

Fort Collins District  
5060 Campus Delivery  
Fort Collins, Colorado 80523-5060  
(970) 491-8660  
FAX: (970) 491-8645

January 18, 2008

Darwin Hargrave  
9 Mill Creek Court  
Livermore, CO 80536

Dear Darwin:


Your Landowner Assistance Program application has been reviewed. The amount approved is shown on the attached copy of your application. Our office received nearly \$90,000 in grant requests. We were only able to partially fund projects and some were not funded at all.

This grant requires a 50/50 fund match. The project must be completed September 1, 2008. If it becomes apparent you will not be able to complete the project by this day, please contact our office as soon as possible.

Enclosed you will also find an Accomplishment Report and a Cost Documentation form. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on these forms. Final reimbursement cannot be processed without completion of these forms.

If you have any questions or concerns, please call me at (970) 491-8453. Thank you for your interest in the stewardship of your forest and in our Landowner Assistance Program.

Sincerely,



Michael M. Hughes  
Assistant District Forester  
Fort Collins District

Enclosures



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

Form A

PROJECT NUMBER: (For Official Use Only)

NAME: Darwin Hargrave
MAILING ADDRESS: 9 Mill Creek Ct.
City: Livermore State: CO
Zipcode: 80536
TELEPHONE NO: 307-760-5649

PROJECT ADDRESS/LEGAL DESCRIPTION: 9 Mill Creek Ct.

PRACTICES TO BE COMPLETED BY: 9/10/2006
Date

Landowner and CSFS forester: CSFS forester:

Table with 6 columns: Practice No. & Component Title, Quantity Requested, Quantity Approved, Maximum C/S Amount eligible, C/S Amount Requested, C/S Amount Approved. Includes handwritten entries for practices 666-1, 666-2, 666-6.302 and a total of \$1000.

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS forester: make sure the correct program is checked below. One practice per application is allowed. 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. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

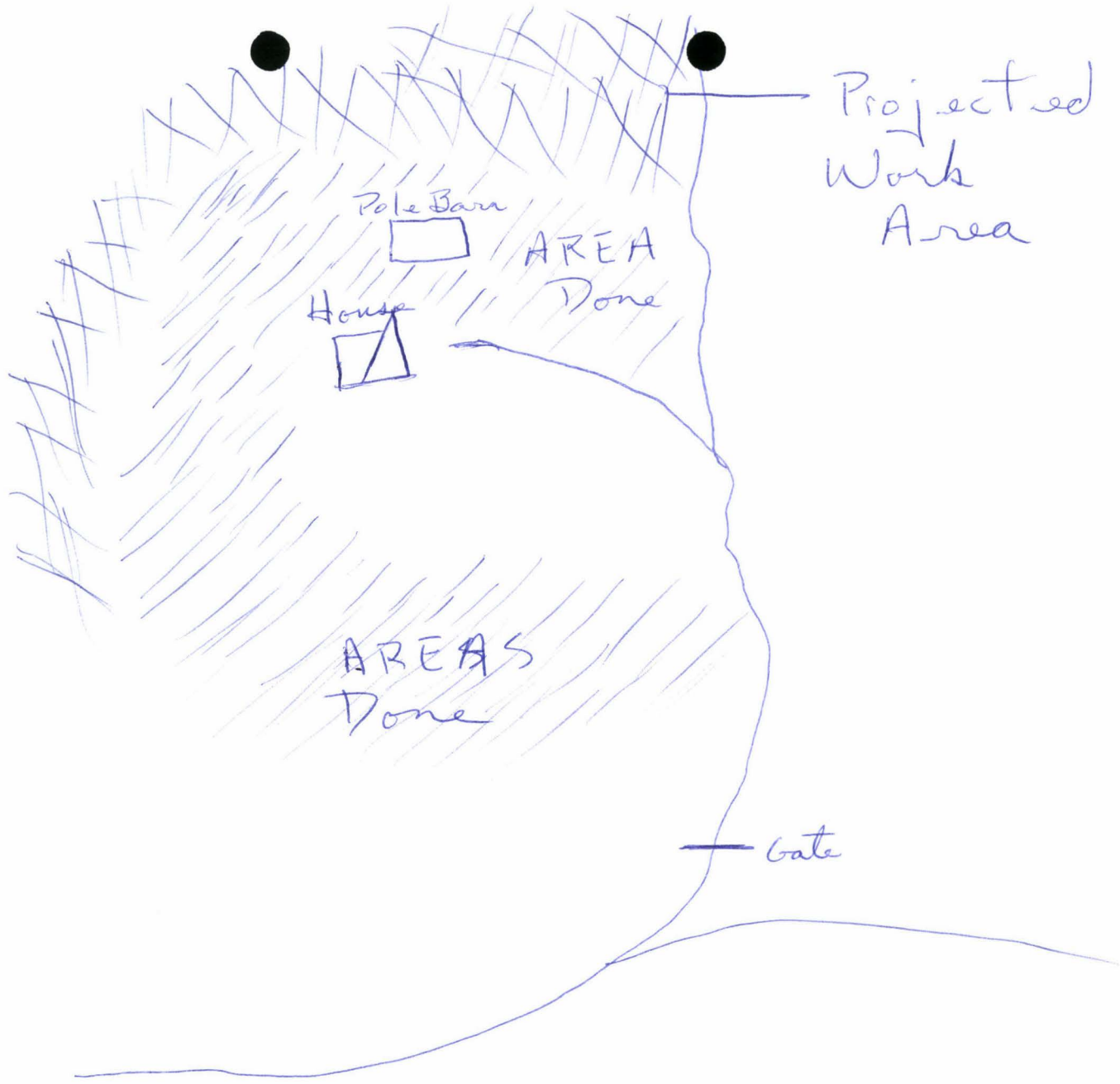
LANDOWNER SIGNATURE: [Signature] DATE: 1/2/2008
To be completed by CSFS forester:

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

PROGRAM: WUI Incentives D-space: FLEP:
I & D Prevention and Suppression - Bark Beetle:
FRFTP: Stevens' Funds: SFA:

C/S Allocated: [Signature] AMOUNT: \$1000 DATE: 1/18/08
CSFS District Forester

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.



Projected  
Work  
Area

Pole Barn

AREA  
Done

House

AREAS  
Done

Gate