Form 828 - Rev.12/15/09

Colorado State University

COPY

Colorado State Forest Service
Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	✓
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	

☑ Checked for Federal suspension and debarment (State Office) http://www.epls.gov/ 06-21-10 KC

Name: Buckskin Heights Road Association

Address: P.O. Box 352

Masonville, CO 80541-0352

Approved for Payment
C.S.F.S.
821385
06-21-10
KC

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: 5308940-FC
'09CPG SFA CGI FRFT FC

Cooperator Match: $11,136.01

Approved Funding: $12,000

Total Project: $18,136.01

CSFS Account Number: 5308940-66693-F

Amount of Payment: $7,000

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by _____ (Program manager signature)

Date: 6/17/10

Colorado State Forest Service
Colorado State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (970) 491-7736

EXHIBIT B

GRANT REPORT/REIMBURSEMENT REQUEST

COMPETITIVE GRANTS

JUN _ 9 2010

Project Number: 5308940

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Project #: 5308940	2. Project Funding Amount: 12000	3. Community Protected: BUCKSKIN HEIGHTS

4. Make Payment To:
Name: BUCKSKIN HEIGHTS ROAD ASSOCIATION
Address: PO BOX 352
MASONVILLE CO 80541 - 0352

5. Period of Performance:
From: DEC. 1 2009 -
To: JUNE 2 2010

6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)

COMMUNITY THINNING AND CHIPPING AS WELL AS REMOVAL OF SOME MPB BROOD TREES. RESIDENTS WORKED ON REDUCING THE FOREST DENSITY NEAR HOMES AS WELL AS ON FORESTED AREAS WITH ABSENTEE OWNERSHIP. THERE WAS PARTICIPATION FROM 20 PROPERTY OWNERS WITH A LARGE VOLUME OF THINNING AND CHIPPING ON ABSENTEE PROPERTIES THUS FAR.
A total of 18 acres were treated - primarily on properties on Woodchuck and Otter roads. - DCS

7. Reimbursement Request:

Project to Date Reimbursement Request Amount cannot exceed the total Project obligation as identified in the Project Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.

	6/8/10 Current Period				Project to Date			
	Reimbursement Amount Requested For Out of Pocket Expenses	Matching Funds		Total Costs	Reimbursement Amount Requested For Out of Pocket Expenses	Matching Funds		Total Costs
		Cash (hard match)	Donated (Inkind match)			Cash (hard match)	Donated (Inkind match)	
Labor*	7000.00		10,955.25	17,955.25	7000		10,955.25	17,955.25
Material**		180.76		180.76		180.76		180.76
Total	7000.00	180.76	10,955.25	18,136.01	7000	180.76	10,955.25	18,136.01

6/14/10 DCS

Donated time and materials can only be counted towards the matching component
* Use actual costs or ~~$18.77~~ 20.25/hour for donated or volunteers' time. 541 HRS X 20.25 = $10,955.25
** Use actual costs or fair market value of donated materials, supplies, or equipment use.

8. Amount Paid to CSFS for Products and/Or Services : $

9. I request reimbursement in the amount of $ 7000.00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete an that all outlays reported are for the purposes set forth in the project documents.

Signature: [signature] Date: 6/8/10

All expenses are true and accurate and all cost share is true and accurate.

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature: [signature] Date: 6/14/10

Rev. March 2008

Form 828 - Rev.12/15/09

Colorado State University

Colorado State Forest Service
Program Payment Request

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Insect and Disease Prevention and Suppression Program	
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Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	

☐ Checked for Federal suspension and debarment (State Office) http://www.epls.gov/

Name: Buckskin Heights Road Association

Address: P.O. Box 352

Masonville, CO 80541-0352

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Grant Number: 5308940 Cooperator Match: $11,136.01

Approved Funding: $12,000 Total Project: $18,136.01

CSFS Account Number: 5308940-66693-FC Amount of Payment: $7,000

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by _____ Date: _____
(Program manager signature)

Colorado State Forest Service
Colorado State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (970) 491-7736

Summit Forestry

LOW IMPACT FORESTRY PROFESSIONALS

Summit Forestry
5201 Greenview Dr.
Fort Collins CO 80525

Invoice

Date	Invoice #
6/4/2010	1193

Bill To

Buckskin Heights
c/o Dan Glanz
PO Box 370
Masonville CO 80541

Item	Quantity	Description	Rate	Amount
Active Forest Management	5	Work completed 5/25, 5/26, 5/27, 5/28, and 6/2/10. Active Forest Management and forest thinning. Roadside chipping and MPB Mitigation work. 5 days at $1400/day with 3 man crew. Hello Dan- Please let us know if you have any questions. Thank you so much. Julie Mahon Summit Forestry	1,400.00	7,000.00

We appreciate your business. Thank you!

Total $7,000.00

Terms	Subject to 1.25% after 30 days

Tony & Julie Mahon - Owners
5201 Greenview Dr. • Fort Collins, CO 80525
email: summitforestry@gmail.com
phone: (970) 481-0814

We are a family owned and operated, Colorado business. We appreciate your support.

ATWOOD

Form D

LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is $17.55/hr. Separate expenses by component(activity). Attach receipts.

