

COPY



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 (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	

Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

09-23-14
(K)

Name: ~ Crystal Lakes Association

Address: 300 Tami Road

Red Feather Lakes, CO 80545

Attn: Shirley Pfankuch

Approved for Payment
C.S.F.S.
4387641
09-23-14
(K)

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

Grant Number: 5366950-3-FC ~

Non-Federal Match: \$ 12,616.67 ~

Approved Funding: \$ 10,000 ~

Total Project: \$ 17,312.50 ~

CSFS Account Number: 5366950-6693 ~

Amount of Payment: \$ 4,695.83 ~

1/2 CPG SFA CG3 Projects Under Northern La

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

Program Manager Signature [Signature]

Date: 9/17/14

Program Manager Name Scott M. Woods ~

COPY

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

1. Project/Account #: <u>5366950-3 - Fe</u>	2. Total Award Amount: <u>\$10,000</u>
3. Project Name: <u>Crystal Lakes</u>	4. Reimbursement Amount to Date: <u>\$5,304.17</u>
5. Make Payment To: Name: <u>Crystal Lakes Road & Recreation Assn.</u> Attn: <u>300 Tami Rd</u> Address: <u>Red Feather Lakes, CO 80545</u>	6. Period of Performance (Project Period): From: <u>June 21 2013</u> To: <u>September 1, 2014</u>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

Extensive defensible space mitigation around our critical infrastructure buildings. Basecamp, Shop, Campgrounds and well house.
Removal of ground covers, junipers, mitigation of overhanging trees and removal of dead trees.

8 Acres ~

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
<u>\$10,000</u>	<u>17,312.50</u>		<u>17,312.50</u>	<u>4,695.83</u>	<u>29%</u>

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 4,695.83 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: Shirley R. Frank ^{CLRRRA} _{Treasurer} Date: 9/1/2014

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: Boyd Lebeda Date: 9/10/14

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: Scott Woods Date: 9/19/14

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Invoice for Projects

Larimer County Conservation Corps

Payment to: Larimer County Conservation Corps, PO Box 2367, Fort Collins, CO 80522, Attn: Wendy Horst

Name: Crystal Lakes Road and Recreation Association	LCCC Project ID: CL2014SAW
Invoice Date: 9/2/2014	Project Name: Fire Mitigation
Project Location: Crystal Lakes	Project Start/End Dates: July 28-July 31, August 4-7, 2014

This is a FINAL Invoice for this project

*** Note- Difference between week 1 & 2 was based on number of corpsmembers per project week.*

Number of Crew Weeks	Rate	Total
Week 1	\$5312.50	\$5312.50
Week 2	\$6250.00	\$6250.00
TOTAL		\$11,562.50

Wendy Horst

Gary Wiegel
AFFORDABLE SLASH HAULING & More!
Snow Removal & Tractor Work

35 Fox Ct - RFL CO 80545
 (970) 881 3536 Cell- 214 7564
 GaryWiegel@aol.com

Statement

9/10/2014

shirley4cl@gmail.com

To: Crystal Lakes Road and Recreation
 Association
 300 Tami Rd
 Red Feather Lakes CO 80545

Date	Description	Amount	Balance
08/06/2014	Balance forward		0.00
08/27/2014	INV #2014 0827.	5,750.00	5,750.00
	--- Equipment Labor, 57.5 @ \$120.00 =		
	6,900.00		
	--- Discount, 57.5 @ \$20.00 = -1,150.00		
09/01/2014	PMT	-5,750.00	0.00

Amount Due

Amazing Fabrications

Checks Payable to
 GARY WIEGEL

\$0.00

I Also Offer Custom Welding and Fabrication Services
 Please Contact Me For More Information

Thank you for your Business!!

----- Detach and Return Lower Portion with Payment -----

Customer Phone

Customer E-mail

Date

shirley4cl@gmail.com

9/10/2014

Amount Due

Return Payment to:

Checks Payable to
 GARY WIEGEL

\$0.00

Gary Wiegel
 35 Fox Ct
 Red Fe Lks, CO 80545



Colorado State Forest Service Program Payment Request

mailed to
Scott Woods
9/11/14

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	✓
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	

Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Crystal Lakes Association

Address: 300 Tami Road
Red Feather Lakes, CO 80545
Attn: Shirley Pfankuch

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

Grant Number: 5366950-3 Non-Federal Match: \$ 12,616.67

Approved Funding: \$ 10,000 Total Project: \$ 17,312.50

CSFS Account Number: 5366950-6693 Amount of Payment: \$ 4,695.83

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

Program Manager Signature _____ Date: _____

Program Manager Name _____

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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1. Project/Account #: <u>5366950-3</u>	2. Total Award Amount: <u>\$10,000</u>
3. Project Name: <u>Crystal Lakes</u>	4. Reimbursement Amount to Date: <u>\$5,304.17</u>
5. Make Payment To: <u>Crystal Lakes Road & Recreation Assn.</u> Name: <u>300 Tami Rd</u> Attn: <u>Red Feather Lakes, CO 80545</u> Address:	6. Period of Performance (Project Period): From: <u>June 21 2013</u> To: <u>September 1, 2014</u>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

Extensive defensible space mitigation around our critical infrastructure buildings. Basecamp, Shop, Campgrounds and well house.

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8 Acres

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			B + C		E / D
<u>\$10,000</u>	<u>17,312.50</u>		<u>17,312.50</u>	<u>4,695.83</u>	<u>29%</u>

PS

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

4,695.83

Reimbursement Request: I request reimbursement in the amount of \$ 4,695.83 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature:

Shirley R. Frankovich ^{CLPRA}
Treasurer

Date: 9/1/2014

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature:

Boyd Lebeda

Date: 9/10/14

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____

Date: _____

Gary Wiegel
AFFORDABLE SLASH HAULING & More!
Snow Removal & Tractor Work

35 Fox Ct - RFL CO 80545
 (970) 881 3536 Cell- 214 7564
 GaryWiegel@aol.com

Statement

9/10/2014

shirley4cl@gmail.com

To: Crystal Lakes Road and Recreation
 Association
 300 Tami Rd
 Red Feather Lakes CO 80545

Date	Description	Amount	Balance
08/06/2014	Balance forward		0.00
08/27/2014	INV #2014 0827.	5,750.00	5,750.00
	--- Equipment Labor, 57.5 @ \$120.00 = 6,900.00		
	--- Discount, 57.5 @ \$20.00 = -1,150.00		
09/01/2014	PMT	-5,750.00	0.00

Amount Due

Amazing Fabrications

I Also Offer Custom Welding and Fabrication Services
 Please Contact Me For More Information

Checks Payable to
 GARY WIEGEL

\$0.00

Thank you for your Business!!

----- Detach and Return Lower Portion with Payment -----

Customer Phone

Customer E-mail

Date

shirley4cl@gmail.com

9/10/2014

Amount Due

Return Payment to:

Checks Payable to
 GARY WIEGEL

\$0.00

Gary Wiegel
 35 Fox Ct
 Red Fe Lks, CO 80545

1053

Crystal Lakes Road & Recreation Greenbelt Management

Gary Wiegel

Check Number: 1053
Check Date: Aug 27, 2014

Check Amount: \$5,750.00
Discount Taken Amount Paid

Item to be Paid - Description

Greenbelt Committee

5,750.00

Date	Description	Amount	Balance
07/31/2014	Balance forward		0.00
08/27/2014	INV #2014 0827.	5,750.00	5,750.00
	--- Equipment Labor, 57.5 @ \$120.00 =		
	6,900.00		
	--- Discount, 57.5 @ \$20.00 = -1,150.00		

pay from GMC
Acct.

Amount Due

Amazing Fabrications

I Also Offer Custom Welding and Fabrication Services
Please Contact Me For More Information

Checks Payable to
GARY WIEGEL

\$5,750.00

Thank you for your Business!!

----- Detach and Return Lower Portion with Payment -----

Customer Phone

Customer E-mail

Date

shirley4cl@gmail.com

8/27/2014

Amount Due

Return Payment to:

Checks Payable to
GARY WIEGEL

\$5,750.00



LARIMER COUNTY
**CONSERVATION
 CORPS**

Invoice for Projects

Larimer County Conservation Corps

Payment to: Larimer County Conservation Corps, PO Box 2367, Fort Collins, CO 80522, Attn: Wendy Horst

Name: Crystal Lakes Road and Recreation Association	LCCC Project ID: CL2014SAW
Invoice Date: 9/2/2014	Project Name: Fire Mitigation
Project Location: Crystal Lakes	Project Start/End Dates: July 28-July 31, August 4-7, 2014

This is a FINAL Invoice for this project

**** Note- Difference between week 1 & 2 was based on number of corpsmembers per project week.**

Number of Crew Weeks	Rate	Total
Week 1	\$5312.50	\$5312.50
Week 2	\$6250.00	\$6250.00
TOTAL		\$11,562.50

PAID
 9/11/14
 CK# 1036

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)	<input checked="" type="checkbox"/>
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/> 08-11-14

Name: Crystal Lakes Association

Address: 300 Tami Road

Red Feather Lakes, CO 80545

Attn: Shirley Pfankuch

Approved for Payment
C.S.F.S.
4086253
08-11-14
Ka

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: 5366950-3-Fe

Cooperator Match: ~~\$3,965.38~~ \$4,265.38

Approved Funding: \$10,000 ~

Total Project: ~~\$6,569.55~~ ~

CSFS Account Number: 5366950-6693

Amount of Payment: \$2,304.17

'12CPG SFA CG3 Projects Under Northern La

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

Approved by
(Program manager signature)
SCOTT WOODS

Date: 8/7/14

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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SUMMARY TO DATE

1. Project/Account #:		2. Total Award Amount:	10,000.00
3. Project Name:	CRYSTAL LAKES ASSOCIATION	4. Reimbursement Amount to Date:	\$ 3,000
5. Make Payment To:	CRYSTAL LAKES ASSOCIATION	6. Period of Performance (Project Period):	
Name:		From:	5/1/2013
Attn:	Shirley Pfankuch	To:	8/1/2014
Address:	300 Tami Rd - Red Fe Lks CO 80545		

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

Multiple property owner contributions which have accomplished defensible space mitigation.

5 acres / Defensible spaces on 5 private lots.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
\$ 10,000	\$ 6569.55		\$ 6569.55	\$ 2304.17	35 %

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

DS

Reimbursement Request: I request reimbursement in the amount of \$ 2,304.17 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: Shirley L Pfankuch Treasurer CLRRRA Date: 3-Aug-14

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: [Signature] Date: 8/4/2014

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: [Signature] Date: 8/7/14
SCOTT WOODS

COPY

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)	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)	
Emergency Supplemental Funds (a.k.a.: ESF)	

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

12-09-13

Name: Crystal Lakes Association

Address: 300 Tami Rd

Red Feather Lakes, CO. 80545

Approved for Payment

CSFS

2736554

12-09-13

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: 5366950-3-FC Cooperator Match: \$7,622.94

Approved Funding: \$10,000 Total Project: \$10,622.94

CSFS Account Number: 5366950-6693 Amount of Payment: \$3,000

'12CPG SFA CG3 Projects Under Northern La

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

Approved by [Signature]
(Program manager signature)

Date: 12/9/13

SCOTT WOODS

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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1. Project/Account #: Crystal Lakes 5366950-3		2. Total Award Amount: 10,000.00	
3. Project Name: Crystal Lakes SFA/WUI		4. Reimbursement Amount to Date: 3,000.00	
5. Make Payment To: Crystal Lakes Association (Road & Recreation) Name: 300 Tami Rd Attn: Red Feather Lakes, CO 80545 Address: Attention: Jodean Sandquist		6. Period of Performance (Project Period): From: June 1 2013 - To: September 1, 2014	

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

Fire Mitigation for Defensible Space for property Owners. Total Grant of \$10,000.00.
Included in this reimbursement are the requests for \$3,000.00 Reimbursement for the mitigation of approximately 5 acres, this is for 6 of the properties mitigated.
Details are attached.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
10,000.00		10,622.94	10,622.94	3,000.00	31%

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 3,000.00 ^N for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: Jodean O Sandquist, O M Date: 11/27/2013

10. Certification:
 Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.
 District Forester Signature: [Signature] ^N Date: 12/5/2013

11. Funding is available and request is approved for reimbursement.
 Program Manager Signature: [Signature] ^N Date: 12/9/13
 SCOTT WOODS

COPY

Crystal Lakes Association
 CSFS Project # 5366950-3
 SFA / WUI GRANT
 Partial Reimbursement - November 27, 2013

	Award Amount	Recipient Contribution	Non Recipient Contribution	Total Contribution	Reimb. Requested Amount	Total Match Ratio %	Volunteer Hours	Rate	Total Volunteer Labor	Other Expenses	Description	Amt Paid to Contractors	TOTALS
Cummings	500.00		2,632.40	2,632.40	500.00	19%	108	21.79	\$ 2,353.32	\$ 279.08	Chipper Rental	\$ -	\$ 2,632.40
Godowski	500.00		1,115.92	1,115.92	500.00	45%	48	21.79	\$ 1,045.92	\$ 70.00	Slash Solutions	\$ -	\$ 1,115.92
Griffith	500.00		1,225.24	1,225.24	500.00	41%	55	21.79	\$ 1,198.45	\$ 26.79	Landfill	\$ -	\$ 1,225.24
Kubichek	500.00		2,000.00	2,000.00	500.00	25%	0	21.79	\$ -	\$ -		\$ 2,000.00	\$ 2,000.00
Steele	500.00		1,500.00	1,500.00	500.00	33%	0	21.79	\$ -	\$ -		\$ 1,500.00	\$ 1,500.00
Wilkes	500.00		2,148.88	2,148.88	500.00	23%	47	21.79	\$ 1,024.13	\$ 35.75	Slash Solutions	\$ 1,089.00	\$ 2,148.88
TOTALS	\$ 3,000.00	\$ -	\$ 10,622.44	\$ 10,622.44	\$ 3,000.00	31%	258	21.79	\$ 5,621.82	\$ 411.62		\$ 4,589.00	\$ 10,622.44

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1. Project/Account #: Crystal Lakes 5366950-3	2. Total Award Amount: 10,000.00
3. Project Name: Crystal Lakes SFAWUI	4. Reimbursement Amount to Date: 3,000.00
5. Make Payment To: Crystal Lakes Association (Road & Recreation) Name: 300 Tami Rd Attn: Red Feather Lakes, CO 80545 Address: Attention: Jodean Sandquist	6. Period of Performance (Project Period): From: June 1 2013 - To: September 1, 2014

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

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			B + C		E / D
10,000.00		10,622.94	10,622.94	3,000.00	31%

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Grant Recipient Signature: Jodean O Sandquist, O M. Date: 11/27/2013

10. Certification:
 Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.
 District Forester Signature: [Signature] Date: 12/5/2013

11. Funding is available and request is approved for reimbursement.
 Program Manager Signature: _____ Date: _____

To: Linda Dell / Jodean Sandquist - Crystal Lakes Association - RRA
From: Shirley Pfankuch
Date: 11/27/2013

Payment Instructions for the \$3,000.00 Grant Reimbursement from: Please verify these addresses with CL records
I will come pick up the checks so we can mail them from the Greenbelt with a letter.

