



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

PROJECT NUMBER: _____

(For Official Use Only)

NAME: CHELEY COLEMAN CampsMAILING ADDRESS: P.O. Box 1170City: Estes ParkState: COZipcode: 80517TELEPHONE NO: 970-586-4244PROJECT ADDRESS/LEGAL DESCRIPTION: ATTACHEDPRACTICES TO BE COMPLETED BY: Fall 2005

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved

Total: 1,000.-

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: _____

DATE: 6/19/05

CSFS FIELD REVIEW SIGNATURE: _____

DATE: _____

(Additional USFWS guidelines addressed)

C/S APPROVED: _____

AMOUNT: \$ 1000 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.

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FOREST LAND ENHANCEMENT PROGRAM PLAN DESIGN

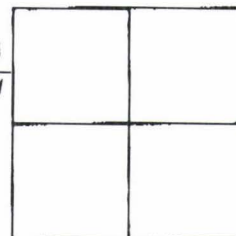
Sketch project area and design. Include numbers, volumes, rows, lengths, species, etc., as appropriate. Include structures and landmarks. Indicate, by location, the practices to be implemented. Show distances. Illustrate road access.

Use additional pages if needed for more detail.

CUT & CLEAR TO MAINTAIN A
HEALTHY FOREST. RECOVER
POLES, POSTS, FIREWOOD CHIPS

UNSURE AS TO EXPANSION USING
OUR PEOPLE & EQUIPMENT.

T6N
T4N



R-72W
R-73W

LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
	Fall 2005