Renee Atwood
Landowner Signature

	Date	By Whom:	Activity/Expense	Hours	Expenses
1	4/17/10	Landowner	Trim / Thin / Pile Slash	7	
2	4/18/10	Landowner	Trim / Thin / Pile Slash	9	
3	4/24/10	Landowner	Trim / Thin / Pile Slash	8	
4	4/25/10	Landowner	Trim / Thin / Pile Slash	8	
5	5/1/10	Landowner	Trim / Thin / Pile Slash	7	
6	5/2/10	Landowner	Trim / Thin / Pile Slash	6	
			~~Drive time 80 min Round trip x 6 trips~~	~~8~~	Don't count
				~~53~~ hrs	45
			Receipts for chainsaw, parts sharpening, misc:		
	4/17/10		The Mercantile		114.18
	4/25/10		Jax		44.85
	4/30/10		Jax		10.00
	5/6/10		Jax		11.73
					$180.76

45 hrs

The Mercantile
Farm, Ranch & Home

3720 Draft Horse Drive
Loveland, CO 80538
970-593-6283

Manager D
15% OFF DISCOUNT DAY

INV NO 59001471

MISC MERCHANDISE	11.04 tx
Reg Prc 12.99 Your Prc 11.04	
400140099573	
OIL	
REPLACEMENT CHAIN	32.99 tx
795711335014	
CHAINSAW BAR	46.99 tx
795711358051	
BAR & CHAIN OIL	15.99 tx
795711146528	
SUBTOTAL	107.01
TAX 6.7%	7.17
TOTAL	114.18
Cash	120.00
CHANGE	5.82-

You Saved $1.95

THANK YOU FOR SHOPPING MERCANTILE!
STORE HOURS:
MONDAY- FRIDAY 8 AM - 8 PM
SATURDAY 8 AM - 7 PM
SUNDAY 9 AM - 5 PM

RETAIN RECEIPT FOR RETURN OR EXCHANGE. COMPLETE POLICY POSTED AT STORE.

0005900100652041710

0059 001 12 0652 04/17/10 08:42:01

JAX
OUTDOOR GEAR • RANCH & HOME

Jax Outdoor Gear • Ranch & Home
950 East Eisenhower, Loveland, CO 80537
970-776-4550
Www.Jaxmercantile.Com

Invoice HY2531383 4/25/10 10:32:50
Sales Rep: 58KNB
Customer 100001
ATWOOD/CHARLES

Qty: 1 Item: A101880 @ 10.95	
Glove New Driver Goat XS	10.95
Qty: 74 Item: DW460 @ 0.42	
Chain Roll 26RSC 100r	31.08
Subtotal:	42.03
Tax:	1.56
Tax2:	1.26
Total:	44.85

Paid VISA 0 00 APPROVED TID:222134429961
AV: CV: AP:07321C CREDIT PURCHASE SWIPE
44.85
ATWOOD/CHARLES
##########1998 Exp: 0911

Signature

**** Customer Copy ****

THANK YOU FOR SHOPPING AT JAX
Returns Accepted Unused With Package
Within 30 Days Some Exceptions

INHY2531383

Jax Outdoor Gear • Ranch & Home
950 East Eisenhower, Loveland, CO 80537
970-776-4550
Www.Jaxmercantile.Com

Invoice HX2542800 4/30/10 19:12:16
Sales Rep: 59BS
Customer 100001
ATWOOD/CHARLES

Qty: 1 Item: DW552 @ 10.00
CHAIN SHARPENING 10.00

Subtotal: 10.00
Total: 10.00

Paid VISA 0 00 APPROVED TID:222135240439
AV: CV: AP:06246C CREDIT PURCHASE SWIPE
10.00
ATWOOD/CHARLES
##########1998 Exp: 0911

Signature

**** Customer Copy ****

THANK YOU FOR SHOPPING AT JAX
Returns Accepted Unused With Package
Within 30 Days Some Exceptions

INHX2542800

Jax Outdoor Gear • Ranch & Home
950 East Eisenhower, Loveland, CO 80537
970-776-4550
Www.Jaxmercantile.Com

Invoice HZ2555546 5/6/10 19:51:27
Sales Rep: 59GL
Customer 100001
ATWOOD/CHARLES

Qty: 1 Item: L00658 @ 10.99
BAR OIL 1 GAL 10.99

Subtotal: 10.99
Tax: 0.41
Tax2: 0.33
Total: 11.73

Paid VISA 0 00 APPROVED TID:222136119940
AV: CV: AP:03525C CREDIT PURCHASE SWIPE
11.73
ATWOOD/CHARLES
##########1998 Exp: 0911

Signature

**** Customer Copy ****

THANK YOU FOR SHOPPING AT JAX
Returns Accepted Unused With Package
Within 30 Days Some Exceptions

INHZ2555546

Form D

LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is $20.25/hr. Separate expenses by component (activity). Attach receipts.