Property Owner	Mailing Address				Amount	Filing/Lot	Physical Location
Timothy Cummings	215 Laurel Ct	Windsor	CO	80550	\$ 500	F8 / L64	2122 Shoshoni Way
Ken Godowski	2213 Grosvenor Ct	Ft Collins	CO	80526	\$ 500	F13 / L27	368 Flathead
Roy Griffith	988 Nowata Dr	Red Fe Lks	CO	80545	\$ 500	F4 / L26	988 Nowata Dr
Jim Kubichek	37 Ottwata Connection	Red Fe Lks	CO	80545	\$ 500	F4 / L37A	37 Ottwata Connection
Jay Steele	11389 W 85th Place	Arvada	CO	80545	\$ 500	F13 / L96	1387 Osage Tr
Alan Wilkes	1144 W 124th Ct	Westminster	CO	80234	\$ 500	F7 / L40	240 Ada Ct

\$ 3,000

Ely, Peggy

From: shirlgirl68@aol.com
Sent: Wednesday, December 04, 2013 2:47 PM
To: Ely, Peggy
Subject: Re: Crystal Lakes paperwork

Unfortunately I am in Greeley and leaving for a week. I laid them out in order for easy inspection for Diana...
I will be dropping off tomorrow:

Alan Wilkes
Tim Cumings
Jim Kubichek
Roy Griffith
Jay Steele
Ken Godowski

-----Original Message-----

From: Ely, Peggy <Peggy.Ely@colostate.edu>
To: shirlgirl68 <shirlgirl68@aol.com>
Sent: Wed, Dec 4, 2013 2:30 pm
Subject: FW: Crystal Lakes paperwork

Greetings Shirley, Mike said if you want him to meet you, he would be able to do it, would have to be in the am tomorrow and would need to know where. They guys are leaving here at 8:00am, Thanks, Peggy

From: Ely, Peggy
Sent: Wednesday, December 04, 2013 12:34 PM
To: 'shirlgirl68@aol.com'
Subject: Crystal Lakes paperwork

Shirley, Please forward your paperwork to me for the reimbursement for Crystal Lakes and we'll do what we can to get it moving. Hope your road-trip was a safe one, Peggy

Peggy Ely
Colorado State Forest Service
3843 W. LaPorte Ave.
Fort Collins, CO 80523
970-491-8660

Mike - Le properties they are highlighted in yellow on the map. - Diana

Selby, Diana

From: Shirley Pfankuch <shirley4cl@gmail.com>
Sent: Monday, November 25, 2013 3:38 PM
To: Selby, Diana
Subject: Fwd: SFA WUI Reimbursements

Crystal Lakes

Sorry hit send too soon :)

----- Forwarded message -----

From: Shirley Pfankuch <shirley4cl@gmail.com>
Date: Mon, Nov 25, 2013 at 3:32 PM
Subject: SFA WUI Reimbursements
To: Diana Selby <Diana.Selby@colostate.edu>

I will be dropping off tomorrow:

Alan Wilkes

✓ 240 Ada Ct Filing 7 Lot 40
Turn on Ada Court off of 73C - near Little Lone Pine Lake

Tim Cumings

✓ 2122 Shoshoni Filing 8 Lot 64
Very near the shaded fuel break

Jim Kubichek

✓ 37 Ottwata Conn Filing 4 Lot 37
on North side of lake

Roy Griffith

✓ 988 Nowata Dr Filing 4 Lot 26
Very Close by :)

Jay Steele

✓ 1387 Osage Trail Filing 13 Lot 96
up on Black Mountain Take Tohome to Osage

Ken Godowski

✓ 368 Flathead Filing 13 Lot 27
Stay on Osage to the west Right on Flathead

Please let me know if there is anything else you need. Shirley 970.396.5070

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

F13
1387 Osage TR Lot 96

1. Project/Account #:	2. Total Award Amount:
3. Project Name:	4. Reimbursement Amount to Date:
5. Make Payment To: Name: Jay N Steele Attn: 11389 W 85th Place Address: Arvada, CO 80005	6. Period of Performance (Project Period): July 1-31 2013 From: To:

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

Removed standing dead beetle kill trees and removed several large tree slash piles for defensible space mitigation. Also several downed beetle kill trees were removed. Work was contracted out to Affordable Slash Hauling.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
500.00	1500.00		1500.00	500.00	33-1/3%

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ **500.00** for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: See Attached Date: **9/12/2013**

10. Certification:
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____ Date: _____

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____ Date: _____

15

2011

111111

Handwritten notes or scribbles in the bottom left corner.

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
6/24/203	Contractor	Affordable Slash Invoice		1500.00

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

See Attached
Grant Recipient Signature

Date

District Forester Signature

Date

File 131 Lot 96
Crystal

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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1387 Osage TR

1. Project/Account #:	2. Total Award Amount:
3. Project Name:	4. Reimbursement Amount to Date:
5. Make Payment To: Name: JAY N. STEELE Attn: Address: 11389 W. 85th Pl. ARVADA, CO 80005	6. Period of Performance (Project Period): From: To: 7/1-13-7/31/13

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

REMOVED STANDING DEAD BEETLE KILL TREES AND REMOVED SEVERAL LARGE TREE SLASH PILES FOR DEFENSIBLE SPACE MITIGATION. ALSO SEVERAL DOWNED BEETLE KILL TREES WERE REMOVED. WORK WAS CONTRACTED OUT TO AFFORDABLE SLASH HAULING & SNOW REMOVAL.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
500-	1500-	-	1500-	500	33.33

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 500 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature:

Jay N. Steele

Date: 9-12-13

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature:

Date:

11. Funding is available and request is approved for reimbursement.

Program Manager Signature:

Date:

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
6-24-2013	SLASH HAULING CONTRACTOR	REMOVED STANDING BEETLE KILL TREES & ALREADY CUT BEETLE KILL TREES, ALONG WITH SEVERAL LARGE SLASH PILES - DEFENSABLE SPACE MITIGATION	unk	1,500 ⁰⁰

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.



Grant Recipient Signature

9-12-2013

Date

District Forester Signature

Date

Affordable Slash, Snow Removal and Amazing
 Fabrications
 35 Fox Ct
 Red Fe Lks, CO 80545

Invoice

Date	Invoice #
7/14/2013	06 27 SteeJ

Bill To
Steele, Jay 1387 Osage RFL CO 80545 Fil 13 Lot 96

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Remove Trees and Haul Slash Defensible space mitigation	1,500.00	1,500.00
		Total	\$1,500.00

AFFORDABLE SLASH HAULING and Snow Removal

35 Fox Ct - RFL CO 80545
(970) 881 3536 Cell- 214 7564
GaryWiegel@aol.com

Statement

7/14/2013

jaminjbird@msn.com

To: Steele, Jay
1387 Osage
RFL CO 80545
Fil 13 Lot 96

303.467.5640

Date	Description	Amount	Balance
06/24/2013	Balance forward		0.00
07/14/2013	INV #06 27 SteeJ. --- Slash, 1 @ \$1,500.00 = 1,500.00	1,500.00	1,500.00

Amazing Fabrications

I Also Offer Custom Welding and Fabrication Services
Please Contact Me For More Information

Checks Payable to
GARY WIEGEL

Amount Due
\$1,500.00

Thank you for your Business!!

----- Detach and Return Lower Portion with Payment -----

Customer Phone	Customer E-mail	Date
303.467.5640	jaminjbird@msn.com	7/14/2013
		Amount Due

Make Checks Payable to:

\$1,500.00

Gary Wiegel
35 Fox Ct
Red Fe Lks, CO 80545

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

369 Flathead F13/L27

1. Project/Account #:	2. Total Award Amount:
3. Project Name: 368 Flathead Dr Crystal F13/L27	4. Reimbursement Amount to Date:
5. Make Payment To: Name: Ken Godowski Attn: 2213 Grosvenor Ct Address: Ft Collins, CO 80526	6. Period of Performance (Project Period): From: Jul 5 - Sep 1 To:

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

North part property: about 100 lodgepole pines removed to thin area. 4 c y slash removed from ground.
East Part property: about 20 dead standing pines removed. 4-6 cy slash removed
Southwest Part Property: 75 small lodgepole pines removed. 3-4 cy slash removed.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
500.00	1046.80		1046.80	500.00	48% 44.8%

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

115.92 500.00

Reimbursement Request: I request reimbursement in the amount of \$ 500.00 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: See Attached Date: 9/26/2013

10. Certification:
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____ Date: _____

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____ Date: _____

5: 11: 33:

11: 33:

11: 33:

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
Jul-Aug 2013	Kay Godowski	Hours as per attached	3.5	76.27
	Steve Godowski	Hours as per attached	10.5	217.90
	Ken Godowski	Hours as per attached	18	396.22
	Laura Godowski	Hours as per attached	8.5	185.22
	Kevin Godowski	Hours per attached	7.5	163.43
	Disposal Fee	Slash Solutions		70.00
				1115.92

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Grant Recipient Signature

Date

District Forester Signature

Date

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

1. Project/Account #: <u>368 Flathead Dr., Crystal Lakes, CO</u>	2. Total Award Amount: <u>\$ 500</u>
3. Project Name: <u>368 Flathead Dr.</u>	4. Reimbursement Amount to Date:
5. Make Payment To: Name: <u>Ken Godowski</u> Attn: <u>2213 Grosvenor Ct</u> Address: <u>Ft Collins CO 80526</u>	6. Period of Performance (Project Period): From: <u>5 JULY 2013</u> To: <u>1 SEP 2013</u>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

North part of property: About 100 lodgepole pines removed to thin area. ~ 4 cu. yds. slash removed.
East part of property: About 20 dead standing pines removed. ~ 4-6 cu. yds. slash removed.
South-west part of property: About 75 small lodgepole pines removed. ~ 3-4 cu. yds. slash removed.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
<u>\$ 500</u>	<u>\$ 1046.80</u>		<u>\$ 1046.80</u>	<u>\$ 500</u>	<u>0.48</u>

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 500 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: Ken Godowski Date: 26 Sep 2013

10. Certification:
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____ Date: _____

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____ Date: _____

Exhibit B 1

(Accompanies Exhibit B-CSFS Grant and Cost-Share Program Reimbursement Request)

CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet*

A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs) INCLUDES: (contracted services with receipts) (recipients's own labor to be valued at current volunteer labor rate) (labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented) (equipment rental with receipts) (use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.) (materials with receipts) (materials, if provided to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) <i>Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost share rate.</i>	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer) INCLUDES: (volunteers' labor to be valued at current volunteer labor rate) (donated materials/supplies to be valued at market value) (donated use of equipment to be valued at rental rate) (meeting room provided to be valued at market price) While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.	D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Match Ratio (Cost-share rate) (E / D)
\$0.00 \$ 500	\$0.00	\$0.00 \$ 1046.80	\$ 1046.80 \$0.00	\$ 500 \$0.00	0.48 #DIV/0!

