Colorado State Forest Service Fort Collins District Memorandum

TO: Jan Hackett

FROM: Norland K. Hall

DATE: September 30, 2004

SUBJECT: FLEP Grant Reimbursement Project No.: 1980-40-FC-06 Landowner: Kristin & Robert Lile

Attached are documents requesting reimbursement. The project has been inspected. I have reviewed the documents and recommend reimbursement of **\$2,800.00**.

COLORADO'S FOREST LAND ENHANCEMENT PROGRAM

ACCOMPLISHMENT REPORT FOR REIMBURSEMENT 1980-40-FC-06

Applicant name (please print): KRISTIN & ROBERT LILE

Accomplishment (by FLEP practice)

- #1 Plan Acres =
- #2 Acres tree planting =____ Acres treated =
- #5 Acres =
- #6 Acres treated = $\frac{1}{2}$

#8 Acres treated =

#9 Acres treated = 1#10 Acres of restoration =

Project No. 10840-FC

#11 Acres =

#3 Acres treated = #4 Acres planted/ maintained =

	Contracted Services ¹	Landowner Services ²	Totals
Labor Cost	\$5,950		A Labor Cost= \$5,950
Operating Exp ^{3, *}			B Oper. Exp.=
Revenue Generated (from sale of wood products only) ^{4,*}			C Revenue=
Project Cost			D Total Project (A+B-C) = F5, 950
			Amount Originally Approved =
Reimbursable to Applicant ⁵			Amount to be Reimbursed $=$ \mathcal{S} \mathcal{Q} \mathcal{S} \mathcal{OO}

¹ Any contracted services where payment was made for services.

² Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

- ⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.
* Attach receipts (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Lolect Lile	Tutindilpate: 8 31/04
Mailing Address: 9009 FOUR WHEEL DRIVE	E City: LOUELAND
County: LACIMER State: CO Zip: 80	537 Phone: 970 .663-9165
Practice certified by:	
Payment Approval:	Amount: Date:

Return this form, along with your completed Cost Documentation Form and W9 form to your local Colorado State Forest Service District Office. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.



FLEP FOREST LAND ENHANCEMENT PROGRAM

PROJECT NUMBER: 1980-40-FC-06

(For Official Use Only)

NAME: <u>KISTIN AND ROBERT LILE</u> MAILING ADDRESS: <u>9009 FOUR WHEEL DRIVE</u> City: <u>LOUELAND</u> State: CO Zipcode: <u>80537</u> TELEPHONE NO: <u>970.443-9165</u>

PROJECT ADDRESS/LEGAL DESCRIPTION: TRACT 7, ROOSEVELT ACRES PARCEL # 05300-00-030, COUNTY ROAD 18-E, 35 ACRES PRACTICES TO BE COMPLETED BY: ARBORWORKS TREE SERVICE

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
FLEP 7, 666-1, THINNING	10 ACRES	2 AC	5,000	5,000	\$1000
FLEPT, UGG 3, CHIPPING		2 AC	3,000	3,000	\$ 400
FLEP9 GLOGE G; FUEL BRE			3,000	3,000	
FLEP9, 446-6.302 -					
DEF. SPACE	SACRES	1 each	6,000	10000	\$1,200
	1		1200	1200	
	-		•		

Total 7,600

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: Mustin dilt	DATE: 8/1/03
CSFS FIELD REVIEW SIGNATURE: (Additional USFWS guidelines addressed)	DATE: <u>9/30/04</u>
C/S APPROVED: Daniel Farmen AMOUNT: \$	2, 800 ^{°°} DATE: <u>9-/8-03</u>

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.



2003 FLEP

FOREST LAND ENHANCEMENT PROGRAM COST DOCUMENTATION

I have incurred the following expenses for completion of the Forest Land Enhancement Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work = 11.68/hr. Separate expenses by component (activity).

Notre

Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
11/03	ARBORWORK	Activity/Expense: S CUT DOWN DEAD TREES J CHIPPED, THINNING Z-MAN RESUD		Expenses
	TREE	EUROPED, THINNING		
	CARE			
		3-MAN CREW BROUGHT BOBGAT & CHIPPER TO PROBLETY		
		BROUGHT BOBGAT & CHIPPER		
		TO PROPERTY		
				x
_				

Invoice

Date	Invoice #
11/7/2003	101838



Kristen Lile 9009 Fourwheel Drive Loveland, CO 80537

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			P.O. No.	Terms	Rep		Job Name
				Due on receipt	KM		
Plant Material	Location	Qu	Desc	cription	Rate		Amount
	Mountain Property		Pruning & Removals		5,95	0.00	5,950.00
We appreciate your business!	1		1	Tota	l		\$5,950.00

Please reference Invoice No. on your check. There will be a \$5.00 Minimum, or 2% per month late charge assessed on past due amounts.

