



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)	
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA) FY 2013	X
Emergency Supplemental Funds (ESF)	

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

6/15/16

Name: Robert Emrick

Address: 374 Neosho Trail
Red Feather Lakes, CO 80545

**Approved for payment
CSFS**

6/15/16
Doc # 9264123

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

Grant Number: 5385520-01-FC Non-Federal Match: \$ 513.60

CSFS Account Number: 5385520-6693 Federal Match: _____

'13 Hazardous Fuels (Stevens funds)

Approved Funding: \$10702.00 Total Match: _____

Amount of Payment: \$ 3000.00

Total Project: \$ 3513.60

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

Program Manager Signature

Date: 6/13/16

Program Manager Name Nasmi J. Marcus

Disbursement Voucher ?

Doc Nbr: 9264123

Status: FINAL

Initiator: sarahcd@colostate.edu

Created: 01:59 PM 06/15/2016

[expand all](#) [collapse all](#)

* required field

[Print Disbursement Voucher Coversheet](#)

Document Overview ▼ hide

Document Overview

* **Description:** '13 Haz Fuels Robert Emrick
Organization: FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; Stevens Fuels Treatment Funds (CAFA); '13 Hazardous Fuels (Steven Funds); Project Number 5385520-01-FC. Final Payment, Not Encumbered
Explanation:

Financial Document Detail

* **Bank Code:** 02 GENERAL DISBURSEMENTS

Total Amount: 3,000.00

Payment Information ▼ hide

Payment Information

* **Payment Reason Code:** O - Program Obligations

* **Payee ID:** 36628-0

Payee Type: Vendor

Invoice Number:

* **Address 1:** 374 Neosho Trail

* **City:** Red Feather Lakes

Country: United States

* **Check Amount:** 3,000.00

Is this a foreign payee: No

Payment Type: Is this payee an employee: No

Is this an employee paid outside of payroll:

* **Payment Method:** P - Check/ACH

* **Check Stub Text:** Landowner Assistance Grant Reimbursement Stevens Fuels Treatment Funds (CAFA) 5385520-01-FC Final Payment Form 828 6/15/2016.

* **Payee Name:** Robert Emrick

Invoice Date:

Address 2:

State: CO

Postal Code: 80545

* **Due Date:** 06/16/2016

Other Considerations: Check Enclosure: No
W-9/W-8BEN Completed

* **Documentation Location Code:** AP - Accounts Payable

Accounting Lines ▼ hide

Accounting Lines ?

[hide detail](#)

Source

* Chart	* Account Number	Sub-Account	* Object	Sub-Object	Project	Org Ref Id	* Amount	Actions
CO Colorado State University	5385520 2013 Hazardous Fuels (Stevens Funds)		6693 Cost Share Reimbursement			FC	3,000.00	
Line Description CAFA Form 828 Robert Emrick								
							Total: 3,000.00	

Contact Information hide

Contact Information

* **Contact Name:** Drinkwine, Sarah
 * **Phone Number:** 000-000-0000
Email Address: Sarah.Drinkwine@colostate.edu
Campus Code: MC - CSU Main Campus

- Special Handling** show
- Nonresident Alien Tax** show
- Wire Transfer** show
- Foreign Draft** show
- Non-Employee Travel Expense** show
- Pre-Paid Travel Expenses** show
- Pre-Disbursement Processor Status** show
- General Ledger Pending Entries** show
- Notes and Attachments (1)** hide

Notes and Attachments

Posted Timestamp	Author	* Note Text	Attached File	Notification Recipient	Actions
add:			Browse... No file selected.		add
CANCEL					

1 06/15/2016
02:09 PM

Drinkwine, Sarah CSFS Fort Collins District Form 828 and Supporting Documentation



Form 828_Robert Emrick
5385520-01-FC 6-15-16_\$3,000 Final
Payment Doc#9264123.pdf
(414 KB, application/pdf)

send

Ad Hoc Recipients

▶ show

Route Log

▶ show

send ad hoc request

close

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 Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. 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 you must show corresponding match.

1. Project/Account #:5385520-01	2. Total Award Amount: \$10702.00
3. Project Name: Emrick - Fuel Break Construction Diamond Creek	4. Reimbursed Amount to Date: \$7650
5. Make Payment To: Name: Robert Emrick Attn: Address: 374 Neosho Trail Red Feather Lakes, Co. 80545	6. Period of Performance (Project Period): From: 4/1/2015 To: 6/1/2016

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.

2 additional acres thinned and masticated. See attached Closeout Report: Accomplishments

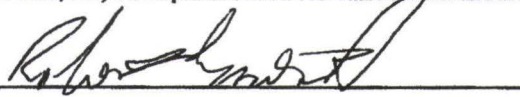
8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
\$3,052	\$3,000	\$513.60	0	\$3,513.60	15%

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

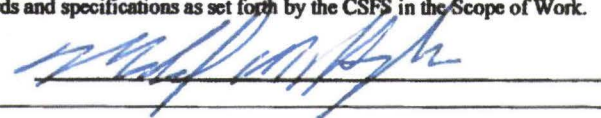
Reimbursement Request: I request reimbursement in the amount of \$ 3000 for the work completed and documented above or attached.

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: 6/9/16

10. Certification:

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

District Forester Signature:  Date: 6/10/16

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

Program Manager Signature: _____ Date: _____



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5385520-01
Award Amount (obligated from funding source): \$10,702.00
A. Remaining Award Amount: \$3,052.00
Reimbursement Request: \$3,000

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)**	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**	D. Non-recipient Cost**	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C + D)/E
\$3,000.00	\$513.60	\$0.00	\$3,513.60	15%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
May 19, 2016	Oettel	Oettel Enterprises Mastication/Tree Removal 2 acres (Invoice Attached)	16	\$2,400.00	Actual Cost reimbursable costs
	Enterprises			\$0.00	
Various	Self	Use of Recipient Equipment: 35 HP Tractor (@ \$30/Hr per CSFS)	20	\$600.00	Recipient Equip reimbursable costs
See Attachment				\$0.00	
Various	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.68/Hr)	20	\$513.60	Recipient Labor reimbursable costs
See Attachment				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
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				\$0.00	

TOTALS:
G. Cumulative Recipient Cost= \$3,513.60 ~
H. Recipient Cost (Match)= \$513.60 ~
I. Non-recipient Cost (Match)= \$0.00

Grant Recipient Signature: *Robert Oettel* Date: Jun 9, 2016
District Forester Signature: *[Signature]* Date: 6/10/16

Final Closeout Report - June 2016
Emrick - Fuel Break Construction Diamond Creek
Project #5385520-01

1) Accomplishments

A shaded fuel break has been created around the perimeter of the eastern portion of the property, amounting to approx. 8 acres. This acreage has had most slash/debris masticated and logs removed. There are a few scattered slash piles and collections of logs to be used as firewood by the property owner. The area is ready for future maintenance/blowdown mitigation.

