

FORM APPROVED
OMB NO. 0560-0082

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-245
9-11-95)U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARESST. & CO. & C/D | CONTROL NO. (F/Y & NO.) |
08 013 6 | 1998 0005 |

D-245 replaces ACP-245 and SIP-245)

RM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM	FUND	CONTRACT/LTA	PRIMARY	OTHER
1210	JANET GOLDMAN 2038 MAGNOLIA DR	6.0	CODE	CODE	& ITEM NO.	PURPOSE	FARMS
ACT No.	NEDERLAND, CO 80466-9604	CROPLAND					/X/YES
9461			SIP			WOOD PRODUCTION	/ /No
Telephone No. 303-541-0909							

SCRIPTION OF PRACTICE OBJECTIVE
ODLAND IMPROVEMENT AND WILDFIRE PROTECTION
ACTICE LOCATION IN SEC 5-15-71W SIP

R 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	
P3	Forest Improvement (Ac)	5.0	1			10-01-1998
S	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	1.0		750.000	750	
M	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE)	4.0	4	200.000	800	
						I plan to complete the practice 04-01-2000

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

PLICANTS REQUEST

request cost-share assistance under the program to meet the objective described above. This practice would not be performed thout Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds id to me as determined by the Approving Official, if, before expiration of the specified practice lifespan I, (a) destroy the proved practice, or (b) voluntarily relinquish control or title to the land on which the approved practice has been established d the new owner and/or operator of the land does not agree in writing to properly maintain the practice for the remainder of s lifespan. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before ceiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

GNATURE: *Janet L. Goldman* DATE: *7/2/98* Estimated \$ *1550* C/S Willing \$ *1300*
C/S Value *1.100* to Approve

PROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

R THE APPROVING
FICIAL

Donnell DATE: *Jan 27, 99* Practice Expiration Date *4/1/2000*

MARKS

r SIP and FIP Only: I certify that I / /do / /do not own more 1000 acres of eligible Acres if more Date Waiver
restland in the United States or any territory or possession of the U.S. than 1,000 Approved
GNATURE: DATE:

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

A. REFERRAL INFORMATION

No. 10	Name and Address JANET GOLDMAN 2038 MAGNOLIA DR NEDERLAND, CO 80466-9604 9461	2. Telephone Number 303-541-0909	3. Contract Id.
act No. 9461		4. Practice to Begin 10-01-1998	5. Referral Expires 10-01-1998
Practice Location IN SEC 5-1S-71W SIP		7. Needs Statement <i>The practice is needed & feasible.</i>	

Practice Description 8	Extent Requested 9	Extent Needed 10
3 Forest improvement (Ac)	5.0	
5 DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU	1.0	1
1 WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.0	4

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

B. GENERAL INFORMATION

Primary Purpose F	2. Program SIP	3. Program SIP3	Practice No.	4. VC/SL N	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 1,100
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8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before After	12. Technical Practices Applied
5/	VII 51	1	7 7	Technical Practice 666 Cost-Shared? Y Units Planned/ Applied H/

C. EROSION CONTROL

Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 5	13. Endangered Species
Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies	14. Hydrologic Unit Code
Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)	d. Acres Affected
Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before	d. Trend. Cond. After

D. WATER CONSERVATION

Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before After	c. System Efficiency (%) Before After	d. Water Cons. Acres	1. Problem Type
Increased Water Storage	a. Primary Use	b. Capacity (Acre-Inches) Before After	3. Soil Moisture Measures?		2. Type of Water Body Treated/Protected
					3. Pollution Severity

F. WOOD PRODUCTION

1. Site Description Site Index	2. Stand Condition a. Forest Cover Before After	b. Stocking Level Before After	3. Site Preparation a. Acres	4. Purpose b. Cost-Share Trees Pr/Ac
40	1	131 131	70 60	200

H. ACTUAL COST AND PERFORMANCE DATA

Total Install. Cost	2. Cost-Share	3. Date Performed
2375	300	7/99

I. PERFORMANCE REPORT

Completed as Prescribed

practice has been performed to the extent shown in item B12c and Signature
program requirements. If the practice does not meet practice
ifications or if additional work is required, explain in item I.

