

**FLEP Grant 2006
Fort Collins District**

Funding Distribution & Project Tracking

Applicant	FLEP Practice	FLEP Code	Qty Requested	C/S Amount Requested	C/S Amount Approved	Acres Treated (Completed)	Date Inspected	Payment Amount
Bowen, Zack	Thinning	666-1	3	\$1,500.00	\$560.00			
Bowen, Zack	Chipping	666-3	3	\$900.00				
Budge, David	Thinning	666-1	4	\$2,000.00	\$560.00			
Budge, David	Chipping	666-3	2	\$2,000.00				
Budge, David	Pruning	660	4	\$300.00				
Colard, Christopher	Thinning	666-1	2	\$500.00	\$500.00			
Doyle, Cliff	Thinning	666-1	2.5	\$1,250.00	\$560.00			
Herrmann, Ray	Thinning	666-1	4	\$1,000.00	\$560.00			
Lucia, Edwin	Thinning	666-1	5	\$2,500.00	\$1,000.00			
Ronca, Carlie	Thinning	666-1	5.65	\$2,825.00	\$560.00			
Ronca, Carlie	Pruning	660	5.65	\$423.00				
Snyder, Glenn	Thinning	666-1	2	\$1,000.00	\$560.00			
Snyder, Glenn	Pruning	666-3	1	\$300.00				
Snyder, Glenn	Hauling	666-4	1	\$300.00				
Soulen, Ric	Thinning	666-1	1.5	\$750.00	\$560.00			
Soulen, Ric	Hauling	666-4	1.5	\$750.00				
Young, Michael	Thinning	666-1	4	\$600.00	\$560.00			
Total:				\$18,898.00	\$5,980.00	0.00		\$0.00



COLORADO'S FLEP FOREST LAND ENHANCEMENT PROGRAM

APPLICATION FOR COST-SHARE

PROJECT NUMBER: _____

NAME: MATT GLASCOTT - GLASCOTT'S TREE FARM (For Official Use Only)

MAILING ADDRESS: P.O. Box 6

City: Bellvue State: CO

Zipcode: 80512

TELEPHONE NO: 970-214-2111

PROJECT ADDRESS/LEGAL DESCRIPTION: 2530 W. HALE ROCK

PRACTICES TO BE COMPLETED BY: owner/contractor - 12-15-06

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
<u>3179-666.1</u>	<u>4 ACRES</u>		<u>2000</u>	<u>2000</u>	
<u>9 666-6302</u>			<u>1200</u>	<u>1200</u>	

Total: 3200

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: *Matt Glascott*

DATE: 6-30-06

CSFS FIELD REVIEW SIGNATURE: _____

DATE: _____

(Additional USFWS guidelines addressed)

C/S APPROVED: _____ AMOUNT: \$ _____ DATE: _____

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
State
FOREST
SERVICE**