FLEP Grant 2006 Fort Collins District

Funding Distribution & Project Tracking

Applicant	FLEP Practice	FLEP Code	Qnty Requested	C/S Amount Requested	C/S Amount Approved	Acres Treated (Completed)	Date Inspected	Payment Amount
Bowen, Zack	Thinning	666-1	3	\$1,500.00	\$560.00			
Bowen, Zack	Chipping	666-3	3	\$900.00				
Budge, David	Thinning	666-1	4	\$2,000.00	\$560.00			
Budge, David	Chipping	666-3	2	\$2,000.00				
Budge, David	Pruning	660	4	\$300.00				
Colard, Christopher	Thinning	666-1	2	\$500.00	\$500.00			
Doyle, Cliff	Thinning	666-1	2.5	\$1,250.00	\$560.00			
Herrmann, Ray	Thinning	666-1	4	\$1,000.00	\$560.00			
Lucia, Edwin	Thinning	666-1	5	\$2,500.00	\$1,000.00			
	Thinning	666-1	5.65	\$2,825.00	\$560.00			
	Pruning	660	5.65	\$423.00				
Snyder, Glenn	Thinning	666-1	2	\$1,000.00	\$560.00			
Snyder, Glenn	Pruning	666-3	1	\$300.00				
Snyder, Glenn	Hauling	666-4	1	\$300.00				
Soulen, Ric	Thinning	666-1	1.5	\$750.00	\$560.00			
Soulen, Ric	Hauling	666-4	1.5	\$750.00				
Young, Michael	Thinning	666-1	4	\$600.00	\$560.00			

Total:

\$18,898.00

\$5,980.00

0.00

\$0.00



June 29, 2006

Dear Michael Hughes,

Please accept our application for the FLEP Cost-Share. We are planning to spend approximately \$5,793 in labor from September to December 2005 on forest thinning and pruning the lower branches to remove ladder fuels. If approved for the cost-share program it will offset our expenses by 50%; we are requesting \$2,875.

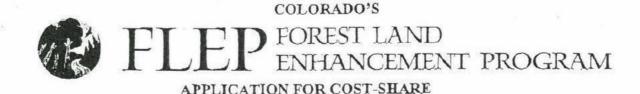
If approved for the cost-share program we would like to thin and prune 3.25 acres that is part of our 2007 plans. Also, we would like to finish the 2.4 acres left from our 2006 plans (we already accomplished 0.85 acres with a FLEP Cost-Share). Therefore, the request is for 5.65 acres.

To complete these two projects we plan to work an equivalent of 70 eight-hour person days from September through December 2005 at the labor equivalent rate of \$11.68/hr; totaling approximately \$6.540.

The area we are planning to work is approximately half way between north and south on the property, and a section about half way from the west to east boundary. See drawing.

Thank you for your time in considering our application. Please call if there are any questions.

Sincerely,



	PROJECT NUMBER:	
NAME:_		
MAILIN		
City: Drake	State: Co	
Zipcode: Smc15		
TELEPHONE NO:		
PROJECT ADDRESS/LEGAL DESCR	IPTION:	
PRACTICES TO BE COMPLETED BY	x: Dec. 15 2006	

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
60 Tra Mining	5.65 ac		423	423	
6-1 Thinning !	5.65 ac		2825	2825	
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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 DATE: 6/25/06
CSFS FIELD REVIEW SIGNATURE: DATE: (Additional USFWS guidelines addressed)
C/S APPROVED MAN ANOUNT: \$ 560 DATE:

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.



Page 3

FOREST LAND ENHANCEMENT PROGRAM PLAN DESIGN

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

PRACTICE/CO	MPONENT/OTHER SPECIFICATION	ONS COMPLETION DATE
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