

SIP-245  
(03-04-92)

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

ST. & CO. & C/D | CONTROL NO. (F/Y & NO.)  
08 013 6 | 93 0019

FARM NO. 1005	NAME AND ADDRESS MARY LOU BAUMHOVER P O BOX 1308 LYONS, CO 80540	FARMLAND 3.0	PROGRAM CODE SIP	FUND CODE	PRIMARY PURPOSE	OTHER ASSISTANCE	OTHER FARMS / / YES / / X/NO
TRACT No. 9264	Telephone No.	CROPLAND					

DESCRIPTION OF PRACTICE OBJECTIVE  
WILDLIFE HABITAT NEEDED

FOR CED AND STATE FORESTER USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved		I plan to Start the Practice 01-15-93
					F	G	
SIP8	Wildlife habitat enhancement (Ac)	3.2					
WH2	WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET	1.0		280.000			
SPD	SPRING DEVELOPMENT	1.0		750.000			

*CANCELLED*

*NU NU*

*1420*

*2377*

*# 528*

*I plan to complete the Practice 07-15-94*

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 voluntarily 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.

LFSP Plan  Yes  No

PARTNERSHIP  Joint Venture  Yes  No

*CANCELLED*

SIGNATURE *Mary Lou Baumhauer* | Date *1-11-93* | Estimated \$ *1316* | C/S Value *1.030*

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 *Ron Louell* | Date *1/20/93* | Practice Expiration Date *7/15/94*

REMARKS  
*Approved Thicket 280  
Fencing 248  
Spring 0  
528*

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.

SIGNATURE: \_\_\_\_\_ | Acres if more than 1,000 \_\_\_\_\_ | Date Waiver Approved by FS \_\_\_\_\_

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.

1F-245  
(03-04-92)

U.S. DEPARTMENT OF AGRICULTURE  
PRACTICE APPROVAL AND PAYMENT APPLICATION

ST. & CO. & C/D | CONTROL NO. (F/Y & NO.) |  
08 013 6 | 93 0019 |

FARM NO. 1005	NAME AND ADDRESS MARY LOU BAUMHOVER P O BOX 1308 LYONS, CO 80540	FARMLAND 3.0	PROGRAM CODE	FUND CODE	PRIMARY PURPOSE	EXPIRATION NOTICE Practice must be completed and reported by 07-15-94
TRACT No. 9264	Telephone No.	CROPLAND	SIP		OTHER ASSISTANCE	ID 501 46 3900 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  
WILDLIFE HABITAT NEEDED

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
SIP8	Wildlife habitat enhancement (Ac)	3.2	3.2		528*		
WH2	WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET	2.0	2.0	280.000	280		
SPD	SPRING DEVELOPMENT	1.0	1.0	750.000			
FE2	FENCING - BARB WIRE	1420.0	1420.0	.750	248		

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount  
WH2 - 75% of cost not to exceed rate in column E. SPD - 75% of cost not to exceed rate in column E.  
FE2 - 75% 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. Hottel*

1-29-93

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

DATE

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. 1005	Name and Address MARY LOU BAUMHOVER P O BOX 1308 LYONS, CO 80540	2. Telephone Number	3. Contract Id.
Tract No. 9264		4. Practice to Begin 01-15-93	5. Referral Expires 01-15-93
6. Practice Location Part of SW 1/4 SE 1/4 29-3n-70 Sip Farm		7. Needs Statement <i>This practice is needed and feasible</i>	

Practice Description	Extent (Requested)	Extent Needed
SIP8 Wildlife habitat enhancement (Ac)	3.2	10
WM2 WILDLIFE HABITAT - 1/10 ACRE SHRUB THICKET	NU 2.0	
SPD SPRING DEVELOPMENT	NU 1.0	
FE2 FENCING - BARB WIRE	FT 1426.0	