Defensible space around the property development area has been expanded by approx. 2 acres, with dead trees removed and debris masticated or burned.

A skid trail along the property ridgeline has been developed, amounting to approx. 400 yards. The trail is for use by the owners for future thinning, and by the USFS for a thinning project on adjacent property.

2) Summary of Actual Costs

Contracted Expenses:

- 1- Larimer Conservation Corps Sawyer Crew; 2 Days = \$3750
- 2- Oettel Enterprises Fecon Masticator; 5 Days = \$6300

Recipient Equipment Expenses:

- 1- 35 HP Branson Tractor @ \$30/Hr (See Attachment); 28 Hrs = \$840

3) Summary of Matching Funds

Recipient Labor:

- 1 - Recipient Labor @ \$25.10/Hr (2015; See Attachment); 137 Hrs = \$3438.70
- 2 - Recipient Labor @ \$25.68/Hr (2016; See Attachment); 36 Hrs = \$924.48

Photos:

Typical Before Treatment



Typical After Treatment



Recipient Labor and Equipment Hours - Final June 2016
Emrick - Fuel Break Construction Diamond Creek
Project #5385520-01

Labor (Recipient MHRS)
(hours already used as Matching Funds in RED)

<u>DATE</u>	<u>ACTIVITY</u>	<u>MHRS</u>
4/14/15	Felling trees, piling slash	10
6/2/15	Felling, limbing trees	10
6/8/15	Felling trees, piling slash	10
7/18/15	Piling slash	8
7/24/15	Log skidding	6
7/27/15	Felling trees, piling slash, skidding logs	10
7/29/15	Felling, limbing trees, skidding logs	10
8/7/15	Felling, limbing trees, skidding logs	10
8/15/15	Felling, limbing trees, piling slash	10
8/20/15	Piling slash, skidding logs	10
8/23/15	Piling slash, collecting firewood	10
8/28/15	Felling trees, skidding logs	10
9/4/15	Skidding logs, building log decks	5
9/11/15	Felling, limbing trees, piling slash	6
10/7/15	Limbing trees, skidding logs	4
10/9/15	Limbing trees, piling slash	6
11/2/15	Piling Slash	2
2/26/16	Burning Slash	6
4/6/16	Burning Slash	6
4/13/16	Piling Slash	4
5/19/16	Limbing Trees, Cleaning Blowdown	6
5/20/16	Piling Slash	6
5/23/16	Cleaning Mastication Debris	8

Equipment (Recipient Tractor Hours)
(requested reimbursement in RED)

<u>DATE</u>	<u>ACTIVITY</u>	<u>HRS</u>
7/24/15	Skidding logs	2
7/27/15	Skidding Logs	2
7/29/15	Skidding Logs	2
8/7/15	Skidding Logs	4
8/20/15	Skidding Logs	2

8/28/15	Skidding Logs	2
9/4/15	Skidding Logs, build log deck	2
10/7/15	Skidding logs	2
11/2/15	Build Slash Piles	2
4/13/16	Build Slash Piles	2
5/23/16	Cleaning Mastication Debris	4

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)	
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/> 11-24-15

Name: Robert Emrick

Address: 374 Neosho Trail
Red Feather Lakes, CO 80545

Approved for Payment
C.S.F.S.
7571806
11-24-15

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

Grant Number: 5385520-01-FC

Non-Federal Match: \$ 602.40

Approved Funding: \$ 10,702 ~

Total Project: \$ 4,502.40

CSFS Account Number: 5385520-46693 ~
2013 Hazardous Fuels (Steven Funds)

Amount of Payment: \$ 3,900 ~

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

Program Manager Signature [Signature] Date: 11/16/15

Program Manager Name Scott M. Woods



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 Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. 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 you must show corresponding match.

1. Project/Account #: 5385520-01 - <u>FC</u>	2. Total Award Amount: \$10702.00 ✓
3. Project Name: Emrick - Fuel Break Construction Diamond Creek	4. Reimbursed Amount to Date: \$3750 ✓
5. Make Payment To: Name: Robert Emrick Attn: Address: 374 Neosho Trail Red Feather Lakes, Co. 80545 ~	6. Period of Performance (Project Period): From: 4/1/2015 To: 10/31/2015

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.

6-7 acres have been partially completed: trees thinned to prescription density, logs removed or stacked for firewood, slash piled for burning or mastication. The current reimbursement request is for work completed by Oettel Enterprises felling and masticating trees on 2-3 acres, clearing a skid trail of about 1500 feet and removing stumps along skid trails and in defensible space.

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. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
\$6,952	\$3,900	\$602.40	0	\$4,502.40	13%

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

Reimbursement Request: I request reimbursement in the amount of \$ 3900 for the work completed and documented above or attached.

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: *Robert Emrick* Date: 11/5/15

10. Certification:

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

District Forester Signature: *Alvin C. Kelly* Date: 11/9/15

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

Program Manager Signature: *Scott Woods* Date: 11/10/15
SCOTT WOODS

Rev. November 2013

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CSFS-SO

NOV 23 2015

Received

CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet



Project/Account #: 5385520-01
 Award Amount (obligated from funding source): \$10,702.00
 A. Remaining Award Amount: \$6,952.00
 Reimbursement Request: \$3,900 = 2ND REQ

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost**b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$3,900.00	\$602.40	\$0.00	\$4,502.40	13%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
Oct 7-9, 2015	Oettel	Oettel Enterprises Mastication/Tree Removal 3 acres (Invoice Attached)	26	\$3,900.00	Actual Cost: reimbursable costs
	Enterprises			\$0.00	
				\$0.00	
Jun 8, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	10	\$251.00	Recipient Labor: reimbursable costs
				\$0.00	
Jul 18, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	8	\$200.80	Recipient Labor: reimbursable costs
				\$0.00	
Jul 24, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	6	\$150.60	Recipient Labor: reimbursable costs
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost= \$4,502.40
 H. Recipient Cost (Match)= \$602.40
 I. Non-recipient Cost (Match)= \$0.00

Grant Recipient Signature: *[Signature]* Date: Nov 5, 2015
 District Forester Signature: *[Signature]* Date: 11/9/15

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)	
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	<input checked="" type="checkbox"/>
Emergency Supplemental Funds (ESF)	

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

11-24-15
K

Name: John Reading

Address: 231 Powderhorn Trail
Broomfield, CO 80020

Approved for Payment
C.S.F.S.
7572127
11-24-15
K

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

Grant Number: 5385520-02-FC Non-Federal Match: \$1000

Approved Funding: \$13,377.50 Total Project: \$5,700

CSFS Account Number: 5385520-6693 Amount of Payment: \$5,100
2013 Hazardous Fuels (Steven Funds)

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

Program Manager Signature [Signature] Date: 11/16/15

Program Manager Name Scott M. Woods



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 Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. 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 you must show corresponding match.

