



TEXAS A&M
FOREST SERVICE

COPY

3.3642

June 30, 2017

Mr. Robert Breitschopf

552.024

Case ID: 16-AS-4-2

Dear Mr. Breitschopf:

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: Clay Bailes

TEXAS A&M FOREST SERVICE College Station, Texas 77845-3424

INVOICE DATE CUSTOMER NO.	INVOICE NO. DESCRIPTION	PURCHASE ORDER	VOUCHER	INVOICE AMOUNT	DISCOUNT AMOUNT	AMOUNT PAID
06/23/17	16-AS-4-2 OAK	E703139	0711757	500.00	.00	500.00
				COPY		

		TOTALS ▶	500.00		500.00
VENDOR NO.	CHECK DATE			CHECK NO.	
*****11960	063017			662303	

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.

662303
CHECK NO.

PAY

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

06/30/17
CHECK DATE

TO
THE
ORDER
OF

ROBERT F BREITSCHOPT
552.024

\$*****500.00
AMOUNT

Mar L Zamzow
08/14/17

552.136

COPY



INVOICE TRANSMITTAL

Voucher Number

Date Submitted: 6/23/2017

Document Order/
FAMIS Purchase Order No: E703139

Prepared by: Jennifer Hayes

Office Location: College Station--Headquarters

Phone Number: 979-458-6650

Fax Number: 979-458-6655

VENDOR NAME: Robert Breitschopf

Vendor ID (screen 203): 552.024

Total Amount Submitted:

STATE AMOUNT:

LOCAL AMOUNT:

To see remaining \$

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

6/23/17
Date

279
✓

☐ Check if revolving

TFS BUSINESS OFFICE USE ONLY

Trans Code:

USAS Doc Type: (2,3,9)

PCC Code: (E,Z,Q)

PDT Code: (D,R)

LDT Code:

ICC Code: -- --

Requested Payment Date:

Audited by

Date

Approved for payment

Date

8/5/2003

TFS 6873

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

Clay Bales

Robert Bradshaw BREITSCHEFF

16-AS-4-2

552.024**ORIGINAL**

Telephone Number

552.024(Home)
(Work)
(Cell)

County

Travis

Driving Directions:

USGS Quad Name

Austin West

Lat/Lon

UTM
N3350686
E615501**Applicant's Request**

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

Applicant's Signature:

Date: **19 May 17****Treatment Summary**

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

TOTAL \$500.00

Signature of Project Director

5-30-17

Date Approved (m/d/y)

Expiration Notice

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

August 30th, 2017 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
1	6/6/17	\$1,461.38	cb

Cost Shares Paid

Date Paid

\$584.55**\$500.00****6/23/17 JH**

TOTALS



PO BOX 300882
Austin, TX 78703

Sid Mourning Tree Service, Inc.
512-420-0733 Office
512-374-9736 Fax
Tax ID# 45-2370972

COPY
Invoice

Invoice # 11779

Service Address:

603 BROOKHAVEN TRAIL

Bill To

BOB BREITSCHOPF

552.024

PAID
06/07/2017

Crew Leader

RED

Mapsco

583M

552.024	552.024	Date	Due Date
		6/6/2017	6/6/2017

Description	Rate	Amount
Tree Service- Full Day	1,450.00	1,450.00T
Discount - Pre-customer coupon	-100.00	-100.00
Haul away debris and clean up property.	0.00	0.00T
This tree service includes:		0.00
Removal of dying and oak trees on front left side of the house		
possible oak wilt as discussed with Sid		

Please write all checks to :
SID MOURNING
TREE SERVICE, Inc.

Subtotal \$1,350.00

Sales Tax (8.25%) \$111.38

Payments/Credits -\$1,461.38

Total \$1,461.38

This invoice is due upon receipt. There is a \$5 charge for every day late. Please make arrangements with the office before the crew leaves. There is a \$100 charge to return. Thank you for your business! Please sign as acceptance of completion.			<div> <div>Total</div> <div>\$1,461.38</div> </div>	
			<div> <div>Balance Due</div> <div>\$0.00</div> </div>	
Emergency line #	Sid's Phone #	Write a review on Google Places!	E-mail	Web Site
512-934-1889	512-657-4349		Sidmourningtreeservice@gma...	www.sidmourningtreeservi...
ISA Certification #s: TX-4048A TX-4139A TX-3632A TX-4206A TX-3660A & TX-3904A Texas Oak Wilt #OWQ-0127 TDA-521165				

