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AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES

ST. & CO. & C/D 08 001 1 CONTROL NO.(F/Y & NO.) 96 0015

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

FARM NO. 2206 TRACT No. 5824	LAURI CHAMEROY 16151 HIGHWAY 7 o. BRIGHTON, CO 80601		FARMLAND 2.0 CROPLAND 2.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE OTHER ASSISTANCE	OTHER FARMS //YES /X/No
NEEDED 7	TION OF PRACTICE OBJECTIVE TO CONTROL EROSION E LOCATION 2.5 AC IN SE1/4 SEC 2-1	-68			B	V		
FOR USE	BY THE APPROVING OFFICIAL		-)	//			
Number — A — SIP4 FFW MUL	Practice Title B Agroforestry estab/main/renovate (AS) FARMSTEAD AND FEEDLOT WINDBREAK MULCHING-WEED BARRIER FABRIC	CELLAC AC	Request C	ent Ested App	rtent proved D	Rate App	roved star F prac 94-2 8(I pl	an to lete the tice
CONSERVA	ATION PLAN: Farm Plan By NRCS	Forest Plan By FS / /Yes /X/No		ner Plan es /X/No		PARTNERSHIP Joint Ventur	/ /Yes /X e / /Yes /X	
APPLICA	NTS REQUEST							
I reques	st cost-share assistance under the pro Federal cost-sharing. If cost-sharin	ogram to meet the object	ctive describ	ed above.	This pagree	practice would to refund all o	not be perfor	med funds

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 \$ 1,225 | C/S Willing \$ to Approve |

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

FOR THE APPROVING

this practice.

DATE: | Practice Expiration

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:

Acres if more than 1,000 Date Waiver Approved

AD-862 (11-21-94)	U.S. DEP	ARTMENT OF AGRICUL PORTING AND EVALUA	TURE TION SYSTEM		IST.	& CO. Code & 08 001 1	C/D	Contro	1 No. (FY & No. 96 0015
	Marie Marie Marie Marie		A. REFERRAL	INFORMATI	ON				
1. Farm No. 2206 LAURI CHAMEROY 16151 HIGHWAY 7 Tract No. BRIGHTON, CO 80601 5824					2. Telephone Number				
6. Practice Locat	tion /4 SEC 2-1-68	Lives			7. Needs				
Practice J	Description		Extent Requested	Extent Needed					
SIP4 Agroforesti FFW FARMSTEAD A MUL MULCHING-WE	2.5 2.5 2.5 2.5	75	The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.						
			B. GENERAL I	NEODWATTO	11. Signature			Date	
1. Primary_Purpos	n 12 Program 13	S. Program Practice				A Fstimated	Total (Cost.17.	Fst. Cost-Share
G	SIP	SIP4		N I	1			1	1,225
			Soil Loss 11 plerance	. Land Co Before	ver/Use After 	12. Technical Prac		Cost- Units Planned/	
I I	C. FR	DSION CONTROL			1	Practice		b	Applied c
1. Sheet & Rill Rate									
a. Before (Tons/Ac./Yr.) b. After (To			ns/Ac./Yr.)	c./Yr.) c. Acres Rate					
Erosion	roblem Typelb. Before	1		-		13. Endanger			. MIC AND MIC AND MIC AND
4. Range la. Condition Be	Condition Code before A	. Condition Code c fter B	. Trend Cond efore	. d. Tren After	d. Cond.	14. HydroIog	ic Uni	t Code	
	D. WA	TER CONSERVATION						E.	WATER QUALITY
a. Irrigation b. Water Applied(Action Situation Before Water		. Water Applied(Ac Before	in./Ac.) c. System After Before		Efficienc Afte	(%) d. Water Cons. Acres			
Conservation			tv(Acre-Inch	ps)	13	Soil Moistu	re	2. Type of Water Body Treated/Protected	
			After			Measures?			3. Pollution Severity
F. WOOD PRODUCTION						G. OTHER ASSISTANC			
1. Site Desc a.Site Index b.	ription Poten. Prod. a. Fo Befo	2. Stand Condi rest Cover b. St re After Befo	ocking Level	la. Acr	Site Prepes b	aration . Cost-Share	-		e
H. AC	TUAL COST AND PERFOR	MANCE DATA	II. PERF	ORMANCE R	EPORT				
1. Total Install	. Cost 2. Cost-Share	3. Date Perfo	rmed						
meets program re	s been performed to quirements. If the p	ractice does not m	eet practice		ture				Date

				0	MB No. 0596-0120
SIP-502	U.S. DEPARTMEN AGRICULTURE Stewardship inventive Program		County	IPE	OGRAM YEAR
(10-01-91)	STEWARDSHIP INCENTIVE PROGRAM PAYMENT LIMITATION REVIEW		State Co	19 94	
N program is authorn however, without it of 230). Any frauduk other USDA agenct Public reporting bu maintaining the da including suggestic	rments are made in accordance with the Privacy Act of 1974 (5 USC 552 ized by the Food, Agriculture, Conservation, and Trade Act of 1990 we to wany be unable to establish your maximum eligibility for program patent claim made hereunder may subject the applicant to Federal, criminities, IRS, Department of Justice, or other State and Federal law enforcer or other in the collection of information is estimated to average 25 minutes that needed, and completing and reviewing the collection of information in the control of this burden, to the Department of Agriculture, Clearance ion Project (OMB No. 0596-0120), Washington, D.C. 20503.	thich will be used in apply) yments unless this report is al and civil penalties as pro nent agencies, and in respo per response, including the Send comments regardii.	ng statutory payment limitation provise completed and filed as required by ex- vided in 18 USC 287, 1001; and 31 U nse to orders of a court magistrate or a prime for reviewing instructions, search ng this burden estimate, or any other	ions. Furnishing this isting law and regula SC 231. The data n dministrative tribunal. ing existing data sour aspect of this collec	t data is voluntary; tions (36 CFR Part nay be furnished to crees, gathering and tion of information.
	ame and Address	2. Entity Ident	tification Number	3. Date E	ntity Formed
	Lauri Chameroy Lightway 7 For Co 80601 ntity (Check One)	6.482-0 B.522-2	80-5804 3-3513		
A. Individual B. Irrevocable True		ed Partnership	G. Joint Venture	I. Other (S	Specify)
5. Member -	List all stockholders, members, heirs, or be	eneficiaries havir	ng an interest in the ent	ity.	No. of the last of
Stockholder	's, Member's, Heir's, or Beneficiary's Name	Social Security	/ Employer ID Number(s)	9	% Share
					N. M. S.
		LANGE OF THE PARTY			
Executor's or Gran	itor's Name				

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

X 3/15/96