

SIP-100
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

SIP ELIGIBILITY WORKSHEET

1. COUNTY <i>WELD</i>	2. STATE <i>Co</i>
3. ASCS FARM NO. <i>7100</i>	4. CONTROL NO. (from SIP-245)
5. LANDOWNER NAME AND ADDRESS <i>Anne MARIE Mitchell</i>	

NOTE: This worksheet should be attached to the SIP-245 and remain attached throughout the cost-share process.

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The Food, Agriculture, Conservation, and Trade Act of 1990 authorizes the collection of the following data (36 CFR Part 230). The information is necessary to determine eligibility to participate in the Stewardship Incentive Program (SIP). Furnishing this data is voluntary; however, without it participation in the program may be denied. 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 15 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.

PART 1 - ELIGIBILITY CHECKLIST - TO BE COMPLETED BY ASCS

Check "Yes" or "No" for each:	YES	NO
6. The applicant actually owns the land.	✓	
7. The landowner is not a Federal, State, or local government agency or other governmental organization.	✓	
8. The landowner, if a corporation, is not a publicly traded corporation.	✓	
9. The landowner is not principally engaged in the production of wood products.	✓	
10. The landowner does not own more than 1,000 acres of NIPF (Non-Industrial Private Forestland), or not more than 5,000 acres of NIPF with an eligibility waiver signed by the State Forester.	✓	
11. The landowner owns at least the minimum acreage of NIPF that has been established for SIP eligibility by the State Forester.	✓	
12. The practice is voluntary, or is not required by Federal, State, or local government laws or regulations.	✓	
13. The practice was not started prior to submission of the application to ASCS.	✓	
14. The practice has not been established and currently does not exist on the site as a result of previous Federal cost-sharing.	✓	
15. Other (explain)		

The eligibility information above is provided by ASCS for use by the Service Forester for making eligibility determinations. This information is provided only as a recommendation, and is only based on information made available at the time of application.

16. Signature (Landowner) <i>Anne Marie Mitchell</i>	Date <i>1-9-96</i>
17. Signature (CED or designee) <i>[Signature]</i>	Date <i>1-9-96</i>

Supporting statements or documents, if any, are attached by ASCS.

PART 2 - ELIGIBILITY DETERMINATION - TO BE COMPLETED BY THE SERVICE FORESTER

Check "Yes" or "No" for each:	YES	NO
18. The practice requested was determined to be needed and practical (from AD-862).		
19. The application meets all explicit eligibility criteria and is eligible for cost-sharing at this time because it is higher priority and ample funds are available. ("No" should be checked when eligible applications are not approved because of priorities, or ample funds are not available.)		
20. Other (explain)		

ELIGIBLE INELIGIBLE → An INELIGIBLE determination is based on the following from item(s) 6-15 or 18-20 that are checked "No". _____ (Enter numbers). (Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

21. Signature (Service Forester)	Date
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Supporting statements or documents, if any, are attached by the Service Forester.

NOTE to Service Foresters: The original signed copy of this form must be returned to the county ASCS office with each SIP-245 so that ASCS can properly notify the applicant of their application approval/disapproval.

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.

COMPLETED

FORM APPROVED
OMB NO. 0560-0082

Page 2

AD-245
(09-11-95)

U.S. DEPARTMENT OF AGRICULTURE
PRACTICE APPROVAL AND PAYMENT APPLICATION

ST. & CO. & C/O
00 123 9

CONTROL NO. (F/Y & NO.)
95 0158

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

FARM NO. 7100	NAME AND ADDRESS ANNE MARIE MITCHELL 2500 COUNTY ROAD 8 KEENESBURG, CO 80643	FARMLAND 320.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 12-30-96
TRACT No. 4667		CROPLAND 158.0				OTHER ASSISTANCE	ID 521 46 6527 8
Telephone No.							

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
WILDLIFE HABITAT ENHANCEMENT

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent Requested C	Extent Approved D	Rate E	Cost-Shares Approved F		Extent Performed G	Cost-Shares Earned H
					583A	543		
SIPB	Wildlife habitat enhancement (Ac)	3.0	3.0	214,000	583A	543	3	543
WAF	WILDLIFE WATER FACILITY	3.0	3.0	20,000		40	2	40
CCS	CONTROL OF COMPETITIVE SPECIES - SIP	2.0	2.0					7583

WAF - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
CCS - 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 DATED BY CED
[Signature] 10-11-96

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 Res.? Y / / N / / _____

Setoff _____

Debt Assignment _____

Net Payment _____

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.)