5385520-02 - FC	2. Total Award Amount: \$13,377.50
3. Project Name: Cooperative Match Project	4. Reimbursed Amount to Date: \$4493.83
5. Make Payment To: Name: John Reading Attn: Address: 231 Powderhorn Trl Broomfield, CO 80020	6. Period of Performance (Project Period): From: Oct 2015 To: Oct 2015

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.

Worked approximately 4 acres. Cut 200+ trees, skidded, bucked, chipped slash, built burn piles. Winched slash and downed wind throw off steep hillsides. Trees removed were 60 - 80 feet tall and 12" - 18" in diameter.

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. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
\$ 8,383.67	\$ 5,100.00	\$ 600.00	\$ -	\$ 5,700.00	10%

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

Reimbursement Request: I request reimbursement in the amount of **\$5,100.00** for the work completed and documented above or attached.

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: _____

John Reading

Date: _____

10/29/2015

10. Certification:

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

District Forester Signature: _____

Don Cherry

Date: _____

11/9/15

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

Program Manager Signature: _____

Scott Woods
SCOTT WOODS

Date: _____

11/10/15

COPY



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5385520-02
 Award Amount (obligated from funding source): \$13,377.50
 A. Remaining Award Amount: \$8,383.67

Reimbursement Request:

Second Third Fourth Fifth

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	Match			F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost*b	E. Total Project Cost = B+C+D	
\$5,100.00	\$600.00	\$0.00	\$5,700.00	11%

*a Recipient employees-rate; cost of receipts; net printing with *Current vol cost share*

**a Recipient recipient's e market rent room rental eligible for r *Current vol categorize award.* *b This incl meeting roc Non-recipient

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
#####	Summit Forest	10/12/2015 - 3 day crew. See attached receipts and SOW	n/a	\$5,700.00	Actual Cost: reimbursable costs
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
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				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost= \$5,700.00
 H. Recipient Cost (Match)= \$600.00
 I. Non-recipient Cost (Match)= \$0.00

Grant Recipient Signature: *John King* Date: 10/29/15
 District Forester Signature: *[Signature]* Date: 11/9/15



To Scott Woods
on
11/9/15

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)	
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: Robert Emrick

Address: 374 Neosho Trail
Red Feather Lakes, CO 80545

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

Grant Number: 5385520-01 Non-Federal Match: \$ 602.⁴⁰

Approved Funding: \$ 10,702 Total Project: \$ 4,502.⁴⁰

CSFS Account Number: 5385520-66693 Amount of Payment: \$ 3,900

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*

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 Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. 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 you must show corresponding match.

1. Project/Account #:5385520-01	2. Total Award Amount: \$10702.00
3. Project Name: Emrick - Fuel Break Construction Diamond Creek	4. Reimbursed Amount to Date: \$3750
5. Make Payment To: Name: Robert Emrick Attn: Address: 374 Neosho Trail Red Feather Lakes, Co. 80545	6. Period of Performance (Project Period): From: 4/1/2015 To: 10/31/2015

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.

6-7 acres have been partially completed: trees thinned to prescription density, logs removed or stacked for firewood, slash piled for burning or mastication. The current reimbursement request is for work completed by Oettel Enterprises felling and masticating trees on 2-3 acres, clearing a skid trail of about 1500 feet and removing stumps along skid trails and in defensible space.

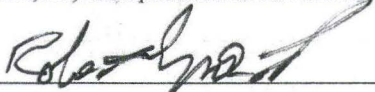
8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
\$6,952	\$3,900	\$602.40	0	B+C+D \$4,502.40	(C+D)/E 13%

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

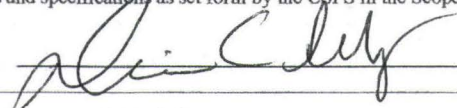
Reimbursement Request: I request reimbursement in the amount of \$ 3900 for the work completed and documented above or attached.

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: 11/5/15

10. Certification:

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

District Forester Signature:  Date: 11/9/15

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

Program Manager Signature: _____ Date: _____

CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet



Project/Account #: 5385520-01
 Award Amount (obligated from funding source): \$10,702.00
 A. Remaining Award Amount: \$6,952.00
 Reimbursement Request: \$3,900 = 2ND REQ

Match	
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)**a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a
\$3,900.00	\$602.40
	D. Non-recipient Cost**b
	\$0.00
	E. Total Project Cost = B+C+D
	\$4,502.40
	F. Recipient Match Rate = (C+D)/E
	13%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
Oct 7-9, 2015	Oettel Enterprises	Oettel Enterprises Mastication/Tree Removal 3 acres (Invoice Attached)	26	\$3,900.00	Actual Cost: reimbursable costs
				\$0.00	
				\$0.00	
Jun 8, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	10	\$251.00	Recipient Labor: reimbursable costs
				\$0.00	
Jul 18, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	8	\$200.80	Recipient Labor: reimbursable costs
				\$0.00	
Jul 24, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	6	\$150.60	Recipient Labor: reimbursable costs
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost= \$4,502.40
 H. Recipient Cost (Match)= \$602.40
 I. Non-recipient Cost (Match)= \$0.00

Grant Recipient Signature: *[Signature]* Date: Nov 5, 2015
 District Forester Signature: *[Signature]* Date: 11/9/15



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 Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. 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 you must show corresponding match.

1. Project/Account #:5385520-01	2. Total Award Amount: \$10702.00
3. Project Name: Emrick - Fuel Break Construction Diamond Creek	4. Reimbursed Amount to Date: \$3750
5. Make Payment To: Name: Robert Emrick Attn: Address: 374 Neosho Trail Red Feather Lakes, Co. 80545	6. Period of Performance (Project Period): From: 4/1/2015 To: 10/31/2015

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.

6-7 acres have been partially completed: trees thinned to prescription density, logs removed or stacked for firewood, slash piled for burning or mastication. The current reimbursement request is for work completed by Oettel Enterprises felling and masticating trees on 2-3 acres, clearing a skid trail of about 1500 feet and removing stumps along skid trails and in defensible space.

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. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
\$6,952	\$3,900	\$602.40	0	\$4,502.40	13%

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

Reimbursement Request: I request reimbursement in the amount of \$ 3900 for the work completed and documented above or attached.

