



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

PROJECT NUMBER: _____
(For Official Use Only)

NAME: ZACK BOWEN
MAILING ADDRESS: 11419 RIST CANYON RD.
City: BELLVUE State: CO
Zipcode: 80512
TELEPHONE NO: 970-493-7014

PROJECT ADDRESS/LEGAL DESCRIPTION: (SAME) / LEGAL-SE 1/4, NW 1/4
SECTION 30, RANGE 70W,
PRACTICES TO BE COMPLETED BY: BOWEN / SEXTON TOWNSHIP 8N

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
3,7,9 THINNING	3 AC		\$1,500	\$1,500	
3,7,9 CHIPPING	3 AC		\$ 900	\$ 900	

Total: \$2,400 IF NOT AVAIL.
WILL TAKE ANY
HELP W/ COSTS
THANKS

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: J.H. D DATE: 16 JUNE 05

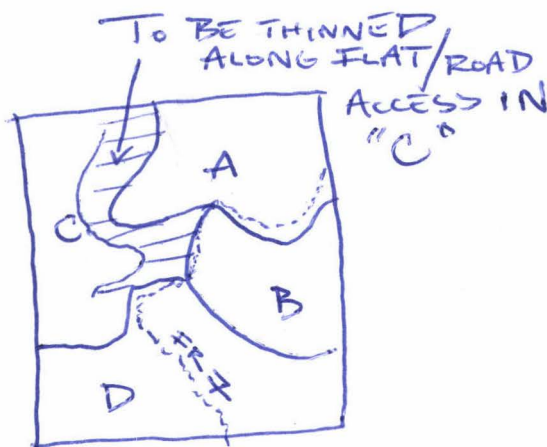
CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____
(Additional USFWS guidelines addressed)

C/S APPROVED: M. Huff AMOUNT: \$ 2400 DATE: 8/22/05

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.



T_____

R_____

— PLAN ON FILE —
WITH BETTER MAP

LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
3 AC THINNING / CHIPPING	NLT SEPT 05