Bonie Atwood
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
4/16/10	landowner	Chain saw		~~266.75~~ Don't count
5/31/10	landowner	Thin / Trim / Pile Slash	8	
5/31/10	landowner	Travel Time - 1 trip	~~80~~ minutes	Don't count

FRIENDLY PAWN
200 NORTH LINCOLN AVENUE
LOVELAND , CO 80537
(970) 663-1389

DATE 04/16/2010 TIME 17.05
SALE# 28599 CLERK JR

SOLD TO:
ATWOOD, CHARLES DAVID
1000 JAY CT
LOVELAND CO 80538
920098196 CODL

STOCK #	CODE	QTY	PRICE	EXTENDED
STIHL 026 CHAIN SAW				
21982	PRSSS	1	250.00	250.00

PAID BY: CREDIT

TOTAL RETAIL	$	250.00
LESS TRADEIN	$	0.00
TAX	$	16.75
TOTAL DUE	$	266.75
TENDERED	$	266.75
CHANGE	$	0.00

7 DAY WARRANTY AGAINST DEFECTS

8 hrs

GILANZ

Form D

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Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
12/2/09	DAN+DON	MEETING W/ GREG AT USFS	2 HRS	
12/12/09	DAN+ERIN	CUTTING	5 1/2 HRS	
12/13/09	DAN+ERIN	CUTTING	9 HRS	
2/6/10	DAN+ERIN	CUTTING	7 HRS	
2/7/10	DAN+ERIN	CUTTING	10 1/2 HRS	
3/6/10	DAN+ERIN	CUTTING	5 HRS	
3/7/10	DAN+ERIN	CUTTING	12 HRS	
		BUCKHORN CHURCH MEETING	~~2 HRS~~	
3/16/10	DAN	SITE VISIT DIANE + GREG	1 1/2 HRS	
3/16/10	DAN	MTG AT STEVES	~~2 HRS~~	
4/4/10	ERIN+DAN	CUTTING	5 HRS	
4/1/10	DAN	MTG AT KATHY MCCLOS	~~2 HRS~~	
4/11/10	ERIN+DAN	CUTTING	7 HRS	
4/17/10	DAN	CUTTING	3 1/2 HRS	
4/18/10	DAN+ERIN	CUTTING	8 HRS	
5/1/10	DAN+ERIN	HAULING	5 HRS	
5/2	DAN	CUTTING	1.5 HRS	
5/3	DAN	CUTTING	1.5 HRS	
5/7	DAN	CUTTING	1 HR	
		SAW		~~183~~
		SAW		~~34~~ 57
TOTAL			91 HRS	

217 57
NOT INCL. RECP.?

85 hrs

Form D

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20.25/HR

Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
5/25	DAN	COORDINATE SUMMIT FORESTRY ACTIVITIES	.75	
5/26	DAN	" AT CUTTING	2.5	
5/27	DAN	"	.5	
5/28	DAN	CUTTING	2.5	
5/29		CUTTING	1.5	
5/30		CUTTING	5.5	
			13.25 HRS	

VANDERDRIESCHE
13382 OTTER RD

Form D

LANDOWNER ASSISTANCE PROGRAMS
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Don Vandend
Landowner Sig

Date	By Whom:	Activity/Expense	Hours
01/16/2010	Don Vandendriesche, I	Felling, limbing, lopping, and piling.	18
01/24/2010	Don Vandendriesche, I	Felling, limbing, lopping, and piling.	12
02/12/2010	Don Vandendriesche	Preparing for 2/24 Community Meeting	~~5~~
02/27/2010	Don Vandendriesche, I	Felling, limbing, lopping, and piling.	10
03/14/2010	Don Vandendriesche, I	Felling, limbing, lopping, and piling.	12
03/17/2010	Don Vandendriesche	Pre-work inspection with Diana and Greg	5
03/27/2010	Don Vandendriesche, I	Felling, limbing, lopping, and piling.	8
05/01/2010	Don Vandendriesche, I	Felling, limbing, lopping, and piling.	12
05/02/2010	Don Vandendriesche, I	Felling, limbing, lopping, and piling.	8
05/09/2010	Don Vandendriesche, I	Felling, limbing, lopping, and piling.	10
TOTAL			~~100~~

95

Form D

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Don Vanden
Landowner Sig

Date	By Whom:	Activity/Expense	Hours
5/21/2010	Don Vandendriesche	Pre-work inspection with Diana	5
5/22/2010	Don Vandendriesche,	Felling, limbing, lopping, and piling.	8
5/23/2010	Don Vandendriesche,	Felling, limbing, lopping, and piling.	12
TOTAL			25

1394 OTTER RD
STAHL

Form D

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3408 Otter Rd

Richard M Stahl
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
03/17/2010	R.Stahl	Collect downed limbs	6	
03/18/2010	R.Stahl	Collect downed limbs	4	
04/24/2010	R.Stahl	Cut limbs	5	
04/26/2010	R.Stahl	Collect downed limbs	5	
05/02/2010	R.Stahl	Cut downed limbs	5	
05/03/2010	R.Stahl	Move lumber to road	4	
		Total	29	

29hrs

Form D

LANDOWNER ASSISTANCE PROGRAMS
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Mark Mattler
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
5/26	MARK	Limbing Trees	2	
TOTAL				

Form D

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KATHRYN J. VANDYKE

Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
3-6	KJV	CLEAR DEAD LEAVES	1	
4-13	KJV	REMOVE DEAD BRANCHES	1	
4-27	KJV	REMOVE DEAD BRANCHES & LEAVES	1	
5-8	KJV	REMOVE DEAD BRANCHES	1	
		* 4 HOURS *		

SMOLEC

Form D

LANDOWNER ASSISTANCE PROGRAMS
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Louis Smolic
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
1/23/2010	Louis Smo	Removing dead and broken limbs	4 hours	81
1/24/2010	Louis Smo	Cutting down beetle kill trees and thinning	5 hours	101.25
2/6/2010	Louis Smo	Cutting low hanging limbs and thinning tre	8 hours	162
5/16/2010	Louis Smo	Limbing up and removing saplings along r	5 hours	101.25
TOTAL			22	445.5

