



TEXAS A&M  
FOREST SERVICE

COPY

3.364

July 25, 2017

Mr. Jack Doughty

552.024

Case ID: 93-AC-88-7

Dear Mr. Doughty:

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,

Burl Carraway  
Sustainable Forestry Department Head

Enclosure

cc: Chris Dolan

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
07/20/17	93-AC-88-7 OAK	E702916	0712633	187.99	.00	187.99
07/20/17	93-AC-88-7 OAK	E702916	0712633	312.01	.00	312.01
TOTALS ▶				500.00		500.00
VENDOR NO.		CHECK DATE			CHECK NO.	
*****20140		072517			663283	

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.

07/25/17  
CHECK DATE

663283  
CHECK NO.

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

\$\*\*\*\*\*500.00  
AMOUNT

TO  
THE  
ORDER  
OF

JACK C DOUGHTY  
552.024

Mar 2 Samyow  
04/10/17

552.136

Robby Schen



TEXAS A&M  
FOREST SERVICE

INVOICE TRANSMITTAL

Voucher Number

COPY

Date Submitted: 7/20/2017

Document Order/  
FAMIS Purchase Order No: E702916

Prepared by: Jennifer Hayes

Office Location: College Station--Headquarters

Phone Number: 979-458-6650

Fax Number: 979-458-6655

VENDOR NAME: Jack Doughty

Vendor ID (screen 203): 552.024

Total Amount Submitted: \$500.00

STATE AMOUNT:

LOCAL AMOUNT: \$500.00

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:

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

7/20/17  
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

Chris Dolan

Jack Dougherty

93-AC-88-7

**552.024**

Telephone Number

County

USGS Quad Name

Lat/Lon

UTM

**552.024**(Home)  
(Work)  
(Cell)

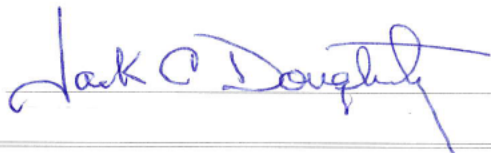
Travis

Oak Hill

**552.024**Driving Directions: **Queenswood/barkwood -48****Applicant's Request**

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

Applicant's Signature:



Date:

**5/1/17****Treatment Summary**

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

TOTAL \$500.00



Signature of Project Director

**5/8/17**

Date Approved (m/d/y)

**Expiration Notice**

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

**August 8th, 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	5/31/17	\$2165.00	C.D.

Cost Shares Paid

Date Paid

<del>\$866.00</del>	<b>\$500.00</b>	<b>7/20/17</b>
---------------------	-----------------	----------------

JH



TOTALS

\$2165.00



AUSTIN BEAUTIFUL TREES, INC  
 2605 GERAGHTY AVE  
 AUSTIN, TX 78757-2327  
 512-587-7764  
 austinbeautifultrees@gmail.com  
 www.austinbeautifultrees.com

COPY

## INVOICE

## BILL TO

Jack Doughty

## SHIP TO

Jack Doughty

INVOICE # 2492

DATE 06/01/2017

DUE DATE 06/01/2017

TERMS Upon Completion

552.024

## ACTIVITY

MAN  
HRS/QTY

RATE

AMOUNT

	1	2,000.00	2,000.00
Tree Pruning & Removal	12	60.00	
Ground Crew and Clean Up	12	60.00	
Brush Disposal/Hauling/Transportation	1	500.00	
Materials - wound dressing, gas, oil, chains, etc.	1	60.00	
Pruning Specifications: Remove dying red oak center left front yard - cut reasonably flush as condition allow, bark must be removed to ground level, TORA Required	1	0.00	

I acknowledge the work has been completed to my satisfaction.

