

SIP-245
(03-04-92)

U.S. DEPARTMENT OF AGRICULTURE
REQUEST FOR COST-SHARES

ST. & CO. & C/D
08 013 6

CONTROL NO. (F/Y & NO.)
93 0031

FARM NO. 1019	NAME AND ADDRESS HAROLD HEAFER 95 ELMWOOD LANE OCEANSIDE, CA 92054	FARMLAND 55.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE	OTHER FARM / /YES /X/No
TRACT No. 9275	Telephone No.	CROPLAND			OTHER ASSISTANCE	

DESCRIPTION OF PRACTICE OBJECTIVE
STEWARDSHIP PLAN NEEDED

FOR CED AND STATE FORESTER USE

Number A	Practice Title B	Extent		Rate E	C/S		I plan to Start the Practice 03-15-93
		Requested C	Approved D		Approved F		
SIP1 DP1	Landowner forest stewardship plan (Ac/No) STEWARDSHIP DEVELOPMENT PLAN - 2-120 ACRES AC	55.0 55.0	55.0	7.500	\$313		I plan to complete the Practice 06-15-93
		<i>practically limitation</i>		\$	300		
	LFS Plan / /Yes /X/No				PARTNERSHIP Joint Venture	/ /Yes /X/No / /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 X <i>Harold Heaffer</i>	Date X	Estimated \$ C/S Value 413
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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 Gould</i>	Date	Practice Expiration Date
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REMARKS
*Based on actual cost of:
55.0 Ac * \$875/Ac * 0.65 = \$312.81 ≈ \$313⁰⁰*

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
SIGNATURE:		

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.) |
(03-04-92) PRACTICE APPROVAL AND PAYMENT APPLICATION | 08 013 6 | 93 0031 |

FARM NO. 1019	NAME AND ADDRESS HAROLD HEAFER 95 ELWOOD LANE OCEANSIDE, CA 92054	FARMLAND 55.0	PROGRAM CODE	FUND CODE	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by: 07-01-93
TRACT No. 9275		CROPLAND	SIP		OTHER ASSISTANCE	
Telephone No.						ID 335 01 0542 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
STEWARDSHIP PLAN NEEDED

FOR CED AND STATE FORESTER USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	Cost-Shares Approved F	Extent Performed G	Cost-Shares Earned H
SIP1 DP1	Landowner forest stewardship plan (Ac/No) STEWARDSHIP DEVELOPMENT PLAN - 2-126 ACRES AC	55.0 55.0	55.0 55.0	7.500	300* 300		

* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount
DP1 - 65% 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. Little | 6/4/93

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, County and amount of each).

YES 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 *Harold Heifer* | DATE 7-28-93

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.

A. REFERRAL INFORMATION

1. Farm No. 1019 Name and Address HAROLD HEAFER 95 ELMWOOD LANE Tract No. OCEANSIDE, CA 92054 9275
 2. Telephone Number
 3. Contract Id.
 4. Practice to Begin 03-15-93
 5. Referral Expires 03-15-93

6. Practice Location SIP FARM
 7. Needs Statement *The practice is needed and feasible.*

Practice Description	Extent Requested	Extent Needed
8	9	10
SIP1 Landowner forest stewardship plan (Ac/No)	55.0	55.0
DP1 STEWARDSHIP DEVELOPMENT PLAN - 2-120 ACRES AC	55.0	

The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.

11. Signature *Douglas Stevenson* Date 3/11/93

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 \$481 ~~xx~~
 7. Est. Cost-Share 43 \$313⁰⁰

8. Practice Extents	9. Land Capability	10. Soil Loss	11. Land Cover/Use	12. Technical Practices Applied
Number	Ac. Served/Treated	Class & Subclass	Tolerance Before After	Technical Practice Cost-Shared? Units Planned/Applied
1	55.0/56.0	8	1 8 8	30 Y 55.0/

C. EROSION CONTROL

1. Sheet & Rill Erosion a. Before (Tons/Ac./Yr.) 4 b. After (Tons/Ac./Yr.) 4 c. Acres to which Rate Applies 56.0
 2. Wind Erosion a. Before (Tons/Ac./Yr.) 1 b. After (Tons/Ac./Yr.) 1 c. Acres to which Rate Applies 56.0
 3. Other Erosion a. Problem Type W/A b. Before (Tons/Yr.) c. After (Tons/Yr.) d. Acres Affected
 4. Range Condition a. Condition Code Before 4 b. Condition Code After 4 c. Trend Cond. Before 1 d. Trend. Cond. After 1
 13. Endangered Species
 14. Hydrologic Unit Code

D. WATER CONSERVATION

E. WATER QUALITY

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 (Acres-Inches) Before After 3. Soil Moisture Measures?
 1. Problem Type
 2. Type of Water Body Treated/Protected
 3. Pollution Severity

F. WOOD PRODUCTION

G. OTHER ASSISTANCE

1. Site Description a. Site Index b. Pot. Prod. a. Forest Cover Before After b. Stocking Level Before After 2. Stand Condition 3. Site Preparation a. Acres b. Cost-Share 4. Trees Pr/Ac Purpose

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost \$481 ~~xx~~ 2. Cost-Share \$300 ~~xx~~ 3. Date Performed 3/11/93
 Practice completed as specified.

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 *Douglas Stevenson* Date 3/11/93

SIP-100
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

SIP ELIGIBILITY WORKSHEET

1. COUNTY <i>Boulder</i>	2. STATE <i>Co</i>
3. ASCS FARM NO. <i>1019</i>	4. CONTROL NO. (from SIP-245) <i>93-31</i>
5. LANDOWNER NAME AND ADDRESS <i>Harold Heifer</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.	✓	
7. The landowner is not a Federal, State, or local government agency or other governmental organization.	✓	
8. The landowner, if a corporation, is not a publicly traded corporation.	NA	NA
9. The landowner is not principally engaged in the production of wood products.	✓	
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.	✓	
11. The landowner owns at least the minimum acreage of NIPF that has been established for SIP eligibility by the State Forester.	✓	
12. The practice is voluntary, or is not required by Federal, State, or local government laws or regulations.	✓	
13. The practice was not started prior to submission of the application to ASCS.	✓	
14. The practice has not been established and currently does not exist on the site as a result of previous Federal cost-sharing.	✓	
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) *Harold Heifer* Date *3/8/93*

17. Signature (CED or designee) *Andy E. [unclear]* Date *3/8/92*

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 needed and practical (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": _____ (Enter numbers) (Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

21. Signature (Service Forester) *Douglas Stevenson* Date *3/11/93*

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.