Payment Approved (initials) _____ ACH/Check Number _____
(For SIP) C/S Earned Approved By/Date _____ (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 and use 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

Anne Marie Mitchell

10-23-96

SIP-245
(07-20-93)

U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARES

ST. & CO. & C/D : CONTROL NO. (F/Y & NO.) :
08 123 3 : 95 0158

Completed

FARM NO. 7100	NAME AND ADDRESS ANNE MARIE MITCHELL P O BOX 315 HUDSON, CO 80642	FARMLAND 320.0	PROGRAM CODE	FUND CODE	PRIMARY PURPOSE	OTHER FARMS / /YES /X/No
TRACT No. 4667	Telephone No.	CROPLAND 158.0	SIP		OTHER ASSISTANCE	

DESCRIPTION OF PRACTICE OBJECTIVE
WILDLIFE HABITAT ENHANCEMENT

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested C	Extent Approved D	Rate E	C/S Approved		I plan to Start the Practice Practice 06-30-95	
					F	G		
SIP	Wildlife habitat enhancement (Ac)	3.0						
WMF	WILDLIFE WATER FACILITY	3.0		214.000				
CC	CONTROL OF COMPETITIVE SPECIES - SIP	2.0		20.000				
					<i>total approved time funds</i>		<i>583.00</i>	I plan to complete the Practice 09-30-95
LFS 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 forest stewardship objectives described above. If cost-sharing is approved for the practice requested, I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if, before the 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.

SIGNATURE <i>Anne M. Mitchell</i>	Date 6-6-95	Estimated \$ C/S Value 640
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APPROVAL ACTION: The State Forester approved the extent shown in BLOCK D above and the cost shares shown in BLOCK F above for this practice.

FOR THE STATE FORESTER <i>Greg S. Weston Acting Area Forester</i>	Date 6/22/95	Practice Expiration Date 12/22/97
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I certify that I / /do / /do not own more than 1,000 acres of nonindustrial private forestland in the United States or any territory or possession of the U.S.

SIGNATURE:
Anne M. Mitchell

PARTICIPATION IN FS PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.

SIP-245
(07-20-93)

U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARES

ST. & CO. & C/D : CONTROL NO. (F/Y & NO.)
08 123 3 : 95 0158

FARM NO. 7100	NAME AND ADDRESS ANNE MARIE MITCHELL P O BOX 315 HUDSON, CO 80642	FARMLAND 320.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE	OTHER FARMS / / YES / / X / No
TRACT No. 4667	Telephone No.	CROPLAND 158.0			OTHER ASSISTANCE	

DESCRIPTION OF PRACTICE OBJECTIVE
WILDLIFE HABITAT ENHANCEMENT

FOR CEB AND STATE FORESTER USE

Number	Practice Title	Extent Requested C	Extent Approved D	Rate E	C/S Approved		I plan to Start the Practice 06-30-95
					F	G	
SIP8	Wildlife habitat enhancement (Ac)	3.0					
WWF	WILDLIFE WATER FACILITY	3.0		214.000			
CCS	CONTROL OF COMPETITIVE SPECIES - SIP	2.0		20.000			
					540.0		
					583.00		I plan to complete the Practice 09-30-95
					Total approved limited funds		
LFS 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 forest stewardship objectives described above. If cost-sharing is approved for the practice requested, I agree to refund all or part of the cost-share assistance paid to me as determined by the State Forester, if, before the 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.

SIGNATURE: *Anne M. Mitchell* Date: *6-6-95* Estimated \$ C/S Value: 640

APPROVAL ACTION: The State Forester approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK E above for this practice.

FOR THE STATE FORESTER: *Greg Lundsten Acting Area Forester* Date: *6/22/95* Practice Expiration Date: *12/22/97*

REMARKS

I certify that I / / do / / do not own more than 1,000 acres of nonindustrial private forestland in the United States or any territory or possession of the U.S.
SIGNATURE: *Anne M. Mitchell* Acres if more than 1,000: Date Waiver Approved by FS:

PARTICIPATION IN FS PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, MENTAL OR PHYSICAL HANDICAP.

