



3.3642

April 28, 2020

Mrs. Irene Tijerina  
8512 Brock Circle  
Austin, TX 78745

Case ID: 20-AS-2-1

Dear Mrs. Tijerina:

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 July 28, 2020. After that date this agreement will be canceled unless an extension is granted.

Please contact Karl Flocke 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,

A handwritten signature in red ink, appearing to be "Shane Harrington", written over a large, stylized red circular mark.

Shane Harrington  
Forest Health Program Coordinator

cc: Karl Flocke



3.3642

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Please contact Karl Flocke 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.

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

Sincerely,

A handwritten signature in red ink, appearing to be "Shane Harrington", written over a large, stylized red "X" or "A" mark.

Shane Harrington  
Forest Health Program Coordinator

cc: Karl Flocke

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

Forester  
 Karl Flocke

Applicant's Name and Address  
 Irene Tijerina  
 8512 Brock Circle  
 Austin, TX 78745

Oak Wilt Center/Treatment ID  
 20-AS-2-1

Telephone Number  
 \_\_\_\_\_ (Home)  
 \_\_\_\_\_ (Work)  
 901-600-9281 (Cell)

County  
 Travis  
 Driving Directions:

USGS Quad Name  
 Oak Hill

Lat/Lon

UTM  
 N3340232  
 E613808

**Applicant's Request**

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

Applicant's Signature:

*Irene Tijerina*

Date:

*4/17/2020*

**Treatment Summary**

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

TOTAL \$500.00

Signature of Project Director

*4/28/20*  
 Date Approved (m/d/y)

**Expiration Notice**

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

*7/28/20*

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
TOTALS					



3.3642

June 30, 2020

Mrs. Irene Tijerina  
8512 Brock Circle  
Austin, TX 78745

Case ID: 20-AS-2-1

Dear Mrs. Tijerina:

Please find enclosed a check in the amount of \$100.00. 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,

Bill Oates  
Associate Director

Enclosure

cc: Karl Flocke



INVOICE DATE CUSTOMER NO.	INVOICE NO. DESCRIPTION	PURCHASE ORDER	VOUCHER	INVOICE AMOUNT	DISCOUNT AMOUNT	AMOUNT PAID
06/03/20	20-AS-2-1 OAK	E002743	0010683	100.00	.00	100.00
TOTALS ▶				100.00		100.00
VENDOR NO.		CHECK DATE		CHECK NO.		
*****97170		063020		711359		

**COPY**

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.

**06/30/20**  
CHECK DATE

**711359**  
CHECK NO.

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

**\$\*\*\*\*\*100.00**  
AMOUNT

TO  
THE  
ORDER  
OF

**IRENE TIJERINA  
8512 BROCK CIR  
AUSTIN TX 78745-6300**

*Mar & Zamzow  
Robby DeWitt*

**552.136**



# TEXAS A&M FOREST SERVICE

## INVOICE TRANSMITTAL

Voucher No. **COPY**To see remaining \$ Reference Voucher No. Date Submitted: 6/3/2020Payment Due Date:   
(Due 30 days from field office received date)FAMIS Purchase Order No.: E002743Early Payment Discount: ☐ Yes ☐ NoPrepared By: Jennifer Hayes

Special "REMIT TO" Instructions for Check?

Office Location: 200 Technology Way, Suite 1281Please remit to Jennifer HayesPhone Number: 979-458-6650Vendor Name: IRENE\*TIJERINAInvoice Number: 20-AS-2-1Vendor ID (screen 203): 24540697170Invoice Date: 6/3/20Alternate Vendor Name: Invoice Received Date: 6/3/20Alternate Vendor ID: Customer Account Number: TFSTotal Amount Submitted: \$ 200.00  
166.00Dates of Service: From   
To ☐ Check if **PARTIAL** payment of purchase order ☒ Check if **FULL AND FINAL** payment of purchase order

I certify that the attached invoice for services or goods is incurred in support of activities related to the Texas A&M 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.