*Use From D-CSFS Financial Assistance Cost-Share Program Cost Documentation or other approved documentation to support calculations

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
07/05/13	Kay Godowski	Log cutting/removal	2	\$40.70
07/05/13	Steve Godowski	Log cutting/removal	2	\$40.70
07/05/13	Ken Godowski	Log cutting/removal	2	\$40.70
07/06/13	Steve Godowski	Log cutting/removal; loading and transporting slash	6	\$122.10
07/06/13	Ken Godowski	Log cutting/removal; loading and transporting slash	6	\$122.10
07/06/13	Laura Godowski	Log cutting/removal; loading and transporting slash	6	\$122.10
07/07/13	Steve Godowski	Log cutting/removal; loading and transporting slash	2.5	\$50.88
07/07/13	Ken Godowski	Log cutting/removal; loading and transporting slash	2.5	\$50.88
07/07/13	Laura Godowski	Log cutting/removal; loading and transporting slash	2.5	\$50.88

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Kay Godowski
Grant Recipient Signature

26 Sep 2013
Date

District Forester Signature

Date

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
08/31/13	Ken Godowski	Log cutting/removal; loading and transporting slash	4	\$81.40
08/31/13	Kevin Godowski	Log cutting/removal; loading and transporting slash	4	\$81.40
09/01/13	Kay Godowski	Log cutting/removal	1.5	\$30.53
09/01/13	Ken Godowski	Log cutting/removal	3.5	\$71.23
09/01/13	Kevin Godowski	Log cutting/removal	3.5	\$71.23
07/06/13	Slash Solutions	Receiving logs/slash		\$14.00
07/07/13	Slash Solutions	Receiving logs/slash		\$28.00
08/31/13	Slash Solutions	Receiving logs/slash		\$28.00

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Ken Godowski
Grant Recipient Signature

26 Sep 2013
Date

District Forester Signature

Date

Sheet 1

Log of Hours for Fire mitigation at Cabin

Date	Kay	Steve	Ken	Laura	Kevin
5. July 2013	2	2	2		
6. July 2013		6	6	6	
7. July 2013		2.5	2.5	2.5	
31. Aug. 2013			4		4
1. Sep. 2013	1.5		3.5		3.5

Slash Solutions

	log cutting+removal
\$14.00	1 load slash, log cutting+re moval
\$28.00	2 load slash, log cutting+re moval
\$28.00	2 load slash, log cutting+re moval
	log cutting+removal

Total
 \$976.80 Labor
 \$70.00 Slash Solutions

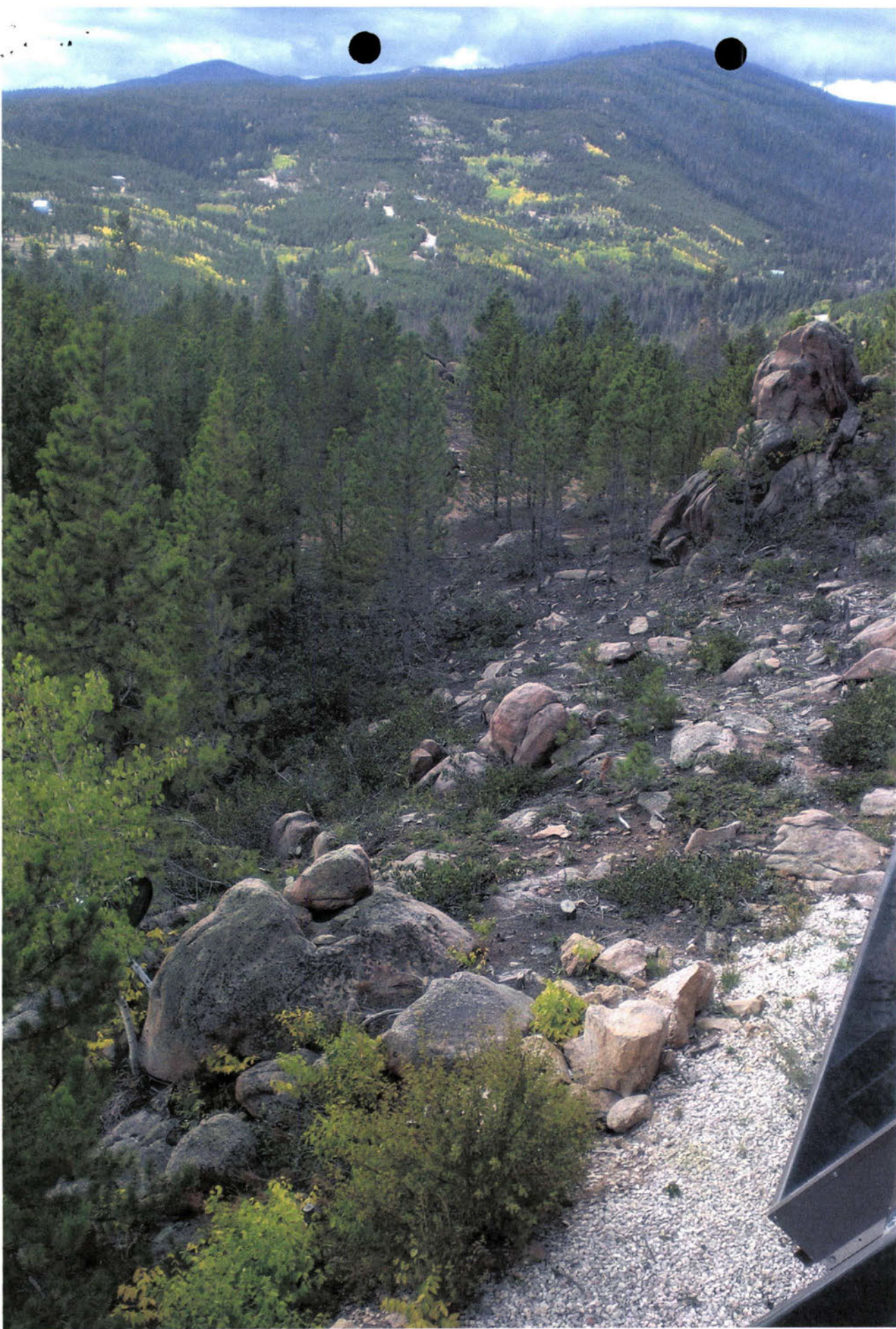
Grand Total
 \$1,046.80



View
North
~ 160
trees
removed



View
East
Dead
Standing
trees
removed/
Stacked



View
S.W.
many
small
trees
removed



003607

(970) 881-3737

1337 CR 73C

Red Fe Lks CO 80545

www.slashsolutionsllc.com

Slash Solutions, LLC

Date:

8-31-13

Name:

Ken Godowski

Address:

368 Flathead Dr

email address optional: Crystal Lakes CO

Material	Cub Yds	Rate	TOTAL			
Slash	2	\$ 5/7	\$ 14			
Logs Cut / Lengths		\$ 6	\$			
Stumps		\$ 6	\$			
TOTAL \$						
DR	CR	MC	VISA	OTHER	PUNCH	CASH

I acknowledge: I am entering this site at my own personal risk to unload material and accept full responsibility for any injury or damage to either myself or others occurring as a result.

Signature:

Ken Godowski



002763

(970) 881-3737

1337 CR 73C

Red Fe Lks CO 80545

www.slashsolutionsllc.com

Slash Solutions, LLC

Date:

8-31-13

Name:

Ken Godowski

Address:

368 FLATHEAD DR

email address optional: Crystal Lakes CO

Material	Cub Yds	Rate	TOTAL			
Slash	2	\$ 5/7	\$ 14			
Logs Cut / Lengths		\$ 6/8	\$			
Stumps		\$ 6/10	\$			
TOTAL \$						
DR	CR	MC	VISA	OTHER	PUNCH	CASH

I acknowledge: I am entering this site at my own personal risk to unload material and accept full responsibility for any injury or damage to either myself or others occurring as a result.

Signature:

Ken Godowski



002680

(970) 881-3737

1337 CR 73C

Red Fe Lks CO 80545

www.slashsolutionsllc.com

Slash Solutions, LLC

Date:

7-6-13

Name:

Ken Godowski

Address:

368 Flathead Dr, CL

email address optional:

Material	Cub Yds	Rate	TOTAL			
Slash	23	\$ 5/7	\$ 14			
Logs Cut / Lengths		\$ 6/8	\$			
Stumps		\$ 6/10	\$			
TOTAL \$						
DR	CR	MC	VISA	OTHER	PUNCH	CASH

I acknowledge: I am entering this site at my own personal risk to unload material and accept full responsibility for any injury or damage to either myself or others occurring as a result.

Signature:

Ken Godowski



002683

(970) 881-3737

1337 CR 73C

Red Fe Lks CO 80545

www.slashsolutionsllc.com

Slash Solutions, LLC

Date:

7-7-13

Name:

KAY GODOWSKI

Address:

368 FLATHEAD DR

email address optional:

Material	Cub Yds	Rate	TOTAL			
Slash	4	\$ 5/7	\$ 28			
Logs Cut / Lengths		\$ 6/8	\$			
Stumps		\$ 6/10	\$			
TOTAL \$						
DR	CR	MC	VISA	OTHER	PUNCH	CASH

I acknowledge: I am entering this site at my own personal risk to unload material and accept full responsibility for any injury or damage to either myself or others occurring as a result.

Signature:

Ken Godowski

**EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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240 Ada G - F7 Lot 40

1. Project/Account #: Alan and Karon Wilkes	2. Total Award Amount: \$1000.00
3. Project Name:	4. Reimbursement Amount to Date: \$0.00
5. Make Payment To: Name: Alan Wilkes Attn: 1144 W 124th Ct Address: Westminster, CO 80234	6. Period of Performance (Project Period): From: 06/15/13-08/31/13 To:

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

Beetle kill trees and slash, debris removal over 1-1/2 acres. More than 20 cu. yds. of beetle kill trees, slash and debris loaded, hauled and disposed of. Invoices paid for services.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
500 - 1000.00	2146.50		2146.50	500.00	50%

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

500.00

Reimbursement Request: I request reimbursement in the amount of \$ 500.00 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: Alan Wilkes Date: 10/05/2013

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____ Date: _____

11. Funding is available and request is approved for reimbursement.

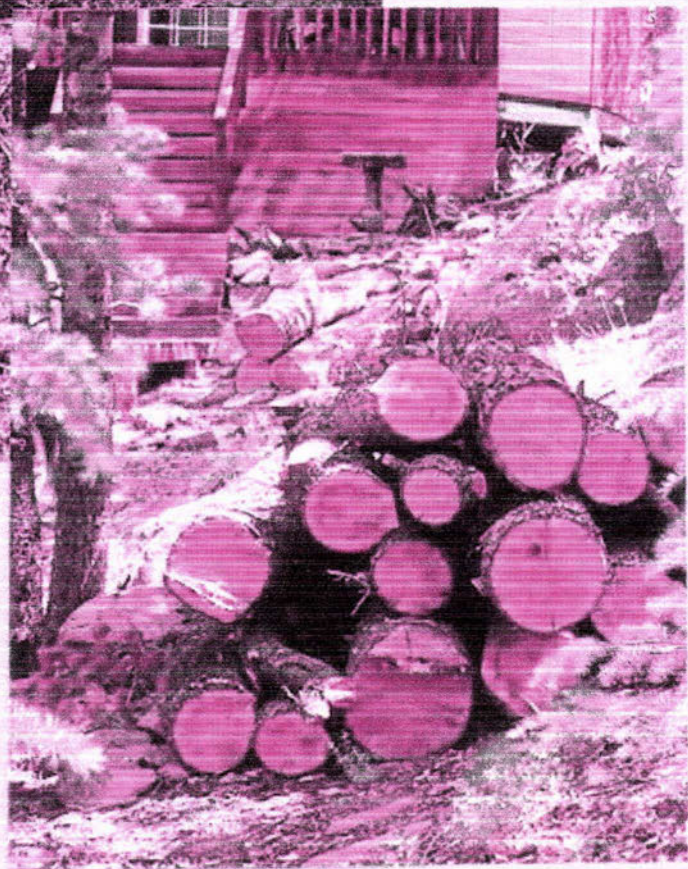
Program Manager Signature: _____ Date: _____



MAY
2013
BEETLE
KILL



JUNE/JULY
2013
TREES CUT





JULY, AUG. 2013
BEETLE KILL CUT,
SLASH GATHERED



AUG
2013
SLASH
REMOVED



JULY
AUG
2013
BEETLE KILL
CUT



AUG 2013
TREES +
SLASH
REMOVED



JULY
AUG
2013

BEETLE KILL
CUT



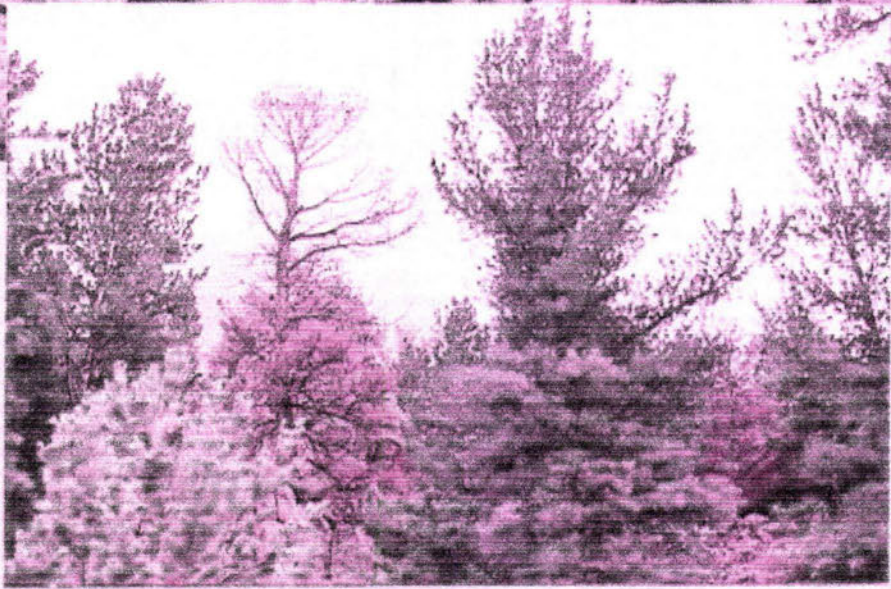
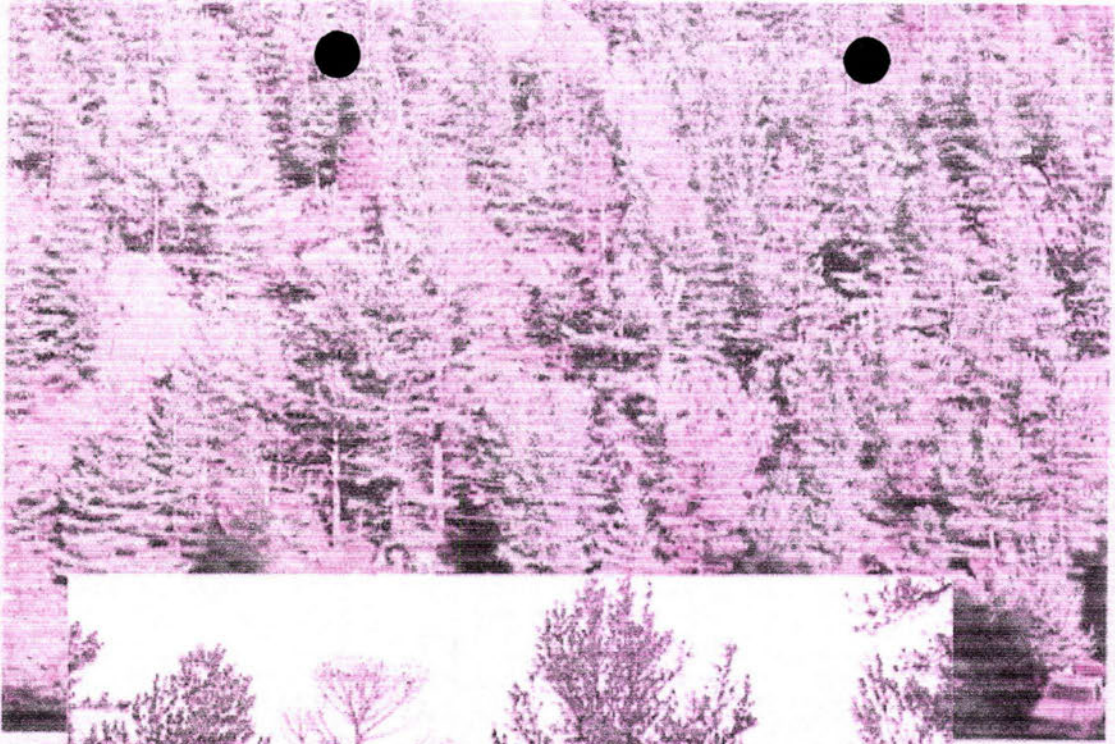
AUG 2013
TREES +
SLASH
REMOVED



