| NAME.                        | PROJECT NUMBER: |   |
|------------------------------|-----------------|---|
| NAME:_<br>MAILING            | State: CO       |   |
| Zipcode: 80815 TELEPHONE NO: |                 | d |
| PROJECT ADDRESS/LEGAL DESCR  | RIPTION:_       |   |
| PRACTICES TO BE COMPLETED BY | Y: Septe        |   |

| Practice No. & Component Title | Quantity<br>Requested | Quantity<br>Approved | Maximum<br>C/S Amount | C/S Amount<br>Requested | C/S Amount<br>Approved |
|--------------------------------|-----------------------|----------------------|-----------------------|-------------------------|------------------------|
| 3,479 Tre/Shrub Pru            | iny 3.25 ac           |                      | 243                   | 243                     |                        |
| 3,7,9 Thinking                 | 1 3.25ac              |                      | 1625                  | 1625                    |                        |
| . 0                            |                       |                      |                       |                         |                        |
|                                |                       |                      |                       |                         |                        |
|                                |                       |                      |                       |                         |                        |
| 3                              |                       |                      |                       |                         |                        |

Total: 1868

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: 5/2/07               |
|---|----------------------------|
| CSFS FIELD REVIEW SIGNATURE:  (Additional USFWS guidelines addressed) | DATE:                      |
|   | OUNT: \$ 1000 DATE: 6/8/07 |

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

| distances. Illustrate Use additional page | road access.<br>s if needed for more detail. | tion, the practices to be i |   | 7 74    |
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## LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

| PRACTICE/COMPONENT/OTHER SPECIFICATION | NS COMPLETION DATE . |
|--|----------------------|
| 3,4,7,9 Tree/Shrub Prining             | 9/15/07              |
| 3,7,9 Thinning                         | 9/15/07              |
|  |                      |
|  |                      |

Colorado State Forest Service Fort Collins District 5060 Campus Delivery Fort Collins, CO 80523

May 2, 2007

Dear Michael,

Please accept our application for the FLEP Cost-Share. We are planning to spend approximately \$3,800 in labor on forest thinning and pruning the lower branches to remove ladder fuels. We are requesting \$1,868 from the cost-share program; if approved it will offset our expenses by approximately 50%.

The forest thinning and pruning will occur on 3.25 acres, which is the amount of land we need to work in 2007 in order to stay on track with our forest plan. To complete the tasks we plan to work an equivalent of approximately 40 eight-hour person days at the labor equivalent rate of \$11.68 per hour. As shown in the drawing the area of work will be on the northern half of the property. Most likely the work will start in August to avoid attracting pine beetles, and will continue until the deadline of September 15, 2007.

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

Sincerely,