Jennifer Hayes  
SignatureJune 3, 2020  
Date

### TFS BUSINESS OFFICE USE ONLY

☐ Check if Revolving W9 Year:  Funds:   
S, L, MFAMIS TC: 14 USAS Doc Type:  PCC Code:  PDT Code:  LDT Code:   
(2,3,9) (E,Z,Q) (D,R)ICC Code:  Requested Payment Date: Audited and Entered in FAMIS by  Date Approved for payment  Date

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

Forester  
 Karl Flocke

Applicant's Name and Address  
 Irene Tijerina  
 8512 Brock Circle  
 Austin, TX 78745

Oak Wilt Center/Treatment ID  
 20-AS-2-1

Telephone Number  
 \_\_\_\_\_ (Home)  
 \_\_\_\_\_ (Work)  
 901-600-9281 (Cell)

County  
 Travis  
 Driving Directions:

USGS Quad Name  
 Oak Hill

Lat/Lon

UTM  
 N3340232  
 E613608

**Applicant's Request**

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

Applicant's Signature: \_\_\_\_\_

*Irene Tijerina*

Date: \_\_\_\_\_

*4/17/2020*

**Treatment Summary**

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

TOTAL \$500.00

Signature of Project Director

*4/28/20*  
 Date Approved (m/d/y)

**Expiration Notice**

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

*7/28/20*

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
	<i>5/1/20</i>	<i>\$250</i>	<i>KF</i>	<i>\$200.00</i>	<i>6/3/20 JH</i>
				<i>100.00</i>	
TOTALS					



512-855-3028 | [sanchezns79@gmail.com](mailto:sanchezns79@gmail.com) | [www.sanchezandsonspco.com](http://www.sanchezandsonspco.com)

**COPY**

**RECIPIENT:**

**Transaction date May 01, 2020**

**Jose Tijerina**

8512 Brock Circle  
Austin, Texas 78745

---

**Receipt for Payment**  
**Amount: \$250.00**

Transaction date: May 01, 2020  
Method of payment: Check

---

Payment applied to Invoice #87



TFS 6873p

**Texas A&M Forest Service**

Oak Wilt Suppression Project

**Performance Report**

Cooperator Name: **Irene Tijerina**

Treatment ID: **20-AS-2-1**

---

**Trenching**

Vendor Name and Address:

☐ **Approved**

☐ **Rejected**

Vendor Phone Number:

Performance Report:

---

**Tree Pushing**

Vendor Name and Address:

☐ **Approved**

☐ **Rejected**

Vendor Phone Number:

Performance Report:

---

**Red Oak Removal**

Vendor Name and Address: **Sanchez and Sons Services**  
**1607 Matthews Lane**  
**Austin, TX 78745**

☒ **Approved**

☐ **Rejected**

Vendor Phone Number: **512-855-3028**

Performance Report: **All red oak removal procedures were performed according to TFS specifications as stated in the treatment plan.**

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

Forester <b>Karl Flocke</b>	Applicant's Name and Address <b>Irene Tijerina</b> <b>8512 Brock Circle</b> <b>Austin, TX 78745</b>	Oak Wilt Center/Treatment ID <b>20-AS-2-1</b>
--------------------------------	--	--

Telephone Number _____ _____ <b>901-600-9281</b>	County <b>Travis</b> Driving Directions:	USGS Quad Name <b>Oak Hill</b>	Lat/Lon	UTM <b>N3340232</b> <b>E613608</b>
(Home) (Work) (Cell)				

**Applicant's Request**

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

Applicant's Signature: Irene TijerinaDate: 4/17/2020**Treatment Summary**

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

  
 Signature of Project Director

TOTAL	\$500.00
-------	----------

4/28/20  
 Date Approved (m/d/y)
**Expiration Notice**

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

7/28/20  
 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
TOTALS					

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

Forester <b>Karl Flocke</b>	Applicant's Name and Address <b>Irene Tijerina</b> <b>8512 Brock Circle</b> <b>Austin, TX 78745</b>	Treatment ID <b>20-AS-2-1</b>
--------------------------------	--	----------------------------------

## Case Location:

County	USGS Quad Name	Lat/Lon	UTM	Date
<b>Travis</b>	<b>Oak Hill</b>		<b>N3340232</b> <b>E613608</b>	<b>4/17/2020</b>

**Proposed Treatments**

Remove and dispose 1 "red oak(s)" 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



Forester's Signature

4-17-20

Date



## Landowner Acknowledgement Form Location of Utilities

I hereby acknowledge that I have been informed of my responsibility to locate or have located all underground utilities if I receive funds from any federal/state cost-share program to assist implementing any ground-disturbing project administered by the Texas A&M Forest Service (TFS).

