

Fort Collins District
5075 Campus Delivery
Fort Collins, Colorado 80523-5075
(970) 491-8660
FAX: (970) 491-8645

July 26, 2004

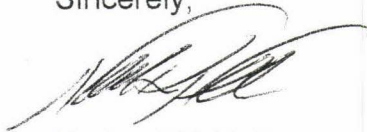
Glenn Snyder
1223 S. Johnson Way
Lakewood, CO 80232-5146

Dear Glenn:

Due to circumstances described in your recent phone conversation with Mike Hughes, you have been granted an extension on your Forest Land Enhancement (FLEP) contract until November 30, 2004. All costs and revenues must be documented on the appropriate forms, and the forms delivered to the Fort Collins District office by that date

If you have any questions, please call me at (970) 491-8839, or Mike Hughes (970) 491-8453, or the Fort Collins District office (970) 491-8660.

Sincerely,



Norland K. Hall
Forester

July 15, 2004

Glenn Snyder
1223 S. Johnson Way
Lakewood, CO 80232-5146

Dear Glenn:

This is a reminder that your Forest Land Enhancement Program (FLEP) grant project must be completed by September 15, 2004.

As you recall, the FLEP Grant requires a 50/50 fund match. In your original packet you received an Accomplishment Report for Reimbursement, a Cost Document form, and a W9. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

If you will be unable to complete the project, please notify us as soon as possible, so that we may adjust your grant and reallocate the remaining funds to other projects.

If you have any questions, please call me at (970) 491-8839, or Mike Hughes (970) 491-8453, or the Fort Collins District office (970) 491-8660.

Sincerely,

Norland K. Hall
Forester

File Copy



Fort Collins District
5075-Campus Delivery, CSU
Fort Collins, CO 80523-5075
(970) 491-8660
FAX (970) 491-8645

September 22, 2003

Glenn Snyder
1223 S. Johnson Way
Lakewood, CO 80232-5146

Mr. Snyder,

Your Forest Land Enhancement Program (FLEP) grant application has been reviewed and funding approved as shown on the attached copy of your application. Our office received over \$120,000 in grant requests. Needless to say we were not able to fund all projects. In most cases, we were able to partially fund a project.

Before you begin project implementation please contact our office to schedule a site visit to review the project and accomplishment standards and expectations. We hope this alleviates any surprises when the final inspection is completed. Please review the attached standards prior to the site visit.

As you recall, the FLEP Grant requires a 50/50 fund match. The project must be completed by September 15, 2004. If it becomes apparent you will not be able to the project by this day, please contact our office as soon as possible.

Enclosed you will also find an Accomplishment Report for Reimbursement, a Cost Documentation form, and a W9. Upon completion of the practice contact our office to schedule a final inspection. All costs and revenues must be documented on the above forms. The W9 must be completed and returned to assure reimbursement. Final reimbursement cannot be processed without completion of these forms.

If you have any questions, please contact our office at (970) 491-8660.

Sincerely,

A handwritten signature in cursive script that reads "Dave Farmer".

David A. Farmer
Assistant District Forester

Enclosures

Plan on file



COLORADO'S
FLEP FOREST LAND
ENHANCEMENT PROGRAM
APPLICATION FOR COST-SHARE

PROJECT NUMBER: _____
(For Official Use Only)

NAME: GLENN SNYDER
MAILING ADDRESS: _____
City: _____
Zipcode: _____
TELEPHONE NO: 303 989 7577

S Glenn Snyder
1223 S. Johnson Way
Lakewood, CO 80232-5146

PROJECT ADDRESS/LEGAL DESCRIPTION: T12N, R72W, S26, SE 1/4, P22260-00-014-021

PRACTICES TO BE COMPLETED BY: _____

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
<u>FLEP 9, 666-4, SHASH RENEWAL</u>	<u>1 A.</u>	<u>1 Ac</u>	<u>300</u>	<u>300</u>	<u>\$ 300⁰⁰</u>
<u>FLEP 3, 666-1, THIN</u>	<u>1 A.</u>	<u>1 Ac</u>	<u>500</u>	<u>500</u>	<u>\$ 500⁰⁰</u>

Total: 800.-

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: *Glenn Snyder* DATE: 7/19/03

CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____
(Additional USFWS guidelines addressed)

C/S APPROVED: *David A Farmer* AMOUNT: \$ 800⁰⁰ DATE: 9-22-03

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.

