



Boulder District
936 Lefthand Canyon Drive
Boulder, Colorado 80302
(303) 442-0428

July 21, 2000

Jan Gillespie
226 High View Drive
Boulder, CO 80304

RE: Forest Stewardship Incentive Cost-Share Program
SIP-3, Woodland Improvement, Defensible Space (DES)
SW4SE4: 14-1N-71W, Boulder County
Control #98 0003

Dear Jan,

This letter shall serve as notification of practice cancellation, effective **immediately**, per paragraph 222, page 5-103, FSA SIP Guideline Handbook. The practice for which you had been funded, had an 18 month time period in which you were to complete the project. The expiration date of the approved practice was November 1, 1999.

Sincerely,

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

Allen Owen
District Forester

cc: Ron Gosnell, CSFS Area Forester
Jean Turner, FSA

AD-245 (09-11-95)	U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES	STATE CO. & C/D 08 013 6	CONTROL NO. (F/Y & NO.) 98 0003
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(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1201	NAME AND ADDRESS JAN GILLESPIE 226 HIGH VIEW DR BOULDER, CO 80304	FARMLAND 6.8	PROGRAM CODE	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE	OTHER FARMS / /YES /X/No
TRACT No. 9454		CROPLAND	SIP			WOOD PRODUCTION	
Telephone No. 303-444-3168							

DESCRIPTION OF PRACTICE OBJECTIVE

DEFENSIBLE SPACE

PRACTICE LOCATION SW4SE4: 14-T1N-R71W SIP

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice
-- A --	B	C	D	E	F	
SIP3	Forest improvement (Ac)	2.0				05-01-98
DES	DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	2.0	1	750.000	750	
						I plan to complete the practice 11-01-99

CONSERVATION PLAN:	Farm Plan By NRCS	Forest Plan By FS	Other Plan	PARTNERSHIP	/ /Yes /X/No
	/ /Yes /X/No	/ /Yes /X/No	/ /Yes /X/No	Joint Venture	/ /Yes /X/No

APPLICANTS REQUEST

I request cost-share assistance under the program to meet the objective described above. This practice would not be performed without Federal cost-sharing. If cost-sharing is approved for the practice requested, I agree to refund all or part of the funds paid to me as determined by the Approving Official, if, before 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. I have not yet started this practice, and except for ECP requests, I understand that if I begin the practice before receiving written approval I may be denied funding. I authorize a representative of USDA to have access to the practice site area. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein.

SIGNATURE:	DATE:	Estimated \$ C/S Value	C/S Willing to Approve
X Jan Gillespie	X 6-11-98	1,312	\$ 750

APPROVAL ACTION The Approving Official approved the extent shown in BLOCK D above and the cost-shares shown in BLOCK F above for this practice.

FOR THE APPROVING
OFFICIAL

DATE:	Practice Expiration Date
Robert S. [Signature]	11/1/99

REMARKS

For SIP and FIP Only: I certify that I / /do / do not own more 1000 acres of eligible forestland in the United States or any territory or possession of the U.S.	Acres if more than 1,000	Date Waiver Approved
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SIGNATURE:	DATE:
X Jan Gillespie	X 6-11-98

PARTICIPATION IN USDA PROGRAMS IS OPEN TO ALL ELIGIBLE APPLICANTS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, AGE, SEX, MARITAL STATUS, OR DISABILITY.