8-19-97

CO State Forest Service
936 Lefthand Canyon Dr.
Boulder, CO 80302

Attention: Doug Stevenson

Attached are the receipts for
out project. Should you have
any questions, feel free to contact
me. As you know, the
project was for \$1,225.00

my work # 970-353-3686
Home # 303-536-4967

Sincerely,

Anne Mitchell
25000 WCR # 8
Keenesburg, CO 80643

RETURN ORDERS TO:
West Adams Soil Conservation Service
224 S. 14th Avenue
Brighton, CO 80601
(303)659-3118

Application for Seedling Trees
West Adams SCD Use Only

Order No. _____

Conditions of Sale

1. You must own at least two (2) acres of land.
2. This nursery stock **must not** be used in ornamental or landscaping plantings.
3. **No plant** purchased from the Colorado State Forest Service or their distributors may be resold as a living plant.
4. **Bare root** stock is available in multiples of 50 per species only!
5. **Potted stock** is available in multiples of 30 per species only!
6. Payment must accompany order. No refund will be given on cancellations after March 1, 1997.
7. Substitutions: if trees ordered are sold out, cost of the trees will be refunded unless a substitution is requested or agreed upon.

I have read and agreed to the above mentioned "Conditions of Sale", signed: Anne M. Mitchell
Acres of ownership 320 County Weld Today's date: 3-21-97
Type of planting(s): Windbreak or shelterbelt erosion control reforestation Christmas trees
 wildlife habitats other (specify): _____

name ANNE M. MITCHELL street address (P.O. Box) PO. Box 315
town Hudson state CO zip code 80642
daytime phone number 970-353-3686 (Mon-Thur) evening or message phone number 303-536-4967 Eve & Fri - Sunday

Bare root trees - lots of 50 per species only				
Deciduous - 10" - 30" topheight				
Conifer - 5" - 12" topheight				
	Species	Bundles	Cost/50	Cost
SHRUBS & DECIDUOUS TREES				
01	Caragana		\$21.00	
02	Cotoneaster		\$21.00	
03	Honeysuckle		\$21.00	
04	Chokecherry		\$21.00	
05	Lilac	1	\$21.00	21.00
06	Native plum		\$21.00	
07	Sumac	1	\$21.00	21.00
08	Sand cherry		\$21.00	
09	Nanking cherry		\$21.00	
10	European sage		\$21.00	
11	Woods rose		\$21.00	
12	Buffalobery		\$21.00	
14	Golden currant		\$21.00	
15	Serviceberry		\$21.00	
16	Mountain mahogany		\$21.00	
17	Antelope bitterbrush		\$21.00	
18	N. M. forestiera		\$21.00	
20	Green ash		\$21.00	
21	Siberian elm		\$21.00	
22	Hybrid cottonwood	1	\$21.00	21.00
24	Golden willow		\$21.00	
25	Hackberry		\$21.00	
26	Honeylocust		\$21.00	
28	Lombardy poplar		\$21.00	
29	Lacebark elm		\$21.00	
30	Bur oak		\$21.00	
31	Black locust		\$21.00	
32	Coyote willow		\$21.00	
EVERGREENS				
40	Austrian pine		\$22.50	
41	Colorado blue spruce		\$22.50	
42	Eastern redcedar		\$22.50	
43	Ponderosa pine		\$22.50	
44	Rocky Mountain juniper		\$22.50	
45	Scotch pine		\$22.50	
BARE ROOT TOTALS			XXXXXX	63.00

Regular Potted trees - lots of 30 per species only				
All - 6" - 12" topheight				
2" X 2" X 7"				
	Species	Boxes	Cost/30	Cost
50	Aspen		\$28.20	
51	Austrian pine		\$28.20	
52	Colorado blue spruce		\$28.20	
53	Douglas-fir		\$28.20	
54	Englemann spruce		\$28.20	
55	Eastern redcedar		\$28.20	
56	Lodgepole pine		\$28.20	
57	Pinon pine		\$28.20	
58	Ponderosa pine	1	\$28.20	28.20
59	Rocky Mountain juniper	1	\$28.20	28.20
60	Scotch pine		\$28.20	
61	White fir		\$28.20	
62	Bristlecone pine		\$28.20	
63				
64	Limber pine		\$28.20	
66	Coyote willow		\$28.20	