SHEDDY

Form D

LANDOWNER ASSISTANCE PROGRAMS
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Jae Sheddy
Landowner Sig

Date	By Whom:	Activity/Expense	Hours
5/1/2010	**Jae Sheddy**	clearing trees, hauling slash,	4
	Donna Braun		4
	Cathi Woodward		4
	Lin Chambers		4
	Russell Harmon		4
	Joe Benevidez		4
TOTAL			24

Weber

Form D

LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION

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WEBER/PETER + SUSE
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
1/14/2010	P. Weber	Branch trimming	0.5	
1/19/2010	P. Weber	Branch trimming	0.5	
1/23/2010	P. Weber	Branch trimming	0.5	
1/26/2010	P. Weber	Branch trimming	0.5	
2/6/2010	P. Weber	Branch trimming	1	
2/13/2010	P. Weber	Branch trimming	0.5	
2/27/2010	P. Weber	Branch trimming	0.5	
2/28/2010	P. Weber	Branch trimming	1	
3/1/2010	P. Weber	Branch trimming	1	
3/7/2010	P. Weber	Branch trimming	0.5	
TOTAL			6.5 HRS	

PETTEE

Form D

LANDOWNER ASSISTANCE PROGRAMS
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CHUCK PETTEE
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
3/6/2010	Chuck Pettee	tree trimming, slash piling	1.0 hr	$20.25
3/6/2010	Penny Pettee	tree trimming, slash piling	0.5 hr	$10.13
3/7/2010	Chuck Pettee	tree trimming, slash piling	0.75 hr	$15.19
3/13/2010	Chuck Pettee	tree trimming, slash piling	1.75 hrs	$35.44
3/13/2010	Penny Pettee	tree trimming, slash piling	1.75 hrs	$35.44
3/28/2010	Chuck Pettee	tree trimming, slash piling	0.5 hr	$10.13
4/3/2010	Chuck Pettee	tree trimming, slash piling	1.75 hrs	$35.44
4/3/2010	Penny Pettee	tree trimming, slash piling	1.5 hrs	$30.38
4/10/2010	Chuck Pettee	tree trimming, slash piling	1.0 hr	$20.25
4/10/2010	Penny Pettee	tree trimming, slash piling	0.5 hr	$10.13
4/17/2010	Chuck Pettee	tree trimming, slash piling	0.75 hr	$15.19
5/8/2010	Chuck Pettee	tree trimming, slash piling	1.0 hr	$20.25
TOTAL			12.75 HRS	$258.22

DIXON
82660 GRAY SQUIRREL CT

Form D

LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION

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Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
4-18	Richard	Cut and Haul Brush & Trees	4	81.00
4-18	Charleen		4	81.00
4-19	Richard		3½	70.88
4-19	Charleen		3½	70.88
4-20	Richard		4	81.00
4-20	Charleen		4	81.00
4-24	Richard		2½	50.63
4-24	Charleen		2½	50.63
4-27	Richard		4	81.00
4-28	Richard		7	141.75
4-28	Charleen		7	141.75
				931.52
			46	
5/19		Charleen and Dick	4	
			50	
TOTAL			~~46~~ HRS	

BROWN
13335 OTTER RD

Form D

LANDOWNER ASSISTANCE PROGRAMS
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Steven K Brown
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
4.1	SKB	Chainsaw Storm Damage	1	
4.2	SKB	Hauling Slash to Road	1	
4.5	SKB	Slash	1	
5.3	SKB	Beetle Kill Trees	1	
5.16		Cutting + hauling Beetle kill	4	
5/20	SKB	Cutting + Hauling Beetle Kill	2	
5/23	SKB	" " " "	3	
TOTAL			8 HRS	

13 hrs

Bucknum
Woodchuck

Form D

LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is $20.25/hr. Separate expenses by component (activity). Attach receipts.

Cathy Bucknum
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
12/5/2009	Steve	Cut trees	8	
12/13/2009	Steve	Cut trees, drag slash	6	
1/9/2010	Steve	Cut trees	6	
1/10/2010	Steve	drag slash	6	
1/10/2010	Cathy	drag slash	6	
2/6/2010	Steve	cut trees, trim trees	8	
3/22/2010	Steve	trim trees, drag slash	8	
3/22/2010	Cathy	drag slash	4	
4/19/2010	Steve	Tree Trimming throughout community	8	
5/16/2010	Steve	Tree Trimming	3	
TOTAL			63	

HESSON
13428 OTTER RD

Form D

: ASSISTANCE PROGRAMS
' DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is $20.25/hr. Separate expenses by component (activity). Attach receipts.

Paul Hesson
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
2/25/2010	Paul	Revise evacuation plan	~~2~~	
4/12/2010	Paul	thin trees	3	
4/12/2010	Jo	thin trees	2.5	
4/14/2010	Paul	thin trees	3	
4/14/2010	Jo	thin trees	3	
4/1610		Mac Equipment sharpen chain saw		22.14
4/19/2010	Paul	thin trees	2	
4/19/2010	Jo	thin trees	2	
4/22/2010	Paul	thin trees	2	
4/22/2010	Jo	thin trees	2	
4/28/2010	Jo	thin trees	2	
4/28/2010	Paul	thin trees	2	
5/8/2010	Paul	drag slash	1	
5/8/2010	Jo	drag slash	1	
			27.5	

RECIPT? NOT INCL

25.5 hrs

CROTEAU/MERLO
13735 OTTER RD

Form D

LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is $20.25/hr. Separate expenses by component (activity). Attach receipts.

