

A. REFERRAL INFORMATION

1. Farm No. 1117 Name and Address SHIRLEY WEISZ 1705 14TH ST #101 BOULDER, CO 80302 Tract No. 9380  
 2. Telephone Number 303-440-6757  
 3. Contract Id.  
 4. Practice to Begin 04-01-96  
 5. Referral Expires 04-01-96  
 6. Practice Location Pt of NW4SE4: 26-1N-72W SIP  
 7. Needs Statement

*The practice is needed and feasible.*

Practice Description	Extent Requested	Extent Needed
SIP3 Forest improvement (Ac)	1.5	
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	1.5	1.5

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

11. Signature *Douglas Stearn* Date 4/23/96

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 \$400  
 7. Est. Cost-Share 300  
 8. Practice Extents Number 1 Ac. Served/Treated 2.21  
 9. Land Capability Class & Subclass VIIe1  
 10. Soil Loss Tolerance 1  
 11. Land Cover/Use Before 7 After 7  
 12. Technical Practices Applied

Technical Practice	Cost-Shared?	Units Planned/ Applied
a	b	f
666	Y	1.51

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 1.5  
 2. Wind Erosion a. Before (Tons/Ac./Yr.) 1 b. After (Tons/Ac./Yr.) 1 c. Acres to which Rate Applies 1.5  
 3. Other Erosion a. Problem Type N/A b. Before (Tons/Yr.) N/A c. After (Tons/Yr.) N/A d. Acres Affected  
 4. Range Condition a. Condition Code Before N/A b. Condition Code After N/A 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 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?  
 1. Problem Type  
 2. Type of Water Body Treated/Protected  
 3. Pollution Severity

F. WOOD PRODUCTION

G. OTHER ASSISTANCE

1. Site Description a. Site Index 50 b. Poten. Prod. 1  
 2. Stand Condition a. Forest Cover Before 131 After 131 b. Stocking Level Before 30 After 20  
 3. Site Preparation a. Acres — b. Cost-Share —  
 4. Trees Pr/Ac 200  
 Purpose

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

1. Total Install. Cost 2. Cost-Share 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

A. RETERRAL INFORMATION

308-A-6757

STATE OF WISCONSIN  
DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF FORESTRY  
MADISON, WISCONSIN 53706

STATE OF WISCONSIN - 28-1-10-1-177

2013 Forest Inventory and Management Plan  
1.000000 IMPROVEMENT TREE VALUE VALUE \$0

B. GENERAL INFORMATION

300

375

C. EROSION CONTROL

E. WATER QUALITY

D. WATER CONSERVATION

F. OTHER ASSISTANCE

G. WOOD PRODUCTION

H. ACTUAL COST AND PERFORMANCE DATA

I. PERFORMANCE REPORT

AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION ST. & CO. & C/D 08 013 6 CONTROL NO. (F/Y & NO.) 96 0022

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1117	NAME AND ADDRESS SHIRLEY WEISZ 1705 14TH ST #101 BOULDER, CO 80302	FARMLAND 3.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	EXPIRATION NOTICE Practice must be completed and reported by 10-23-97
TRACT No. 9380		CROPLAND					ID 522 40 7894 S
Telephone No. 303-440-6757							

Your request for program cost-sharing to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE  
MISELTOE CONTROL AND UPGRADE EXISTING STAND

FOR APPROVING OFFICIAL USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	Cost-Shares Approved F	Extent Performed G	Cost-Shares Earned H
		SIP3 WIM	Forest improvement (Ac) WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	1.5 1.5	1.5 1.5	200.000	260* 260

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount  
WIM - 65% 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 ISSUED BY APPROVING OFFICIAL (FOR SIP) APPROVAL MAILED BY CED  
*Jean Turner, CED* 4-23-96

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)	
Is Partic. on FSA Debt Reg.? Y / / N / /	
Setoff	
Debt Assignment	
Net Payment	

YES / / NO / /

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share payment under the same program on this or any other farm other than through this AD-245? (If yes, report State, County, and amount by farm).

YES / / NO / /

Payment Approved (initials) (For SIP) C/S Earned Approved By/Date	Check Number (For SIP) Calc. Verif. By/Date
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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 Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. 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 Approving Official, if before 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. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

U.S. DEPARTMENT OF AGRICULTURE

FORM AD-245 ATTACHMENT  
(PRIVACY ACT, PUBLIC BURDEN,  
COMPLIANCE AND PENALTY STATEMENT)

PRIVACY ACT AND PUBLIC BURDEN STATEMENT

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The information is necessary to monitor participation in USDA cost-share programs. Information provided on AD-245, Request of Cost-Shares/Practice Approval/Payment Application 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 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 (OMB No. 0560-0082), Washington, D.C. 20503.

