



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

PROJECT NUMBER: \_\_\_\_\_  
 (For Official Use Only)

NAME: WIND RIVER RANCH  
 MAILING ADDRESS: P.O. Box 3410  
 City: Estes Park State: CO  
 Zipcode: 80517  
 TELEPHONE NO: 970-586-4212

PROJECT ADDRESS/LEGAL DESCRIPTION: \_\_\_\_\_

PRACTICES TO BE COMPLETED BY: 12/31/05

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
666-1 Thinning	\$1,000				

Total: \_\_\_\_\_

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: <sup>agent</sup> [Signature] DATE: \_\_\_\_\_

CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Additional USFWS guidelines addressed)

C/S APPROVED: [Signature] AMOUNT: \$ 1000<sup>00</sup> DATE: 9/12/05

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.

Michael Hughes  
Assistant District Forester  
Fort Collins District  
Building 1052 Foothills Campus  
Fort Collins, CO. 80523

June 10, 2005

Dear Mike,

I received the application to apply for the FLEP program for this year. Thank you. I am applying for 3 acres with the objective of Forest Stand Improvement – Thinning. As you know this will also help the Forest Stand Improvement – full break by getting all of that dead wood off the mountain.

My intent would be to work 1 acre on the right side of the road and 2 acres on the left side (going down the hill). This would be next to the FLEP work we did last year. I'm not sure when this work needs to be completed. If it's September of 2005, I would need to reduce the 3 acres to 2 acres. If it runs into 2006, I'm ok with 3 acres.

The purpose and goals would continue along the same lines as always. I will include them as follows: These are the objectives that were established at the beginning of our Forest Stewardship Plan. This entry could have been FLEP-9 Fire and Catastrophic Risk Reduction per Ray's assessment on the original plan (see page 9/plan page number) and the plan objectives.

The resources present will be our family's labor including 1 college kid looking for work.

The equipment used will be 2 trucks, 2 trailers, 4 chainsaws, and 1 woodsplitter.

The time line will be from approved start date to 1 month before FLEP 2005 scheduled plan end.

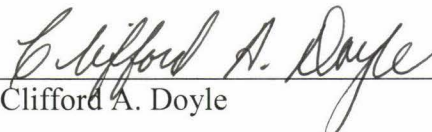
The main intent will be to cut and stack the timber lying on the ground this fall. The standing dead (Fir budworm kill) will be cut and hauled out.

We do plan to sell the good wood for firewood. I believe this should explain our plan but if there are questions, please call me at 667-5986.

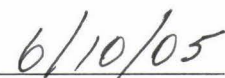
Thanks,

Cliff

Property Owner

  
Clifford A. Doyle

Date





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

PROJECT NUMBER: \_\_\_\_\_  
 (For Official Use Only)

NAME: CLIFFORD A. DOYLE  
 MAILING ADDRESS: 1140 E. BROADMOOR DR  
 City: LOVELAND State: CO  
 Zipcode: 80537  
 TELEPHONE NO: 970-667-5986

PROJECT ADDRESS/LEGAL DESCRIPTION: \_\_\_\_\_

PRACTICES TO BE COMPLETED BY: \_\_\_\_\_

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
<u>FLEP-3 (666-1)</u>	<u>3 ACRES</u>		<u>1500.00</u>	<u>1500.00</u>	
<u>THINNING &amp; 666-6</u>					
<u>ALSO APPLIES</u>					

Total: 1500.00

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: Clifford A. Doyle DATE: 6/10/05

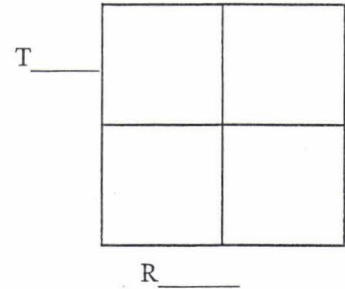
CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Additional USFWS guidelines addressed)

C/S APPROVED: [Signature] AMOUNT: \$ 1500 DATE: 9/2/05

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.

### FOREST LAND ENHANCEMENT PROGRAM PLAN DESIGN

Sketch project area and design. Include numbers, volumes, rows, lengths, species, etc., as appropriate. Include structures and landmarks. Indicate, by location, the practices to be implemented. Show distances. Illustrate road access. Use additional pages if needed for more detail.