TFS 6873p

Texas A&M Forest Service
Oak Wilt Suppression Project
Performance Report

Cooperator Name: Robert Breitschopf
Treatment ID: 16-AS-4-2

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:

- ☒ Approved
- ☐ Rejected

Vendor Phone Number:



COPY

3.3642

May 30, 2017

Mr. Robert Breitschopf

552.024

Case ID: 16-AS-4-2

Dear Mr. Breitschopf:

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 August 30, 2017. After that date this agreement will be canceled unless an extension is granted.

Please contact Clay Bales 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 black ink, appearing to read "SHANE HARRINGTON".

Shane Harrington
Forest Health Program Coordinator

cc: Clay Bales

Forest Resource Development & Sustainable Forestry
200 Technology Way, Suite 1281 ★ College Station, TX 77845-3424
TEL 979/458-6650 ★ FAX 979/458-6655
<http://tfsweb.tamu.edu>

TFS 6873

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

COPY

Forester

Clay Bales

Applicant's Name and Address

Robert Bradshaw

BREITSCHEID

Oak Wilt Center/Treatment ID

16-AS-4-2

552.024

ORIGINAL

Telephone Number
552.024
(Home)
(Work)
(Cell)

County
Travis
Driving Directions:

USGS Quad Name
Austin West

Lat/Lon

UTM
N3350686
E615501

Applicant's Request

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

Applicant's Signature: *X* *Robert Bradshaw*

Date: *X* *19 May 17*

Treatment Summary

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

[Signature]
Signature of Project Director

TOTAL \$500.00

5-30-17
Date Approved (m/d/y)

Expiration Notice

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

August 30th, 2017 *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
TOTALS					

TFS 6874

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

Forester Clay Bales	Applicant's Name and Address Robert Breitschopf 552.024	Treatment ID 16-AS-4-2
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Case Location:

County	USGS Quad Name	Lat/Lon	UTM	Date
Travis	Austin West		N3350686 E615501	5/19/2017

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

Treatment	Extent	Landowner Cost	Cost Shares	Total Cost
Red Oak Removal	1 tree	\$1,000.00	\$500.00	\$1,500.00

TOTAL

\$1,000.00

\$500.00

\$1,500.00

Clay De

Forester's Signature

5/19/17

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.

Robert Bradshaw

Name Printed

16-AS-4-2

Case Number

Signature

Date

Form

W-9

(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)

Robert F. & Gretchen V. Breitschoff

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☒ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

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

☐ Other (see instructions) ▶

Exemptions (see instructions):

Exempt payee code (if any) _____

Exemption from FATCA reporting
code (if any) _____

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

552.024

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

552.024

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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 income or dividends, or (c) the IRS has notified me that I am

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 on page 3.

Sign Here

Signature of U.S. person ▶

Adrian Bateman

Date ▶ 19 May 17

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Cat. No. 10231X

Form **W-9** (Rev. 8-2013)



TEXAS A&M
FOREST SERVICE

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:

- ☐ Cultural resource survey form
- ☒ Treatment map (Form 6875)
- ☐ General location map (USGS 7.5-minute topo)

☒ Application (Form 6873)

☒ Treatment plan (Form 6874)