ED CROTEAU
KATHY MERLO
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
2/6/2010	Croteau	Wood Clearing for fire mitagation	2	
2/24/2010	Merlo	Update fire meeting materials	~~2~~	
2/28/2010	Croteau Williams	Wood Clearing for fire mitagation	2 @ = 4	
3/4/2010	Williams	Wood Clearing for fire mitagation	2	
3/16/2010	Merlo	Fire Sub-committee Meeting - Steve's	~~2~~	
3/23/2010	Merlo	Update phone tree file	~~1~~	
3/30/2010	Merlo	Update phone tree file	~~3~~	
4/1/2010	Merlo	Fire Sub-committee Meeting - Steve's	~~2~~	
4/3/2010	Williams	Wood Clearing for fire mitagation	2	
4/5/2010	Merlo	Phone tree follow-up & contact residents	~~1~~	
4/14/2010	Merlo	Update phone tree & cost document files	~~1~~	
4.15.10	ED CROTEAU	wood clearing + Sawing	4	
4.15.10	PHIL CROTEAU		4	
			~~32~~ HRS	

18 hrs

Form D

LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION

BUCKSKIN HEIGHTS COMMUNITY WILDFIRE PREPAREDNESS MEETING

FEBRUARY 24TH, 2010

		NAME		
		STEVE BROWN 13335 OTTER		
		DAN GLANZ 13512 OTTER		
		Richard Dixon 8266 Gray Squirrel		
		Doreen Pauger 13328 OTTER		
		Don Vandendriesche 13328 Otter		
		Peter Weber		
		Suzanne Weber		
		Penny Pitter		
		Chuck Pitter		
		Kathy Merlo		
		Paul Hesson		
		Louis Smolic		
MEETING DURATION:			2 HRS	
TOTAL HOURS:			24 HRS	

NOT counted

Form D

SUBCOMITTEE MEETINGS

LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is $20.25/hr. Separate expenses by component (activity). Attach receipts.

STEVEN BROWN

Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
DEC	STEVE BROWN		2	
	DAN GLANZ		2	
	DON VANDERDREISCHE		2	
	PAUL HESSON		2	
3/6·10	STEVE BROWN		2	
	KATHY MERLO		2	
	DAN GLANZ		2	
	DON VANDERDREISCHE		2	
TOTAL			16HRS	

NOT counted

Colorado State Forest Service
Front Range Fuels Treatment Partnership
Wildland Urban Interface
2009 Grant Application

DISTRICT'S: Please Complete	
District Submitting Project:	**Fort Collins**
Forester Submitting Project:	**Diana Selby**
District Priority Number:	**2**
Date Submitted:	**7/15/2009**
FOR REVIWER'S USE ONLY:	
FRFTP Rating:	

1	Applicant Information	
	Applicant:	Don Vandendriesche c/o Buckskin Heights Subdivision
	Contact Person:	Daniel Glanz
	Address:	PO Box 370 physical – 3712 Otter Rd, Loveland, CO 80538
	City/Zip Code:	Masonville, 80541-0370
	Phone (Work/Cell):	970-690-8425
	Email:	glanz@lpbroadband.net
	Fax:	970-266-2623 – Attention Erin Glanz

2	Community At Risk Information			
	Name of Project:	Thinning, piling, and slash disposal project		
	Community Name(s):	Buckskin Heights		
	County:	Larimer	**Congressional District:**	4th
	Latitude (decimal degrees):	40.45	**Longitude (decimal degrees):**	105.15

Threat Description (check all that apply)

Homes:	☒	Number of:	45	**Infrastructure:**	☒	Estimated value of:	unknown
Businesses:	☐	Number of:		**Economic Viability:**	☐	Estimated value of:	
Watersheds:	☒	Number of:	2	**Historic Structures:**	☐	Number of:	
Other (Describe):	Approximately 6-7 miles of telephone lines and electrical lines exist in Buckskin Heights. Residences all have septic systems and wells.						

3 Requested Grant Amount / Project Description

All information for the project must fit into the space provided below. The review committee will not consider attachments.

Dollar Amount Requested $12,000 | **Projected Match $12,000**

Will this Project be conducted as a Pass-Through Grant? Yes

Provide a brief overview of the project and the project area. ***(If applying for a fuels reduction project, identify vegetation types)***

Buckskin Heights Subdivision consists of 60 lots with a total of 45 homes on 5-35 acre lots north of Masonville in Larimer County, Colorado. Buckskin Heights subdivision has been ranked as having a very high wildfire hazard by Larimer County. The community has an existing CWPP (2006) on-file with the Colorado State Forest Service. A high priority action item identified by the CWPP is the enhancement of defensible space. Work will take place along Otter and Woodchuck roads and the associated spurs along the two roads where mitigation is needed the most. Able-bodied residents will thin and pile areas adjacent to structures and intervening space between homes and neighborhood roads. A full service contractor will be employed to prune and fell trees for the elderly and distant absentee owners and provide slash disposal services for all owners to create, expand, or maintain defensible space throughout their property.

Vegetation is primarily ponderosa pine with occasional Rocky Mountain juniper. Average tree ages are 80 years old and stands have closed canopies with basal areas ranging from 80-120 square feet per acre in most locations. Average slopes are 30% with ranges up to 55%.