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: 11/5/15

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 Worksheet



Project/Account #: 5385520-01
 Award Amount (obligated from funding source): \$10,702.00
 A. Remaining Award Amount: \$6,952.00
 Reimbursement Request: \$3,900 - 2ND REQ

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	Match		E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost*b		
\$3,900.00	\$602.40	\$0.00	\$4,502.40	13%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
Oct 7-9, 2015	Oettel Enterprises	Oettel Enterprises Mastication/Tree Removal 3 acres (Invoice Attached)	26	\$3,900.00	Actual Cost: reimbursable costs
				\$0.00	
				\$0.00	
Jun 8, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	10	\$251.00	Recipient Labor: reimbursable costs
				\$0.00	
Jul 18, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	8	\$200.80	Recipient Labor: reimbursable costs
				\$0.00	
Jul 24, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	6	\$150.60	Recipient Labor: reimbursable costs
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	

TOTALS:
 G. Cumulative Recipient Cost= \$4,502.40
 H. Recipient Cost (Match)= \$602.40
 I. Non-recipient Cost (Match)= \$0.00

Grant Recipient Signature: _____

Date: Nov 5, 2015

District Forester Signature: _____

Date: _____

Recipient Labor and Equipment Hours
Emrick - Fuel Break Construction Diamond Creek
Project #5385520-01
(Hours used as Match for current reimbursement in RED)

Labor (Recipient MHRS)

DATE	ACTIVITY	MHRS
4/14/15	Felling trees, piling slash	10
6/2/15	Felling, limbing trees	10
6/8/15	Felling trees, piling slash	10
7/18/15	Piling slash	8
7/24/15	Log skidding	6
7/27/15	Felling trees, piling slash, skidding logs	10
7/29/15	Felling, limbing trees, skidding logs	10
8/7/15	Felling, limbing trees, skidding logs	10
8/15/15	Felling, limbing trees, piling slash	10
8/20/15	Piling slash, skidding logs	10
8/23/15	Piling slash, collecting firewood	10
8/28/15	Felling trees, skidding logs	10
9/4/15	Skidding logs, building log decks	5
9/11/15	Felling, limbing trees, piling slash	6
10/7/15	Limbing trees, skidding logs	4
10/9/15	Limbing trees, piling slash	6

Equipment (Recipient Tractor Hours)

DATE	ACTIVITY	HRS
7/24/15	Skidding logs	2
7/27/15	Skidding Logs	2
7/29/15	Skidding Logs	2
8/7/15	Skidding Logs	4
8/20/15	Skidding Logs	2
8/28/15	Skidding Logs	2
9/4/15	Skidding Logs, build log deck	2
10/7/15	Skidding logs	2



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)	
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/>

10-06-15
(Ro) ✓

Name: Robert Emrick

Address: 374 Neosho Trail

Red Feather Lakes, CO 80545

Approved for Payment
C.S.F.S.

7149713

10-06-15

(Ro)

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

Grant Number: 5385520-01-Fe Non-Federal Match: \$ 502

Approved Funding: \$ 10,702 Total Project: \$ 4,252

CSFS Account Number: 5385520-6693 Amount of Payment: \$ 3,750

2013 HAZARDOUS FUELS (Stevens Funds) For

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

Program Manager Signature [Signature]

Date: 9/22/15

Program Manager Name Scott M. Woods



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 Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. 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 you must show corresponding match.

1. Project/Account #: 5385520-01 - FC	2. Total Award Amount: \$10702.00 ✓
3. Project Name: Emrick - Fuel Break Construction Diamond Creek	4. Reimbursed Amount to Date: None ✓
5. Make Payment To: Name: Robert Emrick Attn: Address: 374 Neosho Trail Red Feather Lakes, Co. 80545 ✓	6. Period of Performance (Project Period): From: 4/1/2015 To: 7/31/15

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.

4-5 acres have been partially completed: trees thinned to prescription density, logs removed or stacked for firewood, slash piled for burning or mastication. The current reimbursement request is for work completed by the Larimer Conservation Corps cutting trees and piling slash on 3 of those acres. Recipient matching hour and equipment time provided cutting and slash piling on 2+ acres and log skidding for 4-5 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. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
\$10,702	\$3,750	\$502	0	✓ \$4,252	12%

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

Reimbursement Request: I request reimbursement in the amount of \$ 3750 for the work completed and documented above or attached.

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: Robert Emrick Date: 9/9/15

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

District Forester Signature: [Signature] Date: 9/17/15

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

Program Manager Signature: [Signature] Date: 9/22/15
SCOTT WOODS

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)	
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: Robert Emrick.

Address: 374 Neosho Trail
Red Feather Lakes, CO 80545

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

Grant Number: 5385520-01 Non-Federal Match: \$ 502

Approved Funding: \$ 10,702⁰⁰ Total Project: \$ 4,252

CSFS Account Number: 5385520-6693 Amount of Payment: \$ 3,750

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

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 Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. 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 you must show corresponding match.

1. Project/Account #:5385520-01	2. Total Award Amount: \$10702.00
3. Project Name: Emrick - Fuel Break Construction Diamond Creek	4. Reimbursed Amount to Date: None
5. Make Payment To: Name: Robert Emrick Attn: Address: 374 Neosho Trail Red Feather Lakes, Co. 80545	6. Period of Performance (Project Period): From: 4/1/2015 To: 7/31/15

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.

4-5 acres have been partially completed; trees thinned to prescription density, logs removed or stacked for firewood, slash piled for burning or mastication. The current reimbursement request is for work completed by the Larimer Conservation Corps cutting trees and piling slash on 3 of those acres. Recipient matching hour and equipment time provided cutting and slash piling on 2+ acres and log skidding for 4-5 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. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
\$10,702	\$3,750	\$502	0	\$4,252	12%

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

Reimbursement Request: I request reimbursement in the amount of \$ 3750 for the work completed and documented above or attached.

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: _____

Robert Emrick

Date: _____

9/9/15

10. Certification:

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

District Forester Signature: _____

Don July

Date: _____

9/17/15

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

Program Manager Signature: _____

Date: _____

CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet



Project/Account #: 5385520-01
 Award Amount (obligated from funding source): \$10,702.00
 A. Remaining Award Amount: \$10,702.00
 Reimbursement Request: \$3,750

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost ^b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$3,750.00	\$502.00	\$0.00	\$4,252.00	12%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
Aug 21, 2015	LCCC	Larimer Conservation Corps 10 person Sawyer crew; 2 days July 27, 28	20	\$3,750.00	Actual Cost: reimbursable costs
				\$0.00	
Apr 14, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	10	\$251.00	Recipient Labor: reimbursable costs
				\$0.00	
Jun 2, 2015	Self	Recipient labor: felling, limbing, skidding trees in project area (@ \$25.10/Hr)	10	\$251.00	Recipient Labor: reimbursable costs
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost= \$4,252.00
 H. Recipient Cost (Match)= \$502.00
 I. Non-recipient Cost (Match)= \$0.00