I understand that the Texas A&M Forest Service provides technical assistance to help control oak wilt on my property and that installation of trenches or other ground-disturbing activities are often recommended. I understand I can perform the work myself or I can hire a contractor, as long as all work specifications meet TFS technical guidelines, maintains competitive pricing, and cost-share funds are approved before the work is accomplished. The Texas A&M Forest Service will avoid underground utilities whenever possible.

The Texas A&M Forest Service may assist by providing a list of contractors who have performed oak wilt trenching for others or who may be working in the area.

I understand any contractual arrangement, including liability agreements, must be made between myself and the contractor. The Texas A&M Forest Service is here to provide me with technical expertise, not act as a liaison between myself and the contractor. Any cost or time estimates for trenching made by the Texas A&M Forest Service are approximate. I understand it is my responsibility to speak with the contractor about haul fees, hourly or per foot charges, street or sidewalk cuts, billing, and extra services such as chainsaw work, excess soil removal, fence repairs, etc.

As a landowner, it is my responsibility to see that all underground utilities near proposed trenches are located before the scheduled trenching day. These can include:

- ( Telephone: community cables, fiber optics, individual and neighbors' buried lines
- ( Water: large water lines that may cross my property, house lines, irrigation and sprinkler lines and lines to watering troughs, barns, etc.
- ( Cable: television, satellite dish
- ( Sewer: septic line, leach (drain) field, gray water system
- ( Electric: house, garage, barn, shed, light pole, etc.
- ( Gas or Oil Pipe Lines: large gas or oil lines which may cross my property or other gas lines to the house, outside light, etc.

I hereby acknowledge that if any underground utilities are pulled up during the ground-disturbing project, I will NOT hold the Texas A&M Forest Service responsible. I understand it is my responsibility to contact the appropriate "utility" to come out and mark the location of all possible lines.

Irene Tijerina

Name Printed

20-AS-2-1

Case Number

Irene Tijerina  
Signature  
04/17/2020  
Date



# Identification Number and Certification

► [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

requester. Do not  
send to the IRS.

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

Irene Tijerina

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) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

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

8512 Brock Circle

6 City, state, and ZIP code

Austin TX 78745

7 List account number(s) here (optional)

Requester's name and address (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.

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.

Social security number

552.147

or

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.