4	**Scope of Work / Project Timeline** **All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.**
	Provide a brief scope of work that clearly describes how grant funds will be spent. (*This should be more specific than the project description*) Buckskin Heights community members will prune limbs and thin trees on their properties with the intent of enhancing defensible space. Basal area will be reduced to an average of 60 square ft/acre and crowns will be opened to ~10-15 ft spacing. Capable residents will haul the cut branches and felled trees to roadsides or driveway heads that are sufficiently large to accommodate commercial chipping equipment. A full service contractor will be hired to prune, thin, and pile limbs and trees for elderly residents and distant absentee owners' properties. The contractor will chip all limbs and trees along roads and the chips will be broadcasted to aid in erosion control. The contractor will also provide on-site, driveway adjacent chipping to residents who have created, expanded or maintained defensible space on their property. We anticipate a 75 percent (for cutting and piling for elderly and distant absentee properties) to 25 percent (for chipping for all residents) split of the requested contractor financial support. In-kind labor in the form of pruning, felling, and piling by able-bodied residents will be used to offset the grant share amount.
	Describe all planned long-term maintenance (grant funded or other). CWPP updates and past mitigation projects represent a continuing effort by the community to address the potential wildfire threat on a yearly basis. Active residents that have treated their properties intend on maintaining this progress. The community recognizes the need to treat elderly resident and distant owner lots in order to have connectivity throughout the neighborhood. Through community action and educational instruction to residents, everyone recognizes the need to participate and stay involved. Forests are dynamic and residents must be aware of the on-going responsibility to treat their properties (and perhaps that of their neighbor if needed).
	What is the duration of this project? (*check one*) ☒ **One Year** ☐ **Two Years**
	Is this a continuing project from previous year/s? (*check one*) ☒ **Yes** ☐ **No**
	Provide a timeline for the project Upon notification that a grant is awarded, a nine month schedule will be developed to enable residents to perform work and to obtain a private contractor to work on lots owned by the elderly and distant absentees. All project activities will be completed within one year of grant award notification.

5	**Interagency Collaboration**
	Specify the private, local, tribal, county, state, federal and/or non-governmental (*501c3*) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (*i.e. – donating time/equipment, funding, etc.*). - Buckskin Heights Citizens—planning meetings, updating existing CWPP, implementing priorities of CWPP, enhancing defensible space, hauling slash, and clearing of road right-of-ways. - Larimer County Emergency Services—technical oversight assistance and on-site evaluations. - Colorado State Forest Service—technical assistance, project administration, facilitation. - Private contractor services—limbing, felling, hauling, piling, and chipping fuels.
	Community Wildfire Protection Plan (CWPP)
	Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (*check one*) ☒ **yes** ☐ **no**
	Is this project part of the plan? (*check one*) ☒ **yes** ☐ **no**

6	**Project Category** (check all that apply and answer related questions)			
	Hazard Fuels Reduction ☒			
	Number of acres to be treated:	30	**Estimated cost per acre:**	$800
	Number of communities directly affected by this project:	1		
	Information & Education ☐			
	Number of citizens to be reached:			
	Planning ☐			
	Number of residences affected:			
	Project Type (check all that apply)			
	Assessment / Scoping:	☐	**Implementation / Treatment:**	☐
	Homeowner / Community Action:	☐	**Monitoring / Evaluation:**	☐
	Information / Education:	☐		

7	**Grant Contributors (Matching Share)** (Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Please specify each match contributor and the dollar amount of each contribution. PLEASE FILL ALL FIELDS							
	Contributors: *(Please specify)*	Buckskin Heights						**TOTAL**
	Dollars *(HardMatch):*							**$ 0**
	In-Kind *(SoftMatch):*	$12,000						**$ 12,000**
	TOTAL:	**$ 12,000**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 0**	**$ 12,000**

8	**Total Project Expense (break down matching share totals from block seven)**				
	Please fill all fields	**Grant Share** ($ Amount Requested)	**Match (from block seven)**		**TOTAL**
			Dollars	**In-Kind**	
	Personnel / Labor:			$12,000	**$ 12,000**
	Operating:				**$ 0**
	Travel:				**$ 0**
	Contractual Services:	$12,000			**$ 12,000**
	Equipment:				**$ 0**
	Indirect Costs:				**$ 0**
	TOTAL:	**$ 12,000**	**$ 0**	**$ 12,000**	**$ 24,000**

Attach Project Map Showing Specific Treatment Areas

414495

FILE COPY

****** FILE COPY NON-NEGOTIABLE ******

Date Requested: 09/18/08

VENDOR
BUCKSKIN HEIGHTS ROAD ASSN
P O BOX 352
MASONVILLE CO 80541

COPY

SHIP TO:
COLORADO STATE UNIVERSITY
CENTRAL RECEIVING
REFERENCE DOCUMENT NUMBER: AFE 414495
FORT COLLINS CO 80523-6011

Contact: RICH HOMANN
Phone: (970)491-3006
Department: CO State Frst Svc

Financial Assistance Program

Item #	Description	Qty	UOM	Unit Price	Extension	Acct #	Sub	User
1)	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; State Fire Assistance (a.k.a. SFA); Project # 530946-001e Fort Collins District; 07 CPG SFA-NFP CG6; FINAL PAYMENT	1	LOT	1815.0000	1815.00	530946	5980	

TOTAL: $1,815.00

NOTIFY THE DEPARTMENT IMMEDIATELY IF THERE ARE ANY EXCEPTIONS TO THIS AFE

SIGNATURE _____ DATE _____

Form 828 - Rev.03/08/07

Colorado State University

Colorado State Forest Service
Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Forest Land Enhancement Program (a.k.a.: FLEP)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	X
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	

☑ Checked for Federal suspension and debarment (State Office) http://www.epls.gov/ 09-18-08 KC

Name: Buckskin Heights Road Association

Address: PO Box 352

Masonville, CO 80541-0352

Approved for Payment
C.S.F.S.
A 414495
09-18-08
KC

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: 530946-001e FC Cooperator Match: $16,942.91

Approved Funding: $6,000.00 Total Project: ~~$16,942.91~~ $12,757.91

CSFS Account Number: 530946-5980 Amount of Payment: $1,815.00

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by Jane M. Alofs (Program manager signature) Date: 9/18/08.

