



## Oak Wilt Suppression Project

### Request Package for Cost Share Funding

The attached package has all forms, maps, and applications necessary for requesting federal cost shares for suppression of oak wilt including:

- ☒ Application (Form 6873)
- ☒ Treatment plan (Form 6874)
- ☒ General location map (USGS 7.5-minute topo) N/A
- ☒ Treatment map (Form 6875)
- ☒ Landowner acknowledgement form--location of utilities N/A
- ☒ Landowner acknowledgement form--cultural resource protection N/A
- ☒ TARL records check N/A
- ☒ Cultural resource survey form N/A
- ☒ W-9 request for taxpayer identification number and certification

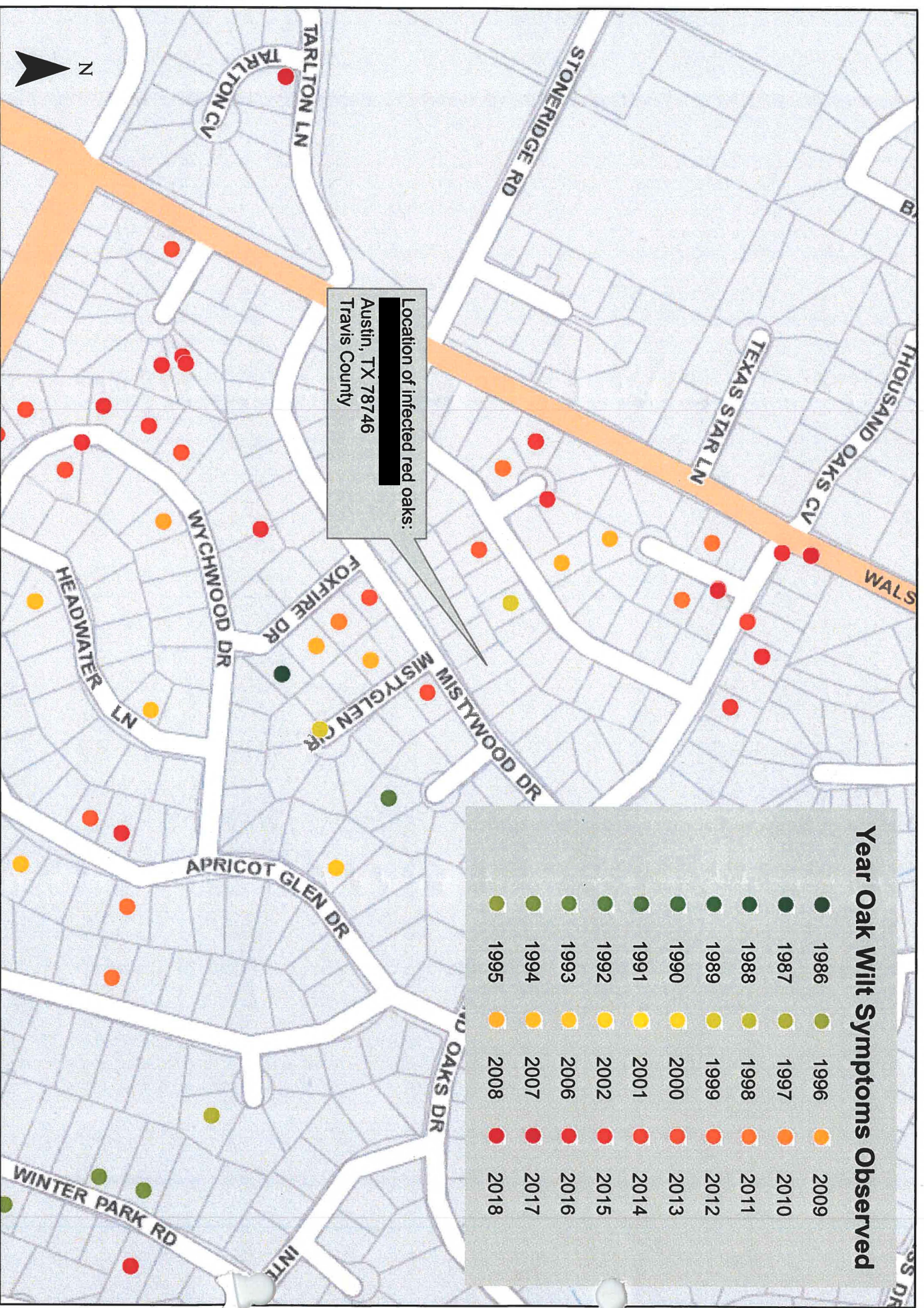
*Please check off the above boxes to verify these items are included*

Forester: **April Rose**

Date: **June 17, 2019**



# Oak Wilt Symptom Observations







TEXAS A&M  
FOREST SERVICE

COPY

3.3642

October 2, 2019

[REDACTED]  
Austin, TX 78746

Case ID: 19-AS-5-1

Dear Mr. [REDACTED]

Please find enclosed a check in the amount of \$500.00. This is the final reimbursement for the cost shares owed for the work done on your property to suppress oak wilt. This reflects the total and final payment as recognized by the management plan. You have fourteen days to present to this office any additional cost not brought to our attention, after which time this case will be considered closed.