COMPLIANCE AND PENALTY STATEMENT

The program for which this cost-share application is being completed is listed under the PROGRAM CODE on pages 1 and 2. No monies or benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations and unless there is full compliance with all terms and conditions of the provisions of existing law and regulations and any agreements executed with respect to that program by the participant in the program.

The basic program regulations which apply to the cost-share programs are the subject of this agreement and incorporated herein by reference:

for SIP at 36 CFR Part 230,  
for ACP at 7 CFR Part 701,  
for FIP at 7 CFR Part 701,  
for CRP at 7 CFR Parts 704 and 1410,  
for MYCS at 7 CFR Part 1413,  
(For other programs inquire where the application is submitted.)

There may also be other regulations that apply. Any fraudulent claims made hereunder may subject the applicant to Federal criminal and civil penalties as provided for in USC 207, 1001, and 31 USC 231.

In the event of a conflict between these or other regulations and the terms of this contract, the provisions of the regulations will prevail.

AD-245 (09-11-95) U.S. DEPARTMENT OF AGRICULTURE PRACTICE APPROVAL AND PAYMENT APPLICATION ST. & CO. & C/D 08 013 6 CONTROL NO. (F/Y & NO.) 96 0022

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1117	NAME AND ADDRESS SHIRLEY WEISZ 1705 14TH ST #101 BOULDER, CO 80302	FARMLAND 3.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	EXPIRATION NOTICE Practice must be completed and reported by 10-23-97
TRACT No. 9380	Telephone No. 303-440-6757	CROPLAND					ID 522 40 7894 S

Your request for program cost-sharing to perform the practice shown below is approved for the farm identified above. If you decide not to perform this practice, or if you cannot complete it by the expiration date, please notify the Approving Official's office in writing at once.

DESCRIPTION OF PRACTICE OBJECTIVE  
MISELTOE CONTROL AND UPGRADE EXISTING STAND

FOR APPROVING OFFICIAL USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	Cost-Shares Approved F	Extent Performed G	Cost-Shares Earned H
		SIP3 WIM	Forest improvement (Ac) WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	1.5 1.5	1.5 1.5	200.000	260* 260

\* - Total Cost-Shares Approved For Practice, Component Figures Shown Are Included In This Amount  
WIM - 65% 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 ISSUED BY APPROVING OFFICIAL  
(FOR SIP) APPROVAL MAILED BY CED  
*Jean Turner, CED* 4-13-96

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 260

Payment Advance (Partial Payment)

Is Partic. on FSA Debt Reg.? Y // N //

Setoff

Debt Assignment

Net Payment

Y. During the current fiscal year Oct. 1 - Sep. 30, have you received or will you receive a cost-share payment under the same program on this or any other farm other than through this AD-245? (If yes, report State, County, and amount by farm).

YES / / NO

Payment Approved (Initials) | Check Number  
(For SIP) C/S Earned Approved By/Date | (For SIP) Calc. Verif. By/Date  
*DA 260 DA 8/28/96 DA 8/28/96 DA*

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 Approving Official has determined that the practice has been performed and further certify that this payment is not a duplicate of any other earned by me. 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 Approving Official, if before 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. I understand that form "CONTINUATION FOR AD-245" is by reference incorporated herein and with this page constitutes the entire agreement between the parties.

SIGNATURE: *Shirley Weisz* DATE: 8-25-96

OPTIONAL FORM 99 (7-90)

FAX TRANSMITTAL

# of pages 1

To: *Shirley Weisz* From: *JSA*  
 Dept./Agency: Phone #: *303-776-1242*  
 Fax #: *303-440-6757* Fax #: *303-684-9893*

FORM APPROVED  
OMB NO. 0360-0082

Page 1  
AD-245  
(09-11-95)

ST. & CO. & C/D CONTROL NO. (F/Y & NO.)  
08 013 6 96 0022

NSN 7540-01-317-7368 5099-101 GENERAL SERVICES ADMINISTRATION

(AD-245 replaces ACP-245 and SIP-245)

FARM NO. 1117	NAME AND ADDRESS SHIRLEY WEISZ 1765 14TH ST #101 BOULDER, CO 80302	FARMLAND 3.0	PROGRAM CODE SIP	FUND CODE	CONTRACT/LTA & ITEM NO.	PRIMARY PURPOSE WOOD PRODUCTION	OTHER FARMS / /YES /X/No
TRACT No. 9389	Telephone No. 303-440-6757	CROPLAND					