Grant Recipient Signature: *[Signature]* Date: Sep 9, 2015
 District Forester Signature: *[Signature]* Date: 9/17/15

Recipient Labor and Equipment Hours
Emrick - Fuel Break Construction Diamond Creek
Project #5385520-01
(Hours used as Match for current reimbursement in RED)

Labor (Recipient MHRS)

<u>DATE</u>	<u>ACTIVITY</u>	<u>MHRS</u>
4/14/15	Felling trees, piling slash	10
6/2/15	Felling, limbing trees	10
6/8/15	Felling trees, piling slash	10
7/18/15	Piling slash	8
7/24/15	Log skidding	6
7/27/15	Felling trees, piling slash, skidding logs	10
7/29/15	Felling, limbing trees, skidding logs	10
8/7/15	Felling, limbing trees, skidding logs	10
8/15/15	Felling, limbing trees, piling slash	10
8/20/15	Piling slash, skidding logs	10
8/23/15	Piling slash, collecting firewood	10
8/28/15	Felling trees, skidding logs	10
9/4/15	Skidding logs, building log decks	5

Equipment (Recipient Tractor Hours)

<u>DATE</u>	<u>ACTIVITY</u>	<u>HRS</u>
7/24/15	Skidding logs	2
7/27/15	Skidding Logs	2
7/29/15	Skidding Logs	2
8/7/15	Skidding Logs	4
8/20/15	Skidding Logs	2
8/28/15	Skidding Logs	2
9/4/15	Skidding Logs, build log deck	2

Financial Assistance Program

Cooperative Match Project

To be conducted by:

Robert Emrick and Kathy Dolliver

Project Number:	5385520-01
Estimated Project Cost:	\$11772.20
Funding provided by CSFS:	\$10702.00
Minimum Recipient Match:	\$1070.20
Project to be completed by:	June 1, 2016

Based on the strength of the application submitted by Robert Emrick and Kathy Dolliver, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$10,702.00 to accomplish the project described in the attached scope of work.

As the cooperator, Robert Emrick and Kathy Dolliver, 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 of 10%.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/ Reimbursement Request(s) using the forms provided "Exhibit B" and "Form D," as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service, Fort Collins District

5060 Campus Delivery

Fort Collins, CO 80523-5060

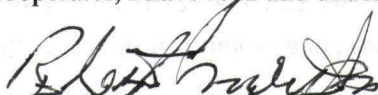
Attn: Diana Selby

- 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 June 1, 2016.

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

Cooperator Signature:



Date: 12/3/13

Mailing Address:

Kathy Dolliver

374 Neosho Trail Red Feather Lakes, CO 80545

Telephone Number:

970-881-2511

Email Address:

emrick1@yahoo.com

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5385520-01

Cooperator: Robert Emrick and Kathy Dolliver

Work to be completed: Create a 200' wide fuel break or shaded fuel break along the north property boundary in the Diamond Creek Subdivision as described in 2013 HB12-1032 grant application, "Emrick- Fuel Break Construction Diamond Creek."

Number of acres to be treated: 8.

1. Type of Treatment – fuel break

Milestone dates: Project Completion: June 1, 2016

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

Project Period: December 1, 2013 – June 1, 2016

Funded Amount: \$ 10,702.00

Minimum cooperator match: \$ 1,070.20

Deliverables: 8 acres of treatment

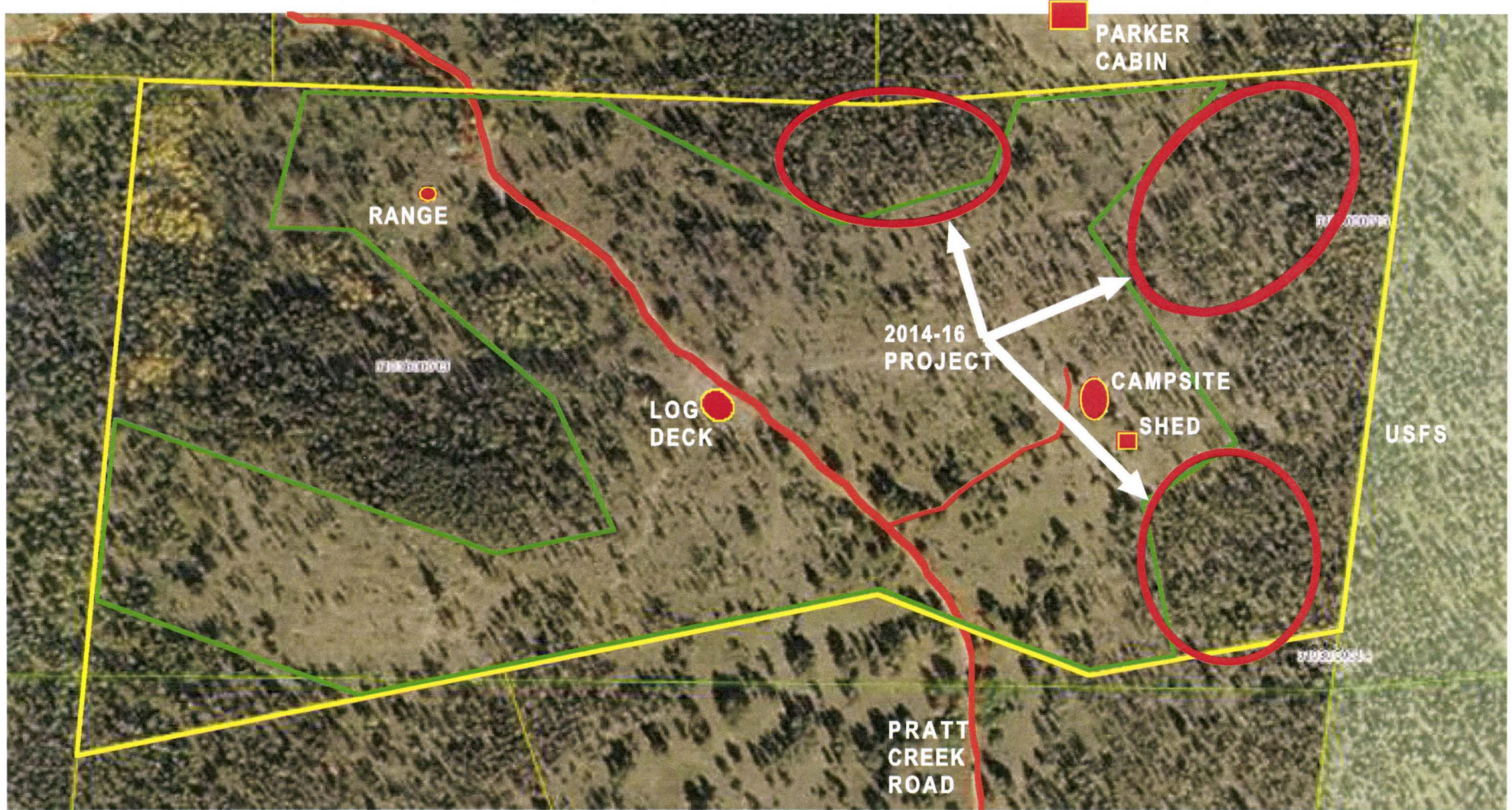
Project Types: **fuels reduction**

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:

Handwritten initials of Robert Emrick (RE) and Kathy Dolliver (KD) in black ink.