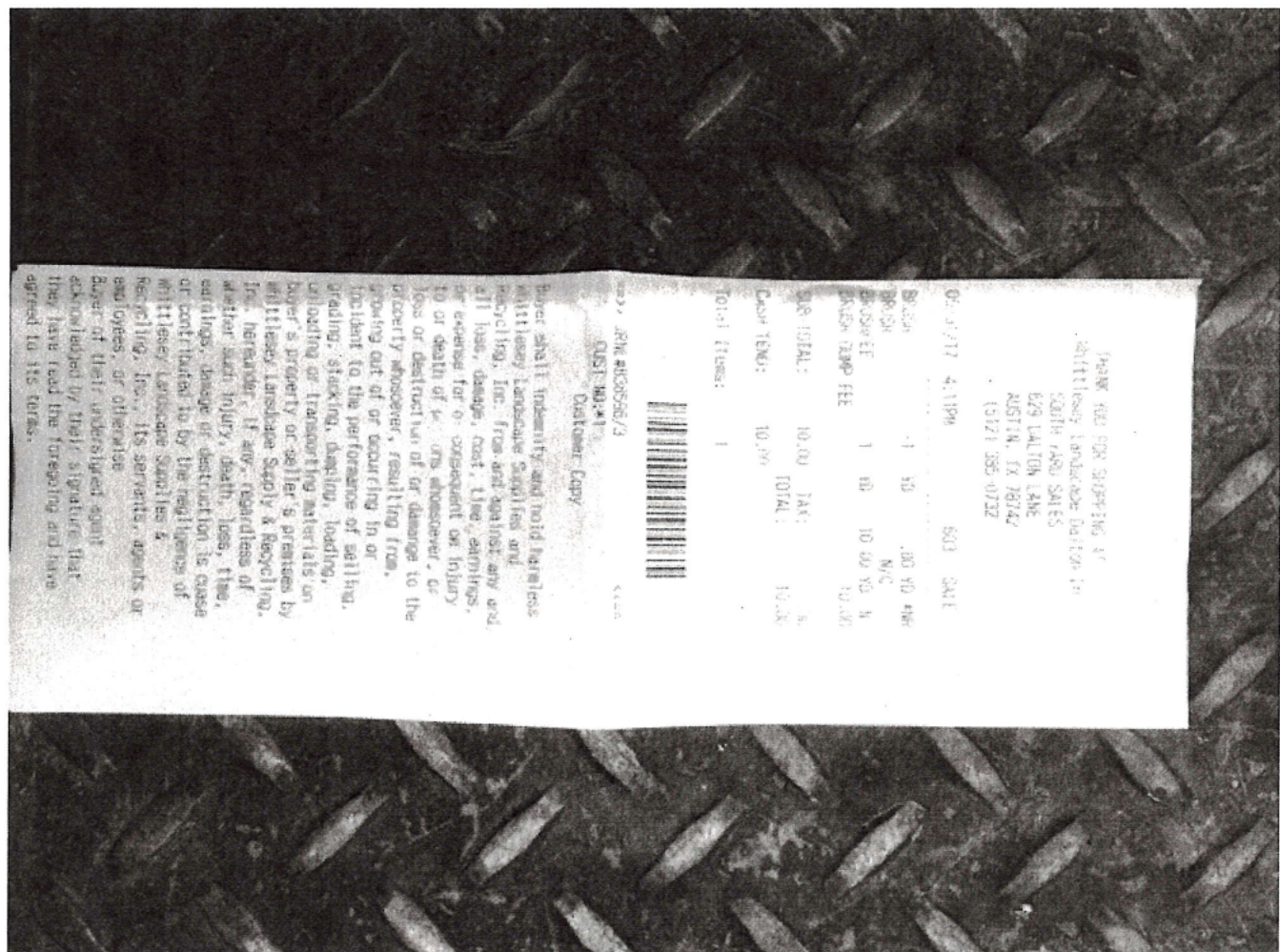
SUBTOTAL	2,000.00
TAX (8.25%)	165.00
TOTAL	2,165.00
PAYMENT	2,165.00
BALANCE DUE	\$0.00

Please pay via the View and Pay link or send a check to Scott George, 2605 Geraghty Ave, Austin TX 78757. Email [austinbeautifultrees@gmail.com](mailto:austinbeautifultrees@gmail.com) if another payment method needs to be arranged.

COPY

Dolan, Chris

**From:** George <[austinbeautifultrees@gmail.com](mailto:austinbeautifultrees@gmail.com)>  
**Sent:** Wednesday, July 12, 2017 3:26 PM  
**To:** Dolan, Chris  
**Subject:** Doughty brush disposal receipt.



TFS 6873p

**Texas A&M Forest Service**Oak Wilt Suppression Project  
Performance ReportCooperator Name: **Jack Doughty**Treatment ID: **93-AC-88-7**

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**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: **Austin Beautiful Trees**  
**2605 Geraghty Ave.**  
**Austin, TX 78757**☒ Approved☐ Rejected



Vendor Phone Number: 512-587-7764

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



**COPY**

3.3642

May 8, 2017

Mr. Jack Doughty

**552.024**

Case ID: 93-AC-88-7

Dear Mr. Doughty:

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 8, 2017. After that date this agreement will be canceled unless an extension is granted.

Please contact Chris Dolan regarding when the work will be implemented. Since this is a reimbursement, please supply him 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 blue ink, appearing to be "S. A.", written over a blue horizontal line.

cc: Chris Dolan

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**

Forester  
Chris Dolan

Applicant's Name and Address  
Jack Doughty

Oak Wilt Center/Treatment ID  
93-AC-88-7

552.024

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

County  
Travis  
Driving Directions: Queenswood/barkwood -48

USGS Quad Name  
Oak Hill

Lat/Lon  
552.024

UTM

**Applicant's Request**

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

Applicant's Signature:

*Jack C Doughty*

Date:

5/1/17

**Treatment Summary**

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

TOTAL \$500.00

*[Signature]*  
Signature of Project Director

5/8/17  
Date Approved (m/d/y)

**Expiration Notice**

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

August 8th, 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.

