

SIP-245 (11-27-91)	U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES	ST. & CO. & C/D 08 013 6	CONTROL NO. (F/Y & NO.) 92 0018
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FARM NO. 946	NAME AND ADDRESS ELLEN MALMQUIST 6977 MARSHALL DR BOULDER, CO	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE  OTHER ASSISTANCE	OTHER FARMS / /YES /X/NO
TRACT No. 9209	803039514	CROPLAND				
Telephone No. 000-000-0000						

DESCRIPTION OF PRACTICE OBJECTIVE  
SOIL EROSION

FOR CED AND STATE FORESTER USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to Start the Practice 04/92
SIP9 AQP	Forest Recreation Enhancement (Ac) AESTHETIC QUALITY ENHANCEMENT	AC	.8	100.00	80	I plan to complete Practice 06/92

Forest Stewardship Plan by FS  
/X/Yes / /NoPARTNERSHIP / /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>Ellen Malmquist</i>	Date 2/92	Estimated \$ C/S Value 80
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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>Ron Isenell</i>	Date 4/92	Practice Expiration Date 6/92
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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.

Acres if more  
than 1,000Date 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.



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### A. REFERRAL INFORMATION

1. Farm No. 946		Name and Address ELLEN MALMQUIST 6977 MARSHALL DR TRACT NO. BOULDER, CO 803039514		2. Telephone Number	3. Contract Id.												
9209				4. Practice to Begin 04 92	5. Referral Expires 04 92												
6. Practice Location 6977 MARSHALL DR				7. Needs Statement													
<table border="1"> <thead> <tr> <th>Practice Description</th> <th>Extent Requested 9</th> <th>Extent Needed 10</th> </tr> </thead> <tbody> <tr> <td>8 Windbreak and Hedgerow Est, Maint &amp;Renovt(AS)</td> <td></td> <td></td> </tr> <tr> <td>FFW FARMSTEAD &amp; FEEDLOT WINDBREAK</td> <td>AC</td> <td>.9</td> </tr> <tr> <td>MUL MULCHING - WEED BARRIER FABRIC</td> <td>AC</td> <td>.9</td> </tr> </tbody> </table>				Practice Description	Extent Requested 9	Extent Needed 10	8 Windbreak and Hedgerow Est, Maint &Renovt(AS)			FFW FARMSTEAD & FEEDLOT WINDBREAK	AC	.9	MUL MULCHING - WEED BARRIER FABRIC	AC	.9	The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.	
Practice Description	Extent Requested 9	Extent Needed 10															
8 Windbreak and Hedgerow Est, Maint &Renovt(AS)																	
FFW FARMSTEAD & FEEDLOT WINDBREAK	AC	.9															
MUL MULCHING - WEED BARRIER FABRIC	AC	.9															
				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	7. Est. Cost-Share 1,103
8. Practice Extents Number	9. Land Capability Ac. Served/Treated	10. Soil Loss Class & Subclass	11. Land Cover/Use Tolerance	12. Technical Practices Applied		
			Before After	Technical Practice a	Cost-Shared? b	Units Planned/ Applied 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	13. Endangered Species 14. Hydrologic Unit Code	

### 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	E. WATER QUALITY
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

1. Site Description		2. Stand Condition		3. Site Preparation		4. Purpose
a.Site Index	b. Poten. Prod. (Cu. Ft./Ac./Yr.)	a. Forest Cover Before After	b. Stocking Level Before After	a. Acres	b. Cost-Share	Trees /Acre

### 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
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Ellen Malmquist  
6977 Marshall Dr.  
Boulder, Co. 80303

Doug Stevenson  
936 Lefthand Canyon  
Boulder, Co.  
80302

2/24/92

Dear Doug,

I'm trying to work with you, trying to learn what works best, trying to stretch my resources as far as possible.

I'll commit to planting the 500 ponderosas where you deem best. I've already purchased weed guard and plastic. I've purchased sawdust; the cheaper version of your polimer. But I have limitations. My body breaks down in pain every afternoon- I won't be able to plant that many trees all in one year. I can't plant and cry at the same time- I've tried it. Also, if I agree to your orders, I'd bounce checks. Another limitation.

It was my understanding that my tax dollars that contribute to your salary were suppose to help me. . . Creating orders that are bound to fail, I'm not a computer, I have limitations that need to be factored in.

The first year I was here, 1986, I had a success rate of 1 out of 100. I don't believe that was because they were state trees. More so, the lack of planting them with the backhoe- now my success has gone up to 90% and better. I would like to incorporate the things I have learned, on this site, in the last seven years.

