

2007 Colorado Western States
Wildland Urban Interface
Grant Application

FOR OFFICIAL USE ONLY	
District or Unit Submitting Project:	
District or Unit Priority Number:	
Statewide Risk Assessment Rating:	
Hazard Description / Other:	
Dollar Amount Requested:	\$9,000
Matching Share:	\$9,000

1	Applicant Information	
	Applicant:	Mary Jo Livingston
	Contact Person:	same
	Address:	18311 South 82nd Street
	City/Zip Code:	Hickman, NE 68372
	Phone (Work/Cell):	(402) 792-2108
	Email:	
	Fax:	

2	Community At Risk Information			
	Name of Project:		Livingston Fuels Mitigation Project	
	Community Name:		Laramie River Valley (near Glendevy)	
	County:		Larimer	Congressional District: 4th
	Latitude (decimal degrees):			Longitude (decimal degrees):
	Threat Description (check all that apply)			
	Homes:	<input checked="" type="checkbox"/>	Number of:	1
	Businesses:	<input type="checkbox"/>	Number of:	
	Watersheds:	<input type="checkbox"/>	Number of:	
	Other (Describe):			

3	Project Area Description	
	<small>All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.</small>	
	<p>Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types.)</p> <p>Provide a shaded fuelbreak along the house. Cut and remove hazardous trees from around cabins. Will continue work from previous years to create a fuelbreak in and around shop and house.</p>	

Scope of Work / Project Timeline	
All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.	
4	<p>Provide a brief scope of work which clearly describes how grant funds will be spent. (This should be more specific than the project description)</p> <p>Will hire Summit Forestry to cut and remove hazardous tree from around home and along driveway & roads. Focus will be MPB trees and hazardous trees.</p>
	<p>Describe all planned maintenance (grant funded or other) if this project is funded.</p> <p>These trees will be cleared, slash cleaned up and the wood will be recycled and milled on the property.</p>
	<p>What is the duration of this project? (check one) <input checked="" type="checkbox"/> One Year <input type="checkbox"/> Two Years</p>
	<p>Is this a continuing project from previous year/s? (check one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>Provide a timeline for the project</p> <p>Project will be completed by mid-September.</p>

Interagency Collaboration	
5	<p>Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).</p>
	<p>Community Wildfire Protection Plan (CWPP)</p>
	<p>Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> in development</p>
	<p>Is this project part of the plan? (check one) <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>
	<p>Where would we obtain a copy of this plan?</p>

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/>			
	Number of acres to be treated:	0	Estimated cost per acre:	\$1,200.00
	Number of communities directly affected by this project:			
	Information & Education <input type="checkbox"/>			
	Number of citizens to be reached:			
	Planning <input type="checkbox"/>			
	Number of residences affected:			
	Project Type (check all that apply)			
	Assessment / Scoping:	<input checked="" type="checkbox"/>	Implementation / Treatment:	<input checked="" type="checkbox"/>
Homeowner / Community Action:	<input checked="" type="checkbox"/>	Monitoring / Evaluation:	<input type="checkbox"/>	
Information / Education:	<input type="checkbox"/>			

7	Grant Contributors (Matching Share)							
	(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception)							
	Please specify each match contributor and the dollar amount of each contribution.							
	Please DO NOT show grant requested funds in this table. This is for matching share only.							
	Contributors: (Please specify)							TOTAL
Dollars (Hard Match):	\$9,000						\$9,000	
In-Kind (Soft Match):							\$ 0	
TOTAL:	\$9,000	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$9,000	

8	Total Project Expense (break down matching share totals from block seven)				
		Grant Share (\$ Amount Requested)	Match (from block seven)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:	\$9,000	\$9,000		\$18,000
	Operating:				\$ 0
	Travel:				\$ 0
	Contractual Services:				\$ 0
	Equipment:				\$ 0
	Indirect Costs:				\$ 0
	TOTAL:	\$9,000	\$9,000	\$ 0	\$18,000

COPY



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
SB 071 Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (a.k.a.: SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 02-02-11

Name: Mary Jo and David Livingston

Address: 18311 S. 82nd Street
Hickman, NE 68372.