DESCRIPTION OF PRACTICE OBJECTIVE  
NISELTOE CONTROL AND UPGRADE EXISTING STAND  
PRACTICE LOCATION Pt of NW4SE4: 26-1N-72W SIP

FOR USE BY THE APPROVING OFFICIAL

Number	Practice Title	AC	Extent Requested	Extent Approved	Rate	C/S Approved	I plan to start the practice 04-01-98
			C	D	E	F	
SIP3 WIN	Forest improvement (Ac) WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE)	AC	1.5 1.5	1.5	200.000	\$ 260	
						Total \$ 260	I plan to complete the practice 10-01-97

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

PARTNERSHIP / 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: *Shirley A. Weisz* DATE: *3-25-96* Estimated \$ C/S Value 300 C/S Willing to Approve \$ 260

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: *[Signature]* DATE: *4/23/96* Practice Expiration Date

REMARKS

For SIP and FIP Only: I certify that I / do / do not own more 1600 acres of eligible forestland in the United States or any territory or possession of the U.S.  
 SIGNATURE: *Shirley A. Weisz* DATE: *3-25-96* Acres if more than 1,000 Date Waiver Approved

A. REFERRAL INFORMATION

1. Farm No. 1117 Name and Address SHIRLEY WEISZ 1705 14TH ST #101 BOULDER, CO 80302  
 2. Telephone Number 303-440-6757  
 3. Contract Id.  
 4. Practice to Begin 04-01-96  
 5. Referral Expires 04-01-96  
 6. Practice Location Pt of NW4SE4: 26-1N-72W SIP  
 7. Needs Statement

The practice is needed and feasible.

Practice Description	Extent Requested	Extent Needed
SIP3 Forest improvement (Ac)	1.5	1.5
WIM WOODLAND IMPROVEMENT (REDUCE SALVAGE VALUE) AC	1.5	1.5

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

11. Signature Douglas Stevenson Date 4/23/96

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 \$400 7. Est. Cost-Share 300

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	2.2/1.6	VIIe1	1	7	666

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 1.5  
 2. Wind Erosion a. Before (Tons/Ac./Yr.) 1 b. After (Tons/Ac./Yr.) 1 c. Acres to which Rate Applies 1.5  
 3. Other Erosion a. Problem Type N/A b. Before (Tons/Yr.) N/A c. After (Tons/Yr.) N/A d. Acres Affected  
 4. Range Condition a. Condition Code Before N/A b. Condition Code After N/A c. Trend Cond. Before N/A d. Trend. Cond. After N/A  
 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 After c. System Efficiency (%) Before After d. Water Cons. Acres  
 2. Increased Water Storage a. Primary Use b. Capacity (Acres-Inches) Before After c. Soil Moisture Measures?  
 1. Problem Type  
 2. Type of Water Body Treated/Protected  
 3. Pollution Severity

F. WOOD PRODUCTION

G. OTHER ASSISTANCE

1. Site Description	2. Stand Condition	3. Site Preparation	4. Purpose
a. Site Index 50 b. Poten. Prod. 1	a. Forest Cover Before 131 After 131 b. Stocking Level Before 30 After 20	a. Acres — b. Cost-Share —	200

H. ACTUAL COST AND PERFORMANCE DATA

II. PERFORMANCE REPORT

1. Total Install. Cost 450 2. Cost-Share 260 3. Date Performed 8/28/96  
 Practice completed as spec. Aided

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 Douglas Stevenson Date 8/28/96

COLORADO  
BOULDER  
Report ID: EUA900-R001

U. S. Department of Agriculture  
Farm Service Agency  
SIP Disbursements Transmission Report

Prepared: 09/04/96

Page: 1

Transmission Date: 09/04/96  
Time: 11:41:32

CONTROL NUMBER	SEQ. NO.	LANDOWNER ID	LANDOWNER NAME	PAYEE NAME	AMOUNT DISBURSED
94 0033		132 48 6513 S	PATRICIA CUBA	PATRICIA CUBA	360.00
96 0022		522 40 7894 S	SHIRLEY WEISZ	SHIRLEY WEISZ	260.00
96 0038		374 62 3978 S	MICHAEL MASTRO	MICHAEL MASTRO	200.00
			COUNTY CONTROL RECORD		820.00

Verification Number: 960904114132

Date of Last Transmission: 072396