JULY
2011
PRE
BEETLE
KILL



AUG.
2013
AFTER
TREES
CUT
AND
REMOVED



MAY
2013
BEETLE
KILL



ALAN & KAREN WILKES

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
6/15/13	wilkes	slash cut, gathering	9	195.75
6/16/13	wilkes	slash cut, gathering	7	152.25
7/26/13	wilkes	7 trees felled, limbed	12	261.00
7/27/13	wilkes	4 trees felled, limbed	9	195.75
7/28/13	wilkes	9 trees cut to sections	10	217.50
8/09/13	BRW,wilkes	load, dispose of slash, 4 large loads (*invoice paid: BRW)	9	*350.75
8/10/13	BRW,wilkes	load, dispose of slash, 4 large loads (*invoice paid: BRW)	9	*350.75
8/18/13	BRW,wilkes	limb, cut sections, stack, load, dispose of slash, 2 lg. loads (* invoice paid: BRW)	10	*387.50
8/31/13	wilkes, Slash Sol.	load slash, delivered to Slash Solutions, small load (* invoice paid: Slash Sol.)	1	*35.75

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Alan Wilkes
Grant Recipient Signature

10/05/2013
Date

District Forester Signature

Date

BRW Enterprises LLC
 3301 39th Ave
 Evans, CO 80620
 970-381-0120

Invoice

Date	Invoice #
8/19/2013	985

Bill To
Alan and Karen Wilkes 240 Ada Ct Redleather Lakes

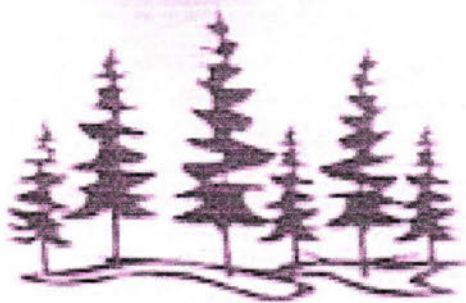
Ship To
Cash Sale

P.O. Number	Terms
	Due on receipt

Quantity	Item Code	Description	Price Each	Amount
1	LM	Hunt and dispose (8) loads slash (Aug. 9/10)	310.00	310.00
1	LM	Hunt and dispose (2) loads slash, Limb and stock downed sections (Aug. 18)	170.00	170.00

PAID VISA 9/27/2013

Total	\$480.00
Payments/Credits	\$0.00
Balance Due	\$480.00



Slash Solutions, LLC

(970) 881-3737

1337 CR 73C

Red Fe Lks CO 80545

www.slashsolutionsllc.com

002921

Date: 8-31-73

Name: Karen Wilkes

Address: 290 Ada / hot 40 Filing

email address optional: (I think) 7-

Material	Cub Yds	Rate	TOTAL
Slash	<u>2</u>	<u>\$ 7</u>	<u>\$ 14</u>
Logs Cut / Lengths		<u>\$ 8</u>	<u>\$</u>
Stumps		<u>\$ 10</u>	<u>\$</u>

TOTAL \$

DR	CR	MC	VISA	OTHER	PUNCH	<u>CASH</u>
----	----	----	------	-------	-------	-------------

I acknowledge: I am entering this site at my own personal risk to unload material and accept full responsibility for any injury or damage to either myself or others occurring as a result.

Signature: Karen Wilkes

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

2122 Shoshoni F8/L64

1. Project/Account #:	2. Total Award Amount:
3. Project Name:	4. Reimbursement Amount to Date:
2122 Shoshoni Dr Crystal Lakes F8L64	
5. Make Payment To: Name: Timothy Cummings Attn: 215 Laurel Ct Address: Windsor, CO 80550	6. Period of Performance (Project Period): From: June 21 2013 To: September 26, 2013

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

Removal of all dead and dying trees on approximately 1 acre on the south side of the property. Removed most of the trees around the dwelling, piled logs for removal, shredded slash. Before and after pictures are attached. Labor log and receipt for shredder are also attached.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
500.00	2632.40		2632.40	500.00	19%

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

500.00

Reimbursement Request: I request reimbursement in the amount of \$ 500.00 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: See Attached Date: 8/27/2013

10. Certification:
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____ Date: _____

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____ Date: _____



1 2 3 4

1 1 1 1 1

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
June 21-Aug 18	Tim	Hours as per attached	92	2004.68
	Nic	Hours as per attached	13	283.27
	Sandy	Hours as per attached	3	65.37
		Rental of Chipper		279.08
				2,632.40

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Grant Recipient Signature

Date

District Forester Signature

Date

**EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

1. Project/Account #:	2. Total Award Amount:
3. Project Name:	4. Reimbursement Amount to Date:
5. Make Payment To: Name: <u>Timothy Cummings</u> Attn: Address: <u>215 Laurel CT</u> <u>Windsor, Co 08550</u>	6. Period of Performance (Project Period): From: To:

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

cut all dead and dying trees on approximately 1 acre on south side of property. Removed most of the trees around the building. Piled logs for removal. Saw shredded slash. Before and after pictures attached. Labor log also attached along with rental receipt for shredder.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
<u>500</u>			B + C		F / D

* Use results from Exhibit B Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 500.00 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: _____

Timothy Cummings

Date: 8/27/13

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____

Date: _____

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____

Date: _____

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
9/21/13	D.K. Tim	Labor cutting trees / piling slash / shredding slash ^{See Attached!}	10.8	
9/26/13	Sandy	Labor cutting trees / piling slash / shredding slash	10.8	
9/26/13	Tim	Rental of weed whopper		279.08

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Grant Recipient Signature

9/26/13
Date

District Forester Signature

Date

Work Hrs clearing 2122 Shoshoni

	<u>HRS</u>	<u>Who</u>
6-21	6	Tim
6-22	4	Tim
6-27	6	MIC
6-28	6	TIM
6-28	7	Tim
6-29	2	Tim
7-4	2	Tim
7-5	6	Tim
7-6	2	Tim
7-11	1	Tim
7-12	3	Tim
7-13	2	Tim
7-16	7	Tim
7-19	5	Tim
7-20	2	Tim
7-21	2	Tim
7-25	1	Tim
7-29	3	Sandy
8-1	1	Tim
8-2	2	Tim
8-3	5	Tim
8-4	3	Tim
8-16	2	Tim
8-17	5	Tim
8-18	3	Tim

Note:

clearing was done prior to this log by Nic & Tim but no record

9-26 9 Tim

9-26 9 MIC

9-28 12

3101 W. Eisenhower Blvd. • Loveland, CO 80537
 970-669-3866 • Fax 970-669-4696

142 Gateway Circle • Johnstown, CO 80513
 970-532-0144 • Fax 970-532-0147

CONTRACT NUMBER

95155-LVLD

INVOICE NUMBER 138437

DATE AND TIME IN

09/24/2013 6:56 AM

DATE AND TIME OUT

09/24/2013 4:33 PM

RENTED AND/OR SOLD TO

Closed Contract/Invoice

ADDRESS AT WHICH EQUIPMENT WILL BE USED

Account #: 19546
 NICHOLAS TIMOTHY CUMINGS
 355 SAXONY RD
 JOHNSTOWN, CO 80534

970-587-5364

WRITTEN BY
 ERIC

CHECKED IN BY
 KYLE

AGENT'S NAME

JOB LOCATION

CAR LICENSE NUMBER

DRIVER'S LICENSE NUMBER
 94-168XXXXX

P. O. NO. OR JOB NO

DATE AND TIME DUE IN
 See Details Below

Item #	Description	Qty	Unit	Rate	M	W	D	H	Date & Time In	Amount
50-052-01	CHIPPER, WOOD, AUTO FEED, 9" Meter Out: 131.000 Serial# 5WDS31216CC200400 Quantity Rtn/AmtChgd: 1/ 272.00	0	1	24H 272.00				2	09/26/2013 6:56 AM	272.00
				Meter In: 140.800 Total Usage: 9.800 Allowed: 16.000 Over: 0.000						
08-025-LL	CARPET IRON, SEAMING Quantity Rtn/AmtChgd: 1/ 18.00	0	1	24H 18.00				2	09/26/2013 6:56 AM	18.00
08-080-LL	CARPET SEAM ROLLER Quantity Rtn/AmtChgd: 1/ 3.00	0	1	24H 3.00				2	09/26/2013 6:56 AM	3.00
TS-776854	TAPE MEASURE, STANLEY, 25' Sold: 1								0.00 Price Ea.	0.00

COUPON FOR FREE TAPE MEASURE

LOVELAND store hours: Monday thru Saturday 7am - 5pm, Sunday, 8am - 3pm

JOHNSTOWN store hours: Monday thru Saturday, 7am - 5pm, Sunday - CLOSED

Visit our NEW website: www.ColoradoGrandRental.com

272.00

DAMAGE WAIVER CHARGE (DWC) _____ %
 OF RENTAL CHARGE, RENTER MAY, BY INITIALS
 HEREON, DECLINE BENEFITS OF PARAGRAPH 28,
 DAMAGE WAIVER, ON REVERSE SIDE OF THIS
 CONTRACT.

DWC IS NOT INSURANCE.

DECLINES

(INITIALS)

METERED EQUIPMENT

RUN TIME ALLOWANCE:	1 DAY = 8 HOURS 1 WEEK = 40 HOURS 4 WEEKS = 160 HOURS	POSSESSION TIME:	1 DAY = 24 HRS. 1 WEEK = 7 DAYS MONTH = 4 WEEKS
---------------------	---	------------------	---

ALL TIME IS CHARGED INCLUDING SATURDAY, SUNDAY AND HOLIDAYS.

Total Rental	293.00
Environmental Fee	8.79
Subtotal	301.79
Sales Tax	17.29
Total	319.08
Less Deposit	0.00
Amount Tendered	319.08

272.00
 272.00

I have read and understand the terms and conditions on both sides of this agreement and certify that I am the person named on the other side. I have agreed to as if printed above my signature. There are no oral or other representations not included herein. By signing below, I authorize Grand Rental Station to make appropriate charges to my credit card (see Paragraph 26 on reverse side). I have received a copy of this agreement.

Lessee's Signature: X

Print Name _____

Written: 09/24/2013, Last Adj.: 09/26/2013, Time: 06:56

Payment: CrCard

PROMPT RETURN OF YOUR RENTALS SAVES YOU MONEY. YOU ARE RESPONSIBLE FOR ALL TIRES AND PROPER ELECTRIC CURRENT

Now



- Now -



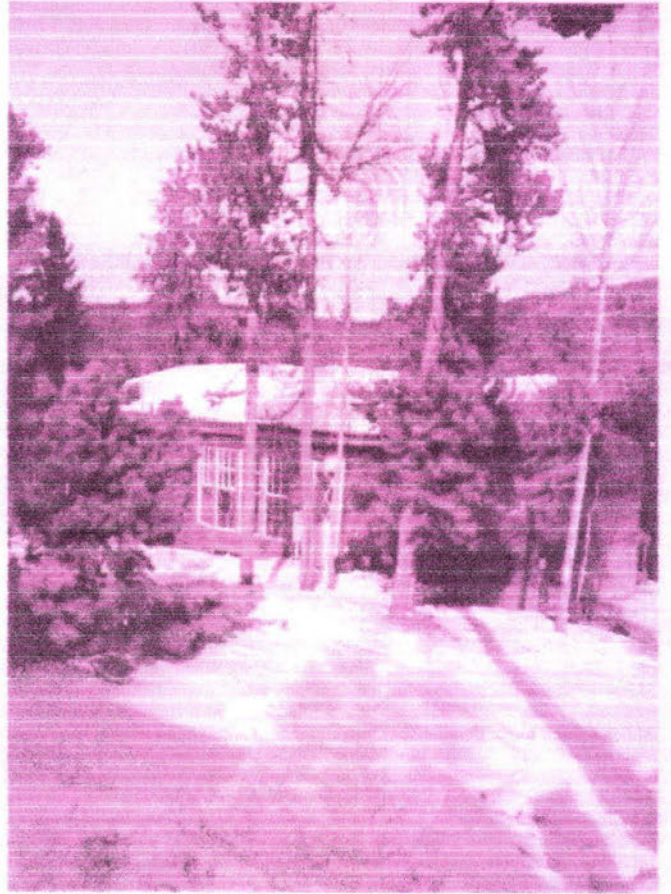
- Now -



Before



Before anything



Before slash removal



Before slash removal



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

1. Project/Account #:	2. Total Award Amount:
3. Project Name: 37 Ottwata Conn F 4 Lot 37A	4. Reimbursement Amount to Date:
5. Make Payment To: Name: Jim Kubichek Attn: 37 Ottwata Connection Address: Red Feather Lakes CO 80545	6. Period of Performance (Project Period): July 13-25 2013 From: To:

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

**All Ground junipers removed and disposed of in defensible space a and b
Attached report and pictures**

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
500.00	2,000.00		2,000.00	500.00	25%

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ **500.00** for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: _____

Attached

Date: **9/4/2013**

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____

Date: _____

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____

Date: _____

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
7/13/2013	Affordable Slash	Remove and dispose of junipers - contracted		2,000.00

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Grant Recipient Signature

Date

District Forester Signature

Date

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

F4 LOT 37A 37 Off Wata Bn.

