

SIP-245 (11-27-91) U.S. DEPARTMENT OF AGRICULTURE REQUEST FOR COST-SHARES ST. & CO. & C/D 08 013 6 CONTROL NO. (F/Y & NO.) 92 0055

FARM NO. 961 NAME AND ADDRESS JAMES GRAVES 515 POORMAN RD BOULDER, CO 80302 Telephone No. 000-000-0000 FARMLAND 7.0 CROPLAND PROGRAM CODE SIP FUND CODE 00 PRIMARY PURPOSE WOOD PRODUCTION OTHER FARMS / / YES / / X / NO

DESCRIPTION OF PRACTICE OBJECTIVE HEAVY FORESTATION - EXTREME FIRE DANGER

FOR CED AND STATE FORESTER USE

Table with 7 columns: Number, Practice Title, Extent Requested, Extent Approved, Rate, C/S Approved, I plan to Start the Practice. Row 1: SIP3 DES, Forest and Agroforest Improvement (Ac) DEFENSIBLE SPACE (REDUCE SALVAGE VALUE), NU, 1.0, 1.0, 750.00, 750.00, I plan to complete Practice 08792.

Forest Stewardship Plan by FS /X/Yes / /No PARTNERSHIP / /Yes /X/No Joint Venture / /Yes /X/No

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 (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.

SIGNATURE [Signature] Date 3/4/92 Estimated \$ C/S Value 750

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 [Signature] Date 6/3/92 Practice Expiration Date 8/92

REMARKS \$689.00 x 0.75 = \$516.75 ≈ \$517.00

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. Acres if more than 1,000 Date Waiver Approved by FS

SIP-245 U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)  
 (03-04-92) PRACTICE APPROVAL AND PAYMENT APPLICATION 08 013 6 92 0055

FARM NO. 961 NAME AND ADDRESS: JAMES GRAVES, 515 POORMAN RD, BOULDER, CO 80302  
 TRACT No. 9223 FARMLAND 7.0 CROPLAND  
 Telephone No. 000-000-0000  
 PROGRAM CODE: SIP FUND CODE: 00  
 PRIMARY PURPOSE: WOOD PRODUCTION  
 EXPIRATION NOTICE: Practice must be completed and reported by 11-01-93  
 ID: 524-42-9119 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  
 HEAVY FORESTATION - EXTREME FIRE DANGER

FOR CED AND STATE FORESTER USE

Number	Practice Title	Extent Requested	Extent Approved	Rate	Cost-Shares Approved	Extent Performed	Cost-Shares Earned
SIP3 DES	Forest and Agroforest Improvement (Ac) DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	1.0	1.0	750.00	750*	1.0	\$517 <sup>00</sup>

\* - Total Cost-Shares Approved For Practice. Component Figures Shown Are Included In This Amount  
 DES - 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: *Cindy E. Stottel* DATE: 5-26-92

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.)  
 MR. RUSS SLADE DID THE SURVEY & DESIGNED THE DEFENSIBLE SPACE PLAN.  
 YES  NO /

Total Cost-Shares Earned  
 Payment Advance (Partial Payment)  
 Setoff  
 Debt Assignment

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 and County and amount of each)  
~~STATE OF COLORADO~~ - ~~STATE OF COLORADO~~ I WILL BE PAID ALL OF THE WORK  NO

Net Payment  
 C/S Earned Approved By/Date: \$517<sup>00</sup> DB 11/15/92  
 Calc. Verified By/Date: DB 12/15/92

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: *James Slade* DATE: 6/3/92

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. 961	Name and Address JAMES GRAVES 515 POORMAN RD BOULDER, CO 80302	2. Telephone Number	3. Contract Id.
TRACT NO. 9223		4. Practice to Begin 05 92	5. Referral Expires 05 92

6. Practice Location SUNSHINE CANYON	7. Needs Statement <i>A Defensible Space practice is needed &amp; feasible for this property.</i>
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Practice Description	Extent Requested	Extent Needed
8 Forest and Agroforest Improvement (Ac) DES DEFENSIBLE SPACE (REDUCE SALVAGE VALUE)	9 1.0	10 1.0

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

**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 \$1000	7. Est. Cost-Share 750
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8. Practice Extents	19. Land Capability	10. Soil Loss	11. Land Cover/Use	12. Technical Practices Applied
Number	Ac. Served/Treated	Tolerance	Before After	Technical Practice Cost-Shared? Units Planned/Applied
1	1.0/1.0	1	7 7	660A/666 Y 1.0/1.0