Again, we thank you for your cooperation in this project and hope these efforts are successful in reducing the spread of this tree disease.

If the Texas A&M Forest Service can be of further assistance, please don't hesitate to contact our office nearest you.

Sincerely,

Shane Harrington  
Forest Health Program Coordinator

Enclosure

cc: April Rose



**Texas A&M Forest Service**  
**OAK WILT SUPPRESSION PROJECT**  
 Application for Sharing of Treatment Expenses

Forester  
**April Rose**

Applicant's Name and Address  
 [REDACTED]  
**Austin, TX 78746**

Oak Wilt Center/Treatment ID  
**19-AS-5-1**

Telephone Number \_\_\_\_\_ County \_\_\_\_\_ USGS Quad Name \_\_\_\_\_ Lat/Lon \_\_\_\_\_ UTM \_\_\_\_\_  
 (Home)  
 (Work)  
 (Cell) **Travis**  
 Driving Directions:

**Applicant's Request**

I request cost sharing for the treatment(s) listed below.

Applicant's Signature: [REDACTED]

Date: 4/19/19

**Treatment Summary**

Treatment	Extent	Cost Shares
Red Oak Removal	1 tree	\$500.00

**TOTAL** \$500.00

  
 Signature of Project Director

7/9/19  
 Date Approved (m/d/y)

**Expiration Notice**

All treatment components must be completed and reported to forester by:

10/9/2019 JH  
 Expiration Date (m/d/y)

Your request for project cost-sharing to perform the treatment(s) listed above is approved for the specified property. If you decide not to perform this treatment, or if you cannot complete it by the expiration date, please notify the issuing TFS forester at once.

**Completion Summary****Office Use Only**

No.	Date Completed	Total Costs	Forester's Initials	Cost Shares Paid	Date Paid
	8/20/19	\$2976.88	an	\$1,190.75	9/20/19
<b>TOTALS</b>					



COPY

4911 Bell Springs Rd  
Durham 2780351  
Lee's Trees Inc.  
Tucson 8 78620

Invoice

SOLD TO	Mr			VIA	
ADDRESS					
CITY, STATE, ZIP					
CUSTOMER ORDER NO.	Austin	0	CITY, STATE, ZIP	Tucson	
SOLD BY		TERMS		F.O.B.	
DATE	Aug 20 <sup>th</sup> / 19				
paid in full check					
No 176. 8/22/19					
Removal 3 dead live oaks					
Removal 1 large removal oak					
from the side of house.					
Hauled and disposed of all					
mulch wood and debris					
Note remove					
2.750 <sup>00</sup>					
8.25% tax. 226 <sup>88</sup>					
TOTAL DUE. \$2,976 <sup>88</sup>					
- 2976 <sup>88</sup>					
Please pay to Lee's Trees Inc. - Balance 0					
with check guy					
Marcelo Lee					
and the crew					





September 16, 2019

TFS Headquarters  
Attn: Jennifer Hayes  
200 Technology Way, Suite 1281  
College Station, TX 77845

Dear Jennifer,

The original receipt and completed application are enclosed for [REDACTED] Austin, Texas.

If you have any questions please contact me at (512) 785-5968.

Best Regards,

A handwritten signature in blue ink that reads "April Rose".

April Rose  
Urban Forest Health Coordinator  
Community Tree Preservation Division

Enclosures:  
TFS 6073  
Receipt

RECEIVED  
SEP 19 2019

BY: \_\_\_\_\_





*Building a Better and Safer Austin Together*



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505 Barton Springs Road Austin, TX 78704 | 512-978-4000 | DevelopmentATX.com

August 26, 2019

TFS Headquarters  
Attn: Jennifer Hayes  
200 Technology Way, Suite 1281  
College Station, TX 77845

Dear Jennifer,

The updated W9 and receipt showing payment in full for the oak removals are enclosed for [REDACTED]  
[REDACTED] in Austin, Texas.

If you have any questions please contact me at (512) 785-5968.

Best Regards,

April Rose  
Urban Forest Health Coordinator  
Community Tree Preservation Division

Enclosures:  
W-9  
Receipt

RECEIVED  
AUG 29 2019  
BY: \_\_\_\_\_





Lees Trees

Beautifying the Hill Country for 38 Years

Lees Trees Inc.