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

11. Signature \_\_\_\_\_ Date \_\_\_\_\_

B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP8	4. VC/SL N	5. Fund Code	6. Estimated Total Cost 2,375	7. Est. Cost-Share 2,375
8. Practice Extents Number (Ac. Served/Treated) 3.2/0	9. Land Capability Class & Subclass I	10. Soil Loss Tolerance	11. Land Cover/Use Before 5	11. Land Cover/Use After 7	12. Technical Practices Applied	
		Technical Practice a	Cost-Shared? b	Units Planned/Applied c		

C. EROSION CONTROL

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

*CANCELLED FOR FUNDING*

D. WATER CONSERVATION

1. Irrigation Water Conservation	1a. Irrigation Situation	1b. Water Applied (Ac.-in./Ac.) Before	1c. System Efficiency(%) Before	1d. Water Cons. Acres After	1. Problem Type
2. Increased Water Storage	2a. Primary Use	2b. Capacity (Acres-Inches) Before	2c. Soil Moisture Measures?		2. Type of Water Body Treated/Protected
					3. Pollution Severity

F. WOOD PRODUCTION

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

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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I. PERFORMANCE REPORT

*PRACTICE WAS NOT COMPLETED. FUNDING CANCELLED FOR NON-PERFORMANCE*

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 \_\_\_\_\_  
*Douglas Stearns 8/18/94*



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>1005</i>	4. CONTROL NO. (from SIP-245) <i>92-0019</i>
5. LANDOWNER NAME AND ADDRESS <i>Mary Ann Baumbauer</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.	<input checked="" type="checkbox"/>	
7. The landowner is not a Federal, State, or local government agency or other governmental organization.	<input checked="" type="checkbox"/>	
8. The landowner, if a corporation, is not a publicly traded corporation.	<input checked="" type="checkbox"/>	
9. The landowner is not principally engaged in the production of wood products.	<input checked="" type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	
11. The landowner owns at least the minimum acreage of NIPF that has been established for SIP eligibility by the State Forester.	<input checked="" type="checkbox"/>	
12. The practice is voluntary, or is not required by Federal, State, or local government laws or regulations.	<input checked="" type="checkbox"/>	
13. The practice was not started prior to submission of the application to ASCS.	<input checked="" type="checkbox"/>	
14. The practice has not been established and currently does not exist on the site as a result of previous Federal cost-sharing.	<input checked="" type="checkbox"/>	
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) *Mary Ann Baumbauer* Date *1-11-93*

17. Signature (CED or designee) *[Signature]* Date *1-11-93*

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).	<input checked="" type="checkbox"/>	
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.)	<input checked="" type="checkbox"/>	
20. Other (explain)		

ELIGIBLE  INELIGIBLE

An INELIGIBLE determination is based on the following from item(s) 6-15 or 16-20 that are checked "No". (Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

(Enter numbers)

authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

21. Signature (Service Forester) *Douglas Stevenson* Date *1/11/93*

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.

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

July 3, 1993

Mary Lou Baumhover  
Box 1308  
Lyons, CO 80540

Dear Mrs. Baumhover:

This is a reminder that the July 15, 1993 deadline for your SIP-8 cost-sharing is fast approaching. I need to inspect the planting on or shortly after that date and find it completed (If you have already completed it, an earlier inspection means earlier payment.).

Please call me so we can do the inspection together.

Sincerely,

*Douglas J. Stevenson*  
Douglas J. Stevenson

*Hi Doug,*

*The obviously are not done. The biggest reason being we got the plants several weeks later than we had expected & free weekends have been few since then. We were not concerned as date on our form says 7-15-94. & bushes are fine. Will call when completed.*

*Hopefully soon.*

*Mary Lou*

SIP-245 (03-04-92) U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION ST. & CO. & C/D 08 013 6 CONTROL NO. (F/Y & NO.) 93 0019

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WILDLIFE HABITAT NEEDED

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
A	B	C	D	E	F	G	H
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- SPD - 75% of cost not to exceed rate in column E.
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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  
*Cindy E. Foltz*  
DATE 1-29-93

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

DATE