Approved for Payment
C.S.F.S.

1157110
02-02-11
KC

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from State or Federal Assistance.

Grant Number: 530944-007-FC

Cooperator Match: \$9,000.00 ~

Approved Funding: \$9000.00 ~

Total Project: \$18,000.00 ~

CSFS Account Number: 5309440-6693
107CPG SFA-NFP CG4

Amount of Payment: \$9,000.00
~

Circle one: 1st Payment 2nd Payment 3rd Payment

Final Payment
~

Approved by Jane M. [Signature]
(Program manager signature)

Date: 2/2/2011

Colorado State Forest Service

Colorado State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (970) 491-7736

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
COMPETITIVE GRANTS

Project Number:

In order to receive reimbursement, you must provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds cannot be used as sources for meeting the cost sharing (matching) provisions. Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.

1. Project #:	2. Project Funding Amount: 9000	3. Community Protected:																																																
4. Make Payment To: Name: MARY JO AND DAVID LIVINGSTON Address: 88311 S. 82ND ST. HICKMAN, NE 68372		5. Period of Performance: From: 2 August 2010 - Oct 2010 To:																																																
6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.) We processed approx 550-600 mpb trees on property. We are salvaging all good wood for milling and fence material. We chipped about 25% of the slash and piled the rest for burning. We focused our work around the house and along the driveway into the property.																																																		
7. Reimbursement Request: Project to Date Reimbursement Request Amount cannot exceed the total Project obligation as identified in the Project Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Current Period</th> <th colspan="4">Project to Date</th> </tr> <tr> <th>Reimbursement Amount Requested For Out of Pocket Expenses</th> <th colspan="2">Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Amount Requested For Out of Pocket Expenses</th> <th colspan="2">Matching Funds</th> <th>Total Costs</th> </tr> <tr> <th></th> <th>Cash (hard match)</th> <th>Donated (Inkind match)</th> <th></th> <th></th> <th>Cash (hard match)</th> <th>Donated (Inkind match)</th> <th></th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>9000</td> <td>9000</td> <td>18,000</td> <td></td> <td colspan="2">SAME</td> <td></td> </tr> </tbody> </table>			Current Period				Project to Date				Reimbursement Amount Requested For Out of Pocket Expenses	Matching Funds		Total Costs	Reimbursement Amount Requested For Out of Pocket Expenses	Matching Funds		Total Costs		Cash (hard match)	Donated (Inkind match)			Cash (hard match)	Donated (Inkind match)		Labor*								Material**								Total	9000	9000	18,000		SAME		
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Donated time and materials can only be counted towards the matching component. * Use actual costs or \$20.25/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use.																																																		
8. Amount Paid to CSFS for Products and/Or Services: \$																																																		
9. I request reimbursement in the amount of \$ 9000 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the project documents. Signature: Mary Jo Livingston Date: 1/7/11																																																		
All expenses are true and accurate and all cost share is true and accurate.																																																		
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature: [Signature] Date: 1/21/11																																																		

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number:

Cooperator: Mary Jo Livingston

Work to be completed: Defensible space around home and barn. Shaded fuel-break along driveway.
Cut, chip and remove dead lodgepole pine.

Milestone dates:

Standards or Guidelines: Will meet CSFS guidelines appropriate for document.

Project Period: August 23, 2010 to September 30, 2010

Funded Amount: \$ 9,000 **Minimum cooperator match:** \$ 9,000

Deliverables:

Project Types: Hazardous fuel mitigation.

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. "Exhibit B, Grant Report/ Reimbursement Request, Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

Rev. March 2007

Financial Assistance Program

Cooperative Match Project

To be conducted by: Mary Jo Livingston

Project Number:

Estimated Project Cost: \$ 18,000

Funding provided by CSFS: \$ 9,000

Minimum Recipient Match: \$ 9,000

Project to be completed by: September 30, 2010

Based on the strength of the application submitted by Mary Jo Livingston, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$9,000 to accomplish the project described in the attached scope of work.

As the cooperator, **Mary Jo Livingston**, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Exhibit A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.

Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "Exhibit B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service
CSU-Foothills
5060 Campus Delivery
Fort Collins, CO 80523-5060

- C. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until September 30, 2010. Extension is not available for this project.

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

Mary Jo Livingston

Date: *August 30, 2010*

Mailing Address:

*18311 S. 82nd St.
Hickman, Ne - 68312*

Telephone Number:

402-792-2108 or 402-432-0180 - cell

Email Address:

SILK2AZZ@WINDSTREAM.NET

Fax:

402-792-2108

Summit Forestry
5201 Greenview Dr.
Fort Collins CO 80525

PAID

Invoice

Date	Invoice #
10/15/2010	1275

Bill To
David and Mary Jo Livingston 7420 Yankee Hill Rd. Lincoln NE 68516

Item	Quantity	Description	Rate	Amount
Active Forest Management		We are cutting mpb trees on the property, cutting and harvesting the good timber for fence and barn material. We are piling about 75% of the slash for burning and chipping the rest. We are also cleaning up the old down and dead material to the E of the house and the area W of the drive by the gate. Approx 75% of this material is being piled to burn and the rest is being chipped.	0.00	0.00
Active Forest Management	2	5 man work crew. Removing mpb trees and cleaned up old material on ground - 9/28 + 9/29 (140 trees cut)	1,950.00	3,900.00
Active Forest Management	3	4-man work crew. Removing mpb trees and cleaned up old material on ground - 9/30 + 10/1 + (120 trees cut) on 10/1 we used 2 (4) man crews	1,700.00	5,100.00
Active Forest Management	2	4-man work crew. Removing mpb trees and cleaned up old material on ground - 10/4 (2) 4 man crews (70 trees cut)	1,700.00	3,400.00
Active Forest Management	2	4-man work crew. Removing mpb trees and cleaned up old material on ground - 10/5 (2) 4 man crews (88 trees cut)	1,700.00	3,400.00
Active Forest Management	2	4-man work crew. Removing mpb trees and cleaned up old material on ground - 10/6 (2) 4 man crews (140 trees cut)	1,700.00	3,400.00
		We estimated about 18k for the mpb removal portion of this project, our total for the removals is \$19,200 as stated here. We went a little over our estimate but we were able to spend some time prepping material for milling and fencing.		
Discount		Deposit at beginning of project	-9,000.00	-9,000.00
We appreciate your business. Thank you!			Total	\$10,200.00
Terms	Subject to 1.25% after 30 days			

Summit Forestry
5201 Greenview Dr.
Fort Collins CO 80525

PAID

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We appreciate your business. Thank you!			Total	\$10,200.00
Terms	Subject to 1.25% after 30 days			

Assessor Property Information

Property Tax Year 2010

Parcel Number: 69240-00-012

Tax District: 1029

Schedule Number: R0277711

Current Mill Levy: 75.591

General Information

Owner Name & Address	Property Address
LIVINGSTON, MARY JO DAVID C 18311 S 82ND ST HICKMAN, NE 68372	10686 N COUNTY ROAD 103 JELM 82063-0000