Colorado State Forest Service
Colorado State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (970) 491-7736

EXHIBIT B

GRANT REPORT/REIMBURSEMENT REQUEST

COMPETITIVE GRANTS

Project Number: 530946-001e

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Project #: 530946-001e
2. Project Funding Amount: $6000.00
3. Community Protected: Buckskin Heights

4. Make Payment To:
Name: Buckskin Height Road Asn.
Address: P.O. Box 352
Nasmville, CO 80541-0352

5. Period of Performance:
From: August 28, 2008
To: August 29, 2008

6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)

Roadside community chipping. Residents improved defensible space adjacent to homesites and along roadways. Areas in between were thinned to reduce stocking of dense thickets. Pruning was also accomplished. Nineteen residents participated.

7. Reimbursement Request:

Project to Date Reimbursement Request Amount cannot exceed the total Project obligation as identified in the Project Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.

	Current Period				Project to Date			
	Reimbursement Amount Requested For Out of Pocket Expenses	Matching Funds		Total Costs	Reimbursement Amount Requested For Out of Pocket Expenses	Matching Funds		Total Costs
		Cash (hard match)	Donated (Inkind match)			Cash (hard match)	Donated (Inkind match)	
Labor*	$1785.00						$10,943	
Material**	30.00							
Total	$1,815.00						$10,943	

Donated time and materials can only be counted towards the matching component.
* Use actual costs or $18.77/hour for donated or volunteers' time.
** Use actual costs or fair market value of donated materials, supplies, or equipment use.

In-kind matching labor time at 583 hrs @ $18.77 = $10,942.91

8. Amount Paid to CSFS for Products and/Or Services : $

9. I request reimbursement in the amount of $ 1,815.00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete an that all outlays reported are for the purposes set forth in the project documents.

Signature: [illegible] Date: 8/29/2008

All expenses are true and accurate and all cost share is true and accurate.

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature: [illegible] Date: 8/29/2008

12-15-09

Colorado State FOREST SERVICE

Hi, Greg B.

As you requested, we have encumbered $ 12,000 for Buckskin Heights against acct. # 5308940.

This copy is for your (the Ft. Collin's District) files.

Best regards,

Karen Carlin

Pre-Encumbrance

Doc Nbr:	542063	Status:	FINAL
Initiator:	kmcarlin	Created:	10:04 AM 12/15/2009

expand all | collapse all

* required field

Document Overview

hide

ENCUMBERED

Document Overview

* Description:	09CPG FRFT FC Buckskin Heights	Explanation:	FINANCIAL ASSITANCE PROGRAM COOPERATIVE MATCH PROJECT; Front Range Fuels Treatment (FRFTP); 09CPG SFA CG1 FRFT FC; Project Number 5308940-FC; 2010 FRFTP Grant for Buckskin Heights.
Org. Doc. #:			

Financial Document Detail

Total Amount:	12,000.00

Pre-Encumbrance Details

hide

Pre-Encumbrance Details

Reversal Date:	

Accounting Lines

hide

Accounting Lines

hide detail

Encumbrance

	* Chart	* Account Number	Sub-Account	* Object	Sub-Object	Project	Org Ref Id	* Amount	Actions
1	CO Colorado State University	5308940 09CPG SFA CG1 FRFT FC		6693 Cost Share Reimb			FC	12,000.00	
								Total: 12,000.00	

Disencumbrance

Total: 0.00

General Ledger Pending Entries

show

Notes and Attachments (1)

hide

COPY

Notes and Attachments

	Posted				

	Timestamp	Author	* Note Text	Attached File	Actions
add:				Browse... CANCEL	add
1	12/15/2009 10:04 AM	Carlin, Karen M	CSFS Fort Collins Districty Form 805, CSFS Request to Encumber $12,000 for Buckskin Heights 09CPG SFA CG1 FRFT FC Grant. Work to be completed is pruning and thinning to a residual basal area of 60 sq ft per acre on a minimum of 30 acres. Project end date Sept. 1, 2010.	Form 805 Buckskin Heights 530894 $12,000.pdf (84 KB, application/pdf)	

Ad Hoc Recipients show

Route Log show

error correction | send ad hoc request | close | copy

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA) CSFS # **805** Rev. 02/04/05

Date: 12-14-09	Requested By: Greg Zausen	Resale to:	CSFS Invoice #:

Vendor: Buckskin Heights
PO Box 370
Masonville, CO 80541
(PLEASE PROVIDE COMPLETE ADDRESS)

Ship To: Fort Collins District, CSFS
5060 Campus Delivery, bldg 1052
Fort Collins, CO 80523
(PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)

Reason for Vendor Selection: ___ Sole Source (attach completed Sole Source Justification Form)
___ Previous Supplier
___ Other