1. Project/Account #:	2. Total Award Amount:
3. Project Name:	4. Reimbursement Amount to Date:
5. Make Payment To: Name: <u>Jim Kubichek</u> Attn: Address: <u>37 Off Wata Connection</u> <u>Red Feather Lakes, CO 80585</u>	6. Period of Performance (Project Period): From: <u>7/13/13</u> To: <u>7/25/13</u>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

*All ground junipers removed and disposed in defensible space A+B.
See attached report with pictures*

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
<u>500⁰⁰</u>	<u>2,000</u>	<u>- 0 -</u>	<u>2,000</u>	<u>500⁰⁰</u>	<u>25%</u>

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 500⁰⁰ for the work completed and documented above. 50% match up to

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: *Jim Kubichek* Date: 9/4/13

10. Certification:
 Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____ Date: _____

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____ Date: _____

Exhibit B 1

(Accompanies Exhibit B-CSFS Grant and Cost-Share Program Reimbursement Request)

CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet*

A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs) INCLUDES: (contracted services with receipts) (recipients' own labor to be valued at current volunteer labor rate) (labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented) (equipment rental with receipts) (use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.) (materials with receipts) (materials, if provided to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) <i>Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost share rate.</i>	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer) INCLUDES: (volunteers' labor to be valued at current volunteer labor rate) (donated materials/supplies to be valued at market value) (donated use of equipment to be valued at rental rate) (meeting room provided to be valued at market price) While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.	D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Match Ratio (Cost-share rate) (E / D)
\$0.00 500.00	\$2,000.00	\$0.00	\$2,000.00	\$500.00	25%

*Use From D-CSFS Financial Assistance Cost-Share Program Cost Documentation or other approved documentation to support calculations

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
7/13/13	Slash Solutions	Remove + Dispose of Junipers		2,000

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.



Grant Recipient Signature

9/4/13
Date

District Forester Signature

Date

2013 Fire Mitigation Project for Jim Kubichek, 37 Ott Wata Connection, Red Feather Lakes, CO

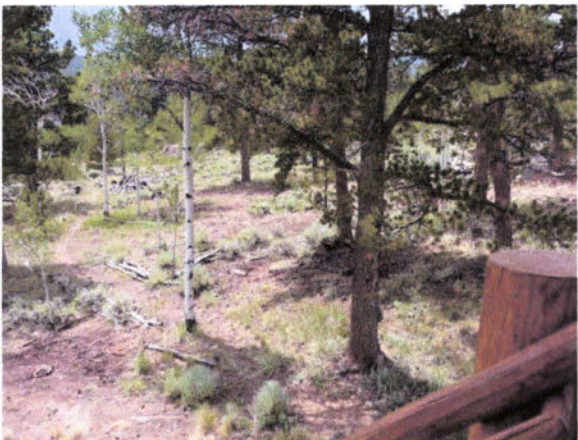
Filing 4, Lot 37A

What follows is my final report for the Crystal Lakes Fire Mitigation Grant

Project: Removal of ground junipers. Cost: \$2,000 removal and disposal

Before:

After:



1977-1978 Annual Report of the Department of Health, Education and Welfare

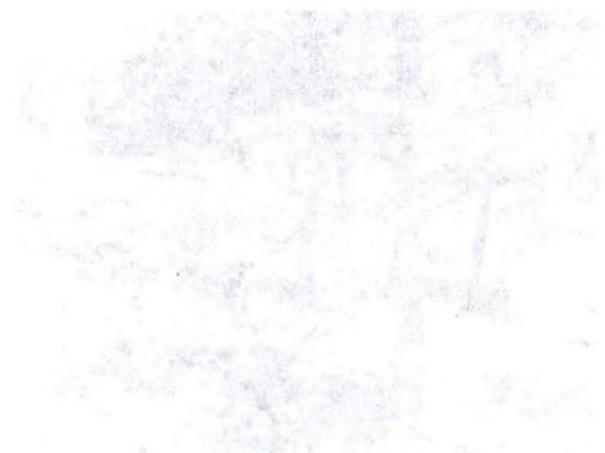
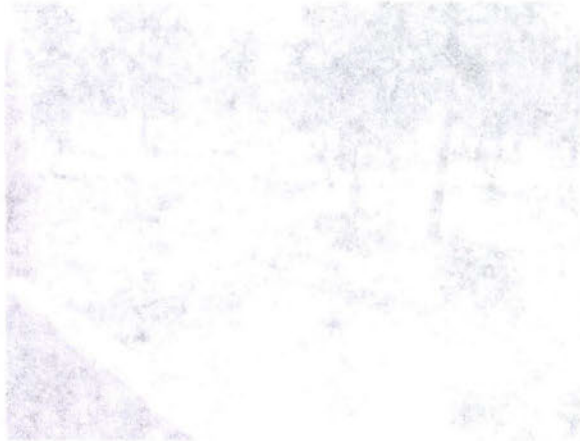
Page 1 of 10

The following information is provided to the Department of Health, Education and Welfare

for the purpose of the Department of Health, Education and Welfare

Table

Page





More junipers were removed from the Southeast and Northeast edge of the property also.

Invoice

Date
7/14/2013

Invoice #
07 01 KubiJ

Bill To
Kubichek, Jim
37 Ott Wata Connection
RFL CO 80545

Affordable Slash, Snow Removal and Amazing
Fabrications
35 Fox Ct
Red Fe Lks, CO 80545

P.O. No. Terms Project

~~Quantity Description Rate Amount~~

1 Remove Junipers and Haul for Fire Mitigation Defensible Space 2,000.00

Paid 7/23/2013

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

1. Project/Account #:	2. Total Award Amount:
3. Project Name: F 4 Lot 26 Crystal Lakes	4. Reimbursement Amount to Date:
5. Make Payment To: Name: Roy Griffith Attn: 988 Nowata Dr Address: RFL CO 80545	6. Period of Performance (Project Period): From: Aug 7 - Oct 1 2013 To:

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

The project has 6 identifiable defensible spaces from which 28 cubic yards of slash has been removed at a cost of 55 volunteer hours. Slash includes ground cover and tree limbs.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
500.00	1225.24		1225.24	500.00	41%

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ **500.00** for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature:  Date: **10/9/2013**

10. Certification:
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.
District Forester Signature: _____ Date: _____

11. Funding is available and request is approved for reimbursement.
Program Manager Signature: _____ Date: _____

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
8/1-13 to 10/1/13	Roy & Judy Griffith	Volunteer Labor to remove trees, slash, cut up trees	55	1198.45
		Fees to County Landfill - no labor, mileage added		26.79
				1225.24

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Grant Recipient Signature

Date

District Forester Signature

Date

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

1. Project/Account #:	2. Total Award Amount:
3. Project Name: <u>LOT 26 FILING 40 CRYSTAL LAKES SUBDIVISION</u>	4. Reimbursement Amount to Date:
5. Make Payment To: <u>ROY GRIFFITH</u> Name: <u>ROY GRIFFITH</u> Attn: Address: <u>988 NOWATA DR</u>	6. Period of Performance (Project Period): From: <u>8-7-13</u> To: <u>10-1-13</u>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

The project has 6 identifiable defensible spaces from which 28 cubic yards of slash has been removed at a cost of 55 volunteer hours. Slash includes ground cover and tree limbs.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ _____ for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: _____

Roy Griffith

Date: _____

10-9-13

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____

Date: _____

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____

Date: _____

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
8-7-13 10-1-13	Volunteer labor	SHAFT, Ground cover and tree limbs, removed from property as in dug up or cut from trees	55	1209.34
	Volunteer labor	8 cubic yards removed from project property to county landfill. (no mileage or hours)		26.79

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.



Grant Recipient Signature

10-9-13

Date

District Forester Signature

Date

Exhibit B 1

(Accompanies Exhibit B-CSFS Grant and Cost-Share Program Reimbursement Request)

CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet*

A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs) INCLUDES: (contracted services with receipts) (recipients's own labor to be valued at current volunteer labor rate) (labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented) (equipment rental with receipts) (use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.) (materials with receipts) (materials, if provided to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) <i>Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost share rate.</i>	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer) INCLUDES: (volunteers' labor to be valued at current volunteer labor rate) (donated materials/supplies to be valued at market value) (donated use of equipment to be valued at rental rate) (meeting room provided to be valued at market price) While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.	D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Match Ratio (Cost-share rate) (E / D)
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!

*Use From D-CSFS Financial Assistance Cost-Share Program Cost Documentation or other approved documentation to support calculations

LARIMER COUNTY LANDFILL
GATEHOUSE
5887 S. Taft Hill Rd.
Fort Collins, CO 80526

Weighed: Ray
Deposit: Nancy
BILL TO: 0
CASH

Vehicle ID: A154
Reference:

Origin: LARIMER COUNTY
DATE IN: 08/17/2013 TIME IN: 08:49:21
DATE OUT: 08/17/2013 TIME OUT: 09:08:04

INBOUND TICKET Number: 05-00371699

SCALE 1 GROSS WT.	6580	LB
SCALE 3 TARE WT.	6200	LB
NET WEIGHT	380	LB

Qty	Description	Amount
1.000	Loose Waste in Truck	5.25

State Surc	0.18	
DEPOSIT RECEIVED:		5.43
NET CASH AMOUNT:		5.43
DUE NOW:		0.00

X _____

LARIMER COUNTY LANDFILL
GATEHOUSE
5887 S. Taft Hill Rd.
Fort Collins, CO 80526

Weighed: Tricia

Deposit: Rocky

BILL TO: 0

CASH

Vehicle ID: B105

Reference:

Origin: LARIMER COUNTY

DATE IN: 08/09/2013 TIME IN: 12:13:20

DATE OUT: 08/09/2013 TIME OUT: 12:35:54

INBOUND TICKET Number: 05-00368215

SCALE 2 GROSS WT.	7460 LB
SCALE 3 TARE WT.	6800 LB
NET WEIGHT	660 LB

Qty	Description	Amount
2.000	Loose Waste in Truck	10.50

State Surc 0.18

DEPOSIT RECEIVED: 10.68

NET CASH AMOUNT: 10.68

DUE NOW: 0.00

X _____

LARIMER COUNTY LANDFILL
GATEHOUSE
5887 S. Taft Hill Rd.
Fort Collins, CO 80526

BILL TO: 0
CASH

Vehicle ID: A154
Reference:

DATE IN: 08/17/2013 TIME IN: 08:49

INBOUND TICKET Number: 05-00371699

SCALE GROSS WEIGHT 6580 LB

Qty	Description	Amount
1.000	Loose Waste in Truck	

DEPOSIT RECEIVED 5.43

LARIMER COUNTY LANDFILL
GATEHOUSE
5887 S. Taft Hill Rd.
Fort Collins, CO 80526

Weighed: Nancy
Deposit: Rocky
BILL TO: 0
CASH

Vehicle ID: B118
Reference:

Origin: LARIMER COUNTY
DATE IN: 10/02/2013 TIME IN: 11:23:39
DATE OUT: 10/02/2013 TIME OUT: 11:39:36

INBOUND TICKET Number: 05-00390236

SCALE 2 GROSS WT.	7240	LB
SCALE 3 TARE WT.	6840	LB
NET WEIGHT	400	LB

Qty	Description	Amount
2.00	Loose Waste in Truck	10.50
	State Surc	0.18
	TICKET AMOUNT:	10.68
	DEPOSIT RECEIVED:	10.68
	DUE NOW:	0.00

X _____

LARIMER COUNTY LANDFILL
GATEHOUSE
5887 S. Taft Hill Rd.
Fort Collins, CO 80526

BILL TO: 0
CASH

Vehicle ID: B105
Reference:

DATE IN: 08/09/2013 TIME IN: 12:13

INBOUND TICKET Number: 05-00368215

SCALE GROSS WEIGHT 7460 LB

Qty	Description	Amount
2.000	Loose Waste in Truck	

DEPOSIT RECEIVED 10.68

6/12/2013 12:29 PM • Sales Receipt # 361068

HAGEMAN EARTH CYCLE

3501 East Frosper Road
Fort Collins, CO 80525

970-221-7173

www.hagemanearthcycle.com

Customer # 111111

Description	Qty	Price	Est Price
Tire Guard (Tire)	0.52	\$26.25	\$13.65

Subtotal \$13.65

County Sales Tax 0 % Tax + \$0.00

RECEIPT TOTAL: \$13.65

Payment Taken \$20.00

Change Given \$6.35

Cash \$20.00

Thank you for your business!