Emrick/Dolliver 1100 Pratt Creek Road, Diamond Creek



Area Treated 2007-2013

Image Summer 2014



2013 HB12-1032
 Colorado Forest
 Restoration Grant

Program

FOR OFFICIAL USE ONLY	
Entity Submitting Project:	
County:	
Date:	
Dollar Amount Requested:	\$0
Matching Share:	\$0

Applicant Information							
1	Name of Project:	Emrick - Fuel Break Construction Diamond Creek					
	Applicant:	Robert Emrick / Kathy Dolliver (Owners)					
	Contact Person:	Robert Emrick					
	Address:	374 Neosho Trail					
	City/Zip Code:	Red Feather Lakes 80545					
	Phone (Work/Cell):	(H) 970-881-2511					
	Email:	emrickl@yahoo.com					
	Fax:	970-881-2511					
Community-at-Risk Information							
2	Community Name:	Diamond Creek Subdivision					
	County:	Larimer					
	Name of CWPP:	Upper Cherokee Park CWPP (2011)					
	Location to obtain/review:	http://csfs.colostate.edu/pages/CommunityWildfireProtectionPlans.html					
Grant Contributors (Matching Share)							
<i>(Applications will be disqualified if sufficient match is not identified.) Please specify the name of each match contributor and the dollar amount of each contribution. Please DO NOT show grant-requested funds in this table. This is for matching share only, which is a minimum of 40 percent of total project cost.</i>							
3	Contributors: (Please specify)	Applicants					TOTAL
	Dollars (Hard Match):	\$0	\$0	\$0	\$0	\$0	\$0
	In-Kind (Soft Match):	\$6,101	\$0	\$0	\$0	\$0	\$6,101
	TOTAL:	\$6,101	\$0	\$0	\$0	\$0	\$0

Total Project Expense (break down matching share totals from block three)					
4		Grant Share (\$ Amount Requested)	Match (carry from block three above)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:	\$0	\$0	\$6,101	
Operating:	\$0	\$0	\$0		\$0
Travel:	\$0	\$0	\$0		\$0
Contractual Services:	\$9,100	\$0	\$0		\$9,100
Equipment:	\$0	\$0	\$0		\$0
Indirect Costs:	\$0	\$0	\$0		\$0
TOTAL:	\$9,100	\$0	\$6,101		\$15,201

Project Summary (check all that apply and answer related questions)

Does this project address the protection of water supplies? **Yes** (see #8)

Is this project based on an ecological assessment of current conditions? **Yes** (see #6,7)

Is this project identified through a CWPP? **Yes**

Is this project located within a Firewise Community/USA? **No**

Is this project's concept identified in Colorado's State Forest Action Plan (Statewide Forest Resource Assessment & Strategy)? **Yes** (see #6)

Project Objectives (check all that apply) Any box checked needs to be further explained in proposal, and documented and implemented to receive grant reimbursement. See request for proposal-application instructions.

5

Reducing threat of large, high-intensity wildfires and the negative effects of excessive competition between trees by restoring ecosystem functions, structures, and species composition, including the reduction of non-native species.

Yes (see #6,7)

Preserving old and large trees to the extent consistent with ecological values and science.

Yes (see #7)

Replanting trees in deforested areas, if such areas exist in the project area.

No

Improving the use of, or adding value to, small diameter trees.

No

Number of acres to be treated:8

Estimated cost/acre:\$1,900

Will the implementation of this project involve a contract with the Colorado Youth Corps Association or another accredited Colorado youth corps?

Yes

List the communities directly affected by this project:

Diamond Creek / Upper Cherokee Park

Project Area Description

All information for the project must fit into the allotted character space provided below.
Attachments will not be considered by the review committee. **Characters include letters, numbers, spaces and punctuation.**

Provide a brief overview of the project, project area and concept relevant to Colorado's State Forest Action Plan. Specify size of project and land ownerships involved (e.g. private, county, state, federal, etc.). Include information on the relevant watershed. Submit a single one-page map of the project area (view instructions on request for proposal). 1,750 characters

Diamond Creek is Section 3-11-73 enclosing 16 38+/- acre lots, most with structures, and an Association maintained access road. Neighboring communities are identified in the Upper Cherokee Park CWPP.

Land in Diamond Creek feeds the Pratt Creek/Trail Creek drainage, part of the greater North Fork Poudre watershed. Land is heavily forested with mixed conifer and aspen. Pine beetles have infected about 70% of all pine stands, which are in the red attack phase.

6 This project will reduce the impact of insect damage, and the potential impacts of wildfire on private property within the Diamond Creek Subdivision. Specifically, the project extends work completed in years 2008-2012, constructing a fuel break along property lines with adjacent owners on the upwind/downslope boundaries. Proposed project would treat a minimum of 8 acres of private land over two Summer seasons.

The project addresses concerns relevant to the Colorado State Forest Action Plan by reducing potential wildfire intensity, slowing the spread of insect damage, and helping to restore fire-adapted lands to their expected reference state (CSFS Resource Assessment, 2008).

The goals of the CWPP are also addressed. Specifically, Hazard Reduction Priorities related to wildfire risk around structures and common areas, and encouraging thinning of hazardous fuels in surrounding lands.

Scientific Foundation/Practice Standards

All information for the project must fit into the allotted character space provided below.
Attachments will not be considered by the review committee. **Characters include letters, numbers, spaces and punctuation.**

Briefly describe the scientific foundation for the project, specifically the practice standards (e.g. forest management plan, CWPP, professional publications, other professional technical resources, professional foresters or other natural resources professionals) that will be applied to achieve the desired outcome of the project. 1,000 characters

7 Conifer stands to be treated in this project can be characterized using a system such as in Grey: *Characterizing Wildfire Hazard and Risk in Mountain Pine Beetle-Affected Stands*. Stands in the NE project area are similar to Type 1; The NW area is similar to Type 3. In both cases, stands are at the Beetle Infestation/Red Attack Phase, indicative of high risk/high hazard.

This project will create a fuel break (or shaded fuel break) along the north (upwind) property boundary on level to shallow sloped land. Break to be matched by similar construction by neighbors (partially completed), resulting in a 400' break accommodating the wind and terrain (*Fuelbreak Guidelines for Forested Subdivisions and Communities*, F. Dennis).