**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 1.0
2. Wind Erosion	a. Before (Tons/Ac./Yr.) 1	b. After (Tons/Ac./Yr.) 1	c. Acres to which Rate Applies 1.0
3. Other Erosion	a. Problem Type M/A	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
4. Range Condition	a. Condition Code Before 3	b. Condition Code After 3	c. Trend Cond. Before After 1 1

**D. WATER CONSERVATION**

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

**E. WATER QUALITY**

1. Problem Type
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. (Cu. Ft./Ac./Yr.)	a. Forest Cover Before After b. Stocking Level Before After	a. Acres b. Cost-Share	Trees /Acre

**G. OTHER ASSISTANCE**

**H. ACTUAL COST AND PERFORMANCE DATA**

1. Total Install. Cost \$ 689.00	2. Cost-Share \$ 517.00	3. Date Performed 12/15/92
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**I. PERFORMANCE REPORT**

*Practice completed as specified*

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 1.

Signature: *Douglas Stevenson* Date: 12/15/92

December 10, 1992

Douglas J. Stevenson  
c/o Colo. State Forest Service  
936 Lefthand Canyon Drive  
Boulder, CO 80302

Dear Mr. Stevenson,

Following are the hours that I worked completing the 1992 phase of my stewardship plan.

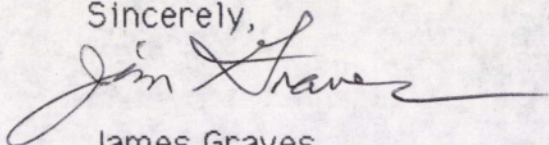
<u>Cutting with chain saw:</u>	<u>Removing slash &amp; creating small animal shelters</u>
6/27 5.5 hrs.	6/30 2 hrs.
6/28 5 hrs.	7/3 2.5 hrs.
7/2 3 hrs.	7/11 1.5 hrs.
7/3 4.5 hrs.	7/19 1.5 hrs.
7/11 5 hrs.	7/22 3 hrs.
7/12 4 hrs.	7/26 2 hrs.
7/18 4 hrs.	8/1 2.5 hrs.
7/19 4.5 hrs.	8/2 2 hrs.
7/25 4 hrs.	<u>8/9 1.5 hrs.</u>
7/26 4.5 hrs.	18.5 hrs.
8/1 3.5 hrs.	
8/2 4.5 hrs.	
8/8 5 hrs.	
<u>8/9 4 hrs.</u>	
61 hrs.	

11/17 - Joe Turner: cut lower limbs & slash = \$90.00

TOTAL: \$488.00 (61 hrs. x \$8.00)  
111.00 (18.5 hrs. x \$6.00)  
90.00 (Joe Turner)  
\$689.00

Thank you for your patience following my heart attacks and surgery.

Sincerely,



James Graves

P.O. BOX 924  
BOULDER CO. 80306  
TEL # 442-5154

COLORADO  
BOULDER  
Report ID: EUA900-R001

U. S. Department of Agriculture  
Agri. Stat. & Conserv. SVC.  
SIP Disbursements Transmission Report

Prepared: 12/15/92  
Page: 1

Transmission Date: 12/15/92  
Time: 14:44:15

CONTROL NUMBER	SEQ. NO.	LANDOWNER ID	LANDOWNER NAME	PAYEE NAME	AMOUNT DISBURSED
92 0055		524 42 9119 S	JAMES GRAVES	JAMES GRAVES	517.00
92 0088		271 22 7369 S	GLENN MAPES	GLENN MAPES	607.00
			COUNTY CONTROL RECORD		1,124.00

Verification Number: 921215144415

Date of Last Transmission: 120792

COLORADO  
BOULDER  
Report ID: EUA900-R001

U. S. Department of Agriculture  
Agri. Stab. & Consv. Svc.  
SIP Disbursements Transmission Report

Prepared: 06/18/92  
Page: 1

Transmission Date: 06/18/92  
Time: 11:09:48

CONTROL NUMBER	SEQ. NO.	LANDOWNER ID	LANDOWNER NAME	PAYEE NAME	AMOUNT DISBURSED
92 0054		524 42 9119 S	JAMES GRAVES	JAMES GRAVES	49.00
			COUNTY CONTROL RECORD		49.00

Verification Number: 920618110948

Date of Last Transmission: 061792