4911<sup>th</sup> Bell Springs Rd  
Dripping Springs  
Texas 78620

INVOICE NO. 80351

Invoice

SOLD TO		VIA	
ADDRESS			
CITY, STATE, ZIP	Austin	CITY, STATE, ZIP	Texas
CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.
			DATE

Aug 20<sup>th</sup> / 19

Paid in full check		Removed 3 dead live oaks.	
		Removed 1 large spanish oak	
		from the side of house.	
		Hauled and disposed of all	
		mulch wood and debris.	
	8/22/19	State sales	2.750 <sup>00</sup>
		8.25% tax.	226 <sup>88</sup>
		TOTAL DUE	\$2,976 <sup>88</sup>
	NO 176	please pay to Lees Trees Inc.	- 2976 <sup>88</sup>
		with checks guys.	Balance
		Marcus Lees	
		and the crew	





COPY

3.3642

July 15, 2019



Austin, TX 78746

Case ID: 19-AS-5-1

Dear Mr. 

Your request for cost sharing to perform treatments to suppress the oak wilt disease on your property has been approved to the extent shown on your application. The Texas A&M Forest Service will share up to 40 percent of your expenses to implement these treatments not to exceed a total of \$500.00. This work must be completed by October 9, 2019. After that date this agreement will be canceled unless an extension is granted.

Please contact April Rose regarding when the work will be implemented. Since this is a reimbursement, please supply with copies of an invoice or other documentation to verify expenditures so we can expedite payment to you. Proof of payment of these invoices is required. This includes either a receipt or canceled check copied front and back.

If you will be reporting labor as an in-kind contribution toward the cost of installing this practice/s, you must provide documentation by individual and date of hours worked, rate per hour, and total expense. If equipment use is charged, it must be reported by type of equipment, dates used, hours or miles, rate per hour or miles, and total cost.

Thank you for your interest and willingness to cooperate in suppression of this tree disease.

Sincerely,

Shane Harrington  
Forest Health Program Coordinator

cc: April Rose



**Texas A&M Forest Service**  
**OAK WILT SUPPRESSION PROJECT**  
 Application for Sharing of Treatment Expenses

**COPY**

Forester  
 April Rose

Applicant's Name and Address  
 [REDACTED]  
 Austin, TX 78746

Oak Wilt Center/Treatment ID  
 19-AS-5-1

Telephone Number

(Home)  
 (Work)  
 (Cell)

County

Travis

Driving Directions:

USGS Quad Name

Lat/Lon

UTM

**Applicant's Request**

I request cost sharing for the treatment(s) listed below.

Applicant's Signature: [REDACTED]

Date:

4/19/19

**Treatment Summary**

Treatment	Extent	Cost Shares
Red Oak Removal	1 tree	\$500.00

TOTAL \$500.00

Signature of Project Director

7/9/19

Date Approved (m/d/y)

**Expiration Notice**

All treatment components must be completed and reported to forester by:

10/9/2019 SH

Expiration Date (m/d/y)

Your request for project cost-sharing to perform the treatment(s) listed above is approved for the specified property. If you decide not to perform this treatment, or if you cannot complete it by the expiration date, please notify the issuing TFS forester at once.

**Completion Summary**

No.	Date Completed	Total Costs	Forester's Initials
-----	----------------	-------------	---------------------

**Office Use Only**

Cost Shares Paid	Date Paid
------------------	-----------

TOTALS



**Texas A&M Forest Service**  
**OAK WILT SUPPRESSION PROJECT**  
Treatment Plan

Forester  
**April Rose**

Applicant's Name and Address  
[REDACTED]  
**Austin, TX 78746**

Treatment ID  
**19-AS-5-1**

Case Location:

County  
**Travis**

USGS Quad Name

Lat/Lon

UTM

Date  
**6/17/2019**

**Proposed Treatments**

Remove and dispose 1 "red oak" that are showing symptoms of oak wilt to prevent fungal mat formation.

**Implementation Procedures**

1. Landowner will be responsible for hiring a contractor(s) or providing in-kind labor and/or machinery contributions in completing proposed treatments.
2. Texas Forest Service (TFS) will review project and mark tree(s) to be removed by painting or flagging.
3. Marked tree(s) may be removed by cutting at ground level, or by pushing (rouging) with a bulldozer or tractor.
4. Infected tree(s) will be transported to the nearest landfill or other approved disposal sites (or) Tree(s) will be burned until the outer surface is charred (or) Tree(s) will be buried.
5. Under no circumstances will the infected tree(s) be used for firewood.
6. Upon satisfactory completion, landowner(s) will submit all final receipts of direct project costs (including disposal receipts) to TFS staff forester.