SEE DRAWN PLAN OF THIS PROPERTY

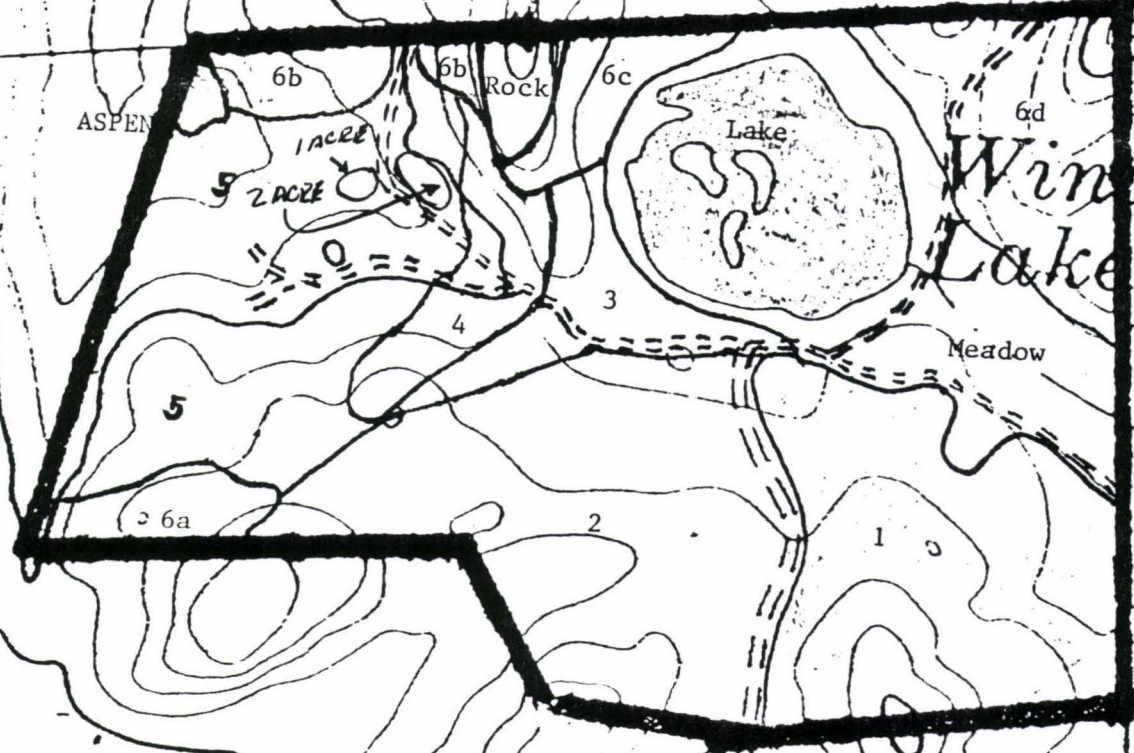
**LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:**

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
SEE ATTACHED SHEETS	

Figure 2b:

8356

MANAGEMENT UNITS - DOYLE PROPERTY

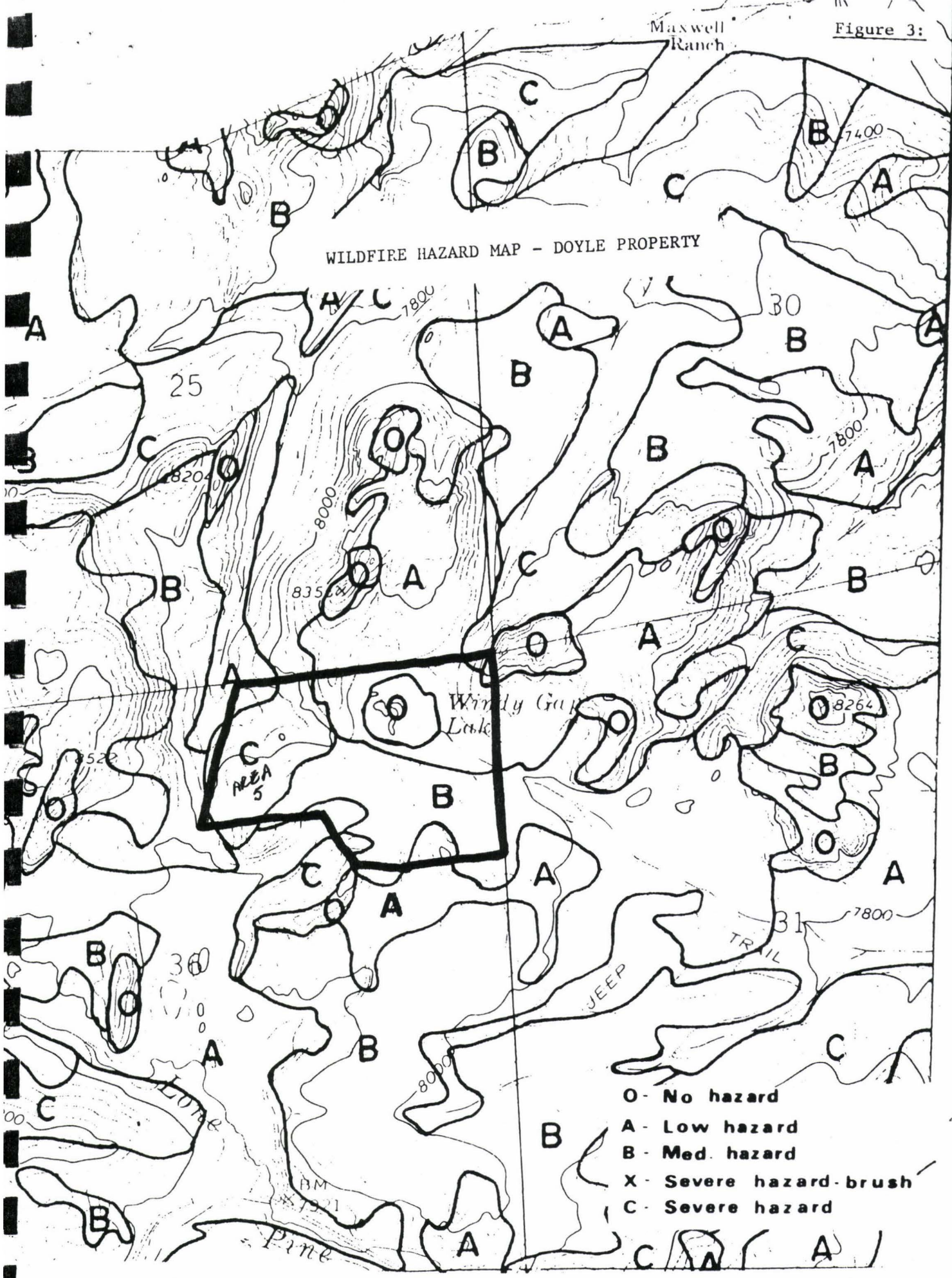


2 - Management Unit Number

3

200

WILDFIRE HAZARD MAP - DOYLE PROPERTY



- O - No hazard
- A - Low hazard
- B - Med. hazard
- X - Severe hazard-brush
- C - Severe hazard