If you want to work with me- great. But please, don't set me up to fail.

Sincerely,

  
Ellen Malmquist



ST. & CO. & C/D	CONTROL NO. (F/Y & NO.)
08 013 6	92 0017

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.



REPORT OF THE BOARD OF DIRECTORS OF THE COMPANY FOR THE YEAR ENDING 1999

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REPORT OF THE BOARD OF DIRECTORS OF THE COMPANY FOR THE YEAR ENDING 1999

Item	Amount	Percentage	Notes
1. Cash and cash equivalents	100.00	100.00%	
2. Accounts receivable	0.00	0.00%	
3. Inventory	0.00	0.00%	
4. Prepaid expenses	0.00	0.00%	
5. Other assets	0.00	0.00%	
6. Total assets	100.00	100.00%	

REPORT OF THE BOARD OF DIRECTORS OF THE COMPANY FOR THE YEAR ENDING 1999

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### A. REFERRAL INFORMATION

1. Farm No. 946 Name and Address ELLEN MALMQUIST 6977 MARSHALL DR TRACT NO. BOULDER, CO 803039514 9209	2. Telephone Number 3. Contract Id. 4. Practice to Begin 04 92 5. Referral Expires 04 92 6. Practice Location 6977 MARSHALL DR 7. Needs Statement The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.
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Practice Description	Extent Requested	Extent Needed
8	9	10
Forest Recreation Enhancement (Ac) AQP AESTHETIC QUALITY ENHANCEMENT AC	.8	

11. Signature \_\_\_\_\_ Date \_\_\_\_\_

### B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP9	4. VC/SL N	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 80
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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						
					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Technical Practice</th> <th style="width: 33%;">Cost-Shared?</th> <th style="width: 33%;">Units Planned/Applied</th> </tr> <tr> <th style="text-align: center;">a</th> <th style="text-align: center;">b</th> <th style="text-align: center;">c</th> </tr> </table>	Technical Practice	Cost-Shared?	Units Planned/Applied	a	b	c
Technical Practice	Cost-Shared?	Units Planned/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	13. Endangered Species 14. Hydrologic Unit Code						

### 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 (Acre-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	2. Stand Condition	3. Site Preparation	4. Purpose
a. Site Index	b. Pot. Prod. (Cu. Ft./Ac./Yr.)	a. Acres	b. Cost-Share
	a. Forest Cover Before After	b. Stocking Level Before After	Trees /Acre

### 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 _____
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### A. REFERENCE INFORMATION

1. Party No.	940
2. Party Name	ELLEN W. HULL
3. Party Address	9471 MARSHALL DR BOULDER, CO
4. Party Phone	303-442-8484
5. Party Title	
6. Party Organization	
7. Party Date	10-11-71
8. Party Location	
9. Party Description	
10. Party Comments	

### B. GENERAL INFORMATION

1. Project Name	Forest Restoration Enhancement (F.R.E.)
2. Project Location	Forest Restoration Enhancement (F.R.E.)
3. Project Description	Forest Restoration Enhancement (F.R.E.)
4. Project Objectives	Forest Restoration Enhancement (F.R.E.)
5. Project Status	Forest Restoration Enhancement (F.R.E.)
6. Project Funding	Forest Restoration Enhancement (F.R.E.)
7. Project Personnel	Forest Restoration Enhancement (F.R.E.)
8. Project Schedule	Forest Restoration Enhancement (F.R.E.)
9. Project Results	Forest Restoration Enhancement (F.R.E.)
10. Project Comments	Forest Restoration Enhancement (F.R.E.)

### C. EROSION CONTROL

1. Erosion Control Method	Erosion Control Method
2. Erosion Control Location	Erosion Control Location
3. Erosion Control Description	Erosion Control Description
4. Erosion Control Objectives	Erosion Control Objectives
5. Erosion Control Status	Erosion Control Status
6. Erosion Control Funding	Erosion Control Funding
7. Erosion Control Personnel	Erosion Control Personnel
8. Erosion Control Schedule	Erosion Control Schedule
9. Erosion Control Results	Erosion Control Results
10. Erosion Control Comments	Erosion Control Comments

### D. WATER CONSERVATION

1. Water Conservation Method	Water Conservation Method
2. Water Conservation Location	Water Conservation Location
3. Water Conservation Description	Water Conservation Description
4. Water Conservation Objectives	Water Conservation Objectives
5. Water Conservation Status	Water Conservation Status
6. Water Conservation Funding	Water Conservation Funding
7. Water Conservation Personnel	Water Conservation Personnel
8. Water Conservation Schedule	Water Conservation Schedule
9. Water Conservation Results	Water Conservation Results
10. Water Conservation Comments	Water Conservation Comments