Harvesting will be done per *Landowner Guide To Thinning*, CSFS, with modifications for the heavy beetle damage. Most standing dead trees will be taken; large diameter dead trees will be left at several stems/acre as wildlife trees and to help prevent windthrow of remaining stands. Harvested logs will be removed for commercial firewood, blocked in place for personal firewood, or stacked as wildlife piles and snow fence material.

Protection of Water Supplies

All information for the project must fit into the allotted character space provided below.
Attachments will not be considered by the review committee. **Characters include letters, numbers, spaces and punctuation.**

Describe how the proposed project will contribute to the protection of water supplies, such as water quality, water quantity, and/or associated infrastructure. 700 characters

- 8 Project will protect part of the watershed of North Fork Poudre river by reducing risk and hazard of catastrophic wildfire in the Diamond Creek subdivision. Construction of the NW portion of the fuel break clears insect damaged trees away from a large aspen stand at the top of the Diamond Creek drainage to Pratt creek, improving health of the stand and its ability to hold snowpack. Project area has no stream exposure.
- This fuelbreak will also help provide access to USFS land (refer to #10, RE sec. 2-11-73) along a ridgetop route, avoiding any drainage issues or damage to undisturbed stands (*Forestry Best Management Practices 2010*, CSFS). This helps to further leverage the work done in the project.

Scope of Work/Project Timeline

All information for the project must fit into the allotted character space provided below.
Attachments will not be considered by the review committee. **Characters include letters, numbers, spaces and punctuation.**

Provide a brief scope of work that clearly describes how grant funds will be spent. Describe what will be accomplished and measurements to define project completion. (This should be more specific than the project description.) 1,500 characters

- 9 A 200' wide fuel break will be constructed along the north and east property boundaries of the applicant's property in Diamond Creek Subdivision. The project will continue work completed in years 2008-2012, partly under a 2011 Emergency Supplemental Funds grant. Project complements work by neighbors and on adjacent USFS.
- Beetle damaged trees <14" diameter will be harvested by Applicant provided sawyers (chainsaws), and limbs will be removed in place. Approx. 1/2 of logs will be skidded by Applicant provided equipment to be removed by a commercial firewood firm (committed by Western Resource). Remaining logs will be blocked in place for wildlife piles, snow fence material and Applicant personal firewood. Completion of this part of the project requires about 35-40 Hrs/acre (based on 4 years experience), including skidding, and is proposed as in-kind match.
- Grant funds will be used to complete the treatment by hiring the Larimer Youth Conservation Corp to stack blocked logs and collect and hand pile logging slash for later disposal. 4 days at about \$1500/day (per LYCC contract 2012).
- Grant funds will also be used to grind/masticate slash and some stumps in areas critical to access in future projects, approx 2 hours/acre at about \$190/Hr (per Yost Forestry).

Provide a timeline for the project, including significant accomplishment milestones during the project period. 500 characters

Project timing will have harvesting, piling and grinding/mastication completed on about 1/2 of project acreage during May-August of each project year. Youth Corp work will be contracted in August of each year, with project completion at Summer's end 2014.

Collaboration

Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that participated in the design of this project, and describe how such partners will contribute to, or participate in, the project's implementation. Specify the role of any Youth Conservation Corps that will participate in project implementation. 1,000 characters

10

This is proposed as a private project addressing the goals of the CWPP and enhancing the safety of individual properties.
The CSFS has assisted through on-site visits (2008), development of the CWPP and will administer the Grant.
The USFS has surveyed the area for use as access to section 2-11-73 (2012). Fuel break construction will be extended to the eastern property boundary, shared with the USFS. This will assist with planning and implementation of FS treatment projects, currently in development. (per Nehalem Clark, Dick Edwards, USFS).
Livermore FPD has made on-site visits (2010) and made recommendations for fuel reduction and fire response which were incorporated into the CWPP.
Neighboring property owners in Diamond Creek have begun fuel break construction and expansion of defensible space complementary to the project.

Project Longevity/Maintenance

Identify the long-term benefits of the project and clearly specify the plans to sustain the long-term benefits of the project. 500 characters






11

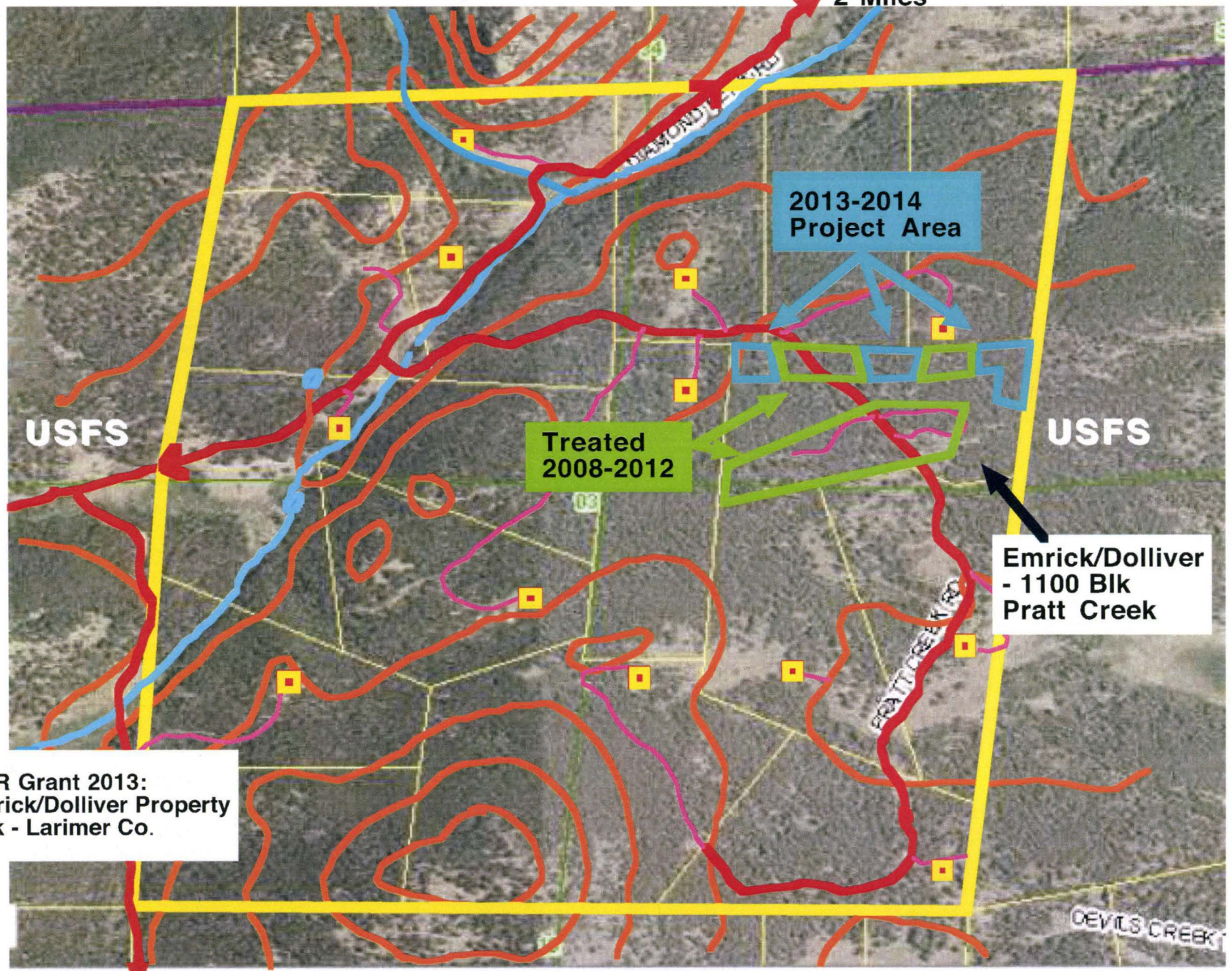
Project will help fulfill the goals of the CWPP in reducing wildfire hazard and risk, while improving access for future projects and returning the forest to a long-term reference state.
Treated areas will be continually assessed for further harvest needs, condition of remaining large diameter trees, and potential benefits of snow fence construction for maintenance of snowpack. Likely timeframe for additional harvest and construction 3-5 years.