A. REFERRAL INFORMATION

1. Farm No. 1201		Name and Address JAN GILLESPIE 226 HIGH VIEW DR BOULDER, CO 80304		2. Telephone Number 303-444-3168		3. Contract Id.	
Tract No. 9454				4. Practice to Begin 05-01-98		5. Referral Expires 05-01-98	
6. Practice Location SW4SE4: 14-T1N-R71W SIP				7. Needs Statement <i>The practice is needed & feasible</i>			
Practice Description 8				Extent Requested 9		Extent Needed 10	
SIP3 Forest improvement (Ac)				2.0			
DES DEFENSIBLE SPACE (REDUCE SALVAGE VALUE) NU				2.0			
				The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.			
				11. Signature <i>D. Stevenson</i>		Date 8/25/98	

B. GENERAL INFORMATION

1. Primary Purpose F		2. Program SIP		3. Program Practice No. SIP3		4. VC/SL N		5. Fund Code		6. Estimated Total Cost 1,312		7. Est. Cost-Share	
8. Practice Extents Number		9. Land Capability Class & Subclass		10. Soil Loss Tolerance		11. Land Cover/Use Before		11. Land Cover/Use After		12. Technical Practices Applied			
1.2/		VIIe1		1		7		7		Technical Practice a			
										Cost-Shared? b			
										Units Planned/ Applied c			
C. EROSION CONTROL													
1. Sheet & Rill Erosion		a. Before (Tons/Ac./Yr.) 1		b. After (Tons/Ac./Yr.) 1		c. Acres to which Rate Applies 1.2							
2. Wind Erosion		a. Before (Tons/Ac./Yr.) —		b. After (Tons/Ac./Yr.) —		c. Acres to which Rate Applies 1.2							
3. Other Erosion		a. Problem Type —		b. Before (Tons/Yr.) —		c. After (Tons/Yr.) —		d. Acres Affected —					
4. Range Condition		a. Condition Code Before		b. Condition Code After		c. Trend Cond. Before		d. Trend. Cond. After		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		b. Water Applied (Ac.-in./Ac.) After		c. System Efficiency (%) Before		c. System Efficiency (%) After		d. Water Cons. Acres		1. Problem Type	
														2. Type of Water Body Treated/Protected	
2. Increased Water Storage		a. Primary Use		b. Capacity (Acre-Inches) Before		b. Capacity (Acre-Inches) After		3. Soil Moisture Measures?						3. Pollution Severity	

F. WOOD PRODUCTION

G. OTHER ASSISTANCE

1. Site Description		2. Stand Condition				3. Site Preparation		4. Purpose	
a. Site Index	b. Poten. Prod.	a. Forest Cover Before	a. Forest Cover After	b. Stocking Level Before	b. Stocking Level After	a. Acres	b. Cost-Share	Trees Pr/Ac	
40	1	131	131	80	70	—	—	325	

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost \$1155		2. Cost-Share \$750		3. Date Performed	
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					
Date					

SIP-502
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE
Stewardship Incentive Program

County

State

PROGRAM YEAR

19 98

**STEWARDSHIP INCENTIVE PROGRAM
PAYMENT LIMITATION REVIEW**

N The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The information is necessary to monitor participation in the Stewardship Incentive Program (SIP). This program is authorized by the Food, Agriculture, Conservation, and Trade Act of 1990 which will be used in applying statutory payment limitation provisions. Furnishing this data is voluntary; however, without it we may be unable to establish your maximum eligibility for program payments unless this report is completed and filed as required by existing law and regulations (36 CFR Part 230). 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.

T Public reporting burden for this collection of information is estimated to average 25 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.

1. Entity's Name and Address	2. Entity Identification Number	3. Date Entity Formed
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Jan Cellespie 770 High View Drive Boulder CO 80304	482-76-3772	6/11/98
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4. Type of Entity (Check One)

A. Individual



C. Revocable Trust

5

E. Limited Partnership

4

G. Joint Venture

I. Other (Specify)

B. Irrevocable Trust

D. Corporation

1

F. General Partnership

☐

H. Estate

7

5. Member - List all stockholders, members, heirs, or beneficiaries having an interest in the entity.

Stockholder's, Member's, Heir's, or Beneficiary's Name

Social Security/ Employer ID Number(s)

% Share

Executor's or Grantor's Name

6. Entity Certification

I certify that all information provided on this form is true and correct to the best of my knowledge and belief.

ENTITY'S SIGNATURE

DATE _____

X Ken Gillespie

X6-11-98

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.