Date
9/21/99

OMB No. 0596-0120

[illegible]

FORM APPROVED
OMB NO. 0560-0082

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-24-
9-11-95)U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARESST. & CO. & C/D | CONTROL NO. (F/Y & NO.) |
08 013 6 | 1998 0005 |

D-245 replaces ACP-245 and SIP-245)

RM NO.	NAME AND ADDRESS	FARMLAND	PROGRAM	FUND	CONTRACT/LTA	PRIMARY	OTHER
1210	JANET GOLDMAN	6.0	CODE	CODE	& ITEM NO.	PURPOSE	FARMS
ACT No.	2038 MAGNOLIA DR	CROPLAND					/X/YES
9461	NEDERLAND, CO 80466-9604		SIP			WOOD	/ /No
						PRODUCTION	

Telephone No. 303-541-0909

SCRIPTION OF PRACTICE OBJECTIVE
WOODLAND IMPROVEMENT AND WILDFIRE PROTECTION
PRACTICE LOCATION IN SEC 5-15-71W SIP

R 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	
P3	Forest Improvement (Ac)	5.0	1			10-01-1998
S	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	1.0		750.000	750	
M	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE)	4.0	4	200.000	800	

I plan to complete the practice 04-01-2000

NSERVATION 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

PLICANTS REQUEST

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: Janet L. Goldman DATE: 7/21/98 Estimated \$ 1550 C/S Willing to Approve \$ 1300 C/S Value 1.100

PROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

R THE APPROVING
FICIAL

DATE: Jan 27, 99 Practice Expiration Date 4/1/2000

MARKS

r SIP and FIP Only: I certify that I / /do / /do not own more 1000 acres of eligible
restland in the United States or any territory or possession of the U.S.
SIGNATURE: DATE: 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.

UNITED STATES DEPARTMENT OF AGRICULTURE
Boulder-Jefferson-Clear Creek-Gilpin County FSA Office
9595 Nelson Road, Box A
Longmont, CO. 80501
(303)776-1242

Janet Goldman
2038 Magnolia Rd
Nederland, CO 80466-9604

Stewardship Incentive Program
Date: March 10, 1999

Dear Landowner,

Your request for cost sharing on practice numbers SIP 3 from the U. S. Forest Service Stewardship Incentive Program has been approved by the Colorado State Forester's local office. The attached SIP-245, page 2 lists the program practice(s), practice components, and the extent of the components for which you were approved.

Please note the practice expiration date as set by the State Foresters local office on the form(s). To be eligible for cost sharing you must (1) **COMPLETE THE PRACTICE**, (2) fill in the blocks X and Y, (3) sign and date this form (Note: Block G. will be completed by the State Forester's local office after a site review for practice certification), and (4) return this completed form(s) and copies of all practice cost documents such as receipts, invoices, cancelled checks, and labor reports to the **STATE FORESTER'S** local office by the expiration date. **Do not return this form or cost documents to FSA.**

In addition to the steps listed above, landowners who implement SIP practices with contributions or help provided by contributors other than originally approved, must list the contributors, their taxpayer ID numbers, and the proportion of the total cost of the contribution represents.

The State Forester's local office address and telephone number are:

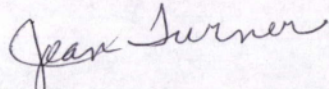
Douglas J. Stevenson, Colorado State Forester
936 Lefthand Canyon Drive
Boulder, CO 80302
(303) 442-0428

If you decide not to implement this practice(s), please notify the State Forester's local office as soon as possible.

If you decide to implement the practice(s), make sure that you are following the practice requirements as outlined in a Landowner Forest Stewardship Plan. Contact your State Forester's local office for details about the implementation requirements for your practice(s).

Payments for landowners who are approved for more than 1 practice who seek cost-share payments for both practices during the same fiscal year will be limited by the \$10,000 per landowner per fiscal year payment limitation.

On behalf of the State Forester

A handwritten signature in cursive script, appearing to read "Jean Turner".

Jean Turner
FSA County Executive Director

This program or activity will be conducted on a non-discriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or handicap.

502
(1-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

OMB No. 0596-0120

STEWARDSHIP INCENTIVE PROGRAM
PAYMENT LIMITATION REVIEW

County

Boulder

State

Colorado

PROGRAM YEAR

19 98

NOTE

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 USDA 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.

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

JANET L. GOLDMAN
2038 MAGNOLIA DR NEDERLAND
CO. 80466

2. Entity Identification Number

149-42-1873

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.