## Office Use Only

[illegible]

TFS 6874

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

Forester	Applicant's Name and Address	Treatment ID
<b>Chris Dolan</b>	<b>Jack Doughty</b>	<b>93-AC-88-7</b>

Jack Dougherty  
552.024

Case Location: **Queenswood/barkwood** -48

County	USGS Quad Name	Lat/Lon	UTM	Date
Travis	Oak Hill	552.024		5/1/2017

552.024

## Proposed Treatments

Remove and dispose (XXX) "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>
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Red Oak Removal

1 tree

\$1,665.00

\$500.00

\$2,165.00

TOTAL

\$1,665.00

\$500.00

\$2,165.00

James Houser, TFS

*[Signature]*

Forester's Signature

5/1/2017

Date

Form **W-9**  
(Rev. November 2005)  
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.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

JACK C. DOUGHTY

Business name, if different from above

552.024

Partnership ☐ Other ☐ \_\_\_\_\_☐ Exempt from backup withholding

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 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.

552.024

or

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 interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 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

Sign  
Here

Signature of  
U.S. person ▶

Jack O'Dougherty

Date ▶

5/1/17

## 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.

In 3 above, 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.

**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.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the 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 withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Cat. No. 10231X

Form **W-9** (Rev. 11-2005)



## 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: **Chris Dolan**

Date: **May 1, 2017**

*Please send to:*

~~Dr. Phil Derring  
Shumla Archeobotanical Services  
P.O. Box 944  
110 Alpine St.  
Comstock, TX 78837~~

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

*J. Dower*

# Oak Wilt Treatment Map

0 0.02 0.04  
Miles



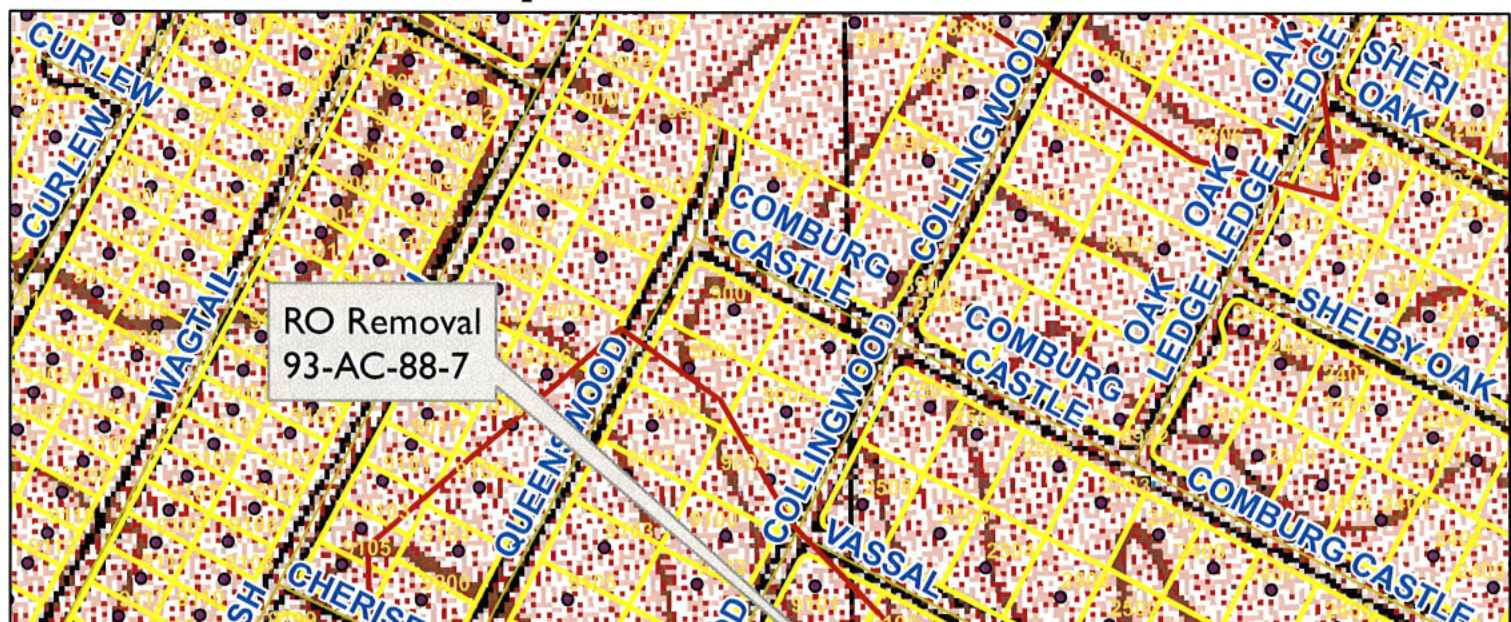
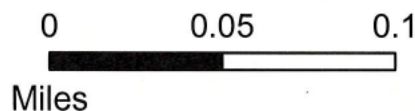