LARIMER COUNTY LANDFILL
GATEHOUSE
5887 S. Taft Hill Rd.
Fort Collins, CO 80526

Deposit: Rocky

BILL TO: 0

CASH

Vehicle ID: B118

Reference:

DATE IN: 10/02/2013 TIME IN: 11:23

INBOUND TICKET Number: 05-00390236

SCALE GROSS WEIGHT 7240 LB

Qty	Description	Amount
2.000	Loose Waste in Truck	

DEPOSIT RECEIVED 10.68

POUDRE VALLEY COOPERATIVE ASSOCIATION, INC.
 225 NW FRONTAGE ROAD
 FORT COLLINS, COLORADO 80524-9296
 TELEPHONE: 970-221-5300
 FAX: 970-493-5827



Invoice: 0260351BP

Sold To: GRIFFITH, ROY L

Cust: 00200600

Date: 08/09/13

9944 SILVER MAPLE WAY
 HIGHLANDS RANCH, CO 80129

Account: REGULAR

Dist Type: Charge

Entry: 0500950F DP

Sold By: MAC SALESMAN:

Terms: REGULAR TERMS

QUANTITY	U/M	DESCRIPTION	PRICE	EXTENSION
5.00	LB	S DRYLAND PASTURE BULK	3.25	16.25
1.00		BLADE RECIP 5PC ACE	14.99	14.99
14.99		CO/LARIMER SALES TAX	.04	.52

[Handwritten Signature]

12253
 12/1/13

Ticket Total: 31.76
 REGULAR: 31.76

CUSTOMER COPY

COMMERCIAL APPLICATORS ARE LICENSED BY THE COLORADO DEPARTMENT OF AGRICULTURE
 TERMS: Cash unless previous credit authorized.
 Accounts due the 10th of the month.
 1.50% per month charged on past due accounts, 18% annual percentage rate.

2000
1000
1000
1000
1000

1000
1000
1000

1000

1000
1000
1000

POUDRE VALLEY COOPERATIVE ASSOCIATION, INC.
 225 NW FRONTAGE ROAD
 FORT COLLINS, COLORADO 80524-9296
 TELEPHONE: 970-221-5300
 FAX: 970-493-5827



Invoice: 0265302BP

Sold To: GRIFFITH, ROY L

Cost: 00200600

Date: 08/27/13

9944 SILVER CIRCLE WAY
 HIGHLANDS RANCH, CO 80129

Account: REGULAR

Dist Type: Credit

Entry: 0507530F BP

Sold By: RCN SALESMAN:

Terms: REGULAR TERMS

QUANTITY	U/M	DESCRIPTION	PRICE	EXTENSION
1.00-		BLADE RECIP SPC ACE	14.99	14.99-
14.99-		CO/LARTMER SALES TAX	.04	.52-
Ticket Total:				15.51-
REGULAR:				15.51-

CUSTOMER COPY

COMMERCIAL APPLICATORS ARE LICENSED BY THE COLORADO DEPARTMENT OF AGRICULTURE

TERMS: Cash unless previous credit authorized.

Accounts due the 10th of the month.

1.50% per month charged on past due accounts, 18% annual percentage rate.

VAN BOSKIRK & CO., INC. 970-228-0431

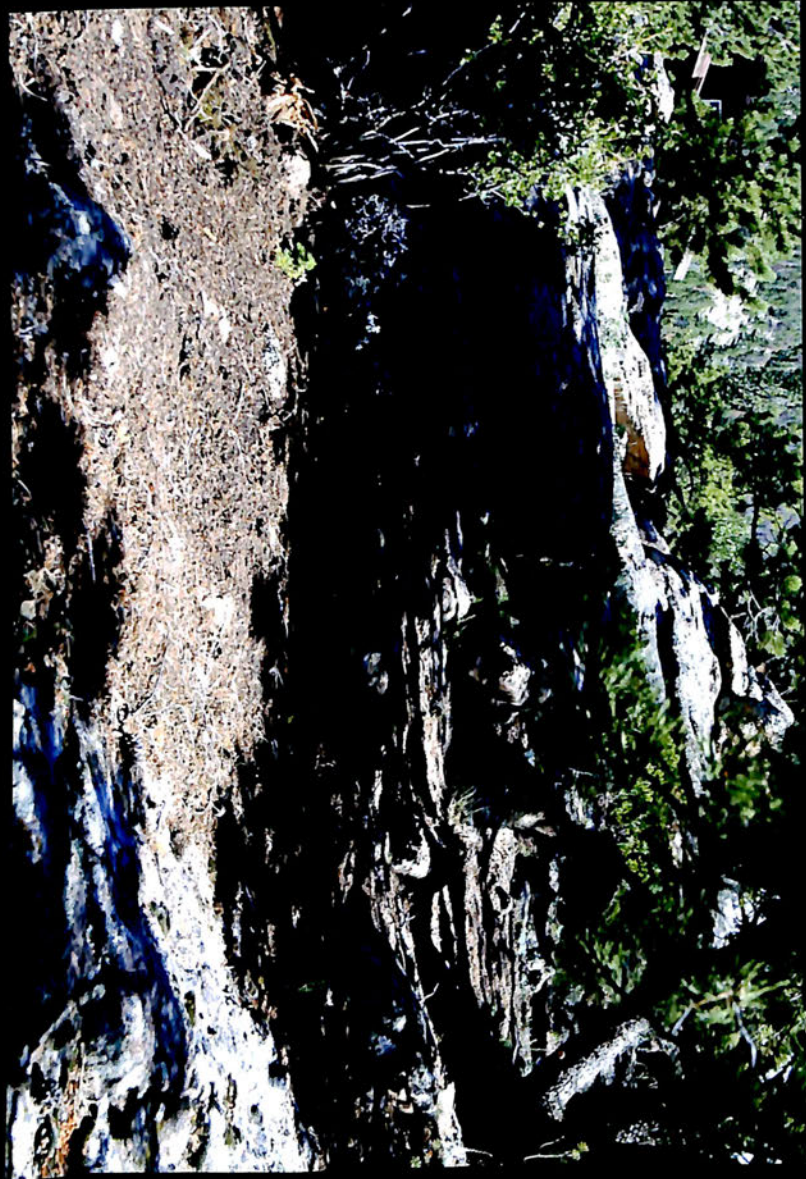
LETTERS
LONGS 1976

LONGS 1976

PROBATION

LONGS 1976

front
of envelope,
then photos



AREA ONE A-1

Before

0663305001420 14/51+ 10/02/13

0663305001420

0663305001420 14/51+ 10/02/13

A-1

B

A-1

AFTER

0663305001420 14/51+ 10/02/13

0663305001420



A-1
AFTER

06673805-001428 0/511 <> 10/02/13

A-1
AFTER

06673805-001428 0/511 <> 10/02/13

A-2
Before

06673805-001428 0/511 <> 10/02/13



A-2

AFTER

04/33P50M1428 42/514 10/02/13

A-2

AFTER

04/33P50M1428 42/514 10/02/13

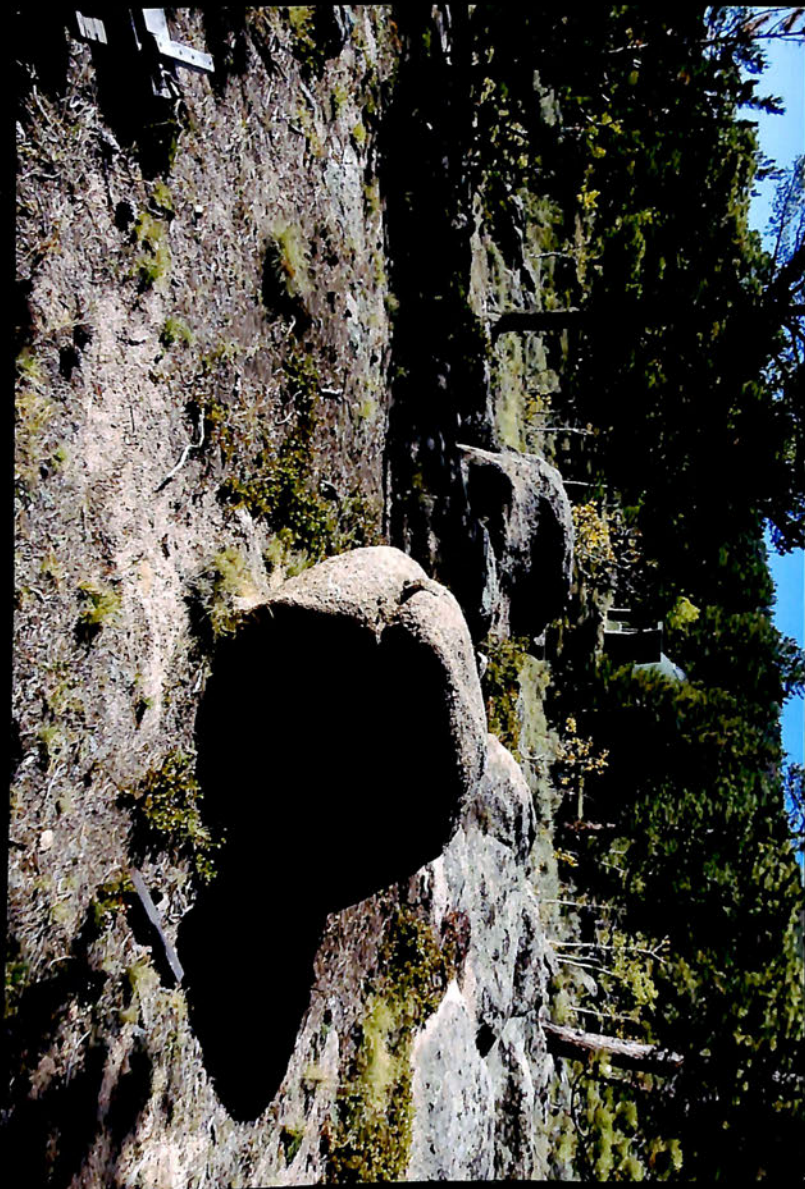
South of
Garas-

04/33P50M1428 42/514 10/02/13

A-3

BEFORE

04/33P50M1428 42/514 10/02/13



A-3

BEFORE

PA 428 48/51+ <> 10/02/13

A-3

AFTER

PA 428 48/51+ <> 10/02/13

A-3
AFTER

PA 428 48/51+ <> 10/02/13



A-4

BEFORE

06/30/14 14:00 19/51+ < 10/02/13

A-4

BEFORE

06/30/14 14:00 19/51+ < 10/02/13

A-4

AFTER

06/30/14 14:00 19/51+ < 10/02/13

06/30/14 14:00 19/51+ < 10/02/13



A-5 Front of HSC

BEFORE

A-5 Front of HSC

BEFORE

A-5

AFTER



A-6

FRONT (west)
of
side
GARAGE

BEFORE

21/70/01 <> FIS/514 <> 10/02/13

A-6

BEFORE

21/70/01 <> FIS/514 <> 10/02/13

A-6
AFTER

21/70/01 <> FIS/514 <> 10/02/13

135.016



A-6

AFTER

6663385801 18/02/13

A-6

AFTER

18/02/13

6663385801 18/02/13

6663385801 18/02/13

A-6
AFTER



A-7

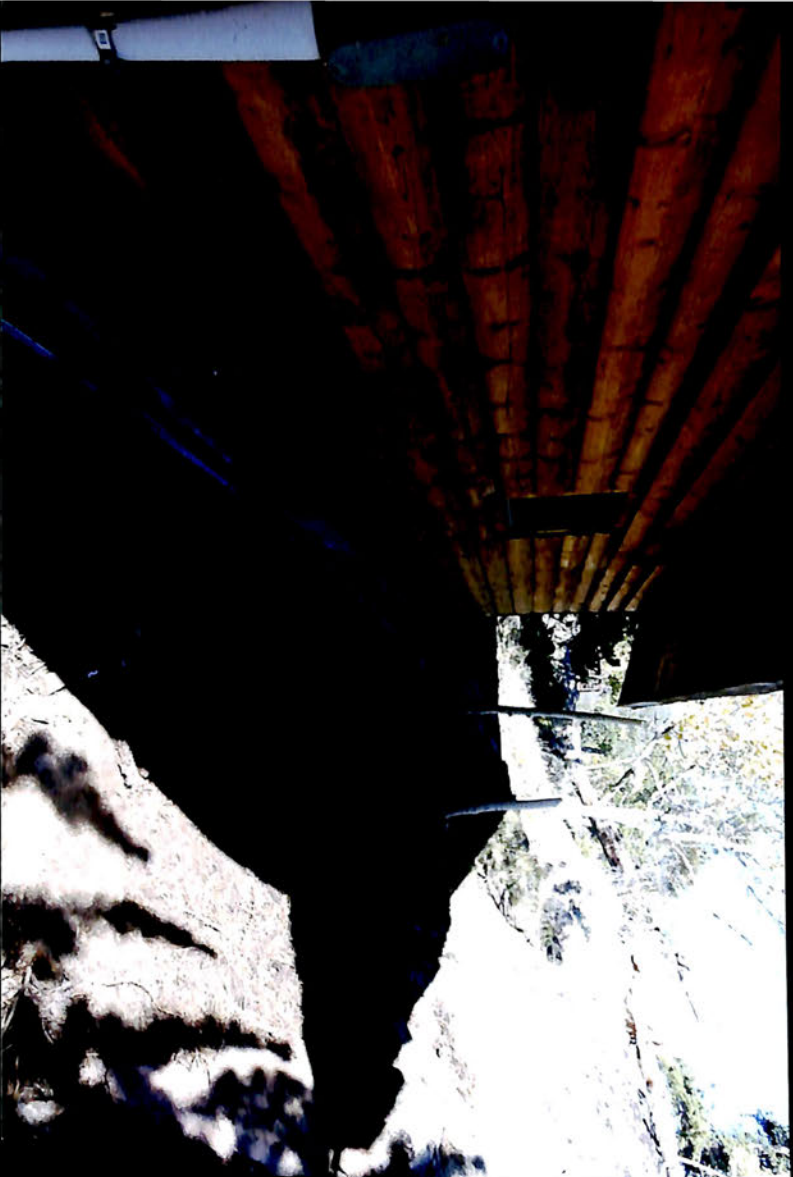
BEFORE

A-7

BEFORE

DATE:

