



COPY

3.3642

September 21, 2017

Mr. Raymond Klepzig

552.024

Case ID: 14-AN-1-2

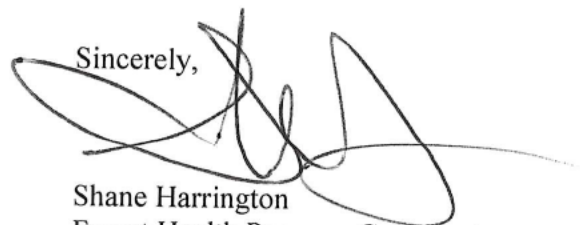
Dear Mr. Klepzig:

Please find enclosed a check in the amount of \$404.00. 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: Emily Driscoll

INVOICE DATE CUSTOMER NO.	INVOICE NO. DESCRIPTION	PURCHASE ORDER	VOUCHER	INVOICE AMOUNT	DISCOUNT AMOUNT	AMOUNT PAID
09/08/17	14-AN-1-2 OAK	E703543	0800712	404.00	.00	404.00

COPY

00 404.
COPY

TOTALS

404.00

404.00

VENDOR NO.

CHECK DATE

CHECK NO.

*****30341

092117

666606



TEXAS A&M
FOREST SERVICE

200 Technology Way
College Station, Texas 77845-3424

$$\begin{array}{r} 56-382 \\ \hline 412 \end{array}$$

Wells Fargo Bank, N.A.

09/21/17
CHECK DATE

666606

CHECK NO.

PAY

FOUR HUNDRED FOUR AND 00 / 100 DOLLARS*****

TO
THE
ORDER
OF

RAYMOND KLEPZIG

552.024

*****404.00
AMOUNT

Mar 2 Zamzow

552.136

Kobby Nelson



INVOICE TRANSMITTAL

Voucher Number

COPY

To see remaining \$

Date Submitted: 9/8/2017

Document Order/
FAMIS Purchase Order No: E703543

Reference Voucher No.

Prepared by: Jennifer Hayes

Early Payment Discount: ☐ Yes ☐ No

Office Location: College Station--Headquarters

Special "REMIT TO" Instructions for Check?

Phone Number: 979-458-6650

Please return check to Jennifer Hayes

Fax Number: 979-458-6655

VENDOR NAME: Raymond Klepzig

INVOICE NUMBER: 14-AN-1-2

Vendor ID (screen 203): 552.024

INVOICE DATE: 8/31/2017

Total Amount Submitted: \$404.00

Invoice Received Date: 9/8/2017

STATE AMOUNT:

Customer Account Number:

LOCAL AMOUNT: \$404.00

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

9/8/17
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

ORIGINAL

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

Emily Driscoll

Raymond Klepzig

552.024**552.024**

14-AN-1-2

Telephone Number

552.024 (Home)

(Work)

(Cell)

County

Williamson

Driving Directions:

USGS Quad Name

Weir

Lat/Lon

UTM

N3397824**E637963****Applicant's Request**

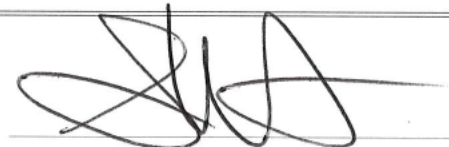
I request cost sharing for the treatment(s) listed below.

X Applicant's Signature: Raymond Klepzig

Date: X 6-26-17**Treatment Summary**

Treatment	Extent	Cost Shares
Red Oak Removal	3 trees	\$500.00

TOTAL \$500.00



Signature of Project Director

7/11/17

Date Approved (m/d/y)

Expiration Notice

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

October 11, 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	8/25/17	\$7010.00	<u>ΣJD</u>

Cost Shares Paid

Date Paid

\$404.009/8/17 JH

TOTALS

\$ 1010.00

CTD

TFS 6873p

Texas A&M Forest Service

Oak Wilt Suppression Project

Performance Report

Cooperator Name: **Raymond Klepzig**

Treatment ID: **14-AN-1-2**

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:

Performance Report:

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

COPY

Raymond Klepzig Oak Wilt Treatment Costs

552.024

Cut down, cut up, chip (small branches) & furnish stump grinder

8/24 & 25/2017		Trimming Texas						\$650.00
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Grind stumps, haul off logs, dump fees

8/25/2017		Raymond Klepzig labor	6 hours	\$30/hour		180.00
		Dump Trailer	3 hours	\$40/hour		120.00
		City of Round Rock Dump Fees				60.00
		TOTAL Costs				\$1,010.00

Please remit cost-share to Raymond Klepzig, **552.024**Paid
in full
Approved cost shared
total

EJD

Aug 31 17:01:17p

512-410-2365

p.3

CITY OF ROUND ROCK 221 E. MAIN ST. ROUND ROCK, TEXAS 78664
Brush Recycling Center

COPY

Cash Receipt	Date <u>8-25-17</u>	035396
	Utility Acc. No. _____	
Name <u>Raymond Klepzig</u>	Amount	<u>5.0</u>
Address _____	Dropped Off	
_____	Paid	<u>\$40.00</u>
Phone # _____	<input checked="" type="radio"/> Cash	
<input checked="" type="checkbox"/> Resident	Check	
<input type="checkbox"/> Nonresident	By: <u>CK</u>	
<input type="checkbox"/> Commercial		

CITY OF ROUND ROCK 221 E. MAIN ST. ROUND ROCK, TEXAS 78664
Brush Recycling Center

Cash Receipt	Date <u>8-25-17</u>	035398
	Utility Acc. No. _____	
Name <u>Raymond Klepzig</u>	Amount	<u>Match</u>
Address _____	Dropped Off	<u>4.0</u>
_____	Paid	<u>\$20.00</u>
Phone # _____	<input checked="" type="radio"/> Cash	
<input checked="" type="checkbox"/> Resident	Check	
<input type="checkbox"/> Nonresident	By: <u>CK</u>	
<input type="checkbox"/> Commercial		

September 4, 2017

MEMORANDUM

To: Jennifer Hayes

Re: Cost-share Reimbursement

Please process the attached oak wilt cost-share reimbursement request for Raymond Klepzig # 14-AN-1-2. Receipts totaling \$1010 represent a red oak removal that was completed satisfactorily on August 25, 2017.

Emily Driscoll
Staff Forester

Attachments





COPY

3.3642

July 11, 2017

Mr. Raymond Klepzig

552.024

Case ID: 14-AN-1-2

Dear Mr. Klepzig:

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 11, 2017. After that date this agreement will be canceled unless an extension is granted.

Please contact Emily Driscoll regarding when the work will be implemented. Since this is a reimbursement, please supply her 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: Emily Driscoll

Forest Resource Development & Sustainable Forestry
200 Technology Way, Suite 1281 ★ College Station, Texas 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

ORIGINAL

COPY

Forester
Emily Driscoll

Applicant's Name and Address
Raymond Klepzig

Oak Wilt Center/Treatment ID
14-AN-1-2

552.024 552.024

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

County
Williamson
Driving Directions:

USGS Quad Name
Weir

Lat/Lon

UTM
N3397824
E637963

Applicant's Request

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

X Applicant's Signature: Raymond Klepzig

Date: X 6-26-17

Treatment Summary

Treatment	Extent	Cost Shares
Red Oak Removal	3 trees	\$500.00

[Signature]
Signature of Project Director

TOTAL \$500.00

7/11/17
Date Approved (m/d/y)

Expiration Notice

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

October 11, 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 Emily Driscoll	Applicant's Name and Address Raymond Klepzia	Treatment ID 14-AN-1-2
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552.024

Case Location:

County Williamson	USGS Quad Name Weir	Lat/Lon	UTM N3397824 E637963	Date 6/26/2017
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Proposed Treatments

Remove and dispose 6 "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 A&M 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	6 trees	\$750.00	\$500.00	\$1,250.00
		<hr/>	<hr/>	<hr/>
TOTAL		\$750.00	\$500.00	\$1,250.00


Forester's Signature


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.