Stockholder's, Member's, Heir's, or Beneficiary's Name

Social Security/ Employer ID Number(s)

% Share

Executor's or Grantor'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

Janet L. Goldman

DATE

7/20/98

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or handicap.

AD-245 U.S. DEPARTMENT OF AGRICULTURE
(09-11-95) PRACTICE APPROVAL AND PAYMENT APPLICATION

ST. & CO. & C/D CONTROL NO. (F/Y & NO.)
08 013 6 1998 0005

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

FARM NO. 1210	NAME AND ADDRESS JANET GOLDMAN 2038 MAGNOLIA DR NEDERLAND, CO 80466-9604	FARMLAND 6.0	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	EXPIRATION NOTICE Practice must be completed and reported by 04-01-2000
TRACT No. 9461		CROPLAND	SIP	00			
Telephone No. 303-541-0909							ID 149 42 1873 S

Your request for program cost-sharing to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE
WOODLAND IMPROVEMENT AND WILDFIRE PROTECTION

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
A	B	C	D	E	F	G	H
SIP3	Forest improvement (Ac)	5.0	5.0		1300*		
DES	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU	1.0	1.0	750.000	750		
WIM	WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	4.0	4.0	200.000	550		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount

DES - 65% of cost not to exceed rate in column E.

WIM - 65% of cost not to exceed rate in column E.

INSTRUCTIONS TO PARTICIPANT To receive payment or credit for any cost-shares earned on this practice, report performance in col. G and complete ITEMS X and Y below; date and sign the certification below; and file with the issuing office by the date noted in EXPIRATION NOTICE.

APPROVAL ISSUED BY APPROVING OFFICIAL
(FOR SIP) APPROVAL MAILED BY CED

DATE

Jean Turner

3-10-99

X. Did you bear all the expense (except for program cost-sharing) for performing this practice? (If No, report name(s) and address(es) of other person(s) or agency who bore any part of the expenses. Also show kind, extent and value of their contribution.)

Total Cost-Shares Earned

Payment Advance (Partial Payment)

Is Partic. on FSA Debt Reg.? Y / / N / /

Setoff

Debt Assignment

Net Payment

YES /_ / NO /_ /

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share payment under the same program on this or any other farm other than through this AD-245?

(If yes, report State, County, and amount by farm).

YES /_ / NO /_ /

Payment Approved (initials)

(For SIP) C/S Earned Approved By/Date

ACH/Check Number

(For SIP) Calc. Verif. By/Date

CERTIFICATION BY PARTICIPANT I certify that the above information is true and correct. I further certify that the entry in Column G shows that the practice was performed in accordance with the practice specifications and other program requirements. I hereby apply for payment to the extent that the Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. I agree to maintain this practice for at least 10 years following the year the practice is completed. I agree to refund all or part of the cost-share assistance paid to me, as determined by the Approving Official, if before expiration of the practice lifespan specified above, I (a) destroy the practice installed, or (b) voluntarily relinquish control or title to the land on which the installed 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 specified lifespan. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE:

DATE:

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

U.S. DEPARTMENT OF AGRICULTURE

FORM AD-245 ATTACHMENT
(PRIVACY ACT, PUBLIC BURDEN,
COMPLIANCE AND PENALTY STATEMENT)

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The information is necessary to monitor participation in USDA cost-share programs. Information provided on AD-245, Request of Cost-Shares/Practice Approval/Payment Application may be furnished to other USDA 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. 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 (OMB No. 0560-0082), Washington, D.C. 20503.

COMPLIANCE AND PENALTY STATEMENT

The program for which this cost-share application is being completed is listed under the PROGRAM CODE on pages 1 and 2. No monies or benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations and unless there is full compliance with all terms and conditions of the provisions of existing law and regulations and any agreements executed with respect to that program by the participant in the program.

The basic program regulations which apply to the cost-share programs are the subject of this agreement and incorporated herein by reference:

for SIP at 36 CFR Part 230,
for ACP at 7 CFR Part 701,
for FIP at 7 CFR Part 701,
for CRP at 7 CFR Parts 704 and 1410,
for MYCS at 7 CFR Part 1413.

(For other programs inquire where the application is submitted.)

There may also be other regulations that apply. Any fraudulent claims made hereunder may subject the applicant to Federal criminal and civil penalties as provided for in USC 207, 1001, and 31 USC 231.

In the event of a conflict between these or other regulations and the terms of this contract, the provisions of the regulations will prevail.

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