ASSIGNMENT: 0

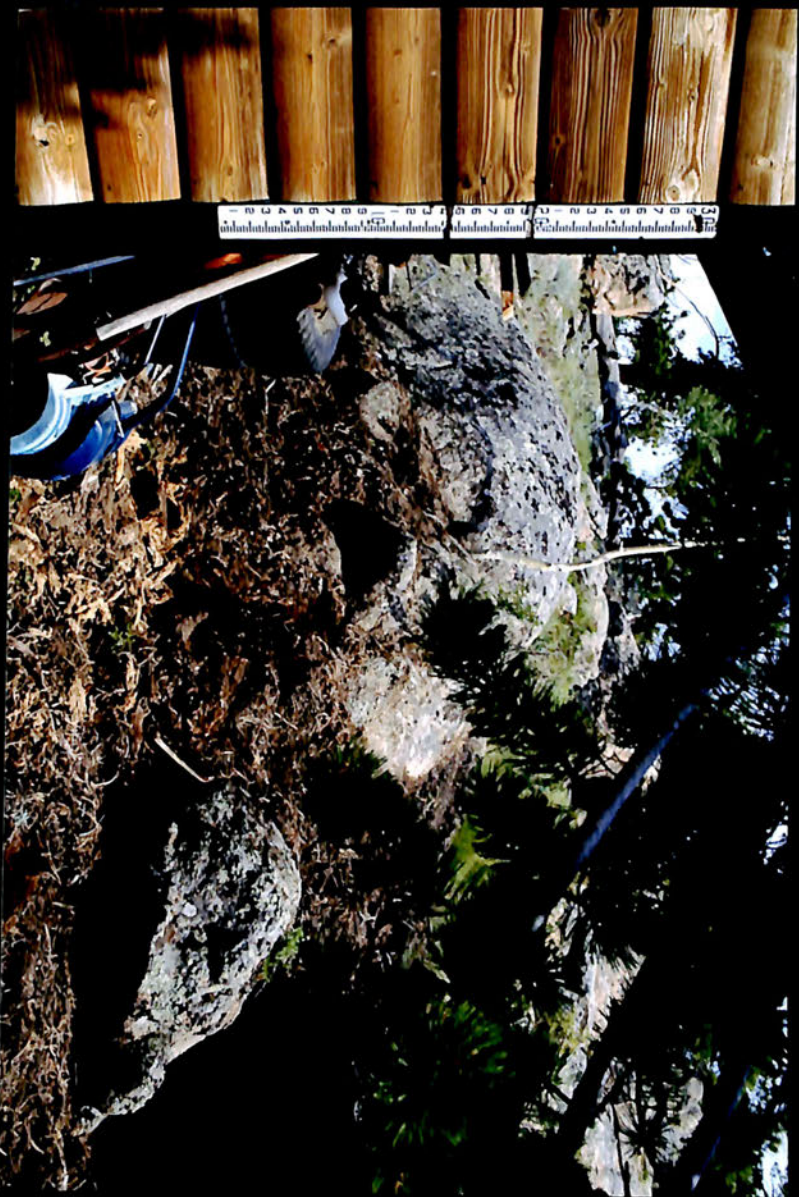


A-7

AFTER

A-7

AFTER



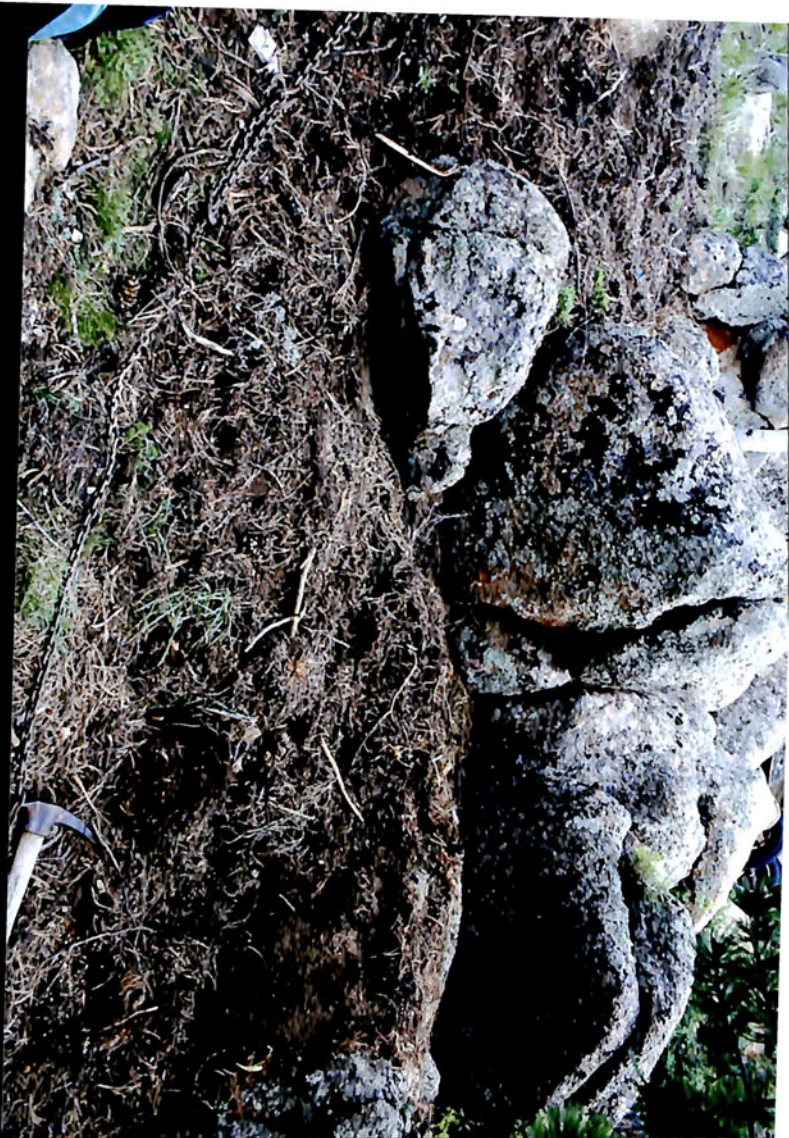
DATE:

ASSIGNMENT:

LIFE NO:

A-7
TREE
REMOVAL

A-7
TREE
REMOVAL



A-7

AFTER

HSE
Deck side

A-8

BEFORE



A-88

BEFORE

256.0000 6.43 43/51.9 10/18/82/13

A-88

BEFORE

256.0000 6.43 43/51.9 10/18/82/13

Print File[®]
ARCHIVAL PRESERVERS

WWW.PRINTFILE.COM

INSERT EMULSION SIDE DOWN

STYLE NO. 57-28

DATE:

ASSIGNMENT:

FILE NO:



DATE:

ASSIGNMENT:

FILE NO.:

WWW.PRINTFILE.COM

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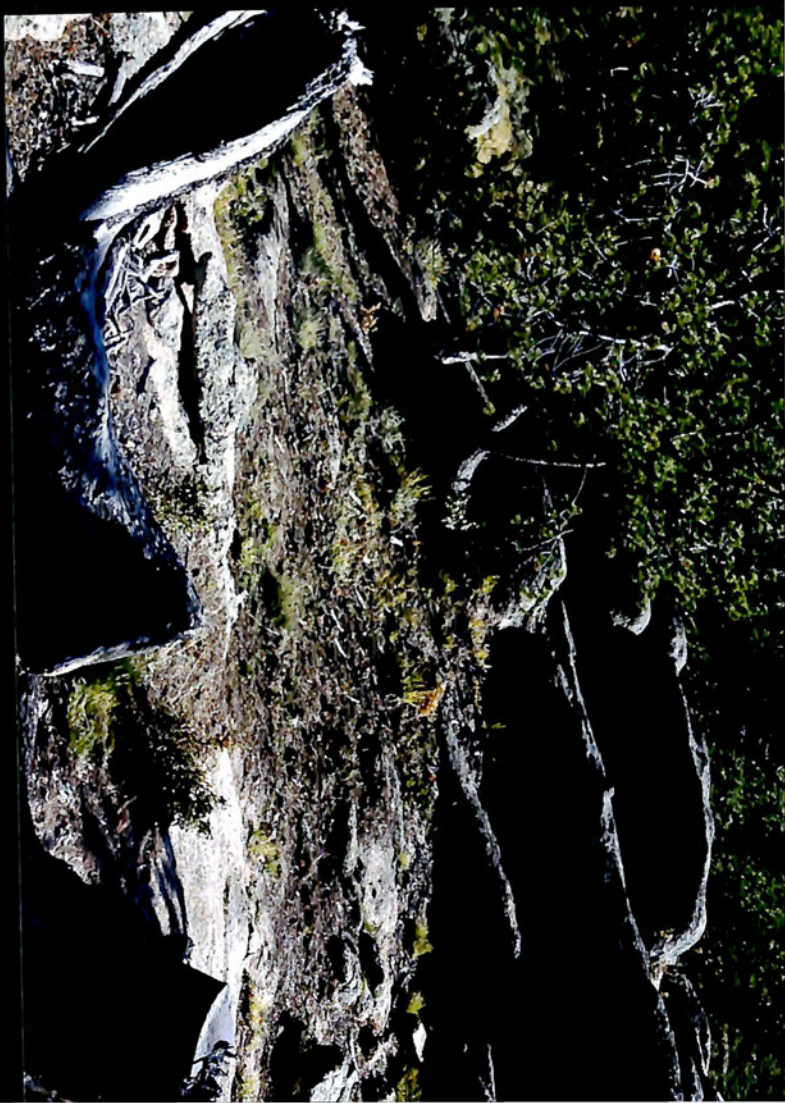
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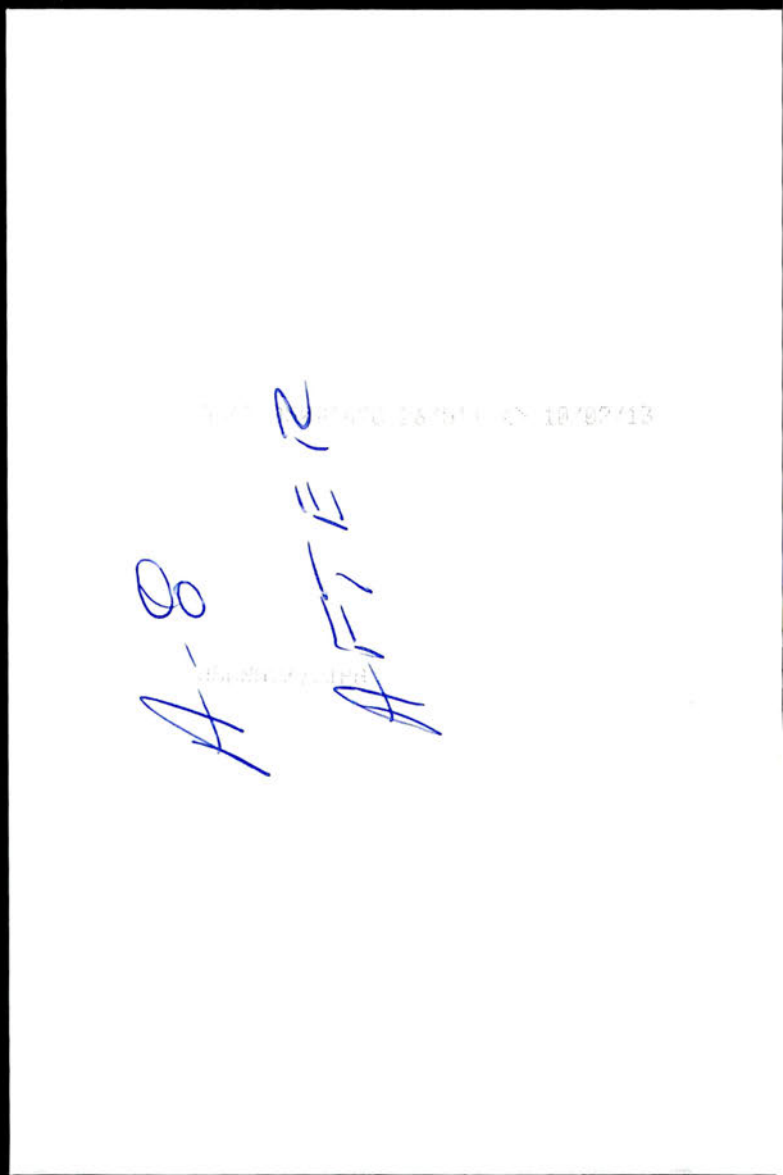
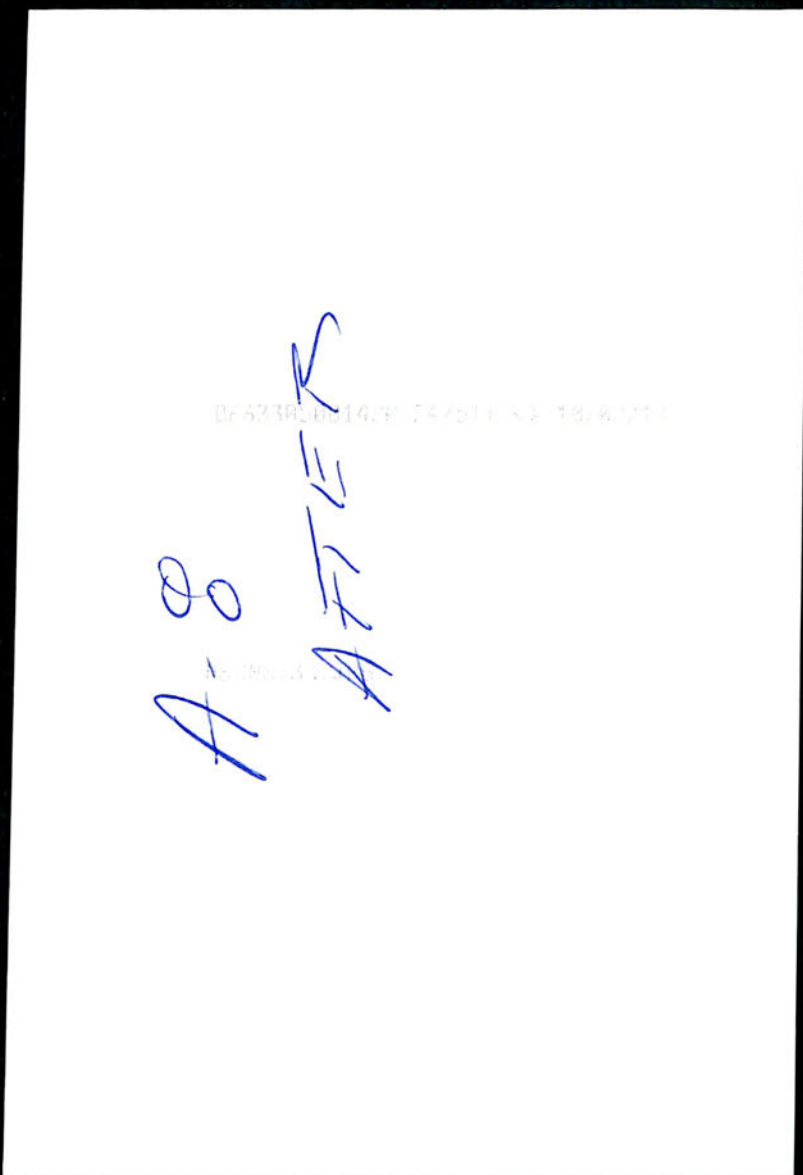
A-88
BEFORE

