	APPLICAT	ION FOR C	OST-SHARE		
	*	PR	OJECT NUMBI	ER:	
NAME: Par	1 Wiede	~	(For Official U	(se Only)	
MAILING ADDRESS:	P.O. Box	296			
City: Bel	lune	State: 6	colorado		
Zipcode:					
TELEPHONE NO: 97	0 224 222	28	- 3200111 111	11/4 NE1/6	SU / Section?
PROJECT ADDRESS/I		#0	8330019 11	Variable 1	, July 6 day 3
PROJECT ADDRESS/I	LEGAL DESCR	IPTION:# C	8330034 N	12,000 14,	>M14 Sections
PRACTICES TO BE CO	OMDI ETED DY	9-15	-07		
PRACTICES TO BE CO	OMIPLETED BY	:_/			
Practice No. &	Quantity	Quantity	Maximum	C/S Amount	C/S Amount
Component Title	Requested	Approved	C/S Amount	Requested	Approved
	_				
X 1 4 mile Rd Fire Break / Di	14				
Mamile Rd Fire Break / Piscose					
	9 96.				
@ "4mile Ro-Fire Break / Pisease	9 96.		K		
@ "4mile Ro-Fire Break / Pisease	9 96.	I goves	1200	1875∞	

Total: <u>93752</u> 3600

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:	Carl	Veel	DATE: 5-2	3-07
CSFS FIELD REVIEW SIGNATU			DATE:	
(Additional USFWS guidelines addre	////			1/-
C/S APPROVED: hff	My Sylu A	MOUNT: \$ 10	DATE:	6/8/07
V				

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.



FOREST LAND ENHANCEMENT PROGRAM

PLAN DESIGN	
Sketch project area and design. Include numbers, volumes, rows, lengths, species, etc., as appropriate. Include structures and landmarks. Indicate, by location, the practices to be implemented. Show distances. Illustrate road access. Use additional pages if needed for more detail.	
T T	
15-20' X HOUSE R_	
Thinmprove Breatoeal Thinmprove Breatoeal	
15-20	
(2) Thin Fire Break 15-20'	

LIST PRACTICE AND COMPONENTS WITH IMPLEMENTATION SCHEDULE:

PRACTICE/COMPONENT/OTHER SPECIFICATIONS	COMPLETION DATE
Down hill side of Road into property &. house - Improve/increase Fire Break Remove	9-15-07
2 Uphill Side of Road into proporty & nouse-Improve/Increase Firebreak (Myrile) Reman Mistlefoe	9-15-07
(3) Westor house, Downhill of Road to Knoll, then east Towns Below house- Fire Break Mistle foe Reduction	9-15-07



Fort Collins District 5060 Campus Delivery Fort Collins, Colorado 80523-5060 (970) 491-8660 FAX: (970) 491-8645

June 12, 2007

Carl Wieder P.O. Box 296 Bellvue, CO 80512

Dear Carl,

Your Landowner Assistance Program (LAP) application has been reviewed. The amount approved is shown on the attached copy of your application. Our office received significantly more dollar requests than was appropriated. We were only able to partially fund projects and some were not funded at all.

This grant requires a 50/50 fund match. The project must be completed and documents submitted by September 14, 2007. If it becomes apparent you will not be able to complete the project by this day, please contact our office as soon as possible.

Enclosed you will also find an Accomplishment Report and a Cost Documentation form. All costs and revenues must be documented on these forms. Final reimbursement cannot be processed without completion of these forms.

A field inspection will be scheduled one of the last two weeks of September.

If you have any questions or concerns, please call me at (970) 491-8453. Thank you for your interest in the stewardship of your forest and in our Landowner Assistance Program.

Sincerely,

Michael M. Hughes Assistant District Forester Fort Collins District

Enclosures