**Cost Schedule**

<i>Treatment</i>	<i>Extent</i>	<i>Landowner Cost</i>	<i>Cost Shares</i>	<i>Total Cost</i>
Red Oak Removal	1 tree	\$750.00	\$500.00	\$1,250.00
TOTAL		\$750.00	\$500.00	\$1,250.00

*April Rose*

Forester's Signature

*6/19/19*

Date





*Building a Better and Safer Austin Together*



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505 Barton Springs Road Austin, TX 78704 | 512-978-4000 | [DevelopmentATX.com](http://DevelopmentATX.com)

July 1, 2019

TFS Headquarters  
Attn: Brittany Carpenter  
200 Technology Way, Suite 1281  
College Station, TX 77845

Dear Brittany,

The City of Austin is an Oak Wilt Suppression Program partner of TFS; I have been in communication with Clay Bales regarding this cost share application for a red oak removal at [REDACTED] Austin, Texas. Clay prepared the paperwork and I brought it to the landowner for completion.

The completed cost share application is enclosed. If you have any questions please contact me at (512) 785-5968.

Best Regards,

A handwritten signature in cursive script, appearing to read "April Rose".

April Rose  
Urban Forest Health Coordinator  
Community Tree Preservation Division

Enclosures:  
TFS Form 6874  
TFS Form 6873  
W-9  
City of Austin Oak Wilt Symptom Map



**COPY**

To see remaining \$ \_\_\_\_\_

Date Submitted: 9/20/2019

Document Order/  
FAMIS Purchase Order No: E904033

Prepared by: Jennifer Hayes

Office Location: College Station--Headquarters

Phone Number: 979-458-6650

Fax Number: 979-458-6655

VENDOR NAME: [REDACTED]

Vendor ID (screen 203): \_\_\_\_\_

Total Amount Submitted: \$500.00

STATE AMOUNT: \_\_\_\_\_

LOCAL AMOUNT: \$500.00

Reference Voucher No. \_\_\_\_\_

Early Payment Discount: ☐ Yes ☐ No

Special "REMIT TO" Instructions for Check?

Please return check to Jennifer Hayes

INVOICE NUMBER: \_\_\_\_\_

INVOICE DATE: \_\_\_\_\_

Invoice Received Date: \_\_\_\_\_

Customer Account Number: \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_

To: \_\_\_\_\_

☐ Check if **PARTIAL** payment of order

☒ Check if **FULL AND FINAL** payment of order

I certify that the attached invoices for services or goods is incurred in support of activities related to the Texas Forest Service; is properly chargeable to the account; corresponds in every particular with the contract under which it was procured; and is true and unpaid.

**X** Jennifer Hayes  
Signature

9/20/19 279  
Date

☐ Check if revolving

**TFS BUSINESS OFFICE USE ONLY**

Trans Code: \_\_\_\_\_

USAS Doc Type: \_\_\_\_\_ PCC Code: \_\_\_\_\_ PDT Code: \_\_\_\_\_ LDT Code: \_\_\_\_\_  
(2,3,9) (E,Z,Q) (D,R)

ICC Code: \_\_\_\_--\_\_\_\_--\_\_\_\_ Requested Payment Date: \_\_\_\_\_

Audited by \_\_\_\_\_ Date \_\_\_\_\_

Approved for payment \_\_\_\_\_ Date \_\_\_\_\_



INVOICE DATE CUSTOMER NO.	INVOICE NO. DESCRIPTION	PURCHASE ORDER	VOUCHER	INVOICE AMOUNT	DISCOUNT AMOUNT	AMOUNT PAID
09/20/19	19-AS-5-1 OAK	E904033	0000771	500.00	.00	500.00
<b>COPY</b>						
<b>TOTALS</b>				500.00		500.00
VENDOR NO.		CHECK DATE		CHECK NO.		
		093019		699885		

WARNING - Security Features  
Included. Details on Back.



**TEXAS A&M  
FOREST SERVICE**

200 Technology Way  
College Station, Texas 77845-3424

56-382  
412

Wells Fargo Bank, N.A.

**09/30/19**

CHECK DATE

**699885**

CHECK NO.

PAY **FIVE HUNDRED AND 00/100 DOLLARS\*\*\*\*\***

TO  
THE  
ORDER  
OF

**AUSTIN TX 78746-7804**

**\$\*\*\*\*\*500.00**

AMOUNT

*Mar L Zamzow*  
*Robby DeWitt*



1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

1 Name (as shown on your income tax return). Name is required on this line: do not leave this line blank.

2 Business name/disregarded entity name, if different from above

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☒ Individual/sole proprietor or single-member LLC    ☐ C Corporation    ☐ S Corporation    ☐ Partnership    ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

**5 Address (number, street, and apt. or suite no.)** See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

AUSTIN, TX. 78746

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

UI

Employer identification number

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person ▶</b>
----------------------	---------------------------------------

**Signature of  
U.S. person ►**

Date ►

## General Instru

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