84633858 1428 477514 15 10/02/13

A-88
BEFORE

84633858 1428 477514 15 10/02/13







A-00

AFTER

A-00

AFTER



A-80

AFTER

A-80

AFTER

**Financial Assistance Program
Cooperative Match Project**

To be conducted by:

Crystal Lakes

Project Number: 5366950-3
Estimated Project Cost: \$20,000
Funding provided by CSFS: \$10,000
Minimum Recipient Match: \$10,000
Project to be completed by: September 1, 2014

Based on the strength of the application submitted by Crystal Lakes, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$ 10,000 to accomplish the project described in the attached scope of work.

As the cooperator, Crystal Lakes, 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
5060 Campus Delivery, Bldg. 1052
Fort Collins, CO 80523-5060
Attn: Diana Selby
- 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, 2014. 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:

Judson D. Sandquist

Date:

Dec. 17, 2012

Mailing Address:

*Crystal Lakes Road - Restoration Association
300 Jamie Rd*

Telephone Number:

Red Feather Lake, CO 80545

Email Address:

970-881-2250

crystal-lakes@crystal-lakes.org

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5366950-3

Cooperator: Crystal Lakes

Work to be completed:

As described in the "Scope of Work" from the 2012 State Fire Assistance Grant Application.

1. Type of Treatment – Thinning, defensible space, fuels mitigation

Milestone dates: Completion by September 1, 2014

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

Project Period: November 2012 – September 1, 2014

Funded Amount: \$20,000

Minimum cooperator match: \$10,000

Deliverables: treatment of 16 acres

Project Types:

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:



12-17-12

Colorado State Forest Service
State Fire Assistance Grant
Application

FOR OFFICIAL USE ONLY	
District Submitting Project:	Fort Collins
District Priority Number:	
Dollar Amount Requested:	\$10,000
Matching Share:	\$10,000

*For guidance on filling in each box in this application, refer to the *Criteria and Instructions*

Applicant Information	
1	Applicant: Crystal Lakes Contact Person: Barb Crawford Address: 636 Cheyenne Drive #22 City/Zip Code: Fort Collins, CO 80525 Phone (Work/Cell): 970-372-8580 Email: barblcrawford@hotmail.com Fax: NA Federal Tax ID/DUNS #:

Community At Risk Information	
2	Name of Project: Crystal Lakes 2012 WUI Project Community Name: Crystal Lakes County(ies): Larimer Congressional District: 4 Latitude: 40.8668 Longitude: -105.6551

Grant Contributors (Matching Share)							
(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Specify each match contributor and the dollar amount of each contribution. DO NOT show grant requested funds in this table. This is for matching share only.							
3	Contributors Name:	Crystal Lakes					TOTAL
	Dollars (Hard Match):						
	In-Kind (Soft Match):	10,000					10,000
	TOTAL:	10,000					10,000

Total Project Expense (break down matching share totals from block #3)				
Budget Detail (Provide additional information in Block 7)	Grant Share (\$ Amount Requested)	Match (from block #3)		TOTAL
		Dollars	In-Kind	
Personnel / Labor:		10,000		10,000
Fringe Benefits:				
Travel:				
Equipment:				
Supplies:				
Contractual:	10,000			10,000
Construction:				
Other:				
Indirect Costs:				
TOTAL:		10,000		20,000

Budget Narrative

- 5 This application is a collaborative effort across 3 communities in Larimer County: Red Feather Lakes (RFL), Crystal Lakes, and Magic Sky Ranch.
- There are three types of projects that align to the overall objectives to reduce hazardous fuels and improve education:
- 1) Reduce Hazardous Fuels via CWPP priority projects (led by HOAs, fire departments or managing entities). This includes thinning, shaded fuels breaks and evacuation route fuel breaks. Each community has identified costs for their own projects including use of professional contractors, volunteer labor, and hard match.
 - 2) Reduce Hazardous fuels via Defensible Space/Fuels Reduction projects implemented by private property owners in our communities. The Defensible Space/Fuels Reduction program will allow for property owners of improved and unimproved lots to participate in a 50/50 match for their use to reduce hazardous fuels based on an established selection process, measurable success rate, and inspection process. Offered in two Phases during 2012/2013 season. Costs include professional contractors and property owner's volunteer labor. The new non-profit "CL-FIRES" will administer the grant funds for Crystal Lakes.
 - 3) A Collaborative education program for defensible space and fuels reduction for private property owners in our communities. Education program costs include buying training materials from CSFS, advertising the program locally, hosting the training sessions with property owners. Our communities will share the cost of this training wherever possible.

Project Area Description

- 6 Crystal Lakes, Magic Sky Ranch, and Red Feather Lakes are communities at risk within the northern Larimer county WUI. The elevation varies between 7000 and 9000 feet. The topography includes valleys, slopes, rocky cliffs and mountains. The vegetation in the rangeland, woodland, and forest areas include dense to very dense populations of ponderosa and lodgepole pine, Douglas-fir, juniper and non-resinous shrubs. The area is rated "high" to "very high" fire hazard by USFS. The area is working to mitigate severe infestations of dwarf mistletoe and mountain pine beetle and reduce wildfire risk to surrounding communities plus maintain and improve wildlife habitat. In the Statewide Forest Resource Assessment, our area is considered very high priority for "Enhance Public Benefits" and the "Aggregate" maps. Our projects reduce wildfire risks in the WUI and address the potential for post-fire erosion in the watersheds, declining forest resiliency, and potentially air quality threats if a wildfire did occur in the area.
- Crystal Lakes consists of 4800 acres, 1700 lots of which 600 are developed. (Approximately 560 acres of greenbelt/HOA owned space). The community has community buildings, offices, restaurants, and maintained infrastructure.

Scope of Work

- 7 Crystal Lakes is requesting a total of \$10,000 with a \$10,000 match of in-kind work for defensible space/fuels reduction projects conducted by private property owners in Crystal Lakes. Treat 16 acres in CL. We will train owners on proper disposal of slash, including the new air curtain burner in RFL. Estimating \$1500/acre for defensible space and \$1000/acre for unimproved lots fuel reduction adjacent to CWPP projects with an overall project cost averaging \$1,250/acre.
- Collaborative Defensible Space/Fuels Reduction Education Program. Funds will be spent on educational materials from CSFS, advertising of training in local newspapers and 4 training sessions. Target to reach 130 RFL + CL property owners.

Project Summary (check all that apply and answer related questions)			
8	Project Category 1: Hazard Fuels Reduction / Fire Adapted Ecosystem Restoration		
	Number of acres to be treated:	16	Estimated cost per acre: \$1,250
	Number of communities directly affected by this project: 1		
	Project Category 2: Information & Education X		
	Number of citizens to be reached:	60	
	Project Category 3: Planning X		
Number of residences affected:	100		

Interagency Collaboration					
9	<p>COLORADO STATE FOREST SERVICE - Assist in evaluation and management of Forest Stewardship plan, CWPP. Assist with training materials and delivery of programs for private property owners for Defensible Space/Fuels Reduction program. Property evaluations prior to work (optionally) and after work is done.</p> <p>LARIMER EMERGENCY SERVICES - Assist with Defensible Space/Fuels Reduction program and property evaluations.</p> <p>LARIMER COUNTY COORDINATING GROUP - Advise and consult on CWPP project priorities.</p> <p>GIRL SCOUTS OF COLORADO – complementary work on Magic Sky Ranch property</p> <p>RFL/CRYSTAL LAKES - manage the implementation of CWPP projects. Collaborate on education materials and training plan for Defensible Space/Fuels Reduction program. Set up training sessions, purchase materials and advertising. Coordinate property owner applications and selection, property evaluations and final evaluations with CSFS. Process grants payments to owners.</p> <p>"CL-FIRES" non-profit - manage flow of grant funds from CSFS to CL-FIRES to CL property owners.</p> <p>FRONT RANGE ROUNDTABLE - fire risk and forest health consulting, GIS data.</p>				
	Community Wildfire Protection Plan (CWPP)				
	Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one)	X	yes	no	in development
	Is this project part of the plan? (check one)	X	yes	no	
	Where would we obtain a copy of this plan?	CSFS CWPP website			
	Is this project identified in your Statewide Forest Resource Assessment and Strategy?	X	yes	no	

Project Timeline	
10	<p>CWPP projects will be implemented between grant start date (estimated May/June 2012) and end date of September 2013.</p> <p>Defensible Space/Fuels Reduction private property owner grant matching program will be implemented in two phases: First phase started in June 2012: 8 owners from Crystal Lakes Second phase starting in Spring 2013: 8 owners from Crystal Lakes</p> <p>The property owner education programs will follow these phases as well. Planning for these training sessions will begin in 4th Qtr of 2011, with goal to start as soon as notification that grant has been awarded (est. May/June 2012). Applications for Phase 1 will be accepted immediately after the first training with plans for Phase 1 reimbursements to be administered in Fall of 2012. Phase 2 will begin May/June 2013 with training, and application submittals with plans for Phase 2 reimbursements in August 2013.</p>

Maintenance / Sustainability

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The Crystal Lakes Greenbelt Management Committee will work with District foresters to monitor forest conditions on a yearly basis and ensure we implement appropriate treatment. Each year, projects will be prioritized based on our objective to address wildfire mitigation and community safety.

For DEFENSIBLE SPACE/FUELS REDUCTION PROPERTY OWNER GRANT PROGRAM:

The sustainability of property owner accomplishments under Defensible Space/Fuels Reduction will be supported in two ways: First, the primary focus of the required education program (based on two hour presentation entitled "15 Months, 15 Days, 15 Hours, 15 Minutes"), is to reinforce the idea that their natural self-interest in protecting lives and property is best realized by performing a yearly cycle of specific steps to maintain Zones One and Two, update insurance coverage and evacuation plans, etc. Second, homeowners seeking grant reimbursement for their efforts will agree as part of their contract to continue Defensible Space practices following the grant period. We will rely on CSFS assistance to help educate property owners and inspect their work when complete.

Crystal Lakes will measure and report results, determine best practices, identify what works and what did not, and define project plans and goals going forward.

Landscape Scale

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This grant application is just one portion of multiple neighboring communities in the Red Feather Lakes area, totaling over 12,355 acres. Each community borders other private property and National Forest. The work scoped in this application complements fuels reduction efforts of neighboring private property owners and ties into National Forest fuels reduction projects, such as the Fuels Reduction Project planned to commence in the next year near Magic Sky Ranch, previously completed work near Crystal Lakes, and Poudre Valley Rural Electric Association work targeting fuels reduction along their power lines in Red Feather Lakes.

The work in Crystal Lakes ties in with our ongoing CWPP work to prioritize and implement projects for safety of our people, homes and infrastructure.

The proposed Defensible Space/Fuels Reduction homeowner training will have as its foundation the FIREWISE and Defensible Space education package now nearing completion by the agents of the Larimer, Boulder and Gilpin County Extension Services in collaboration with the Colorado State Forest Service. (Working title: "15 Months, 15 Days, 15 Hours, 15 Minutes."). Our training therefore, will advance the WUI community protection goals these agencies endorse, and will do so among residents living beyond as well as within the grantee communities, since training publicity will be regional and attendance will be open to all.

ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.

Financial Assistance Program
Cooperative Match Project

To be conducted by:

Crystal Lakes

Project Number:	5366950-3
Estimated Project Cost:	\$20,000
Funding provided by CSFS:	\$10,000
Minimum Recipient Match:	\$10,000
Project to be completed by:	September 1, 2014

Based on the strength of the application submitted by Crystal Lakes, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$ 10,000 to accomplish the project described in the attached scope of work.

As the cooperator, Crystal Lakes, 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
5060 Campus Delivery, Bldg. 1052
Fort Collins, CO 80523-5060
Attn: Diana Selby
- 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, 2014. 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:

Date:

Mailing Address:

Telephone Number:

Email Address:

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5366950-3

Cooperator: Crystal Lakes

Work to be completed:

As described in the "Scope of Work" from the 2012 State Fire Assistance Grant Application.

1. Type of Treatment – Thinning, defensible space, fuels mitigation

Milestone dates: Completion by September 1, 2014

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

Project Period: November 2012 – September 1, 2014

Funded Amount: \$20,000

Minimum cooperator match: \$10,000

Deliverables: treatment of 16 acres

Project Types:

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, WFSM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

CRYSTAL LAKE

