

SIP-100  
(10-01-91)

U.S. DEPARTMENT OF AGRICULTURE  
Stewardship Incentive Program

1. COUNTY <i>Boulder</i>	2. STATE <i>Co</i>
3. ASCS FARM NO. <i>956</i>	4. CONTROL NO. (from SIP-245)
5. LANDOWNER NAME AND ADDRESS <i>Doug Parker</i>	

SIP ELIGIBILITY WORKSHEET

NOTE: This worksheet should be attached to the SIP-245 and remain attached throughout the cost-share process.

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The Food, Agriculture, Conservation, and Trade Act of 1990 authorizes the collection of the following data (36 CFR Part 230). The information is necessary to determine eligibility to participate in the Stewardship Incentive Program (SIP). Furnishing this data is voluntary; however, without it participation in the program may be denied. Any fraudulent claim made hereunder may subject the applicant to Federal, criminal and civil penalties as provided in 18 USC 287, 1001; and 31 USC 231. The data 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 15 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 Project (OMB No. 0596-0120), Washington, D.C. 20503.

PART 1 - ELIGIBILITY CHECKLIST - TO BE COMPLETED BY ASCS

Check "Yes" or "No" for each:	YES	NO
6. The applicant actually owns the land.	X	
7. The landowner is not a Federal, State, or local government agency or other governmental organization.	X	
8. The landowner, if a corporation, is not a publicly traded corporation.	X	
9. The landowner is not principally engaged in the production of wood products.	X	
10. The landowner does not own more than 1,000 acres of NIPF (Non-Industrial Private Forestland), or not more than 5,000 acres of NIPF with an eligibility waiver signed by the State Forester.	X	
11. The landowner owns at least the minimum acreage of NIPF that has been established for SIP eligibility by the State Forester.	X	
12. The practice is voluntary, or is not required by Federal, State, or local government laws or regulations.	X	
13. The practice was not started prior to submission of the application to ASCS.	X	
14. The practice has not been established and currently does not exist on the site as a result of previous Federal cost-sharing.	X	
15. Other (explain)		

The eligibility information above is provided by ASCS for use by the Service Forester for making eligibility determinations. This information is provided only as a recommendation, and is only based on information made available at the time of application.

16. Signature (Landowner) <i>Douglas K. Parker</i>	Date <i>2/14/92</i>
17. Signature (CED or designee) <i>Cindy E. Hottel</i>	Date <i>2-14-92</i>

Supporting statements or documents, if any, are attached by ASCS.

PART 2 - ELIGIBILITY DETERMINATION - TO BE COMPLETED BY THE SERVICE FORESTER

Check "Yes" or "No" for each:	YES	NO
18. The practice requested was determined to be <b>needed</b> and <b>practical</b> (from AD-862).	X	
19. The application meets all explicit eligibility criteria and is eligible for cost-sharing at this time because it is higher priority and ample funds are available. ("No" should be checked when eligible applications are not approved because of priorities, or ample funds are not available.)	X	
20. Other (explain)		

ELIGIBLE  INELIGIBLE  →

An INELIGIBLE determination is based on the following from item(s) 6-15 or 18-20 that are checked "No". \_\_\_\_\_ (Note: Service Foresters have the authority to make determinations for items 6-15 regardless of ASCS's recommendation.)

21. Signature (Service Forester) <i>Douglas Stevenson</i>	Date <i>2/19/92</i>
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Supporting statements or documents, if any, are attached by the Service Forester.

NOTE to Service Foresters: The original signed copy of this form must be returned to the county ASCS office with each SIP-245 so that ASCS can properly notify the applicant of their application approval/disapproval.

This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or handicap.



SIP-245  
(11-27-91)

U.S. DEPARTMENT OF AGRICULTURE  
REQUEST FOR COST-SHARES

ST. & CO. & C/D | CONTROL NO. (F/Y & NO.)  
08 013 6 | 92 0048

FARM NO. 956	NAME AND ADDRESS DOUG PARKER BOX 1077 BOULDER, CO	FARMLAND 5.0	PROGRAM CODE SIP	FUND CODE 00	PRIMARY PURPOSE OTHER ASSISTANCE	OTHER FARMS // YES /X/NO
TRACT No. 9218	80306	CROPLAND				
Telephone No. 000-000-0000						

DESCRIPTION OF PRACTICE OBJECTIVE  
FIRE HAZARD, WIND, SOIL EROSION, LACK OF WILDLIFE SHELTER

FOR CED AND STATE FORESTER USE

Number A	Practice Title B	Extent Requested C	Extent Approved D	Rate E	C/S Approved F	I plan to Start the Practice G
SIP4	Windbreak and Hedgerow Est, Maint &Renovt(AS)					04792
FFW	FARMSTEAD & FEEDLOT WINDBREAK	AC	.5	450.00		
MUL	MULCHING - WEED BARRIER FABRIC	AC	.5	775.00		
<i>Practice not feasible</i>						<i>I plan to complete Practice 06792</i>
						<i>Disapproved AC</i>
						<i>3/19/92</i>

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 <i>Doug Parker</i>	Date 2/14/92	Estimated \$ C/S Value 466
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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 <i>Tom Lowell</i>	Date Mar 23	Practice Expiration Date
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REMARKS