Small potted trees - lots of 30 per species only				
All - 4" - 6" topheight				
1" round tube pots				
	Species	Boxes	Cost/30	Cost
70	Austrian pine		\$20.10	
71	Colorado blue spruce		\$20.10	
74	Lodgepole pine		\$20.10	
75	Ponderosa pine		\$20.10	
76	Scotch pine		\$20.10	
POTTED TOTALS			XXXX	56.46

Quantity Discount Rates Based on Total Trees Ordered:

450 - 1000 trees	5 percent
1001 - 6000 trees	10 percent
Over 6000 trees	15 percent

Bare root Total + Potted Total	\$	119.40
Subtract Discount	(-)	\$
Subtotal	(=)	\$
Add State Sales Tax (4.3 percent)	(+)	\$ 4.95
Total Amount Due:	(=)	\$ 124.35

OUR TAX RATE IS:

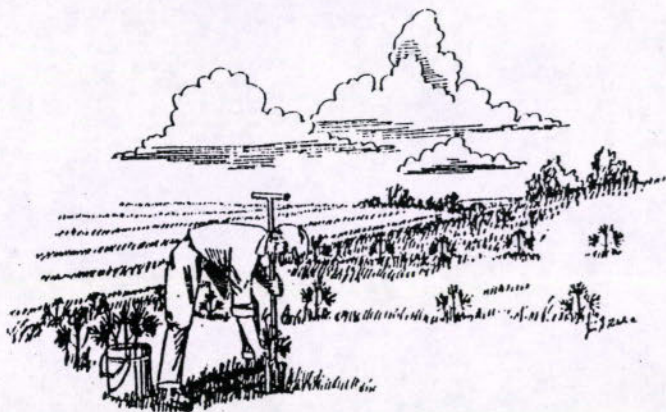
4.3 percent

PLEASE MAKE CHECKS PAYABLE TO: **WEST ADAMS SOIL CONSERVATION SERVICE**

Longmont Soil Conservation Service
Ray Coyne

EXTRAS ORDER FORM

ITEM	NUMBER	COST/UNIT	COST
Tree Guards 4" x 18" w/two Bamboo stakes	_____	.50	_____
Bamboo Stakes	_____	.10	_____
FERTILIZER TABLETS			
5 - gram 30 per pkg.	_____	2.40	_____
5 - gram 50 per pkg.	<u>4</u>	4.00	<u>16.00</u>
POLYMER			
1 pound bag	<u>2</u>	10.00	<u>20.00</u>
FABRIC MULCH			
Roll - 250 ft. Long 4ft. Wide	_____	90.00	_____
STAPLES			
50 Per. pkg	_____	5.00	_____



Subtotal	\$ <u>36.00</u>
Tax - 4.15 %	<u>1.50</u>
Total	\$ <u>37.50</u>

MAKE CHECKS PAYABLE TO
LONGMONT SOIL CONSERVATION DISTRICT
And return with your seedling tree order

The extras are available in the office at 9595 Nelson Rd in Longmont year round

NAME ANNE M. MITCHELL

ADDRESS 25000 WCR 8, Keenesburg, CO 80643



Burlington Home Center

Do-It-Yourself Headquarters

—Complete Service for Homeowners and Contractors—

Phone 346-8089

111 Hollowell St. on West Highway 24

Burlington, Colo. 80807

PLEASE REFER TO TRANSACTION
TYPE AND TRANSACTION NUMBER
ON ALL CORRESPONDENCE

SOLD TO

MITCHELL, ANK
P.O. BOX 315
HUDSON, CO 81048

SHIP TO

CUSTOMER WILL CALL
LANDSCAPE SUPPLY

TRANSACTION TYPE

INVOICE-INVOICE-INVOICE

TRANSACTION NUMBER

100593

ACCOUNT NUMBER

131154-00

CUSTOMER ORDER NUMBER

SHIPPED<<

INVOICE<<

TIME DATE

--SOLD BY--

3/31/97

3/31/97

15:30 3/31/97

AB

STORE NO. → 01

ORDERED	SHIPPED	U/M	SKU NUMBER	DESCRIPTION	QUANTITY	PRICE	U/M	AMOUNT
6		\$\$	20	POLYSPUN 350	6	78.00	EACH	468.00
1		\$\$	20	FABRIC PINS	1	30.00	EACH	30.00
					SUB TOTAL	498.00		
					SALES TAX	24.90		
					TOTAL →	522.90		