### E. WOOD PRODUCTION

1. Wood Production Method	Wood Production Method
2. Wood Production Location	Wood Production Location
3. Wood Production Description	Wood Production Description
4. Wood Production Objectives	Wood Production Objectives
5. Wood Production Status	Wood Production Status
6. Wood Production Funding	Wood Production Funding
7. Wood Production Personnel	Wood Production Personnel
8. Wood Production Schedule	Wood Production Schedule
9. Wood Production Results	Wood Production Results
10. Wood Production Comments	Wood Production Comments

### F. ACTUAL COST AND PERFORMANCE DATA

1. Actual Cost	Actual Cost
2. Performance Data	Performance Data
3. Actual Cost Details	Actual Cost Details
4. Performance Data Details	Performance Data Details
5. Actual Cost Summary	Actual Cost Summary
6. Performance Data Summary	Performance Data Summary
7. Actual Cost Comments	Actual Cost Comments
8. Performance Data Comments	Performance Data Comments



SIP-245 (11-27-91) U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/D 08 013 6 CONTROL NO. (F/Y & NO.) 92 0016

FARM NO. 946 NAME AND ADDRESS ELLEN MALMQUIST 6977 MARSHALL DR BOULDER, CO 803039514 FARMLAND 5.0 CROPLAND PROGRAM CODE SIP FUND CODE 00 PRIMARY PURPOSE OTHER ASSISTANCE OTHER FARMS / / YES /X/NO Telephone No. 000-000-0000

DESCRIPTION OF PRACTICE OBJECTIVE  
SOIL EROSION

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to Start the Practice
SIP1 DP1	Landowner Forst Stewardsp Plan Dvlmnt (Ac/No) STEWARDSHIP DEVELOPMENT PLAN - 2-120 ACRES	4.2 4.2	4.2	7.50	#27	64792
						I plan to complete Practice 66792

Forest Stewardship Plan by FS /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 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 [Signature] Date 2/92 Estimated \$ C/S Value 27

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 [Signature] Date 2/20 Practice Expiration Date 3/92

REMARKS Practice completed as specified 4/22/92

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. 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.



SIP-245 U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)  
(11-27-91) PRACTICE APPROVAL AND PAYMENT APPLICATION 08 013 6 92 0016

FARM NO. 946	NAME AND ADDRESS ELLEN MALMQUIST 6977 MARSHALL DR BOULDER, CO	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 06-01-92
TRACT No. 9209	803039514	CROPLAND			OTHER ASSISTANCE	
Telephone No. 000-000-0000						ID 324-44-8769 S

Your request for program cost-sharing to perform the practice shown below is approved for the land identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify in writing the State Forester at once. Upon certification of practice completion by the State Forester, payment shall be made within 30 days.

DESCRIPTION OF PRACTICE OBJECTIVE  
SOIL EROSION

FOR CED AND STATE FORESTER 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
SIP1	Landowner Forst Stewardsp Plan Dvlmnt (Ac/No)	4.2			27*		
DP1	STEWARDSHIP DEVELOPMENT PLAN - 2-120 ACRES AC	4.2	4.2	7.50	27	4.2 Ac.	\$27 <sup>00</sup>

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount  
DP1 - 75% 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 MAILED BY CED / DATE  
*Cindy E. [Signature]* 3-2-92

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)  
Setoff  
Debt Assignment  
Net Payment  
C/S Earned Approved By/Date/Calc. Verified By/Date

YES / / NO / /

Y. During the current fiscal year Oct. 1 - Sep. 30, do you have any interest, direct, or indirect, in any entity that is or will be receiving a SIP payment. (If yes, report State and County and amount of each).

\* *NEED / 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 State Forester has determined that the practice has been performed. 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 State Forester, if before the 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.

SIGNATURE *[Signature]* DATE 4/22/92

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\* Forester's Notes She will probably receive payments for SIP-11 + SIP-9. These have not been completed, yet.