Sign  
Here

Signature of  
U.S. person ►

Irene Tijerina

Date ►

04/17/2020

## General Instructions

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

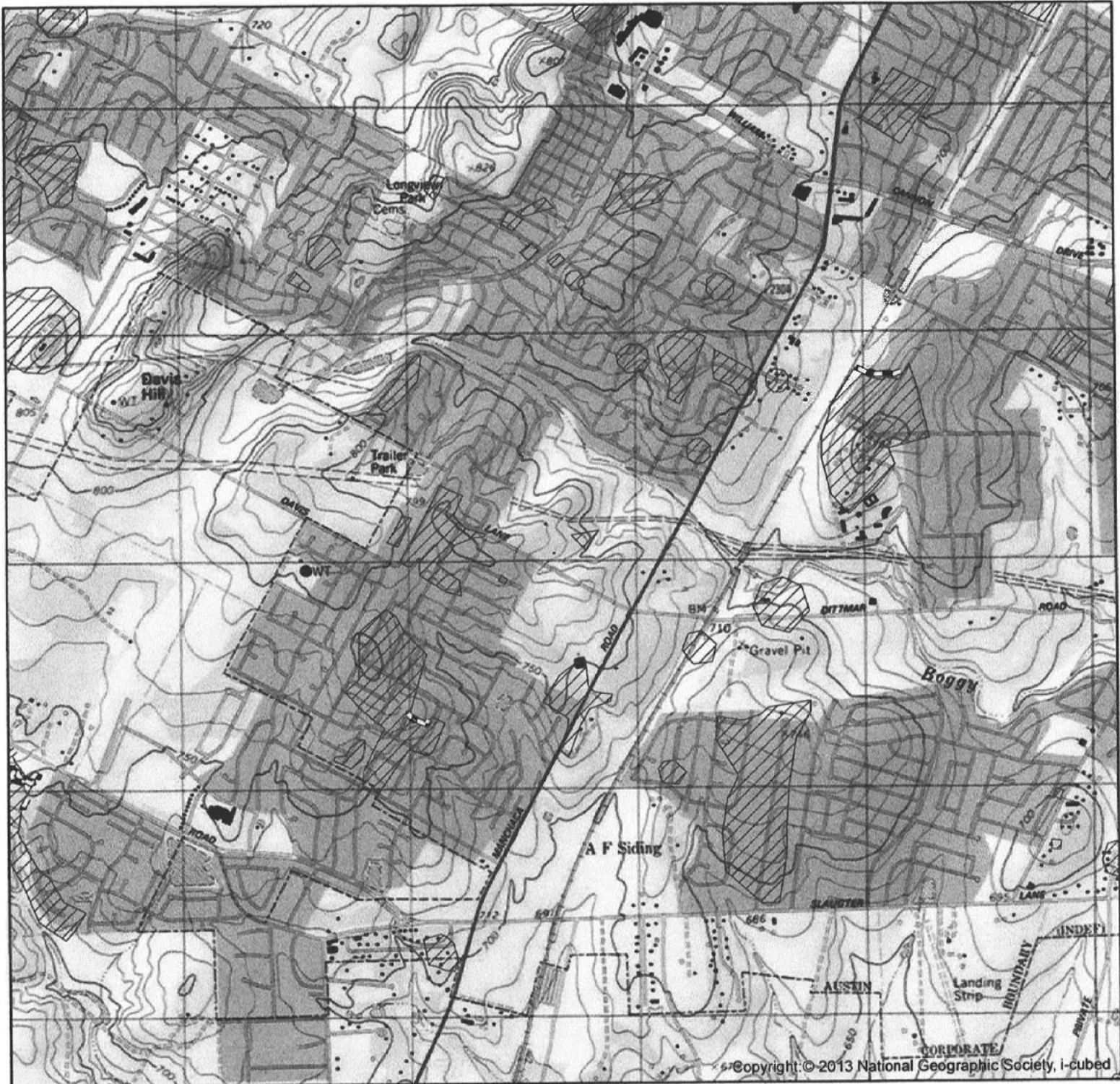
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (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.

# Oak Wilt General Location Map



Map Scale  
1,000 500 0 1,000 Feet

## LEGEND

 Mortality Center



**TEXAS A&M**  
FOREST SERVICE

Location: Tijerina  
Case: 20-AS-2-1

County: Travis

Quadrangle: Oak Hill

UTM Northing: 3340232

UTM Easting: 613608

Mortality Numbers: 18826

Map Date: April 17, 2020

Forester: Karl Flocke, TFS Austin



# Oak Wilt Treatment Map



## OAK WILT MANAGEMENT OPTIONS

- Trench to contain the fungus @ 100' from symptoms & 4' deep  
-- OR --
- Inject fungicides prior to symptom development, up to 150' away
  - Plant a diversity of native or non-invasive trees
  - No action -- anticipate need & expense of removals

Map Scale  
300 150 0 300Feet

## LEGEND



MortalityCenter



TEXAS A&M  
FOREST SERVICE

Location: Tijerina  
Case: 20-AS-2-1

County: Travis

Quadrangle: Oak Hill

UTM Northing: 3340232

UTM Easting: 613608

Mortality Numbers: 18826

Map Date: April 17, 2020

Forester: Karl Flocke, TFS Austin



## 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)
- ☒ Treatment map (Form 6875)
- ☒ Landowner acknowledgement form--location of utilities
- NA ☐ Landowner acknowledgement form--cultural resource protection
- NA ☐ TARL records check
- NA ☐ Cultural resource survey form
- ☒ W-9 request for taxpayer identification number and certification

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

Forester: Karl Flocke

Date: April 17, 2020