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

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. 956	Name and Address DOUG PARKER BOX 1077 TRACT NO. BOULDER, CO 80306	2. Telephone Number	3. Contract Id.
9218		4. Practice to Begin 04 92	5. Referral Expires 04 92
6. Practice Location Sec 7-in-72w		7. Needs Statement <i>Practice not feasible. DA 3/19/92</i>	
8. Practice Description		Extent Requested 9	Extent Needed 10
Windbreak and Hedgerow Est, Maint &Renovt(AS) FFW FARMSTEAD & FEEDLOT WINDBREAK MUL MULCHING = WEED BARRIER FABRIC		AC AC	.5 .5
The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.			
11. Signature		Date	

B. GENERAL INFORMATION

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP4	4. VC/SL N	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 466
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8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before After	12. Technical Practices Applied
Ac. Served/Treated				Technical Practice a
				Cost-Shared? b
				Units Planned/ Applied c

C. EROSION CONTROL

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
2. Wind Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
3. Other Erosion	a. Problem Type	b. Before (Tons/Yr.)	c. After (Tons/Yr.)
			d. Acres Affected
4. Range Condition	a. Condition Code Before	b. Condition Code After	c. Trend Cond. Before
			d. Trend. Cond. After
			13. Endangered Species
			14. Hydrologic Unit Code

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 a. Site Index	b. Poten. Prod. (Cu. Ft./Ac./Yr.)	2. Stand Condition a. Forest Cover Before After	b. Stocking Level Before After	3. Site Preparation a. Acres	b. Cost-Share	4. Trees/Acre	Purpose
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G. OTHER ASSISTANCE

H. ACTUAL COST AND PERFORMANCE DATA

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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I. PERFORMANCE REPORT

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

SIP-245 U.S. DEPARTMENT OF AGRICULTURE ST. & CO. & C/D CONTROL NO. (F/Y & NO.)  
(11-27-91) REQUEST FOR COST-SHARES 08 013 6 92 0049

FARM NO. 956 NAME AND ADDRESS DOUG PARKER BOX 1077 BOULDER, CO 80306 FARMLAND 5.0 PROGRAM CODE SIP FUND CODE 00 PRIMARY PURPOSE OTHER ASSISTANCE OTHER FARMS //YES /X/NO

DESCRIPTION OF PRACTICE OBJECTIVE  
FIRE HAZARD, WIND, SOIL EROSION, LACK OF WILDLIFE SHELTER

FOR CED AND STATE FORESTER USE

Table with 6 columns: Number, Practice Title, Extent Requested, Extent Approved, Rate, C/S Approved. Includes handwritten notes: 'practice not feasible', 'No stream', 'Disapproved #C', 'I plan to complete Practice 06/92'.

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 2/14/92 Estimated \$ C/S Value 408

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 11/23 Practice Expiration Date

REMARKS

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

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. 956	Name and Address DOUG PARKER BOX 1077 TRACT NO. BOULDER, CO 80306	2. Telephone Number	3. Contract Id.
9218		4. Practice to Begin 04 92	5. Referral Expires 04 92

6. Practice Location Sec 7-1n-72w	7. Needs Statement <i>Practice not needed or Accs. 66 No stream DPA 3/19/92</i>						
<table border="1"> <thead> <tr> <th>Practice Description</th> <th>Extent Requested</th> <th>Extent Needed</th> </tr> </thead> <tbody> <tr> <td>8 Riparian &amp; Wetland Protection &amp; Imprvment(Ac) SSP STREAMBANK &amp; SHORELINE RESTORATION-VEG FT</td> <td>9 240.0</td> <td>10 10</td> </tr> </tbody> </table>	Practice Description	Extent Requested	Extent Needed	8 Riparian & Wetland Protection & Imprvment(Ac) SSP STREAMBANK & SHORELINE RESTORATION-VEG FT	9 240.0	10 10	<p>The practices shown in item A8 with the units shown in item A10 are needed and practical for the farm.</p>
Practice Description	Extent Requested	Extent Needed					
8 Riparian & Wetland Protection & Imprvment(Ac) SSP STREAMBANK & SHORELINE RESTORATION-VEG FT	9 240.0	10 10					
11. Signature	Date						

**B. GENERAL INFORMATION**

1. Primary Purpose G	2. Program SIP	3. Program Practice No. SIP6	4. VC/SL N	5. Fund Code	6. Estimated Total Cost	7. Est. Cost-Share 408
8. Practice Extents Number	9. Land Capability Class & Subclass	10. Soil Loss Tolerance	11. Land Cover/Use Before	After	12. Technical Practices Applied	
					Technical Practice a	Cost-Shared? b
						Units Planned/ Applied c

**C. EROSION CONTROL**

1. Sheet & Rill Erosion	a. Before (Tons/Ac./Yr.)	b. After (Tons/Ac./Yr.)	c. Acres to which Rate Applies
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**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. Acres	b. Cost-Share
	a. Forest Cover Before	b. Stocking Level Before	
	After	After	Trees /Acre

**G. OTHER ASSISTANCE**

**H. ACTUAL COST AND PERFORMANCE DATA**

**I. PERFORMANCE REPORT**

1. Total Install. Cost	2. Cost-Share	3. Date Performed
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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 \_\_\_\_\_