



TEXAS A&M
FOREST SERVICE

COPY

3.3642

October 5, 2017

Mr. Charles Stovall

552.024

Case ID: 17-AN-4-1

Dear Mr. Stovall:

Please find enclosed a check in the amount of \$400.00. 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

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
10/02/17	17-AN-4-1 OAK	E704200	0801229	400.00	.00	400.00
TOTALS				400.00		400.00

COPY

VENDOR NO.	CHECK DATE	CHECK NO.
*****76200	100517	667319

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.

10/05/17
CHECK DATE

667319
CHECK NO.

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

\$*****400.00
AMOUNT

TO
THE
ORDER
OF

CHARLES G STOVALL
552.024

Max L Zamzow
09/14/17

552.136



INVOICE TRANSMITTAL

Voucher Number

COPY

Date Submitted: 10/2/2017

Document Order/
FAMIS Purchase Order No: E704200

Prepared by: Jennifer Hayes

Office Location: College Station--Headquarters

Phone Number: 979-458-6650

Fax Number: 979-458-6655

VENDOR NAME: Charles Stovall

Vendor ID (screen 203): 552.024

Total Amount Submitted: \$400.00

STATE AMOUNT:

LOCAL AMOUNT: \$400.00

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: 17-AN-4-1

INVOICE DATE: 8/21/2017

Invoice Received Date: 9/28/2017

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

10/2/17
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

ORIGINAL

Forester

Applicant's Name and Address

Oak Wilt Center/Treatment ID

Emily Driscoll

Charles Stovall

17-AN-4-1

552.024

Telephone Number

County

USGS Quad Name

Lat/Lon

UTM

(Home)

(Work)

552.024**Burnet**

Driving Directions:

Applicant's Request

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

Applicant's Signature:

Date:

Treatment Summary

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

TOTAL	\$500.00
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Signature of Project Director

Date Approved (m/d/y)

Expiration Notice

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

1

8/21/17

\$7000

ESD

\$400.00

10/2/17 JH

TOTALS

\$7000

EJD

TFS 6873p

Texas A&M Forest Service

Oak Wilt Suppression Project
Performance Report

Cooperator Name: **Charles Stovall**

Treatment ID: **17-AN-4-1**

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:

☒ Approved

☐ Rejected

Vendor Phone Number:

Performance Report:

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

Quality Pruning
Tree Removal

JEFF GILLIS
6004 Buggy Ride
Temple, TX 76782

Licensed/Insured
ISA Member
TCLIA Certified Member

ALL AROUND TREE CARE

"For The Life of Your Tree"



Commercial & Residential
www.allaroundtreecare.com

Diagnosis & Treatment
of Oak Wilt

(254) 986-2197
(254) 986-1628
Cell (254) 379-1044
Fax (254) 986-2249

DATE

8/21/17

Proposal Submitted for:

Work to be Performed At:

Name Charles Stoxall

Street _____

City _____

State _____

Date of Plans _____

Architect _____

552.024

We hereby propose to furnish the materials and perform the labor necessary for the completion of

Remove 1 Red Oak, grind stump
Remove + haul away all debris

4 hrs. @ 250⁰⁰ per hr.

1,000⁰⁰

NO TAX
RANCH

Paid in full

All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work and completed in a substantial workmanlike manner for the sum of

Dollars (\$ 1,000⁰⁰)

with payments to be made as follows:

Any alteration or deviation from above specifications involving extra costs

Respectfully submitted

Jeff Gillis

will be executed only upon written order, and will become an estimate change
over and above the estimate. All agreements contingent upon strikes,
accidents, or delays beyond our control.

Per Jeff Gillis

Note - This proposal may be withdrawn
by us if not accepted within 30 days.

ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified.
Payments will be made as outlined above.

Signature _____

Date _____

Signature _____

COPY

September 22, 2017

MEMORANDUM

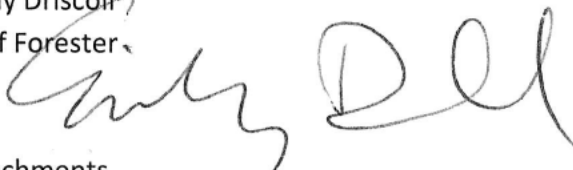
To: Jennifer Hayes

Re: Cost-share Reimbursement

Please process the attached oak wilt cost-share reimbursement request for Charles Stovall # 1-AN-4-1. Receipts totaling \$1000 represent a red oak removal that was completed satisfactorily on August 21, 2017.

Emily Driscoll
Staff Forester

Attachments





COPY

3.3642

August 16, 2017

Mr. Charles Stovall

552.024

Case ID: 17-AN-4-1

Dear Mr. Stovall:

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 November 16, 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,

cc: Emily Driscoll

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

**ORIGINAL
COPY**

Forester

Emily Driscoll

Applicant's Name and Address

Charles Stovall

552.024

Oak Wilt Center/Treatment ID

17-AN-4-1

Telephone Number

(Home)
(Work)

552.024

County

Burnet

USGS Quad Name

Lat/Lon

UTM

Driving Directions:

Applicant's Request

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

Applicant's Signature:

Date:

Treatment Summary

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

TOTAL \$500.00

Signature of Project Director

8/16/17
Date Approved (m/d/y)

Expiration Notice

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

11/16/17 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 Charles Stovall	Treatment ID 17-AN-4-1
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552.024

Case Location:

County Burnet	USGS Quad Name	Lat/Lon	UTM	Date 8/8/2017
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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 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	1 tree	\$750.00	\$500.00	\$1,250.00
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.

Charles Stovall

Name Printed

17-AN-4-1

Case Number

Signature

Date



TEXAS A&M
FOREST SERVICE

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.

Charles Stovall

Name Printed

17-AN-4-1

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)

Charles G. Stovall

Business name/disregarded entity name, if different from above

Print or type
See Specific Instructions on page 2.

552.024

☐ Partnership ☐ Trust/estate

corporation, P=partnership) ▶

Exemptions (see instructions):

Exempt payee code (if any) _____

Exemption from FATCA reporting
code (if any) _____

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:

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 on page 3.

Sign
Here

Signature of
U.S. person ▶

Date ▶

7/26/17

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

Stovall, Charles
17-AW-4-1

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)

- ☒ Application (Form 6874)
- ☐ General location map (USGS 7.5-minute topo)
- ☐ Treatment map (Form 6875)
- ☒ Landowner acknowledgement form--location of utilities
- ☒ Landowner acknowledgement form--cultural resource protection
- ☐ TARL records check
- ☐ 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: **Emily Driscoll**

Date: **August 8, 2017**

August 8, 2017

MEMORANDUM

To: Jennifer Hayes

Re: Cost-share Application

Please process the attached oak wilt cost-share application request for Charles Stovall, case # 17-AN-4-1. Thank you!

Emily Driscoll

Staff Forester

A handwritten signature in blue ink, appearing to read 'Emily Driscoll', is written over the printed name and title.

Attachments