Received
By _____

TERMS/NET 30-1.5% ON PAST DUE ACCOUNTS

Total 522.90

STATEMENT

TO: Anne Mitchell
25000 WCR 8
Keenesburg, CO 80643

FROM: Jeff & Holly Barrett

DATE: July 15, 1997

CONTRACT: WIND BREAK TREE PLANTING

Wind break ground preparation (disking), digging holes,
planting trees with fertilizing tablets &/or polymer,
application of polyspun 350 fabric mulch with pens.

210 Trees

AMOUNT DUE: \$540.00 Payable upon receipt of notice.

*Paid in full
Holly Mitchell
7/19/97*

AD-245 U.S. DEPARTMENT OF AGRICULTURE ST. CO. & C/D CONTROL NO.(F/Y & NO.)
(09-11-95) PRACTICE APPROVAL AND PAYMENT APPLICATION 08 123 3 06 0050

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

FARM NO. 7100	NAME AND ADDRESS ANNE MARIE MITCHELL 2500 COUNTY ROAD B KEENESBURG, CO 80543	FARMLAND 320.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 12-30-97
TRACT No. 4667		CROPLAND 151.3				OTHER ASSISTANCE	ID 621 46 6527 S
Telephone No.							

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
WILDLIFE ENHANCEMENT

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
SIP4	Agroforestry estab/main/renovate (A5)	1.0	1.0		1225	1	450
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	1.0	1.0	450.000	450	1	775
MUL	MULCHING - WEED BARRIER FABRIC	1.0	1.0	775.000	775		

* - Total Cost-Shares Approved For Practices. Component Figures Shown Are Included in This Amount
FFW - 65% of cost not to exceed rate in column E. MUL - 55% 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

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.)

YES NO

Total Cost-Shares Earned	1225 ⁰⁰
Payment Advance (Partial Payment)	-
Is Partic. or FSA Debt Req. Y / / N / /	-
Setoff	-
Debt Assignment	-

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

Net Payment	1225 ⁰⁰
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Payment Approved (initials) ACh/Check Number 0
(For SIP) 1/3 Earned Approved By/Date (For SIP) Calc. Verif. By/Date
[Signature] 10/24/97

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: *[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.

A. REFERRAL INFORMATION

1. Farm No. 7100 Name and Address ANNE MARIE MITCHELL P O BOX 315 Tract No. HUDSON, CO 80642 4667

2. Telephone Number

3. Contract Id.

4. Practice to Begin 04-01-96

5. Referral Expires 04-01-96

6. Practice Location W2NW4, SW4, W2SE4 20-1-64 M 3/4

7. Needs Statement
All practices are practical. 2 needed. This includes a Farmstead windbreak & mulching.

Practice Description	Extent Requested	Extent Needed
8	9	10
SIP4 Agroforestry estab/main/renovate (AS)	1.0	1
FFW FARMSTEAD AND FEEDLOT WINDBREAK	1.0	1
MUL MULCHING - WEED BARRIER FABRIC	1.0	1

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

B. GENERAL INFORMATION

1. Primary Purpose G

2. Program SIP

3. Program Practice No. SIP4

4. VC/SL N

5. Fund Code

6. Estimated Total Cost 1,106 1225

7. Est. Cost-Share

11. Signature *Richard C. Gray*

Date 11/25/95

8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	11. Land Cover/Use After	12. Technical Practices Applied
2	1		4	8	
					Technical Practice a
					Cost-Shared? b
					Units Planned/ Applied c