12:39 PM

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. 08/10/04

Arborworks Tree Care, Inc. Customer QuickReport All Transactions

Туре	Date	Num	Memo	Account	Clr	Split	Amount
Lile, Kristen							
Invoice	6/30/2003	9501		Accounts Receivable		-SPLIT-	5,610.00
Payment	7/15/2003	1432		Undeposited Funds	х	Accounts Rec	5,610.00
Invoice	11/7/2003	101838		Accounts Receivable		-SPLIT-	5,950.00
Payment	11/26/2003	1459		Undeposited Funds	х	Accounts Rec	5,950.00



Fort Collins District 5075 Campus Delivery Fort Collins, Colorado 80523-5075 (970) 491-8660 FAX: (970) 491-8645

July 15, 2004

Kristin and Robert Lile 9009 Four Wheel Drive Loveland, CO 80537

Dear Kristin and Robert:

This is a reminder that your Forest Land Enhancement Program (FLEP) grant project must be completed by September 15, 2004.

As you recall, the FLEP Grant requires a 50/50 fund match. In your original packet you received an Accomplishment Report for Reimbursement, a Cost Document form, and a W9. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

If you will be unable to complete the project, please notify us as soon as possible, so that we may adjust your grant and reallocate the remaining funds to other projects.

If you have any questions, please call me at (970) 491-8839, or Mike Hughes (970) 491-8453, or the Fort Collins District office (970) 491-8660.

Sincerely

Norland K. Hall Forester

TRIP REPORT

By Norland K. Hall

Date:

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1000 03AUG2004

Contact:

Kristin & Robert Lile 9009 Four Wheel Drive Loveland, CO 80537

(970) 663-9165

Location:

Property is a portion of:

Tract 7, Roosevelt Acres, Parcel 05300-00-030, CR-18e NE1/4, NE1/4, Sec30, T5N, R70W

Directions To The Property:

From intersection of Hwy 34 and CR 29 go S. 2.0 mi. to CR 18e "Pole Mill Road", follow CR 18e W. 2.0 mi. toward Carter Lake and Larimer County Parks HQ. At intersection with CR31 go W. 3.2 mi. toward Pinewood Lake to junction with private road (Mailboxes and "Private" sign, UTM 776x677) Go N. on private road 1.7mi. to property.

Purpose:

1. Inspect thinning work done under 2003 FLEP contract.

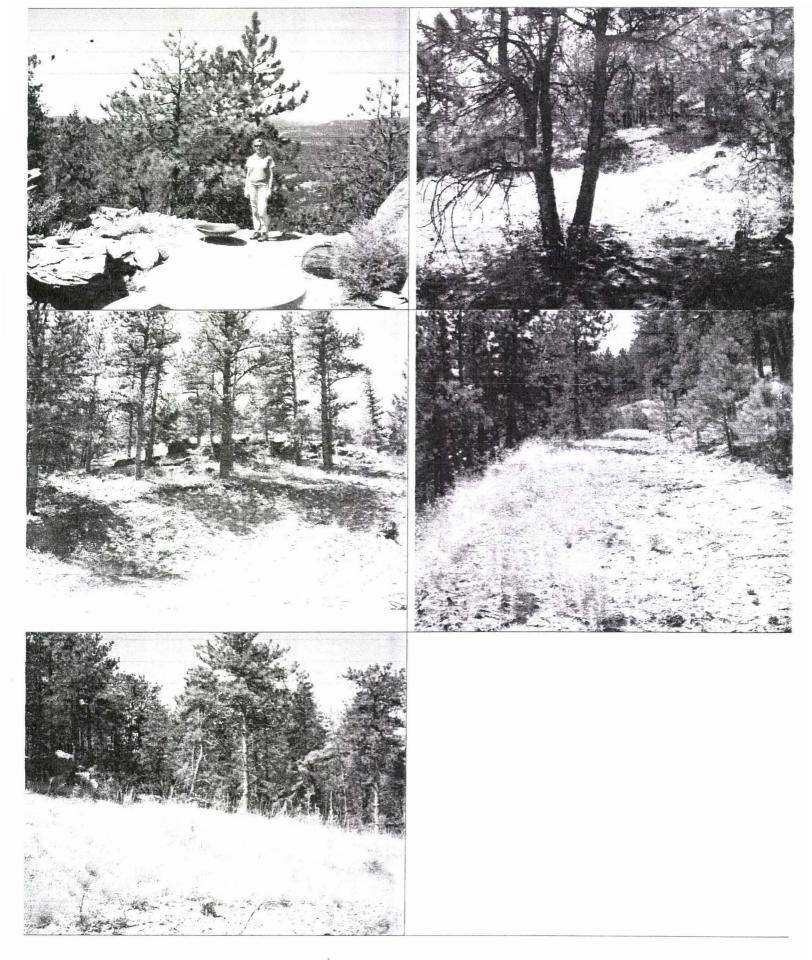
Findings:

- 1. There is a significant number of Ponderosa infected with dwarf mistletoe.
- 2. The tree service contractor cut down and chipped a lot of dead trees.
- 3. Some live trees were cut and chipped.
- 4. There is a great deal of work left to do to remove all dwarf mistletoe and provide proper spacing in residual stand.
- 5. There are beetle populations in neighboring properties, but I found none on theirs.

