July 15, 2004

Christopher Perry 1555 California Street, Suite 613 Denver, CO 80202

Dear Christopher:

This is a reminder that your Forest Land Enhancement Program (FLEP) grant project must be completed by September 15, 2004.

As you recall, the FLEP Grant requires a 50/50 fund match. In your original packet you received an Accomplishment Report for Reimbursement, a Cost Document form, and a W9. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

If you will be unable to complete the project, please notify us as soon as possible, so that we may adjust your grant and reallocate the remaining funds to other projects.

If you have any questions, please call me at (970) 491-8839, or Mike Hughes (970) 491-8453, or the Fort Collins District office (970) 491-8660.

Sincerely,

Norland K. Hall Forester

File Copy



Fort Collins District 5075-Campus Delivery, CSU Fort Collins, CO 80523-5075 (970) 491-8660 FAX (970) 491-8645

September 22, 2003

Christopher Perry 1555 California Street, Suite 613 Denver, CO 80202

Mr. Perry,

Your Forest Land Enhancement Program (FLEP) grant application has been reviewed and funding approved as shown on the attached copy of your application. Our office received over \$120,000 in grant requests. Needless to say we were not able to fund all projects. In most cases, we were able to partially fund a project.

Before you begin project implementation please contact our office to schedule a site visit to review the project and accomplishment standards and expectations. We hope this alleviates any surprises when the final inspection is completed. Please review the attached standards prior to the site visit.

As you recall, the FLEP Grant requires a 50/50 fund match. The project must be completed by September 15, 2004. If it becomes apparent you will not be able to the project by this day, please contact our office as soon as possible.

Enclosed you will also find an Accomplishment Report for Reimbursement, a Cost Documentation form, and a W9. Upon completion of the practice contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

If you have any questions, please contact our office at (970) 491-8660.

Sincerely,

David A. Farmer

Assistant District Forester

Enclosures

PROJECT NUMBER:

	α_1 . α_2	1	_	(For Official U	se Only)			
N	AME: Christon	oher S	. Perru	1				
\mathbf{M}	AME: Christon IAILING ADDRESS: _	1555 C	aliforna	Ta 5t. , 5	wite 613			
	City: Dev	rver	State:	CO				
	Zipcode: 8	0202						
T	TELEPHONE NO: 303 - 592 - 2997							
	TELEPHONE NO: 303-592-2997 PROJECT ADDRESS/LEGAL DESCRIPTION: Sec. 5, Romae 7N, RANGE Township 70W of C							
Pl	PROJECT ADDRESS/LEGAL DESCRIPTION: Sec. 5, Rome 7 N. RANGE							
	Township Tole) of 1							
Pl	RACTICES TO BE CON	MPLETED BY	: June	30,2004	_	0		
,		T	T	•				
	Practice No. &	Quantity	Quantity	Maximum	C/S Amount	C/S Amount		
	Component Title	Requested	Approved	C/S Amount	Requested	Approved		
					<u></u>			
=LEP	3.79 Thinning	3 A	2AC		P15000	#1,000°°		
	666-1							
					1			
FLEP	3,7,9 Slash Ha	e l			\$ 9000	4 40000		
	666-4	3 A	2Ac					
						4		
-								
	Total: \$2400							

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: (hutyhu /	Perry DATE: 8/1/2003
CSFS FIELD REVIEW SIGNATURE:(Additional USFWS guidelines addressed)	DATE:
C/S APPROVED: David A. Farm	AMOUNT: \$ 1,600 DATE: 9-22-03

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's Forest Land Enhancement Program Management Plan

Christopher S Landowner	B. Perry
1555 California St, Mailing Address	Suite 613
Denver, Co 80202 City, State, Zip Code	<u> </u>
No Address Project Physical Address: NE 14 of SE	: Vel
Project Legal Description: 5	
<u>303-592-299</u> 7 Telephone	3Aon 40A parcel Plan acres
Prepared by:	
Resource Professional	Date
The Forest Land Enhancement Program project request, reflects objectives that I have for my profest management practices. It contains implet that have been reviewed with me by a natural reimplement this practice as designed and planne	roperty to promote sustainable mentation recommendations esource professional. I agree to
Winstophe I. Parry	8/1/2003
Landowner Signature	Date
CSES Approval	Date



FOREST LAND ENHANCEMENT PROGRAM

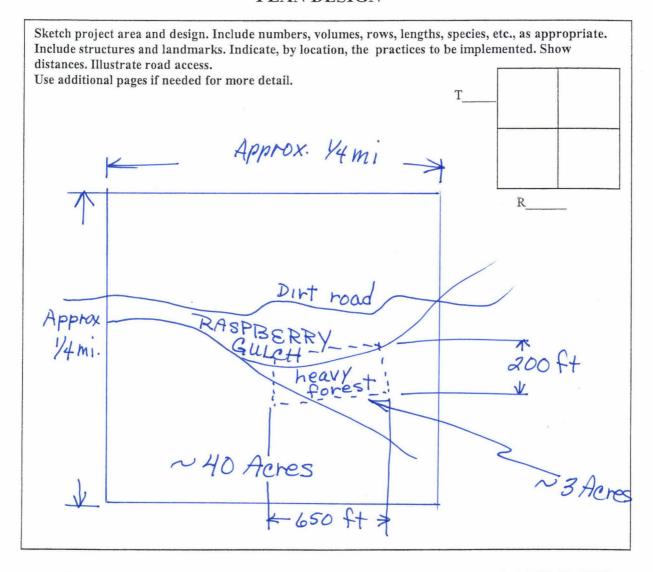
OBJECTIVES: What do you want to achieve by this practice? (If more than one objective, list in

order of priority). Example: To reduce the risk of mountain pine beetle, and with the proper slash disposal, improve forest health. PEDUCE WILD FIRE ACCESS GENERAL DESCRIPTION, ISSUES: RASPBERRY GUICH ISSUES-WILDFIRE HAZARDS, INSEUT FDISEASE CONTERNS. CURRENT NATURAL RESOURCE CONDITIONS: Vegetative cover (trees, shrubs, grasses) on the property: DOV9 FIRS POND ERUSA. QRASS & SHRUB
re hazard rating and risk factors of the area:

UNDER STURY Fire hazard rating and risk factors of the area: H19# Summary of insect and disease presence, damage, or risk, including information on significant incidents, historical and current: MISTLETOE, MOUNTAIN DWE BEETLE IPS. Soil Type(s) and limitations: EASO WETMURE-BOYLE- ROCK OUT CROP. Wetlands present: SEASONAL DRAINAGE Wildlife (or sign) present:
[ELK, DFER MOUNTAIN LIDN, COYOTE, GROUSE BEAR Threatened or Endangered plants or animals that may inhabit the property: Cultural or historic resources on the property: NONE Recreational use on the property: NONE Noxious weeds present:

CEAKY SPURGE

FOREST LAND ENHANCEMENT PROGRAM PLAN DESIGN



LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

-1-7	PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE				
FLEP 666-1	3,7,9 Thinning of overgrown,	June, 30, 2004				
- IAT	7.66.7 576.75					
(661-4	3,7,9 Stash removal, hauling	June 30, 2004				
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