C. EROSION CONTROL

1. Sheet & Rill Erosion

2. Wind Erosion

3. Other Erosion

4. Range Condition

13. Endangered Species 0

14. Hydrologic Unit Code

D. WATER CONSERVATION

1. Irrigation Water Conservation

2. Increased Water Storage

3. Soil Moisture Measures?

E. WATER QUALITY

1. Problem Type

2. Type of Water Body Treated/Protected

3. Pollution Severity

F. WOOD PRODUCTION

1. Site Description a. Site Index 999 b. Poten. Prod.

2. Stand Condition a. Forest Cover Before b. Stocking Before Level After

3. Site Preparation a. Acres b. Cost-Share

4. Purpose *2*

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost \$1922.00

2. Cost-Share 1225.00

3. Date Performed 5/97

I. PERFORMANCE REPORT

Practice Completed as prescribed

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 *Richard C. Gray*

Date 10/24/97

A. REFERRAL INFORMATION

1. Farm No. 7100 Name and Address ANNE MARIE MITCHELL
P O BOX 315
Tract No. HUDSON, CO 80642 4667
2. Telephone Number
3. Contract Id.
4. Practice to Begin 04-01-96
5. Referral Expires 04-01-96

6. Practice Location W2NW4, SW4, W2SE4 20-1-64 M 34/4
7. Needs Statement

*All practices are practical.
& needed This includes a
Farmstead windbreak & mulching.*

Practice Description	Extent Requested	Extent Needed
SIP4 Agroforestry estab/main/renovate (AS)	1.0!	1
FFW FARMSTEAD AND FEEDLOT WINDBREAK	AC 1.0!	1
MUL MULCHING - WEED BARRIER FABRIC	AC 1.0!	1

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

11. Signature *Richard C. Gray* Date *11/25/95*

B. GENERAL INFORMATION

1. Primary Purpose G
2. Program SIP
3. Program Practice No. SIP4
4. VC/SL N
5. Fund Code
6. Estimated Total Cost 1,106
7. Est. Cost-Share 1,106
8. Practice Extents Number 2 Ac. Served/Treated 1
9. Land Capability Class & Subclass
10. Soil Loss Tolerance
11. Land Cover/Use Before 4 After 8
12. Technical Practices Applied
Technical Practice 380 Cost-Shared? 4 Units Planned/Applied 1
a b c
41 4 1

C. EROSION CONTROL

1. Sheet & Rill Erosion a. Before (Tons/Ac./Yr.) b. After (Tons/Ac./Yr.) c. Acres to which Rate Applies
2. Wind Erosion a. Before (Tons/Ac./Yr.) b. After (Tons/Ac./Yr.) c. Acres to which Rate Applies
3. Other Erosion a. Problem Type b. Before (Tons/Yr.) c. After (Tons/Yr.) d. Acres Affected
4. Range Condition a. Condition Code Before b. Condition Code After c. Trend Cond. Before d. Trend. Cond. After
13. Endangered Species 0
14. Hydrologic Unit Code

D. WATER CONSERVATION

E. WATER QUALITY

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

F. WOOD PRODUCTION

G. OTHER ASSISTANCE

1. Site Description a. Site Index 999 b. Poten. Prod.
2. Stand Condition a. Forest Cover Before After b. Stocking Level Before After
3. Site Preparation a. Acres b. Cost-Share
4. Purpose Trees Pr/Ac G

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 *Richard C. Gray* Date *10/24/97*

AD-245 U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)
 (09-11-95) REQUEST FOR COST-SHARES 08 123 3 96 0050

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

FARM NO. 7100	NAME AND ADDRESS ANNE MARIE MITCHELL P O BOX 315 HUDSON, CO 80642	FARMLAND 320.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / /YES /X/No
TRACT No. 4667	Telephone No.	CROPLAND 158.0				OTHER ASSISTANCE	

DESCRIPTION OF PRACTICE OBJECTIVE
 WILDLIFE ENHANCEMENT
 PRACTICE LOCATION W2NW4, SW4, W2SE4 20-1-64 M 34/4

FOR USE BY THE APPROVING OFFICIAL

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F		I plan to start the practice / /YES /X/No
SIP4	Agroforestry estab/main/renovate (AS)	1.0					04-01-96
FFW	FARMSTEAD AND FEEDLOT WINDBREAK	1.0	/	450.000		45%	
MUL	MULCHING - WEED BARRIER FABRIC	1.0	/	775.000		77.5%	
						1225	I plan to complete the practice 12-30-96

CONSERVATION PLAN: Farm Plan By NRCS / /Yes /X/No Forest Plan By FS / /Yes /X/No Other Plan /X/Yes / /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: *Anne Marie Mitchell* DATE: 1-9-96 Estimated \$ C/S Value 1,106 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 E above for this practice.