Diamond Creek Sec 3, T-11N, R-73W

To CR 59
2 Miles

Legend

- Roads 
- Driveways 
- 100' Contours 
- Creek / Pond 
- Structures 



Proposal for FR Grant 2013:
Fuel Break Emrick/Dolliver Property
Diamond Creek - Larimer Co.

To CR 80C
1 Mile

Assessor Property Information

General Information

Parcel Number: 31030-00-013
Tax District: 1914
Property Tax Year: 2016

Schedule Number: R1145550
Current Mill Levy: 86.217

Owner Name & Address
 EMRICK ROBERT LANCE
 DOLLIVER KATHY
 374 NEOSHO TRL
 RED FEATHER LAKES, CO 80545

Property Address
 -

Subdivision #: /031173 - S3 T11 R73

Legal Description:

PT OF 3-11-73 BEG AT NE COR, TH ALG N LN S 88 9' 7" W 2618.26 FT TO N 1/4 COR, S 88 7' 59" W 220.73 FT, S 0 21' 34" W 1594.58 FT, S 87 59' 20" E 753 FT TPOB, S 87 59' 20" E 1099.14 FT, N 85 30' 3" E 800.54 FT TO E LN NE 1/4, TH ALG E LN S 6 42' 11" W 860.01 FT, S 79 18' 35" W 387.86 FT, N 68 50' W 340 FT, S 78 20' 59" W 1220 FT, N 5 23' 51" E 1030 FT M/L TPOB CONT 37.61 AC M/L (SPLIT FROM 31030 00 002)

Sales Information

Click a Sale Date to recorded document details or Reception No. to view the document.

Sale Date	Reception No.	Sale Price	Deed Type
06/28/2006	20060050137	\$104,000	Personal Representatives Deed
05/01/1992	92024141	\$23,000	Warranty Deed

Value Information

Abstract Code/Description	Value Type	Actual Value	Assessed Value	Net Acres	Net Sq Ft
1124 Res unpl 35-99.9 ac	Land	\$88,000	\$25,520	37.61	1,638,292
Totals:		\$88,000	\$25,520	37.61	1,638,292

Building Improvements

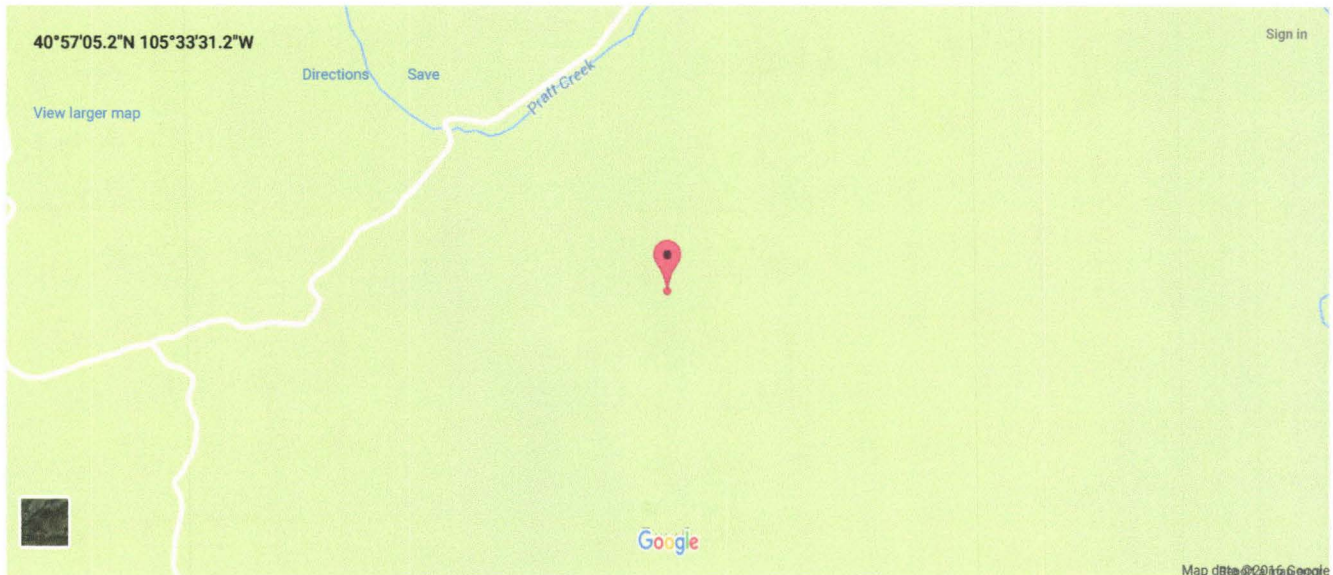
No building improvement information is currently available for this property.

Property Map

[GIS Land Information Locator](#) [GIS Web Maps Portal](#)

This Google map below shows an approximate location of the property based on the address or coordinates where available.
 Note: Larimer County has no control of the content, operation or display of this map.

For parcel maps use one of the following links:
[GIS Land Information Locator](#) [GIS Web Maps Portal](#)



Larimer County Land Information Locator

Created by Larimer County using data from multiple sources. Larimer County makes no warranty as to the accuracy of this product. This map may not reflect recent updates prior to the date of printing.



Printed: 6/7/16

3103000013

50 m

300 ft