A. REFERRAL INFORMATION

1. Farm No. 946		Name and Address ELLEN MALMQUIST 6977 MARSHALL DR TRACT NO. BOULDER, CO 803039514		2. Telephone Number	3. Contract Id.
9209				4. Practice to Begin 04 92	5. Referral Expires 04 92
6. Practice Location 6977 MARSHALL DR				7. Needs Statement <i>A Stewardship plan is needed and feasible for the property.</i>	
Practice Description 8 Landowner Forst Stewardsp Plan Dvlmnt (Ac/No) DP1 STEWARDSHIP DEVELOPMENT PLAN - 2-120 ACRES AC				Extent Requested 9 4.2 4.2	Extent Needed 10 4.2
				The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.	
				11. Signature <i>Douglas L. Starnes</i>	Date 2/15/92

B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP1	4. VC/SL N	5. Fund Code	6. Estimated Total Cost \$35,000	7. Est. Cost-Share 27			
8. Practice Extents Number Ac. Served/Treated 1 4.2/4.2	9. Land Capability Class & Subclass IIs - 1	10. Soil Loss Tolerance 3	11. Land Cover/Use Before After 3 3	12. Technical Practices Applied <table><tr><td>Technical Practice SIP-1</td><td>Cost-Shared? b 4</td><td>Units Planned/ Applied c 4.2/4.2</td></tr></table>			Technical Practice SIP-1	Cost-Shared? b 4	Units Planned/ Applied c 4.2/4.2
Technical Practice SIP-1	Cost-Shared? b 4	Units Planned/ Applied c 4.2/4.2							

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.) <i>0</i>	b. After (Tons/Ac./Yr.) <i>0</i>	c. Acres to which Rate Applies 4.2
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 4.2
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
4. Range Condition	a. Condition Code Before	b. Condition Code After N/A	c. Trend Cond. Before
			d. Trend. Cond. After N/A
13. Endangered Species			
14. Hydrologic Unit Code			

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 (Acre-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		2. Stand Condition a. Forest Cover Before After b. Stocking Level Before After		3. Site Preparation a. Acres b. Cost-Share		4. Purpose Trees /Acre
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G. OTHER ASSISTANCE

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost \$35,000	2. Cost-Share \$27,000	3. Date Performed 3/10/92
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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 <i>Douglas L. Starnes</i>	Date
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To:

Ellen Malmquist  
 6977 Marshall Dr.  
 Boulder CO 80303-9514  
 499-9212

Invoice No.

25343

**Colorado**  
**State**  
 FOREST  
 SERVICE

Date:

2/5/92

Item	Unit Cost	Total
1 Planting/Stewardship Plan	35.00	35.00
2		
3		
4		
5		
6		
7		
8		
9		
Tax Exempt No.		
Sales Tax		
Total		35.00
CK-CA-MO Amount Paid:		35.00
Amount Due		none
Ck# 2172	Dated	3/4/92
Rcv'd By <i>DA</i>	F.Y.	92
Funding		Amount
1-93660	0624	35.00

CSFS Originator

Payment Due By

3/5/92

Remit to:

Deposit No.

Date

White-Customer copy; Yellow-State Office copy; Pink-Project copy



SIP-100  
(10-01-91)U.S. DEPARTMENT OF AGRICULTURE  
Stewardship Incentive Program

## SIP ELIGIBILITY WORKSHEET

1. COUNTY <i>Boulder</i>	2. STATE <i>Colorado</i>
3. ASCS FARM NO. <i>F 946</i>	4. CONTROL NO. (from SIP-245) <i>92-0016-17-18</i>
5. LANDOWNER NAME AND ADDRESS <i>Ellen Malmquist 6977 Marshall Dr Boulder Co. 80303</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.	X	
7. The landowner is not a Federal, State, or local government agency or other governmental organization.	X	
8. The landowner, if a corporation, is not a publicly traded corporation.	X	
9. The landowner is not principally engaged in the production of wood products.	X	
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.	X	
11. The landowner owns at least the minimum acreage of NIPF that has been established for SIP eligibility by the State Forester.	X	
12. The practice is voluntary, or is not required by Federal, State, or local government laws or regulations.	X	
13. The practice was not started prior to submission of the application to ASCS.	X	
14. The practice has not been established and currently does not exist on the site as a result of previous Federal cost-sharing.	X	
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>Ellen Malmquist</i>	Date	<i>2/92</i>
17. Signature (CED or designee)	<i>Cindy E. Holsen</i>	Date	<i>2-10-92</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 <b>needed</b> and <b>practical</b> (from AD-862).	X	
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.)	X	
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". \_\_\_\_\_ (Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

(Enter numbers)

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21. Signature (Service Forester)	<i>Douglas Stevenson</i>	Date	<i>2/19/92</i>
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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.



Collected

Number

1941-1942

1941

From the  
Museum of  
Natural History  
at the University of  
Chicago

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