Subdivision #: /240976 - S24 T09 R76

Neighborhood #: 43028

Legal Description

NE OF SW 24-9-76; LESS RD AS PER 93061407

Sales Information

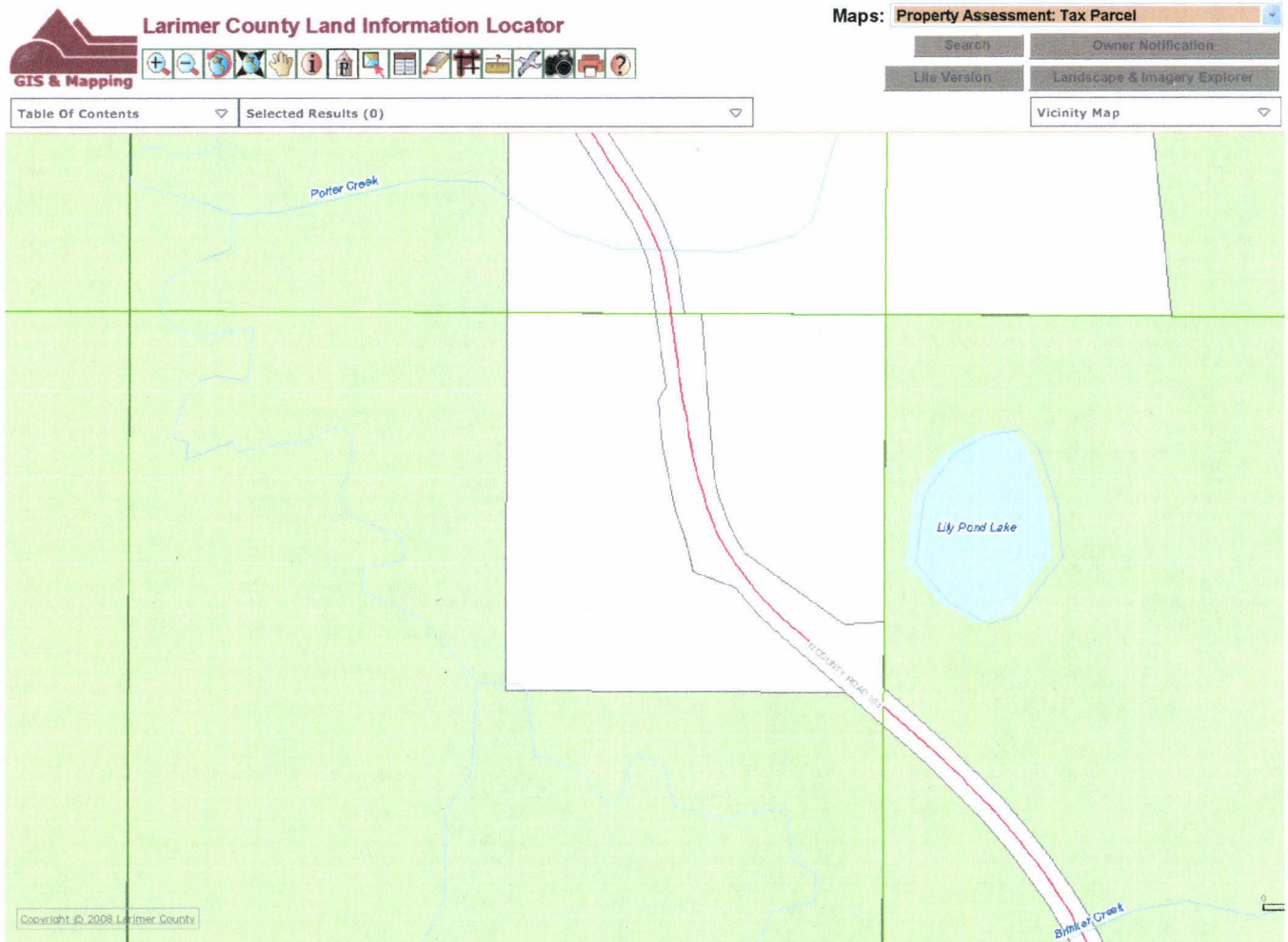
Reception #	Sale Price	Deed Type	Sale Date
97037148	\$0	QUIT CLAIM DEED	06/01/1997
97037147	\$227,500	SPECIAL WARRANTY DEED	06/01/1997
93004168	\$0	QUIT CLAIM DEED	01/01/1993

Value Information (as of July 1, 2010)

Abstract Code/Description	Value Type	Actual Value	Assessed Value	Net Acres	Net Sq Ft
1219L Res improved	Land	\$37,500	\$2,990	38.27	1,667,041
1219 Res improved	Improvement	\$359,100	\$28,580	0.00	0
	Totals:	\$396,600	\$31,570	38.27	1,667,041

Property Attributes and Descriptions

Attribute	Attribute Description
Topography/Shape	Slope/Hilly
View	Mountain
Access	Good
Water	Cistern





Mary So
Livingston

DEC 13 2007

LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 5309441-003

(For Official Use Only-

No. from original application)

Applicant name (please print): Mary Jo and/or David Livingston

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$18,000.00		A Labor Cost= \$18,000.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost			E Total Project (A+B+C-D) =
			Amount Originally Approved = \$18,000.00
How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>0</u>			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$1,600.00

¹ Any contracted services where payment was made for services.² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Any revenue generated from the sale of wood products is deducted from total project cost.⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

* Attach receipts, Cost Documentation Form D (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Mary Jo Livingston Date: Dec. 9, 2007Mailing Address: 7420 Yankee Hill Rd City: LincolnCounty: _____ State: NE Zip: 68516 Phone: 402-423-4477Practice certified by: Pydo Lebeda
CSFS forester

Payment Approval: _____ Amount: _____ Date: _____

CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.

Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income.

Please consult your tax advisor.

5/23/07

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 530944-003

Loringston

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: X I & D Prevention and Suppression – Bark Beetle: _____

FLEP: _____ FRFTP: _____ STEVENS' Fund: _____ SFA: _____

WUI D-space Accomplishment:

No. of D-spaces = _____ Acres slash disposal = 15 Acres fuel breaks = _____
Acres thinned = 15 Acres pruned = 15

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: 365

Acres inspected and treated: 38

Acres thinned: 15

FLEP Accomplishment (Not included above):

#1 Plan Acres = _____	#5 Acres = _____	#9 Acres treated = _____
#2 Acres tree planting = _____	#6 Acres treated = _____	#10 Acres of restoration = _____
Acres treated = _____	#7 Acres treated = _____	#11 Acres = _____
#3 Acres treated = _____	#8 Acres treated = _____	
#4 Acres planted/ renovated = _____		



WILDFIRE PREVENTION AND PROTECTION SERVICES

5201 Greenview Drive

Fort Collins, CO 80525

970-481-0814

fortcollins@fireready.com

Invoice

Bill To

Dave & Mary Jo Livingston
7420 Yankee Hill Rd
Lincoln, NE 68516

Date

10/17/2007

Item	Description	Qty	Rate	Amount
Forestry Services	Forestry Services - Removal of Mountain Pine Beetle Trees from property in Rawah. Daily rate is \$1550 a day less \$50 a day discount for multi day project	10	1,500.00	15,000.00
Deduct	Deduct \$3000 Deposit We cut down and "processed" approximately 365 trees over our 10 day work period. We have 1-2 days left to clean up remaining marked/infected trees.		-3,000.00	-3,000.00
			Total	\$12,000.00

pd. ch #10388
10/31

Wildfire Mitigation

Defensible Space

Tree and Brush Removal

Chipping Service

WWW.FIREREADY.COM



WILDFIRE PREVENTION AND PROTECTION SERVICES

5201 Greenview Drive

Fort Collins, CO 80525

970-481-0814

fortcollins@fireready.com

Invoice

Bill To

Dave & Mary Jo Livingston
7420 Yankee Hill Rd
Lincoln, NE 68516

Date

11/19/2007

Item	Description	Qty	Rate	Amount
Forestry Services	Forestry Services - Removal of additional Mountain Pine Beetle trees. 2 full crew days	2	1,500.00	3,000.00
Dave and Mary Jo - Thank you again for your business. Let's talk in a few weeks and we'll make sure we have a game plan for spring.				
Thank You for your business			Total	\$3,000.00

Total Paid \$18,000.00



Form A

**LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE****PROJECT NUMBER:** _____

(For Official Use Only)

NAME: MARY JO & DAVID LIVINGSTON**MAILING ADDRESS:** 7420 YANKEE HILL RD**City:** LINCOLN **State:** NE**Zipcode:** 68516**TELEPHONE NO:** 402-423-4477**PROJECT ADDRESS/LEGAL DESCRIPTION:** 10686N- LARIMER COUNTY RD 103, JELM, WY**PRACTICES TO BE COMPLETED BY:** _____

Landowner and CSFS forester: _____ *Date*
CSFS forester: _____

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
Forest Thinning	2	2	\$500		\$1000
Slash-chipping	2	2	\$300		\$600
		Total:			\$1600

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: _____**DATE:** Aug 21, 2007*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: _____ **AMOUNT:\$** _____ **DATE:** _____*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.

5/23/07