Raymond Klepzig

Name Printed

Raymond Klepzig
Signature

14-AN-1-2

Case Number

X 6-26-17
Date



Landowner Acknowledgement Form Cultural Resource Protection

I hereby acknowledge that I have been informed of the stipulations for protecting cultural resources if I receive funds from any Federal cost share program to assist implementing any ground-disturbing project administered by the Texas A&M Forest Service (TFS).

I understand that the TFS forester must conduct a cultural resource survey of the area on which the project will be implemented. This survey will generally involve walking over the area and looking for evidence of cultural resource sites on the ground; however, it may also include subsurface surveys, or shovel tests. Subsurface surveys will be done no deeper than the depth of disturbance by the ground-disturbing activity.

If a site is found within the treatment area, the TFS forester will inform me of such and I will be given the option of dropping the cost share project. If the project is dropped, there are no obligations for the site to be entered in a statewide database managed by the Texas Archeological Research Laboratory (TARL). However, if I choose to proceed with the project and accept Federal cost share money, then I must adhere to the following requirements:

- (1) A State of Texas Archeological Site Data Form must be completed and sent to TARL for any site present within the treatment area, whether discovered before, during, or after project implementation. This information is exempt from the Open Records Act and is not available to the public.
- (2) Any artifacts discovered during the survey or project implementation will be sent to the TFS consulting

archeologist for quick study and returned to the landowner. Any artifacts found on a landowner's land are the landowner's private property, along with the cultural resource site.

- (3) Once a year, the Texas Historical Commission (THC), who administers the National Historic Preservation Act of 1966, will conduct a review of the TFS program. The review will include on-site visits to selected tracts where cost share practices have been implemented. By accepting cost share assistance, I grant permission to TFS and THC personnel to visit my property for the purposes of conducting this annual review.

In implementing a project on an area where a cultural resource is present, the primary strategy will be to avoid the site by leaving it out of the area to be treated. If a site cannot be avoided and a landowner wants to receive cost-share assistance, the site must be evaluated by a professional archeologist to determine if it is eligible to be listed on the National Register of Historic Places. This evaluation will be at the expense of the landowner.

I understand that all cultural resources present on my property are my private property (or co-property with other landowners) and that my actions on, near, or to these cultural resources are not inhibited in any way. I further understand that the above stipulations apply only when Federal money is spent and that Federal money cannot be used to damage any cultural resource unless that cultural resource has first been professionally evaluated and found to be ineligible for inclusion in the National Register of Historic Places.

Raymond Klepzig

Name Printed

14-AN-1-2

Case Number

X  Signature

X 6-26-17 Date


June, 26 2017

MEMORANDUM

To: Jennifer Hayes

Re: Cost-share Application

Please process the attached oak wilt cost-share application request for Raymond Klepzig, case # 14-AN-1-2. The mailing address is the P.O. Box. Thank you!


Emily Driscoll

Attachments

Form **W-9**
(Rev. January 2003)
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

Raymond Klepzig

Business name, if different from above

☐ Exempt from backup
withholding

Requester's name and address (optional)

552.024

Print or type
See Specific Instructions on page 2.

Part

Enter your TIN in the appropriate box. 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.

Social security number

552.024

or

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

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. person (including a U.S. resident alien).

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 4.)

Sign Here

Signature of U.S. person

Raymond R. Ryzey

Date 6-26-17

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, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. 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.

Note: If 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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Cat. No. 10231X

Form W-9 (Rev. 1-2003)



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: **Emily Driscoll**

Date: **June 26, 2017**

Please send to: Dr. Phil Derring
Shumla Archeobotanical Services
P.O. Box 944
110 Alipine St.
Comstock, TX 78837

432-292-4810 voice
432-292-4849 fax
pdering@tfs.tamu.edu
pdering@msn.com