Consultation:

Recommendations:

- 1. I discussed with Kristin the need to remove all dwarf mistletoe.
- 2. I described proper thinning guidelines, the "D + 6 rule" for spacing, and how to identify healthy trees.
- 3. We discussed options for establishing regeneration and the possibility of obtaining seedlings from the CSFS nursery.
- 4. They do have a forest management plan, and I suggested that we might review it with them.



KRISTIN & ROBERT LILE OBAUG04

	Forest Service - Fort C wner Contact Tracking Sh		rict
Assisting Forester:	Norland Hall	Date	e: 03AUG2004
Client Information:	Area:		Contact Type:
Client Name: Kristin & Robert Lile Address: 9009 Four Wheel Road City: Loveland State: CO Zipcode: 80537 Phone No.: (970) 663-9165 e-mail:	Cherokee Park Crystal Lakes: F	: L:	Phone Site visit X e-mail mail Office "Walk-in" Personal contact
Total Acres: <u>35</u>	Glen Haven	<u> </u>	Type of Assistance: General Information
Directions to Property:	Harriman Heights Laramie River Livermore		X Review / Inspection D-Space Fire Rehabilitation
From intersection of Hwy34 & CR29 go S. 2.0 mi to CR18e. Go W. on CR18e 5.2 mi. to private road with "Private" sign and mailboxes. Go N. on private road 1.7 mi. to property on top of mountain. Legal: NE 1/4, NE 1/4,Sec. 30,T5N,R70W	Lower Poudre Canyon Pingree Pinewood Lake X Pinewood Springs Plains Communities Redfeather Red Mountain		Fuel Break I&D Control Treatment I&D Prevention Treatment Other:
GPS Coordinate: GPS Datum: ()		: L:	Action:
Concern Description: FLEP inspection Insect and disease	Rist Canyon Upper Poudre Canyon Other:		Acres surveyed: 35 Acres marked: Acres treated: No. Trees surveyed:
Host Plant; Ponderosa	Follow up needed:	x	No. Trees Marked: No. Trees Treated: Other:
Host Plant. Ponderosa	Completed: YES X NO	^	
Comments/Notes: Lile's property has a lot of dwarf mistletoe. Neighboring properties also have MPB and IPS.		Dise MPE DED	? YES NO
		Fire: Othe	the second s

July 15, 2004

Kristin and Robert Lile 9009 Four Wheel Drive Loveland, CO 80537

Dear Kristin and Robert:

This is a reminder that your Forest Land Enhancement Program (FLEP) grant project must be completed by September 15, 2004.

As you recall, the FLEP Grant requires a 50/50 fund match. In your original packet you received an Accomplishment Report for Reimbursement, a Cost Document form, and a W9. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

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Sincerely,

Norland K. Hall Forester

Grant Project Inspection Checklist

Landowner	,	-1	Grant FLEP
Practice # C	Component Title	hyping	Grant FLEN Contractor (if any) Aborworks
Inspection Type:	Initial	Update	□ FINAL (Acres completed)
Item	Satisfactory	Unsatisfactory	Comments
Slash disposal			
Stump height			
Standards met			
Mailed Br	gT see	edling in	10 10-15-03
		V	
	-	1	
	1		

Inspecting Forester Farm Date 10~1-03

Other comments: alor work is scheduled to implement the project.





Fort Collins District 5075-Campus Delivery, CSU Fort Collins, CO 80523-5075 (970) 491-8660 FAX (970) 491-8645

September 18, 2003

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Kristin and Robert Lile 9009 Four Wheel Drive Loveland, CO 80537

Mr. & Mrs. Lile,

Your Forest Land Enhancement Program (FLEP) grant application has been reviewed and funding approved as shown on the attached copy of your application. Our office received over \$120,000 in grant requests. Needless to say we were not able to fund all projects. In most cases, we were able to partially fund a project.

Before you begin project implementation please contact our office to schedule a site visit to review the project and accomplishment standards and expectations. We hope this alleviates any surprises when the final inspection is completed. Please review the attached standards prior to the site visit.

