT WINDBREAK	.4	0.4	450.000	180 225	
MUL	MULCHING - WEED BARRIER FABRIC	.4	0.4	775.000	310 358	
				Total:	500	I plan to complete the practice 09-01-99

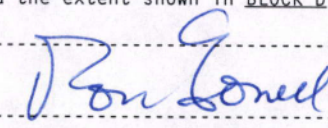
CONSERVATION PLAN:	Farm Plan By NRCS / /Yes /X/No	Forest Plan By FS / /Yes /X/No	Other Plan / /Yes /X/No	PARTNERSHIP Joint Venture	/ /Yes /X/No / /Yes /X/No
--------------------	-----------------------------------	-----------------------------------	----------------------------	------------------------------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

APPLICANTS REQUEST

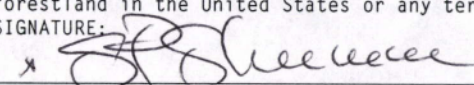
I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, 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: 	DATE: 1-14-98	Estimated \$ C/S Value 770 490	C/S Willing to Approve \$ 770
--	------------------	--------------------------------------	----------------------------------

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 	DATE: 2/26	Practice Expiration Date 9/1/99
---	---------------	------------------------------------

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.	Acres if more than 1,000	Date Waiver Approved
SIGNATURE: 	DATE: 1-14-98	

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

A. REFERRAL INFORMATION

1. Farm No. 1185	Name and Address STEVE SHERMAN 921 DIXON RD BOULDER, CO 80302-9769	2. Telephone Number 444-0622/724-4422	3. Contract Id.
Tract No. 9440		4. Practice to Begin 03-01-98	5. Referral Expires
6. Practice Location SIP ONLY - GOLD RUN SUBDIVISION, LOT 3		7. Needs Statement	

The practice is needed & feasible.

Practice Description	Extent Requested	Extent Needed
8	9	10
SIP4 Agroforestry estab/main/renovate (AS)	.4	.5
FFW FARMSTEAD & FEEDLOT WINDBREAK	.4	.5
MUL MULCHING - WEED BARRIER FABRIC	.4	.5

The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.

B. GENERAL INFORMATION

Signature: Douglas Starn Date: 1/19/98

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP4	4. VC/SL N	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 490
-------------------------	-------------------	---------------------------------	---------------	--------------	-------------------------	---------------------------

8. Practice Extents Number	Ac. Served/Treated	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before After	12. Technical Practices Applied
1	4.6/	VII s-1	3	5 7	Technical Practice a 380 b 484 c Y 0.5/

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 2	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 0.5	13. Endangered Species
2. Wind Erosion	a. Before (Tons/Ac./Yr.) —	b. After (Tons/Ac./Yr.) —	c. Acres to which Rate Applies 0.5	14. Hydrologic Unit Code
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.) N/A	c. After (Tons/Yr.) N/A	
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend. Cond. After

D. WATER CONSERVATION

E. WATER QUALITY

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before N/A After	c. System Efficiency (%) Before After	d. Water Cons. Acres	1. Problem Type
2. Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before N/A 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. 40 123/1 yr	a. Acres 0 100	b. Cost-Share 680

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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		
Date		

A. REFERRAL INFORMATION

1. Farm No.
1185

Name and Address
STEVE SHERMAN
921 DIXON RD
BOULDER, CO 80302-9769

2. Telephone Number
444-0622/924-4422

3. Contract Id.

4. Practice to Begin
03-01-98

5. Referral Expires

6. Practice Location
SIP ONLY - GOLD RUN SUBDIVISION, LOT 3

7. Needs Statement
The practice is needed & feasible.

Practice Description
8

Extent Requested
9

Extent Needed
10

SIP8 Wildlife habitat enhancement (Ac)
WH2 WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET NU

11. Signature
Douglas Sherman

Date
1/20/98

B. GENERAL INFORMATION

1. Primary Purpose
G

2. Program
SIP

3. Program Practice No.
SIP8

4. VC/SL
N

5. Fund Code

6. Estimated Total Cost

7. Est. Cost-Share
560

8. Practice Extents
Number
2

Ac. Served/Treated
6 / 0.2

9. Land Capability
Class & Subclass
VII-1

10. Soil Loss
Tolerance
3

11. Land Cover/Use
Before
5

After
7

12. Technical Practices Applied
Technical Practice
645

Cost-Shared?
Y

Units Planned/
Applied
21

C. EROSION CONTROL

1. Sheet & Rill
Erosion

a. Before (Tons/Ac./Yr.)
2

b. After (Tons/Ac./Yr.)
1

c. Acres to which
Rate Applies
0.2

2. Wind
Erosion

a. Before (Tons/Ac./Yr.)
N/A

b. After (Tons/Ac./Yr.)
N/A

c. Acres to which
Rate Applies

3. Other
Erosion

a. Problem Type

b. Before (Tons/Yr.)
N/A

c. After (Tons/Yr.)
N/A

d. Acres Affected

13. Endangered Species

14. Hydrologic Unit Code

4. Range
Condition

a. Condition Code
Before

b. Condition Code
After

c. Trend Cond.
Before

d. Trend. Cond.
After

D. WATER CONSERVATION

E. WATER QUALITY

1. Irrigation
Water
Conservation

a. Irrigation
Situation

b. Water Applied (Ac.-in./Ac.)
Before
N/A

After

c. System Efficiency(%)
Before

After

d. Water Cons.
Acres

1. Problem Type

2. Type of Water Body
Treated/Protected

2. Increased Water
Storage

a. Primary
Use

b. Capacity (Acre-Inches)
Before
N/A

After

3. Soil Moisture
Measures?

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.
40

a. Forest Cover
Before
0

After
100

b. Stocking Level
Before
0

After
100

a. Acres
—

b. Cost-Share
—

Pr/Ac
680

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost

2. Cost-Share

3. Date Performed

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

Date

SIP-502
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

County

PROGRAM YEAR

**STEWARDSHIP INCENTIVE PROGRAM
PAYMENT LIMITATION REVIEW**

State

19 98

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The information is necessary to monitor participation in the Stewardship Incentive Program (SIP). This program is authorized by the Food, Agriculture, Conservation, and Trade Act of 1990 which will be used in applying statutory payment limitation provisions. Furnishing this data is voluntary; however, without it we may be unable to establish your maximum eligibility for program payments unless this report is completed and filed as required by existing law and regulations (36 CFR Part 230). Any fraudulent claim made hereunder may subject the applicant to Federal, criminal and civil penalties as provided in 18 USC 287, 1001; and 31 USC 231. The data may be furnished to other USA 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.

E 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 Project (OMB No. 0596-0120), Washington, D.C. 20503.

1. Entity's Name and Address

Steve Sherman
921 Dixon Rd.
Boulder Co 80302-9769

2. Entity Identification Number

042-48-048

3. Date Entity Formed

4. Type of Entity (Check One)

A. Individual ☒ C. Revocable Trust ☐ E. Limited Partnership ☐ G. Joint Venture ☐ I. Other (Specify) ☐
B. Irrevocable Trust ☐ D. Corporation ☐ F. General Partnership ☐ H. Estate ☐ _____

5. Member - List all stockholders, members, heirs, or beneficiaries having an interest in the entity.

[illegible]

6. Entity Certification

I certify that all information provided on this form is true and correct to the best of my knowledge and belief.

ENTITY'S SIGNATURE

DATE _____

1-14-98