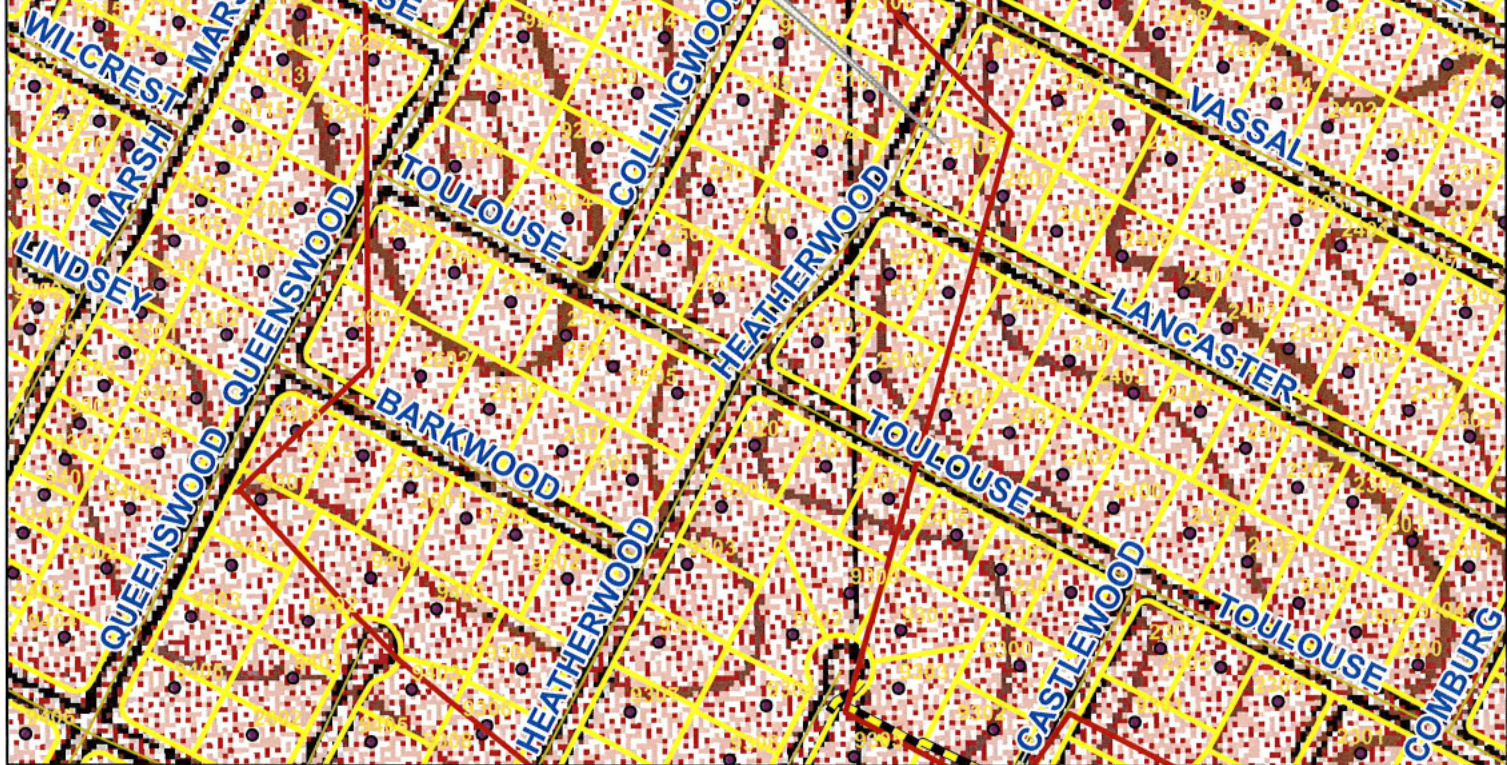
- Mortality Center
- Parcels

Landowner: Jack Doughty  
 Case Number: 93-AC-88-7  
 County: Travis  
 UTM Northing: **552.024**  
 UTM Easting:  
 Quadrangle:  
 Date: May 1, 2017  
 Forester: CHRIS DOLAN

# Oak Wilt Treatment Map







Landowner: Jack Doughty  
Case Number: 93-AC-88-7  
County: Travis  
UTM Northing: 552.024  
UTM Easting:  
Quadrangle:  
Date: May 1, 2017  
Forester: CHRIS DOLAN