☒ Landowner acknowledgement form--location of utilities

☐ Landowner acknowledgement form--cultural resource protection

☐ TARL records check

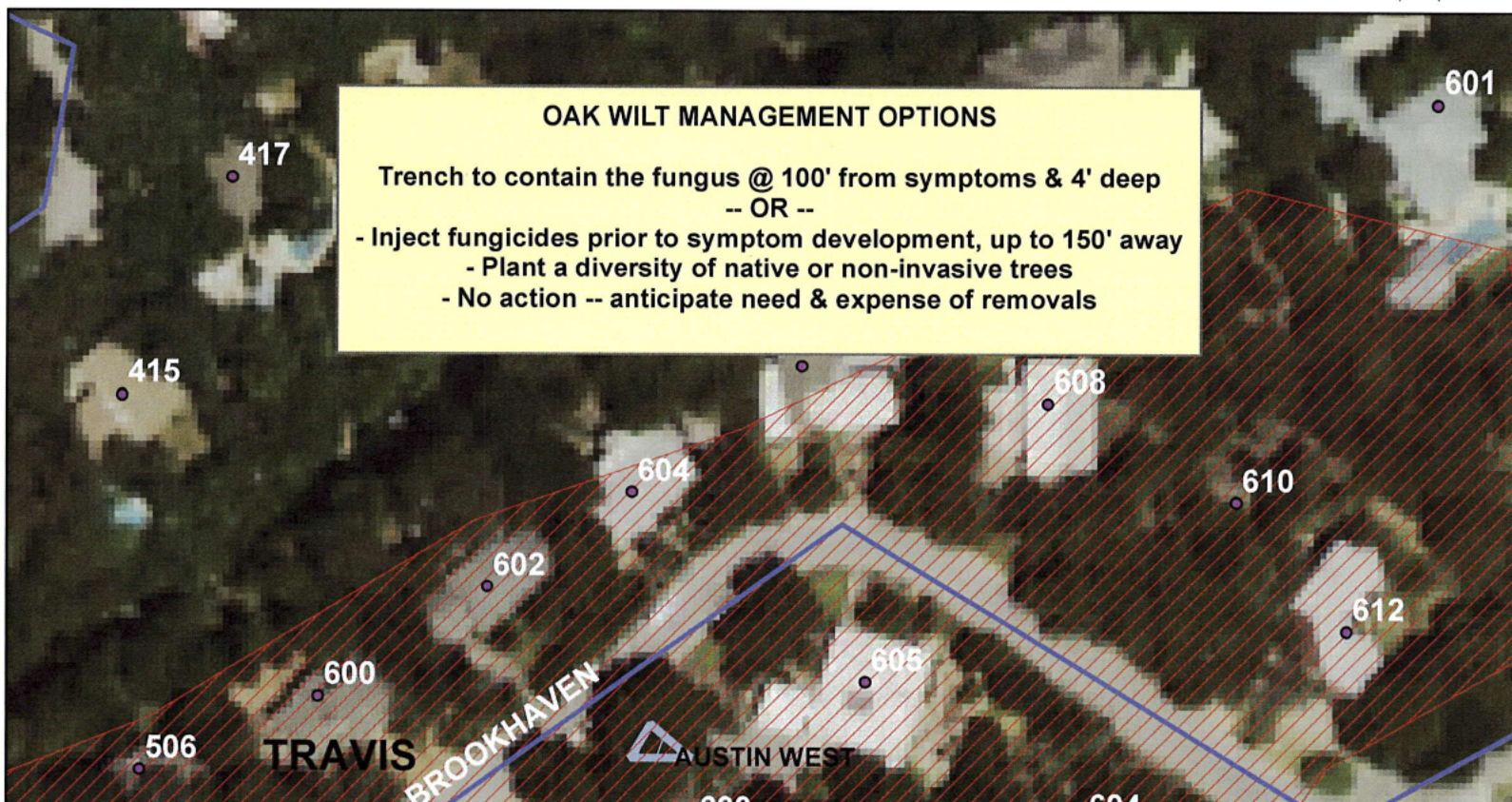
☒ W-9 request for taxpayer identification number and certification

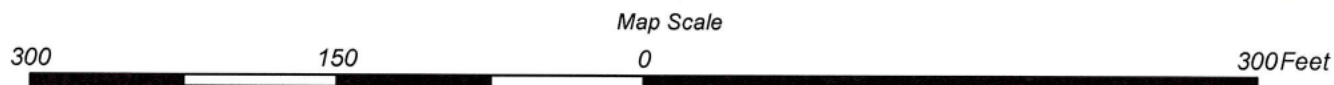
Please check off the above boxes to verify these items are included

Forester: **Clay Bales**

Date: **May 19, 2017**

Oak Wilt Treatment Map





LEGEND



Mortality



Diseased Red Oak



TEXAS A&M
FOREST SERVICE

Location: Brookhaven

Case: 16-AS-4-2

County: Travis

Quadrangle: Austin West

UTM Northing: 3350660

UTM Easting: 615482

Mortality Numbers: 11104

Map Date: May 19, 2017

Forester: Clay Bales, TFS Austin