As you recall, the FLEP Grant requires a 50/50 fund match. The project must be completed by September 15, 2004. If it becomes apparent you will not be able to the project by this day, please contact our office as soon as possible.

Enclosed you will also find an Accomplishment Report for Reimbursement, a Cost Documentation form, and a W9. Upon completion of the practice contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

If you have any questions, please contact our office at (970) 491-8660.

Sincerely,

David A. Farmer Assistant District Forester

Enclosures

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

PROJECT NUMBER:

(For Official Use Only)

NAME: KRISTII	J AND ROBER	TLILE	
MAILING ADDRE	ISS: 9009 FOUR	WHEEL DRIVE	
City:	QUALISUO	State: CO	
	le: 80537	-	
TELEPHONE NO	970.10103-916	5	

PROJECT ADDRESS/LEGAL DESCRIPTION: TRACT 7, ROOSEVELT ACRES PARCEL # 05300-00-030, COUNTY ROAD 18-E, 35 ACRES PRACTICES TO BE COMPLETED BY: ARBORWORKS TREE SERVICE

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
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FLEPT, 666-3, CHIPPING		2 AC	3,000	3,000	\$ 400
FLEP9, 664-6; FUEL BRE			3,000	3,600	
FLEP9, 646-6.302 -			1		
DEF. SPACE	SACRES	1 each	6,000	1,000	\$1,200
	1		1200	1200	
				1412 100	

Total\$17,600

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.

CSFS FIELD REVIEW SIGNATURE:DATE:	
(Additional USFWS guidelines addressed) C/S APPROVED: Man Jama AMOUNT: \$ 2,800 ²² DATE: 9-18-0	~ 7

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.



2003 FLEP

Page 2

FOREST LAND ENHANCEMENT PROGRAM

OBJECTIVES: What do you want to achieve by this practice? (If more than one objective, list in order of priority).

Example: To reduce the risk of mountain pine beetle, and with the proper slash disposal, improve forest health.

GENERAL DESCRIPTION, ISSUES: TO GET RID OF CURRENTLY INFESTED TREES, SLASH REMOUAL. TO IMPROVE FOREST NEALTH AND OREATE DEFENSIBLE SPACE.

CURRENT NATURAL RESOURCE CONDITIONS:

Vegetative cover (trees, shrubs, grasses) on the property: MANY PINE TREES, SOME FIRS, ETC. ALL NATIUE

Fire hazard rating and risk factors of the area:

FIRE HAZARD HIGH, MANY DEAD TREES, FOREST IS OVERGROWN

Summary of insect and disease presence, damage, or risk, including information on significant incidents, historical and current:

LARGE AMOUNT OF MISTLETOE PARASITE PRESENT, SEVERAL WITH (PS BEETLE. A FEW CASES OF MOUNTAIN PINE BEETLE. MANY DEAD TREES Soil Type(s) and limitations: CLAY, ROCKY SDIL

Wetlands present: NA

1 : 1 · .

Wildlife (or sign) present: WILD TURKEY SEEN, DEER, ELK,

Threatened or Endangered plants or animals that may inhabit the property: N|A

Cultural or historic resources on the property: N|A

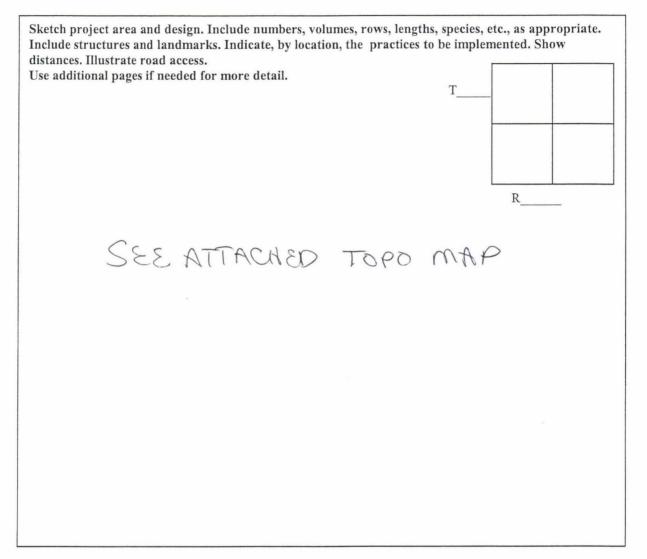
Recreational use on the property: NA

Noxious weeds present: NA

Page 3

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FOREST LAND ENHANCEMENT PROGRAM PLAN DESIGN



LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
. CHIP SLASH CUT DEND TREES, MISTLETOL & BEETLE	AUG, SEPT. OR OCT 2003
FIRE BRAKE, THINNING, & CREATION OF DEFENSIBLE SPACE	Spring 2004