FOR THE APPROVING OFFICIAL: *[Signature]* DATE: 1/20/96 Practice Expiration Date

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 of possession of the U.S.

SIGNATURE: *Anne Marie Mitchell* DATE: 1/9/96 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.

Land Useability
Soil Loss Tol.

AD-862
(11-21-94)

U.S. DEPARTMENT OF AGRICULTURE
CONSERVATION REPORTING AND EVALUATION SYSTEM

ST. & CO. C & C/D
08 123

Control No. (FY & No.)
96 0050

A. REFERRAL INFORMATION

1. Farm No. 7100	Name and Address ANNE MARIE MITCHELL 2500 COUNTY ROAD 8 KEENESBURG, CO 80643	2. Telephone Number	3. Contract Id.
Tract No. 4667		4. Practice to Begin 04-01-96	5. Referral Expires 04-01-96
6. Practice Location W2NW4, SW4, W2SE4 20-1-64 M 34/4		7. Needs Statement	

Practice Description	Extent Requested	Extent Needed
8	9	10
SIP4 Agroforestry estab/main/renovate (AS)	1.0	1.0
FFW FARMSTEAD AND FEEDLOT WINDBREAK	1.0	1.0
MUL MULCHING - WEED BARRIER FABRIC	1.0	1.0

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

11. Signature _____ Date _____

B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP4	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 1,106	7. Est. Cost-Share 1,106
8. Practice Extents Number Ac. Served/Treated	9. Land Capability Class & Subclass 2E	10. Soil Loss Tolerance 2	11. Land Cover/Use Before 4	After 8	12. Technical Practices Applied a. b. c.	

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
d. Acres Affected			
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before
d. Trend, Cond. After			

D. WATER CONSERVATION

1. Irrigation Water Conservation	a. Irrigation Situation	b. Water Applied (Ac.-in./Ac.) Before After	c. System Efficiency (%) Before After	d. Water Cons. Acres
2. Increased Water Storage	a. Primary Use	b. Capacity (Acres-inches) Before After	3. Soil Moisture Measures?	

E. WATER QUALITY

1. Problem Type
2. Type of Water Body Treated/Protected
3. Pollution Severity

F. WOOD PRODUCTION

1. Site Description a. Site Index 999	b. Poten. Prod.	2. Stand Condition a. Forest Cover Before After	b. Stocking Level Before After	3. Site Preparation a. Acres b. Cost-Share	4. Purpose Trees P-/Ac K
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G. OTHER ASSISTANCE

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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I. PERFORMANCE REPORT

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 _____

AD-245
(09-11-95)

U.S. DEPARTMENT OF AGRICULTURE
PRACTICE APPROVAL AND PAYMENT APPLICATION

ST. & CO. & C/D : CONTROL NO. (F/Y & NO.) :
08 123 3 : 95 0158 :

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

FARM NO. 7100	NAME AND ADDRESS ANNE MARIE MITCHELL 2500 COUNTY ROAD 8 KEENESBURG, CO 80643	FARMLAND 320.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 12-30-96
TRACT No. 4667		CROPLAND 158.0				OTHER ASSISTANCE	ID 521 46 6527 S
Telephone No.							

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
WILDLIFE HABITAT ENHANCEMENT

FOR APPROVING OFFICIAL USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
SIP8	Wildlife habitat enhancement (Ac)	3.0	3.0		583*		
WWF	WILDLIFE WATER FACILITY	3.0	3.0	214.000	543		
CCS	CONTROL OF COMPETITIVE SPECIES - SIP	2.0	2.0	20.000	40		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
WWF - 65% of cost not to exceed rate in column E. CCS - 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 : DATE
(FOR SIP) APPROVAL MAILED BY CEO
[Signature] 10-11-96

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 Req.? Y / / N / /
Setoff
Debt Assignment
Net Payment

YES / / NO / /

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).

Payment Approved (initials) : ACH/Check Number
(For SIP) C/S Earned Approved By/Date : (For SIP) Calc. Verif. By/Date

YES / _ / NO / _ /

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 and use 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: