

LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: WAYNE BAASCH  
MAILING ADDRESS: 8985 W 73<sup>RD</sup> PL  
City: ARVADA State: CO  
Zipcode: 80005  
TELEPHONE NO: 303-422-0215

PROJECT ADDRESS/LEGAL DESCRIPTION: \_\_\_\_\_

PRACTICES TO BE COMPLETED BY: NOV 15, 2004  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
FLEP 3,666-1, Thinning	2 ACRES			\$ 300	
FLEP 3,666-4, SLASH DISPOSAL, HAULING	2 ACRES			\$ 500	

Total: \_\_\_\_\_

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: W Baasch DATE: 4/25/2004

To be completed by CSFS:

CSFS FIELD REVIEW SIGNATURE: N/A DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: <i>WUI Incentives D-space:</i> _____
FLEP: _____
I & D Prevention and Suppression – Bark Beetle: <input checked="" type="checkbox"/>

C/S APPROVED: M. J. ... AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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.

LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: David & Carol Budge

MAILING ADDRESS: 3216 Shore Road

City: Fort Collins State: CO

Zipcode: 80524

TELEPHONE NO: (970) 482-8936

PROJECT ADDRESS/LEGAL DESCRIPTION: Parcel # 1709 0000 03  
SW 1/4, SE 1/4 Sec. 9, T.7N R.71W  
1027 N. CR 27; Bellvue, CO 80512

PRACTICES TO BE COMPLETED BY: 12 months from acceptance into program  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
felling/thinning for	5 acres		2,500		
dwarf mistletoe & beetle					
chipping	5 acres		1,500		

Total: \_\_\_\_\_

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LANDOWNER SIGNATURE: Carol M. Budge DATE: 3/24/04

To be completed by CSFS:

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

PROGRAM: WUI Incentives D-space:  
FLEP:   
I & D Prevention and Suppression - Bark Beetle:

C/S APPROVED: [Signature] AMOUNT: \$ 750 DATE: 5/28/04

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LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: KATHLEEN CANNON  
MAILING ADDRESS: 916 DAYTON DR.  
City: SCOTTSBORO State: AL  
Zipcode: 35768  
TELEPHONE NO: 1866 872-2610

PROJECT ADDRESS/LEGAL DESCRIPTION: S 1/2 NE 1/4 & N 1/2 SE 1/4 S. 32 T5 N R72 W

PRACTICES TO BE COMPLETED BY: 30 APR 2005  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>THINNING</u>	<u>500</u>				

Total: \_\_\_\_\_

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LANDOWNER SIGNATURE: Larry Carpenter for Kathleen Cannon DATE: 04/07/04

To be completed by CSFS:

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

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP: \_\_\_\_\_  
I & D Prevention and Suppression - Bark Beetle: ✓

C/S APPROVED: Michael M. Dyer AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_

(For Official Use Only)

NAME: CHRIS COLARD

MAILING ADDRESS: 2969 Stove Prairie

City: Bellvue State: CO

Zipcode: 80512

TELEPHONE NO: 970 493 2071

PROJECT ADDRESS/LEGAL DESCRIPTION: Parcel #s 18330-00-33, 17040-00-045  
418 acres in the SW 1/4 and in the SW 1/4 of the  
SE 1/4 of Section 33 Township 8 North Range  
71 West

PRACTICES TO BE COMPLETED BY: SEP 13 2004

Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
	947.66				

Total: \_\_\_\_\_

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: 11 APR 04

To be completed by CSFS:

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

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
 FLEP: \_\_\_\_\_  
 I & D Prevention and Suppression - Bark Beetle:

C/S APPROVED: Michael M. Hayden AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: Ray Herzmann  
MAILING ADDRESS: 1520 PETERSON ST.  
City: FT. COLLINS State: CO  
Zipcode: 80524  
TELEPHONE NO: 970 224-2598

PROJECT ADDRESS/LEGAL DESCRIPTION: 51010 - 00 - 001

PRACTICES TO BE COMPLETED BY: \_\_\_\_\_

Practice No. & Component Title	Quantity Requested	Date		C/S Amount Requested	C/S Amount Approved
		Landowner and CSFS:	CSFS:		
cut trees + chip disposed in safe trees (over)				2400 1200	
				Total:	<u>1,200</u>

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: 03/17/04  
To be completed by CSFS:

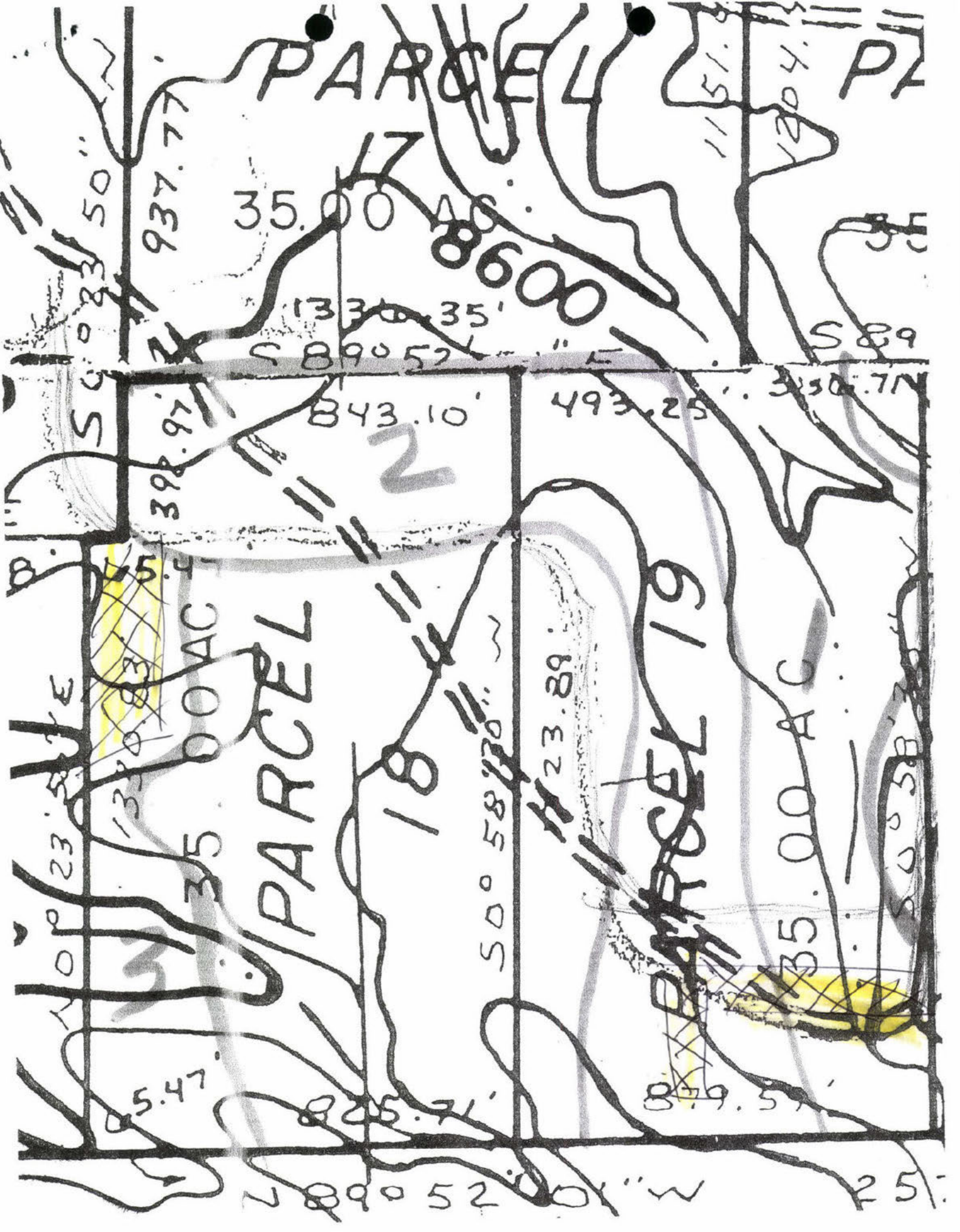
CSFS FIELD REVIEW SIGNATURE: n/a DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP: \_\_\_\_\_  
I & D Prevention and Suppression - Bark Beetle: ✓

C/S APPROVED: [Signature] AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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- we now have ips, budworm, alpine bir lark & mistle toe  
to control by cutting & chipping slash (burning is  
possible).



PARCEL 17

1151

1204

PARCEL 20

35.00 AC

1336.35'

C 890 52' W

S 89

398.97'

843.10'

493.25'

330.71'

S 00 33 50' W

1300.83'

35.00 AC

PARCEL 18

18

500 58 70"

1123.89'

PARCEL 19

35.00 AC

500 58

5.47'

825.71'

879.57'

C 890 52' W

25'

will be working in marked areas

G. Eric Jensen  
1014 W. Mountain Ave.  
Ft. Collins, CO 80521  
April 7, 2004

Colorado State Forest Service  
c/o Norland Hall, Forester  
5075 Campus Delivery, CSU  
Ft. Collins, CO 80523-5075

Dear Norland:

I would like to thank you for delivering the application for the I & D Prevention and Suppression Program. I have approximately 172 acres of lodge pole and ponderosa pine, riparian habitat and meadowlands located approximately two and one-half miles due south of Red Feather Lakes along County Road 162. I am in the midst of an aggressive ten year, tree-thinning program (primarily lodge pole pine) that is located on three parcels of land located in Sections 7 and 8, Township 9 North, Range 73 West. It is one of several Homestead patents issued to the Frank Ayer's family, this one in 1901. At the present time we are thinning in the eastern edge of designated thinning area Number 1 (See attached map that is color coded red).

The LOA matching funding, however, would be used in area Number 4 (Marked purple on the map) and covers approximately five to six acres. Due to the fact that ranch house buildings are located in close proximity, I thought it prudent to begin there. Unfortunately, the subject area can only be thinned during the fall months of September through the end of November because of the now more frequent IPS beetle infestations. They are most active in the late spring and summer. Based on my previous experience working with the U.S. Forest Service, any thinning would most likely bring a further spreading of the problem and an increase in the combustibility of forest materials. The last fire on the subject's property was in the 1780's.

I am including in this packet a number of items:

1. Three pages of maps indicating subject thinning area and location.
2. Application for matching funds.
3. Application letter.

Feel free to contact me at 1-970-416-8880 in Ft. Collins. We will be gone from May 3<sup>rd</sup> through the 27<sup>th</sup>. Any preliminary inspections of the property can be accomplished in June of this year after we return from our extended trip.

Hope to hear from you in the near future.

Sincerely,



LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: G. Eric Jensen

39070-00-012

MAILING ADDRESS: \_\_\_\_\_

39080-00-013

City: Ft. Collins State: CO

39080-00-059

Zipcode: 80521

TELEPHONE NO: 1-970-416-8880

PROJECT ADDRESS/LEGAL DESCRIPTION: 3220 Co. Road 162 / NW 1/4 of NW 1/4 of Sec 8, T. 9 N., R. 73 W.

PRACTICES TO BE COMPLETED BY: November 30, 2004  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
3 acres	1,000.00				

Total: \_\_\_\_\_

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LANDOWNER SIGNATURE: J. Eric Jensen DATE: 4/07/2004  
To be completed by CSFS:

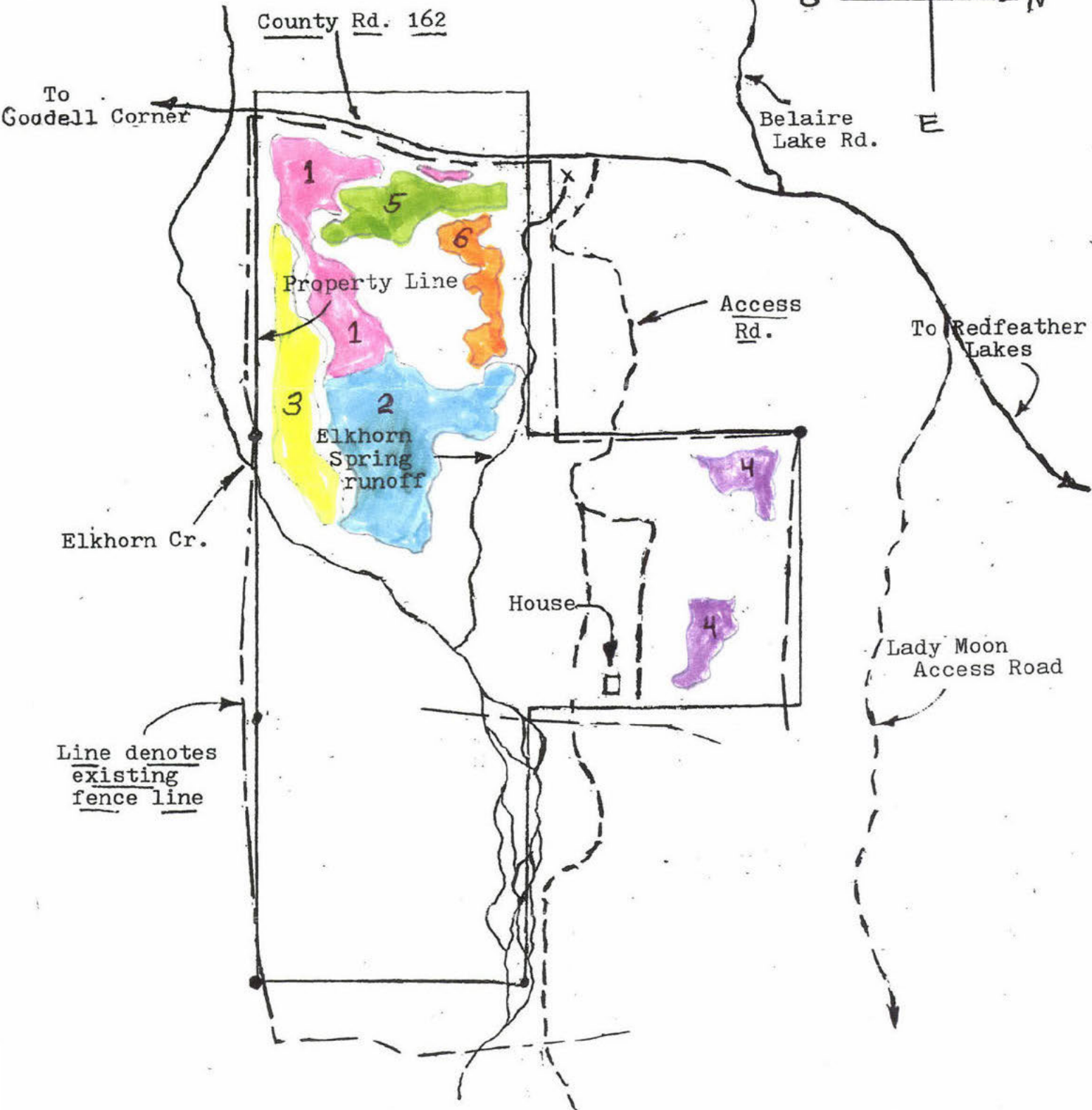
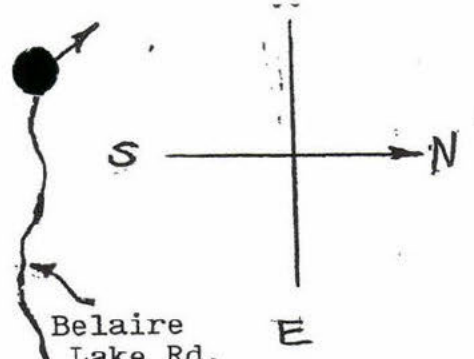
CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: <i>WUI Incentives D-space:</i> _____
FLEP: _____
I & D Prevention and Suppression - Bark Beetle: <input checked="" type="checkbox"/>

C/S APPROVED: [Signature] AMOUNT: \$ 750 DATE: 5/28/04

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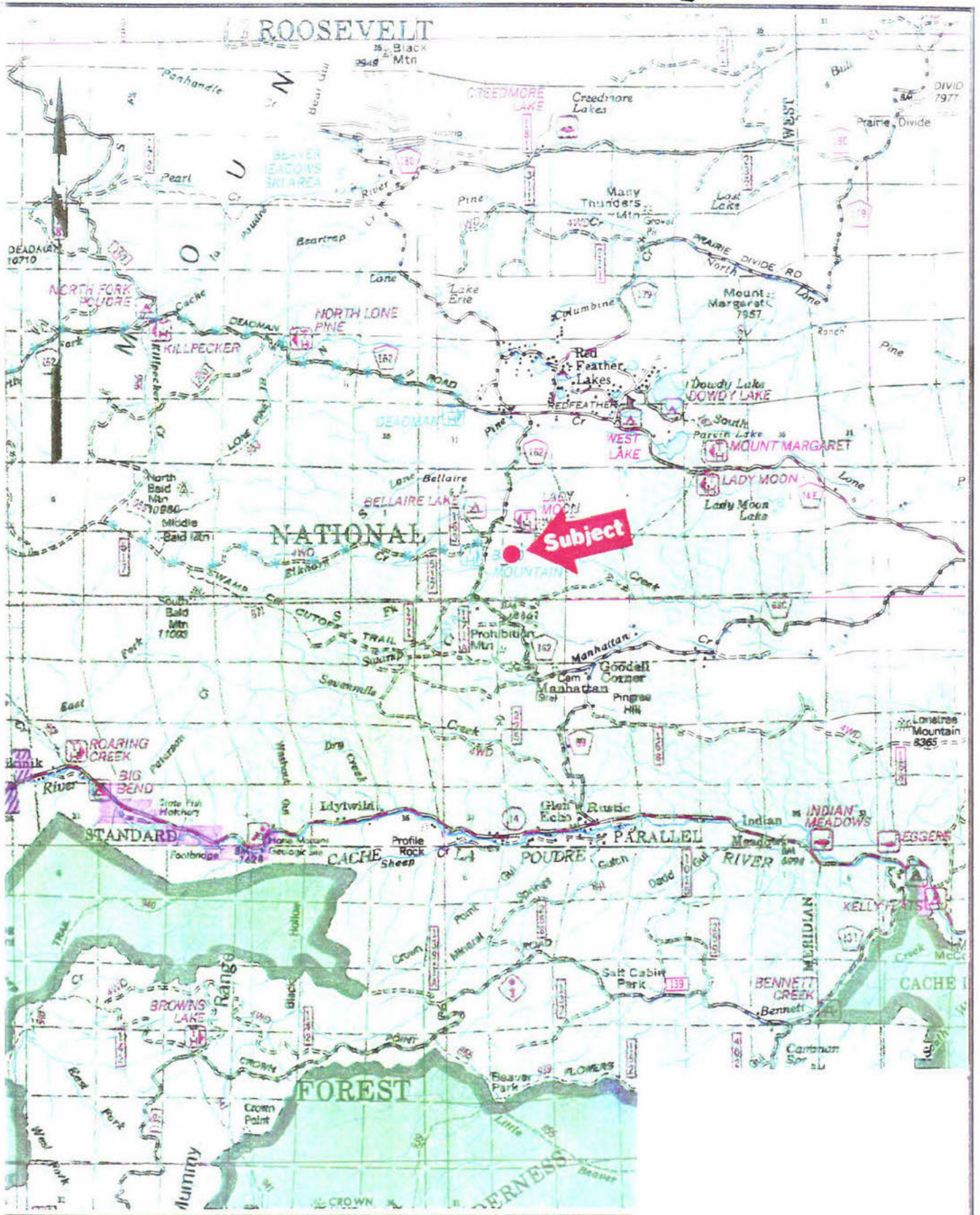
SCALE: 1/2"=330ft.



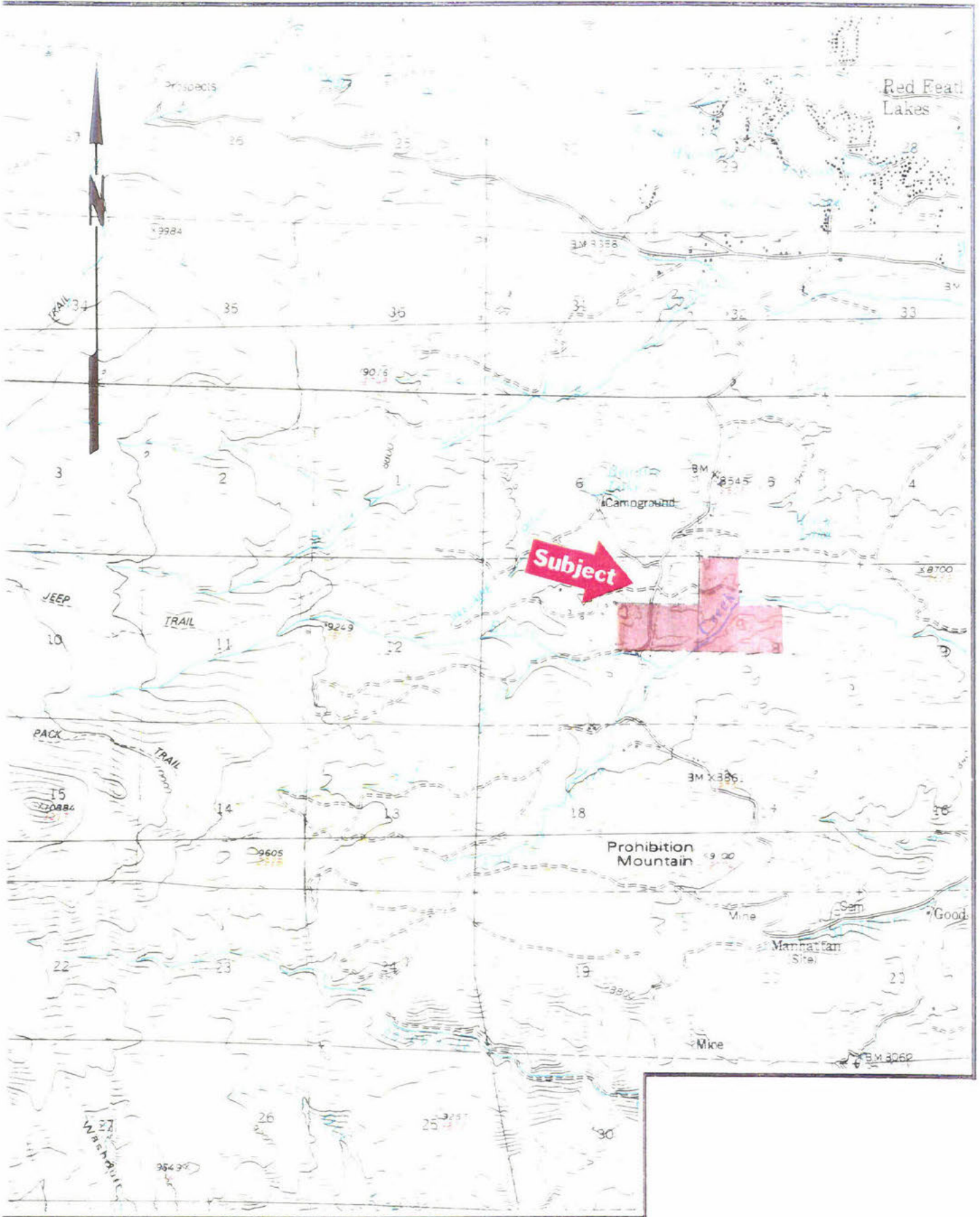
Line denotes existing fence line

Three parcels owned by:  
G. Eric Jensen  
3220 County Road 162  
Redfeather Lakes, Co 80545

Legal Description:  
The S.E. 1/4 of the N.E. 1/4 of Sec. 7; and W. 1/2 of the N.W. 1/4 of Sec. 8; and the S.E. 1/4 of N.W. 1/4 in T. 9 North, Range 73 West of the 6th P.M.



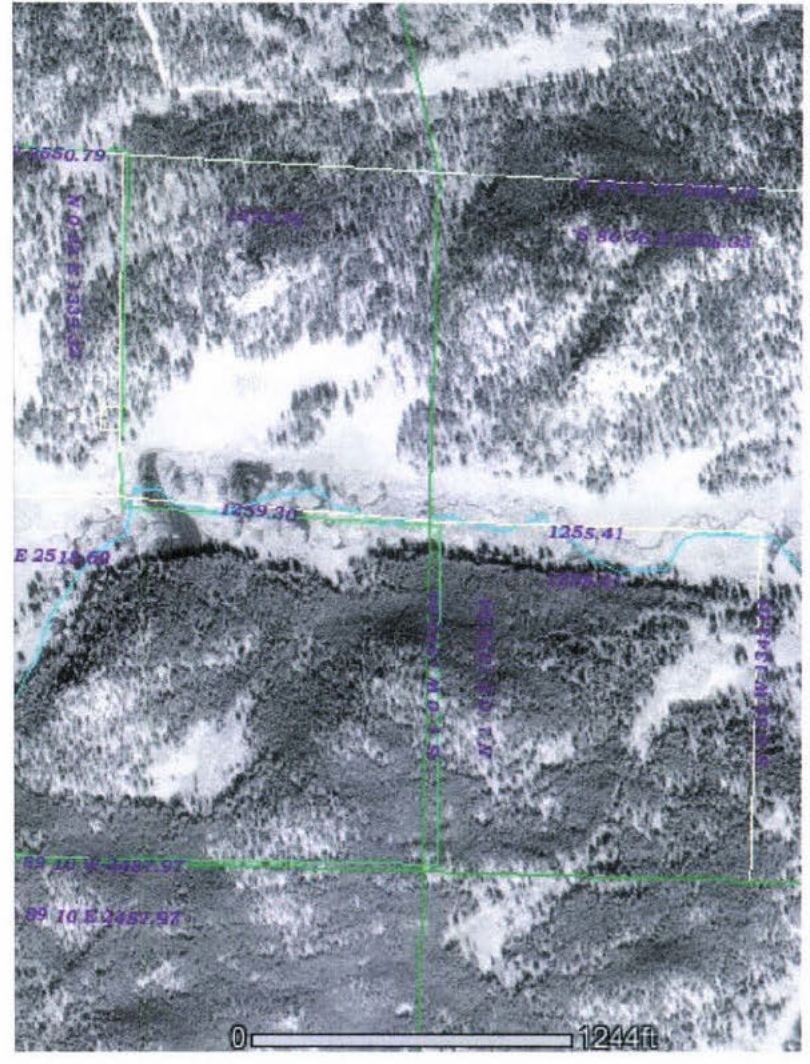
National Forest Map



U.S.G.S Map



Colorado State Forest Service  
c/o Norland Hall Forester  
5075 Campus Delivery, CSU  
Ft. Collins, Co 80523-5075



LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: William R. Lance  
MAILING ADDRESS: 7024 Darcy Lane  
City: Fort Collins, Colo State: \_\_\_\_\_  
Zipcode: 80524  
TELEPHONE NO: 970-221-4126

PROJECT ADDRESS/LEGAL DESCRIPTION: Lance Property / Prairie Park

PRACTICES TO BE COMPLETED BY: Nov. 2004  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>Remove mastic &amp; stumps trees, third dead.</u>	<u>4 acres</u>				

Total: \_\_\_\_\_

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LANDOWNER SIGNATURE: William R. Lance DATE: 30 April 2004

To be completed by CSFS:

CSFS FIELD REVIEW SIGNATURE: N/A DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP: \_\_\_\_\_  
I & D Prevention and Suppression – Bark Beetle: ✓

C/S APPROVED: William R. Lance AMOUNT: \$ 750<sup>00</sup> DATE: 5/24/04

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LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: RANDY MERGLEN  
MAILING ADDRESS: 50 DAVIS RANCH ROAD  
City: BELLVUE State: CO  
Zipcode: 80512  
TELEPHONE NO: 434-50 80 (970)

PROJECT ADDRESS/LEGAL DESCRIPTION: 50 DAVIS

PRACTICES TO BE COMPLETED BY: 12/31/04  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>Thinning</u>	<u>? \$2000.00</u>				

Total: \_\_\_\_\_

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LANDOWNER SIGNATURE: [Signature] DATE: 3-22-04

To be completed by CSFS:

CSFS FIELD REVIEW SIGNATURE: [Signature] DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP: \_\_\_\_\_  
I & D Prevention and Suppression – Bark Beetle: ✓

C/S APPROVED: [Signature] AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: MYERS ESTES PARK LLC (was Helen Myers Property)  
MAILING ADDRESS: 2550 DEVILS GULCH RD.  
City: ESTES PARK State: CO.  
Zipcode: 80517  
TELEPHONE NO: 970.586.4574

PROJECT ADDRESS/LEGAL DESCRIPTION: 2550 Devils Gulch Rd / Estes Park

PRACTICES TO BE COMPLETED BY: December 2004  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>THINNING FOR BEETLES &amp; MISTLE TOE &amp; BETTER OVERALL FOREST HEALTH</u>	<u>1,200</u>				

Total: \_\_\_\_\_

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LANDOWNER SIGNATURE: Carol M Bissell (for Myers Estes Park LLC) DATE: March 16, 2004  
To be completed by CSFS:

CSFS FIELD REVIEW SIGNATURE: N/A DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP: \_\_\_\_\_  
I & D Prevention and Suppression - Bark Beetle:

C/S APPROVED: Mark Hughes AMOUNT: \$ 750<sup>00</sup> DATE: 5/24/04

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LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: Pickens Resource Corp.  
MAILING ADDRESS: 8499 Greenville Ave., Suite 105  
City: Dallas State: TX  
Zipcode: 75231  
TELEPHONE NO: (214) 503-1271

PROJECT ADDRESS/LEGAL DESCRIPTION: See attached

PRACTICES TO BE COMPLETED BY: \_\_\_\_\_

Practice No. & Component Title	Quantity Requested	Date		C/S Amount Requested	C/S Amount Approved
		Landowner and CSFS:	CSFS:		
771100000 Thinning	4 ACRES			\$2000	
				Total:	_____

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: *John T. Pickens* DATE: 3-17-04

To be completed by CSFS:  
CSFS FIELD REVIEW SIGNATURE: *N/A* DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP: \_\_\_\_\_  
I & D Prevention and Suppression - Bark Beetle: ✓

C/S APPROVED: *Wahel M. Dwyer* AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
PROJECT: \_\_\_\_\_

PRACTICES TO BE COMPLETED BY: April 2005  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>Thinning</u>	<u>3.25 ac.</u>				
<u>Burning Piles</u>	<u>3.25 ac.</u>				

Total: \_\_\_\_\_

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LANDOWNER SIGNATURE: \_\_\_\_\_ DATE: 4/26/04  
*To be completed by CSFS:*

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

PROGRAM: WUI Incentives D-space:  
 FLEP:    
 I & D Prevention and Suppression - Bark Beetle:

C/S APPROVED: [Signature] AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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April 26, 2004

Dear Michael Hughes,

Please accept our application for the Landowner Assistance Program Cost-Share. You will notice that we are planning to spend almost \$4,000 in labor from September 2004 to April 2005 for our 2005 Forest Agricultural commitment. If approved for the cost-share program it will offset our expenses by 50%; we are requesting \$1,950.

Since we have been admitted into the Forest Agricultural program we have focussed upon thinning in order to promote forest health, gain forest products and reduce fuels. Up until 2003 we have thinned approximately 6.5 acres. In 2004 we burned all of those piles and will finish thinning 3.25 acres as part of that year's commitment (we received a \$1,200 FLEP grant to help with part of this work). However, the debris from the thinning operations in 2004 (3.25 acres) is too green to burn now and remains in the woods in piles waiting to be burned.

If approved for the cost-share program we would like to thin and prune 3.25 acres that is part of our 2005 commitment. Also, we would like to burn all the piles that were created from 2004's thinning (3.25 acres).

To complete these two projects both of us plan to work for about 21 eight-hour days from September 2004 until April 2005 at the labor equivalent rate of \$11.68/hr; totaling \$3,924.48.

The area we are intending to work is the next long and thin 3.25 acre section that will extend from the west boundary to the east boundary (long) approximately 1/3 of the way to the north property boundary from the south (thin).

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

Sincerely,



LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: SHERRY RYDER  
MAILING ADDRESS: 203 MT EVANS CT  
City: LIVERMORE State: CO  
Zipcode: 80536  
TELEPHONE NO: 970-495-0207

PROJECT ADDRESS/LEGAL DESCRIPTION: GLACIER VIEW MEADOWS  
FILING 1, LOT 15 29142-07-015

PRACTICES TO BE COMPLETED BY: 12/31/04  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>D-space Thinning - <del>Debris</del></u>	<u>\$1000/acre</u>				
<u>2.5 acres</u>	<u>= \$2500 total</u>				

Total: 750

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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.

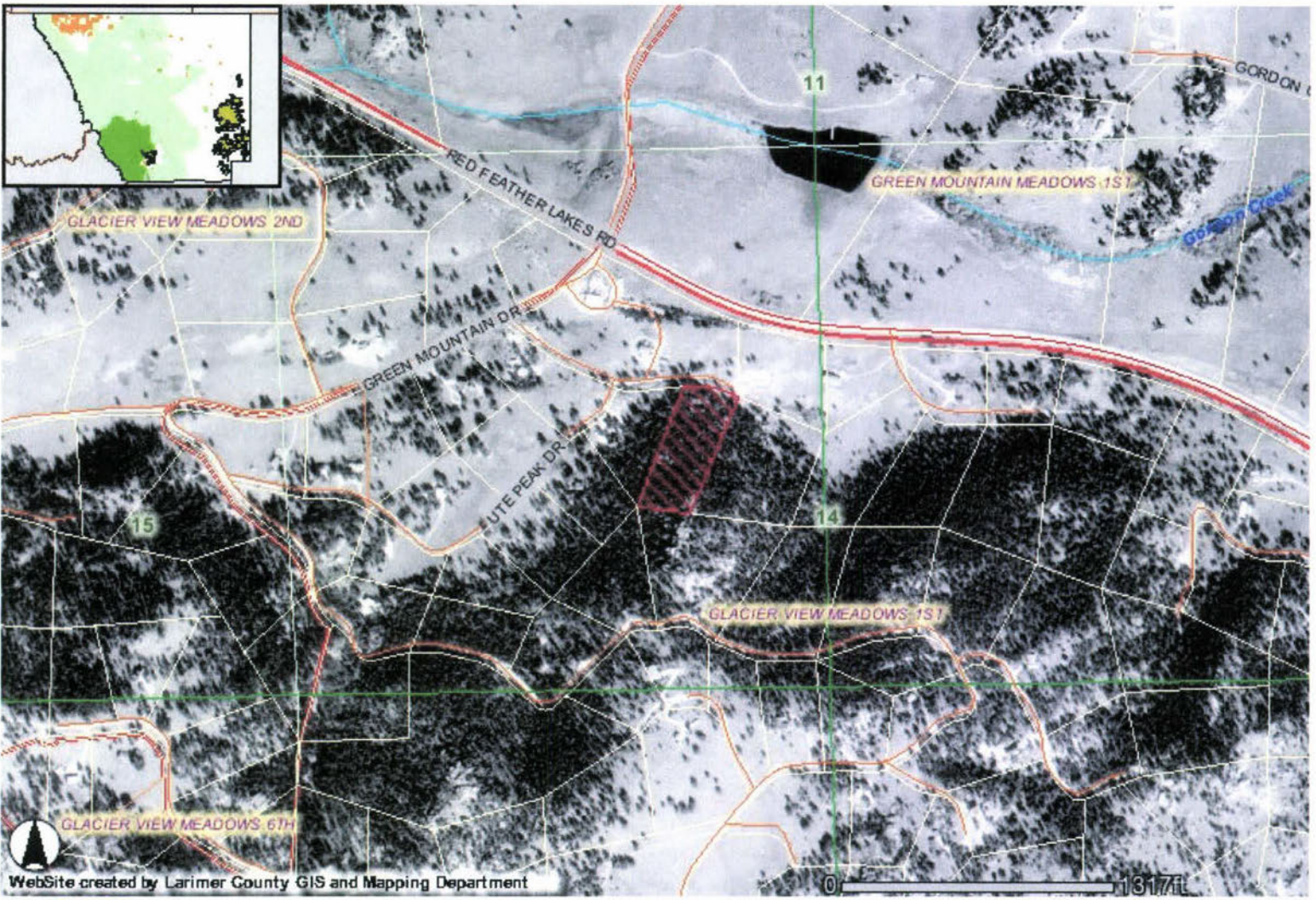
LANDOWNER SIGNATURE: Sherry Ryder DATE: 03/31/04  
To be completed by CSFS:

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

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP:   
I & D Prevention and Suppression - Bark Beetle:   ✓  

C/S APPROVED: Michael Hoyer AMOUNT: \$ 750 DATE: 5/28/04

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.



LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_

Zipcode: \_\_\_\_\_



Mr. Glenn W. Snyder  
1223 S Johnson Way  
Lakewood, CO 80232

TELEPHONE NO: ~~720~~ 720 939 9458 (cell)

PROJECT ADDRESS/LEGAL DESCRIPTION: TRM, R720, 526, SE 1/4 P2260 00-016/021

PRACTICES TO BE COMPLETED BY: 12/31/04  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
THW FOR I&D PREVENTION	41000				

Total: \_\_\_\_\_

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: Glenn W. Snyder DATE: 3/23/04

To be completed by CSFS:

CSFS FIELD REVIEW SIGNATURE: N/A DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: _____
FLEP: _____
I & D Prevention and Suppression – Bark Beetle: <input checked="" type="checkbox"/>

C/S APPROVED: Michael M. Snyder AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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.

**Colorado State Forest Service**  
**Fort Collins District**  
**Memorandum**

---

TO: Jan Hackett

FROM: Norland K. Hall

DATE: December 20, 2004

SUBJECT: FLEP Grant Reimbursement  
Project No.: 536852-I&D-FC-14  
Landowner: John Snyder

Attached are documents requesting reimbursement. The project has been inspected. I have reviewed the documents and recommend reimbursement of **\$750.00**.

LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: 536852-I&D-FC-11  
(For Official Use Only)

NAME: John and Tam Snyder  
MAILING ADDRESS: PO Box 67  
City: Bellvue State: CO  
Zipcode: 80512  
TELEPHONE NO: 970-493-0776

PROJECT ADDRESS/LEGAL DESCRIPTION: \_\_\_\_\_

PRACTICES TO BE COMPLETED BY: \_\_\_\_\_

Practice No. & Component Title	Quantity Requested	Date		C/S Amount Requested	C/S Amount Approved
		Landowner and CSFS:	CSFS:		
<u>Thinning</u>	<u>84500<sup>00</sup></u>				<u>750</u>
Total:					<u>8750<sup>00</sup></u>

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: 3-5-04  
*To be completed by CSFS:*

CSFS FIELD REVIEW SIGNATURE: N/A DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP: \_\_\_\_\_  
I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_

C/S APPROVED: [Signature] AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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



**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. 536852-ITD-FC-14

(For Official Use Only-  
No. from original application)

Applicant name (please print): John Snyder

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost		\$1562	A Labor Cost= \$1562 <sup>10</sup>
Operating Exp <sup>3,4</sup>	\$531		B Oper. Exp.= \$531
Revenue Generated (from sale of wood products only) <sup>4,*</sup>			C Revenue= 0
Project Cost			D Total Project (A+B-C)= \$2093
			Amount Originally Approved = \$750
How much of your total cost was paid to CSFS for Products and/or Services? \$ 0			Amount to be Reimbursed <sup>5</sup> (5XD) \$750

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: John D. Snyder

Date: 11/24/04

Mailing Address: PO Box 67

City: Bellvue

County: Larimer State: CO Zip: 80512

Phone: (970) 493 0776

Practice certified by: [Signature] 12/20/04  
CSFS Service Representative

Payment Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
CSFS

Return this form, along with your completed Cost Documentation Form to your local Colorado State Forest Service District Office. Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.



STARKLANDERS 267120  
 P.O. 160  
 Bellevue Co 80512

CUSTOMER'S ORDER NO.		DATE	
		8/11/04	
NAME			
JOHN & TAM SNYDER			
ADDRESS			
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE ON ACCT.
			MDSE RETD.
			PAID OUT
QUAN.	DESCRIPTION		AMOUNT
1	9 HRS		
2	CHIPPING.		
3	@		
4	45 <sup>00</sup> HR		
5			
6			
7			
8	TOTAL 405 <sup>00</sup>		
9			
10			
11	Thanks		
12	Guys!		
RECEIVED BY			

KEEP THIS SLIP FOR REFERENCE  
 3705

starklanders 267121

CUSTOMER'S ORDER NO.		DATE	
NAME			
John & Tam			
ADDRESS			
Whale ROCK			
CITY, STATE, ZIP			
SOLD BY	CASH	C.O.D.	CHARGE ON ACCT.
			MDSE RETD.
			PAID OUT
QUAN.	DESCRIPTION		AMOUNT
1	2.8 Chipping		126 <sup>00</sup>
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
RECEIVED BY			126 <sup>00</sup> / 100

KEEP THIS SLIP FOR REFERENCE  
 3705



John D Snyder  
 PO Box 67  
 Bellvue, CO 80512-0067



Michael Hughes  
 Colorado St. Forest Service  
 Ft. Collins District  
 5075 Campus Delivery  
 Ft. Collins, CO

80523-5075



LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: John and Tam Snyder  
MAILING ADDRESS: PO BOX 67  
City: Bellvue State: CO  
Zipcode: 80512  
TELEPHONE NO: 970-493-0776

PROJECT ADDRESS/LEGAL DESCRIPTION: \_\_\_\_\_

PRACTICES TO BE COMPLETED BY: \_\_\_\_\_

Practice No. & Component Title	Quantity Requested	Date		C/S Amount Requested	C/S Amount Approved
		Landowner and CSFS:	CSFS:		
<u>Thinning</u>	<u>\$4500<sup>00</sup></u>				
				Total:	<u>\$750<sup>00</sup></u>

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: 3-5-04  
*To be completed by CSFS:*

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

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP: \_\_\_\_\_  
I & D Prevention and Suppression – Bark Beetle:

C/S APPROVED: [Signature] AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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

LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: Carl Wieder  
MAILING ADDRESS: P.O. Box 296  
City: Bellvue State: Colorado  
Zipcode: 80512  
TELEPHONE NO: H 224-2228 W 491-3343

PROJECT ADDRESS/LEGAL DESCRIPTION: 2525 Whale Rock Road - NW 1/4, NE 1/4, SW 1/4 sec 33  
- N 1/2, NW 1/4, SW 1/4, sec 33

PRACTICES TO BE COMPLETED BY: December 31, 2004  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>Thinning 2 Acres</u>	<u>\$2,000.00</u>				
<u>- Insect &amp; Disease</u>					
<u>- Fire Defensible Space</u>					
<u>- Healthier ecosystem</u>					
<u>- Future Sawlogs</u>					

Total: \_\_\_\_\_

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: Carl Wieder DATE: 3-22-04

To be completed by CSFS:

CSFS FIELD REVIEW SIGNATURE: N/A DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP: \_\_\_\_\_  
I & D Prevention and Suppression - Bark Beetle: ✓

C/S APPROVED: Michael M. Dwyer AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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.

### LANDOWNER ASSISTANCE PROGRAMS APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
*(For Official Use Only)*

NAME: Wind River Ranch  
MAILING ADDRESS: P.O. Box 846  
City: Estes Park State: CO  
Zipcode: 80517  
TELEPHONE NO: 970 586 4212

PROJECT ADDRESS/LEGAL DESCRIPTION: 5770 S. St. Vrain Hwy

PRACTICES TO BE COMPLETED BY:  July 30, 2004 (or whatever date you all determine)  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>Thinning</u>	<u>\$750</u>				
<u>use money to pay for a sawmill (portable)</u>					
<u>Cary Williams</u>					
Total:				<u>750</u>	

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: Don Medtger DATE: 3/24/04  
*To be completed by CSFS:*

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

PROGRAM: <u>WUI Incentives D-space:</u>
FLEP: <input checked="" type="checkbox"/>
I & D Prevention and Suppression - Bark Beetle: <input checked="" type="checkbox"/>

C/S APPROVED: Mark Hight AMOUNT: \$ 750 DATE: 5/28/04

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

LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
(For Official Use Only)

NAME: Michael & Debbie Young  
MAILING ADDRESS: 2413 Ute Court  
City: Fort Collins State: CO  
Zipcode: 80525  
TELEPHONE NO: 970.229.0447

PROJECT ADDRESS/LEGAL DESCRIPTION: Parcel 22310-00-33

PRACTICES TO BE COMPLETED BY: 10/31/04  
Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>Mistle Toe Buffer Strip</u>	<u>.5 Acres</u>				
<u>Thinning Adjacent to Above</u>	<u>3 Acres</u>				

Total: \_\_\_\_\_

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS: *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: Michael E Young DATE: 3/28/04  
To be completed by CSFS:

CSFS FIELD REVIEW SIGNATURE: N/A DATE: \_\_\_\_\_  
(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: \_\_\_\_\_  
FLEP: \_\_\_\_\_  
I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_

C/S APPROVED: M. J. M. [Signature] AMOUNT: \$ 750<sup>00</sup> DATE: 5/28/04

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.

Michael,

Enclosed is our Application for Cost-Share. The practices are clearing the buffer strip adjacent to Darwin's dwarf mistletoe and thinning adjacent stands. We want to try to get ahead on the program since it sounds like it is easy to fall behind. We want to attempt to do the work ourselves since I have the time this year and my boys are eager to help.

I talked with Carolyn and it looks like she and Darwin are going to try to do a lot of their work their selves too. They plan on addressing the dwarf mistletoe areas on their property this year and we are going to try to coordinate our activities and maybe get some economies of scale (log hauling?).

Let me know if you have questions or we need additional information on the application.

A handwritten signature in cursive script, appearing to read "Mike".

Mike Young

LOA I&D GRANTS 2004  
Fort Collins District

Funding Distribution & Project Tracking

Applicant	Grant Type	Project Number	Forester	Application Complete	FLEP Practice	FLEP Code	Practice Title	Maximum C/S Rate	Unit	Qty Requested	Maximum C/S Amount	C/S Amount Requested	Qty Approved	C/S Amount Approved	Acres Treated (Planned)	Acres Treated (Completed)	No. Beetle Trees Treated	Date Inspected	Letter Mailed	Recommended Payment Date	Payment Amount	
Baasch, Wayne	I&D	536852-I&D-FC-01	Hughes	YES	Thinning	666-1	Thinning		acre	2				\$750.00								
Baasch, Wayne	I&D	536852-I&D-FC-01	Hughes	YES	Slash Hauling	666-4	Slash Hauling		acre	2				"								
Budge, David & Carol	I&D	536852-I&D-FC-02	Hughes	YES	Thinning	666-1	Thinning		acre	5				\$750.00								
Budge, David & Carol	I&D	536852-I&D-FC-02	Hughes	YES	Thinning	666-1	Thinning		acre	5				"								
Cannon, Kathleen	I&D	536852-I&D-FC-03	Hughes	YES	Thinning	666-1	Thinning		acre	?				\$750.00								
Colard, Chris	I&D	536852-I&D-FC-04	Hughes	YES	Thinning	666-1	Thinning		acre	?				\$750.00								
Herrmann, Ray	I&D	536852-I&D-FC-05	Hughes	YES	Thinning	666-1	Thinning		acre	?				\$750.00		2	37	29-Oct-04	29-Oct-04		\$750.00	
Herrmann, Ray	I&D	536852-I&D-FC-05	Hughes	YES	Slash Chipping	666-3	Slash Chipping		acre	?				"								
Jensen, Eric	I&D	536852-I&D-FC-06	Hall	YES	Thinning	666-1	Thinning		acre	3				\$750.00		7		9-Nov-04	11-Nov-04		\$750.00	
Lance, William	I&D	536852-I&D-FC-07	Hughes	YES	Thinning	666-1	Thinning		acre	4				\$750.00								
Merglen, Randy	I&D	536852-I&D-FC-08	Hughes	YES	Thinning	666-1	Thinning		acre	?				\$750.00								
Myers Estes Park LLC	I&D	536852-I&D-FC-09	Hughes	YES	Thinning	666-1	Thinning		acre	?				\$750.00								
Pickens Resource Corp.	I&D	536852-I&D-FC-10	Hughes	YES	Thinning	666-1	Thinning		acre	4				\$750.00								
	I&D	536852-I&D-FC-11	Hughes	YES	Thinning	666-1	Thinning		acre	3.25				\$750.00								
	I&D	536852-I&D-FC-11	Hughes	YES	Pile Burning	666-2	Slash Burning		acre	3.25				"								
Ryder, Sherry	I&D	536852-I&D-FC-12	Hall	YES	Thinning	666-1	Thinning		acre	2.5				\$750.00	2.50	0		22-Oct-04			\$375.00	
Ryder, Sherry	I&D	536852-I&D-FC-12	Hall	YES	D-Space	666-6.302	D-Space		each	1				"		0.5						
Snyder, Glenn	I&D	536852-I&D-FC-13	Hughes	YES	Thinning	666-1	Thinning		acre	?				\$750.00								
Snyder, John & Tam	I&D	536852-I&D-FC-14	Hughes	YES	Thinning	666-1	Thinning		acre	?				\$750.00								
Young, Michael & Debbie	I&D	536852-I&D-FC-15	Hughes	YES	Thinning	666-1	Thinning		acre	?				\$750.00								
Wieder, Carl	I&D	536852-I&D-FC-16	Hughes	YES	Thinning	666-1	Thinning		acre	2				\$750.00								
Wieder, Carl	I&D	536852-I&D-FC-16	Hughes	YES	D-Space	666-6.302	D-Space		each	1				"								
Wind River Ranch	I&D	536852-I&D-FC-17	Hughes	YES	Thinning	666-1	Thinning		acre	?				\$750.00								

Total:

\$0.00 \$0.00 \$12,750.00 2.50 9.50 37.00 \$1,875.00



**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. 536852  
(For Official Use Only-  
No. from original application)

Applicant name (please print): \_\_\_\_\_

	<b>Total Contracted Services<sup>1</sup></b>	<b>Total Landowner Services<sup>2</sup></b>	<b>Totals</b>
Labor Cost			<b>A</b> Labor Cost=
Operating Exp <sup>3,*</sup>			<b>B</b> Oper. Exp.=
Revenue Generated (from sale of wood products only) <sup>4,*</sup>			<b>C</b> Revenue=
Project Cost			<b>D</b> Total Project (A+B-C)=
			<b>Amount Originally Approved =</b>
How much of your total cost was paid to CSFS for Products and/or Services? \$ _____			<b>Amount to be Reimbursed<sup>5</sup></b> (.5XD)

- <sup>1</sup> Any contracted services where payment was made for services.
- <sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.
- <sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
- <sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.
- <sup>5</sup> Reimbursement amount cannot exceed amount approved. No partial payments.
- \* Attach receipts, Cost Documentation Form (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Practice certified by: \_\_\_\_\_  
*CSFS Service Representative*

Payment Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
*CSFS*

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.  
Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.