



3.3642

April 28, 2020



Austin, TX 78745

Case ID: 20-AS-2-1

Dear Mrs. :

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 read "Shane Harrington".

Shane Harrington
Forest Health Program Coordinator

cc: Karl Flocke



3.3642

April 28, 2020

[Redacted]
Austin, TX 78745

Case ID: 20-AS-2-1

Dear Mrs. [Redacted]:


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.

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

Sincerely,


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

Applicant's Name and Address

Oak Wilt Center/Treatment ID

Karl Flocke

Austin, TX 78745

20-AS-2-1

Telephone Number

County

USGS Quad Name

Lat/Lon

UTM

(Home)

Travis

Oak Hill

N3340232

(Work)

E613808

(Cell)

Driving Directions:

Applicant's Request

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

Applicant's Signature:

4/17/2020

Treatment Summary

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

Signature of Project Director

4/28/20

Date Approved (m/d/y)

TOTAL \$500.00

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

COPY


3.3642

June 30, 2020



Austin, TX 78745

Case ID: 20-AS-2-1

Dear Mrs. :

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

COPY

VENDOR NO.	CHECK DATE	CHECK NO.
*****97170	063020	711359

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



AUSTIN TX 78745-6300

*Max & Zanyaw
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: XXXXXXXXXXInvoice 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: _____



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



512-855-3028 | sancheznsnsons79@gmail.com | www.sanchezandsnsons79.com

COPY

RECIPIENT:



Austin, Texas 78745

Transaction date May 01, 2020

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:



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.**

Applicant's Name and Address

Austin, TX 78745

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

County
Travis
Driving Directions:

USGS Quad Name
Oak Hill

Lat/Lon

UTM
N3340232
E613608

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

Applicant's Signature:

Da

Treatment Summary

<i>Treatment</i>	<i>Extent</i>	<i>Cost Shares</i>
Red Oak Removal	1 tree	\$500.00

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

re of Project Director

Date Approved (m/d/y)

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

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 Karl Flocke	Applicant's Name and Address  Austin, TX 78745	Treatment ID 20-AS-2-1
--------------------------------	--	----------------------------------

Case Location:

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

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 charred 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

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

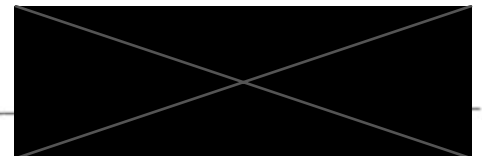
- (Telephone: community cables, fiber optics, individual and neighbors' buried lines
- (Water: large water lines that may cross my property, house lines, irrigation and sprinkler lines and lines to watering troughs, barns, etc.
- (Cable: television, satellite dish
- (Sewer: septic line, leach (drain)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

Name Printed

Form AS-2-1

Phone Number



04/17/2020

Date

Identification Number and Certification

► 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.

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 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

7 List account number(s) here (optional)

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.)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN entered 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, 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 instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on which number to enter.

Social security number

55-1147

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, and 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 ►

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.

Purpose of Form

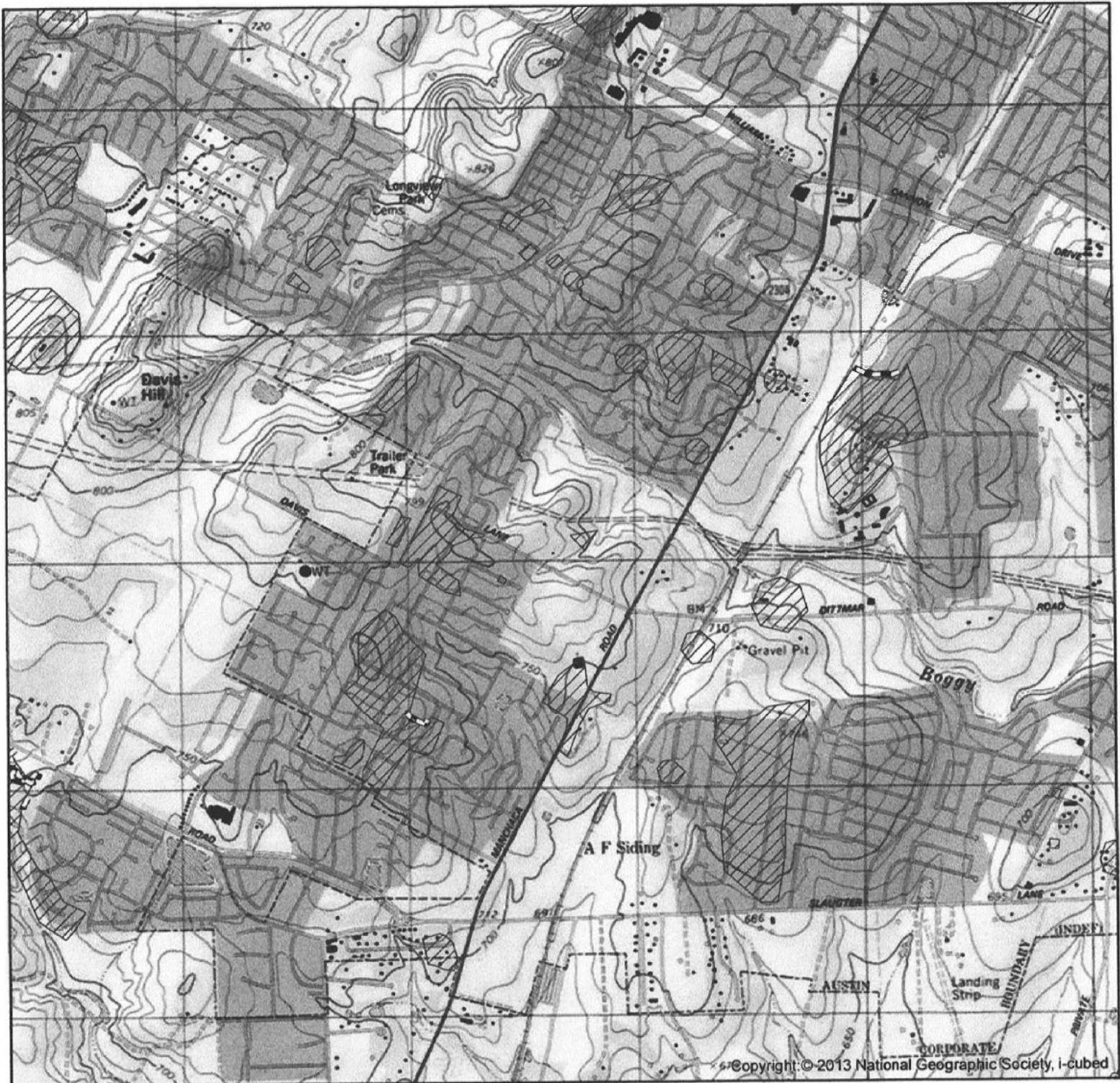
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (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 0 300 Feet

LEGEND



Mortality Center



TEXAS A&M
FOREST SERVICE

Location:

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