Terms:

Shipping Instructions:
___ FOB Fort Collins, Colorado
___ FOB

Delivery Date:

Deliver to:
Initials____ Bldg____ Room____ Phone___

#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	5308940	6693	1		2010 FRFTP Grant for Buckskin Hts.		$12,000
2	'09CPG SFA CGI	FRFT FC					
3							
4							
5							
6							
7							
8							
9							
10							

SPECIAL INSTRUCTIONS:
Please Encumber

Expenditure Approval:
Authorized Signature: Greg Zausen
Date: 12-14-09

Subtotal: $
Discount: $
TOTAL: $12,000

Financial Assistance Program

Cooperative Match Project

To be conducted by:

Buckskin Heights

Project Number:	5308940
Estimated Project Cost:	$24,000
Funding provided by CSFS:	$12,000
Minimum Recipient Match:	$12,000
Project to be completed by:	September 1, 2010

Based on the strength of the application submitted by _____Buckskin Heights_____, the Colorado State Forest Service is providing funding in the amount up to but not exceeding $_12,000___ to accomplish the project described in the attached scope of work.

As the cooperator, ____Buckskin Heights_____, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

A. Complete work as described in *"Attachment A"(scope of work).*

B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.

C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in *"Attachment B"*, as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service

Fort Collins District

5060 Campus Delivery, bldg 1052

Fort Collins, CO 80523-5060

D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until __September 1, 2010___. It may be extended at any time at the discretion of CSFS.

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature: David Glanz Date: 12/2/09

Mailing Address: PO BOX 370
ROBSONVILLE CO 80541

Telephone Number: 970 690 8425
Email Address: GLANZ@CPBROADBAND.NET

EXHIBIT A

Financial Assistance Program

Cooperative Match Project

SCOPE OF WORK

Project Number: 5308940

Cooperator: Buckskin Heights

Work to be completed:

Pruning and thinning to a residual basal area of 60 sq ft/acre on a minimum of 30 acres - Material will be chipped or disposed of appropriately.

Work will be done in accordance to the approved 2009 FRFTP application.

1. Type of Treatment – thinning

Milestone dates: Project end date of September 1, 2010

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment.

Project Period: December 1, 2009 – September 1, 2010

Funded Amount: $12,000 **Minimum cooperator match**: $12,000

Deliverables: 30 treated acres

Project Types: fuels mitigation thinning

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Attachment B to the project entitled "Attachment B, Grant Report/ Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

DBG

_____

EXHIBIT A

Financial Assistance Program

Cooperative Match Project

SCOPE OF WORK

Project Number: 5308940

Cooperator: Buckskin Heights

Work to be completed:

Pruning and thinning to a residual basal area of 60 sq ft/acre on a minimum of 30 acres - Material will be chipped or disposed of appropriately.

Work will be done in accordance to the approved 2009 FRFTP application.

1. Type of Treatment – thinning

Milestone dates: Project end date of September 1, 2010

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment.

Project Period: December 1, 2009 – September 1, 2010

Funded Amount: $12,000 **Minimum cooperator match**: $12,000

Deliverables: 30 treated acres

Project Types: fuels mitigation thinning

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Attachment B to the project entitled "Attachment B, Grant Report/ Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

DBG

_____

Financial Assistance Program

Cooperative Match Project

To be conducted by:

_____Buckskin Heights_____

Project Number:	5308940
Estimated Project Cost:	$24,000
Funding provided by CSFS:	$12,000
Minimum Recipient Match:	$12,000
Project to be completed by:	September 1, 2010

Based on the strength of the application submitted by _____Buckskin Heights_____, the Colorado State Forest Service is providing funding in the amount up to but not exceeding $_12,000___ to accomplish the project described in the attached scope of work.

As the cooperator, ____Buckskin Heights_____, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

A. Complete work as described in *"Attachment A"(scope of work)*.

B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.

C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in *"Attachment B"*, as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service

Fort Collins District

5060 Campus Delivery, bldg 1052

Fort Collins, CO 80523-5060

D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until __September 1, 2010___. It may be extended at any time at the discretion of CSFS.

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature: David Glanz Date: 12/2/09

Mailing Address: PO BOX 370
MASONVILLE CO 80541

Telephone Number: 970 690 8425
Email Address: GLANZ@CPBROADBAND.NET

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # **805** Rev. 02/04/05

Date: 12-14-09	Requested By: Greg Zausen	Resale to:	CSFS Invoice #:

Vendor: Buckskin Heights
PO Box 370
Masonville, CO 80541

(PLEASE PROVIDE COMPLETE ADDRESS)

Ship To: Fort Collins District, CSFS
5060 Campus Delivery, bldg 1052
Fort Collins, CO 80523

(PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)

Reason for Vendor Selection: ___ Sole Source (attach completed Sole Source Justification Form)
___ Previous Supplier
___ Other

Terms: COPY

Shipping Instructions:
___ FOB Fort Collins, Colorado
___ FOB

Delivery Date:

Deliver to:
Initials____ Bldg____ Room____ Phone___

#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	5308940		1		2010 FRFTP Grant for Buckskin Hts.		$12,000
2							
3							
4							
5							
6							
7							
8							
9							
10							

SPECIAL INSTRUCTIONS:

Expenditure Approval:
Authorized Signature: Greg Zausen
Date: 12-14-09

Subtotal: $_____
Discount: $_____
TOTAL: $ $12,000