

**Larimer County Sheriff's Office -
Emergency Services Section**

INVOICE

C/O Jeri Mael
2501 Midpoint Avenue
Fort Collins, CO 80525
Phone 970-498-5133

DATE: July 1, 2015
INVOICE # 1502
FOR: Hazard fuel
reduction

Bill To:
John Parker
Girl Scouts of Colorado - Magic Sky Ranch
17900 Red Feather Lakes Road
Red Feather, CO 80545
970-493-6789
john.parker@gscolorado.org

DESCRIPTION	AMOUNT
Labor and Benefits - Fuels Reduction (June 2015)	\$ 13,651.93
Equipment	\$ 945.00
Fuel	\$ 300.00
Account Number 101.511100.SH310.43177.0	
TOTAL	\$ 14,896.93

Payment terms: Due upon receipt

Make all checks payable to **Larimer County Sheriff's Office**
If you have any questions concerning this invoice, contact N Tony Simons, 970-498-5303, simonsap@co.larimer.c

THANK YOU!

**Larimer County Sheriff's Office -
Emergency Services Section**

INVOICE

C/O Jeri Mael
2501 Midpoint Avenue
Fort Collins, CO 80525
Phone 970-498-5133

DATE: June 1, 2015
INVOICE # 1501
FOR: *Hazard fuel
reduction*

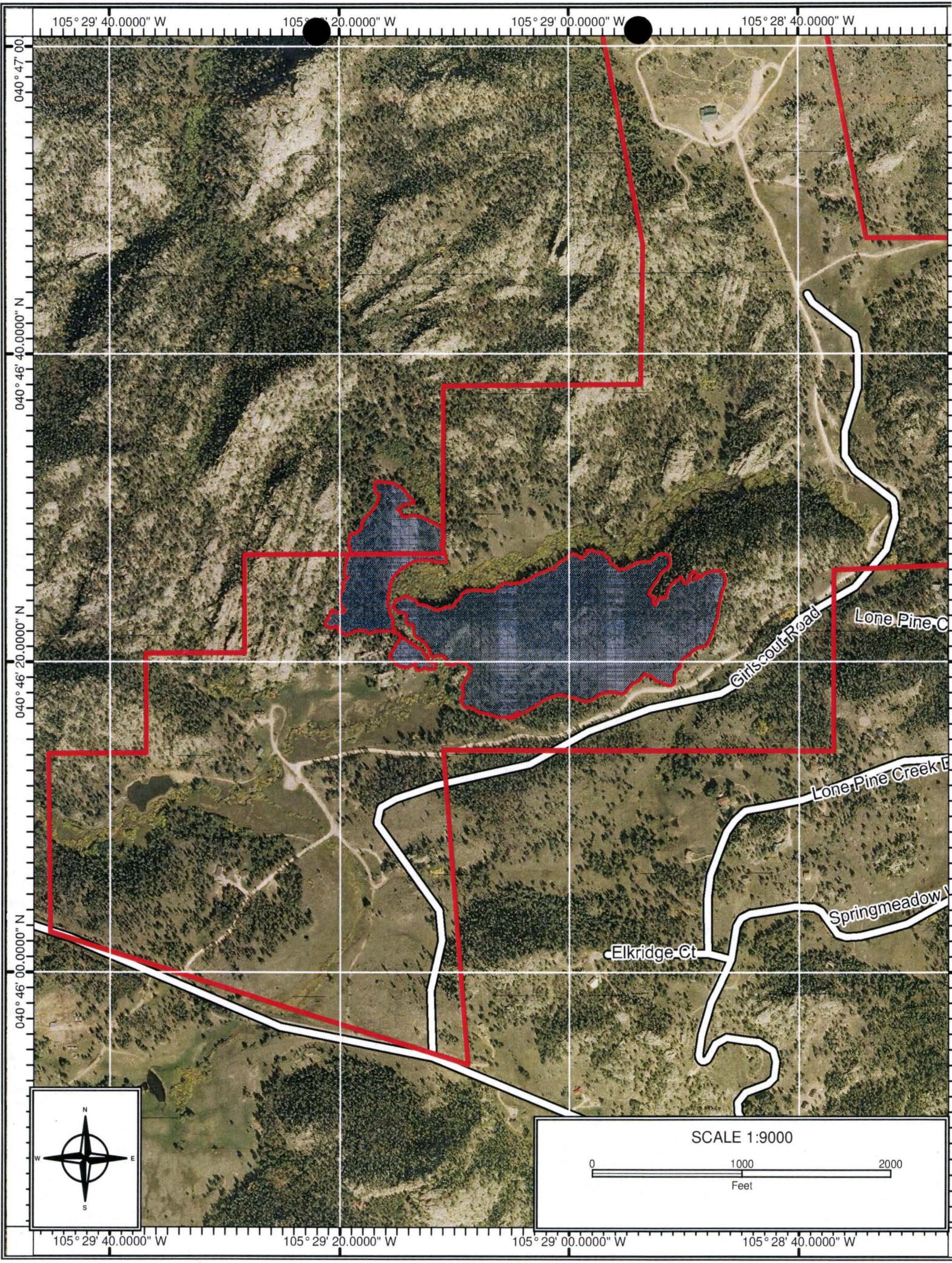
Bill To:

John Parker
Girl Scouts of Colorado - Magic Sky Ranch
17900 Red Feather Lakes Road
Red Feather, CO 80545
970-493-6789
john.parker@gscolorado.org

DESCRIPTION	AMOUNT
Labor and Benefits - Fuels Reduction (May 2015)	\$ 5,292.55
Equipment	\$ 345.00
Fuel	\$ 120.00
Account Number 101.511100.SH310.43701.0	
TOTAL	\$ 5,757.55

Make all checks payable to **Larimer County Sheriff's Office**
If you have any questions concerning this invoice, contact N Tony Simons, 970-498-5303, simonsap@co.larimer.c

THANK YOU!





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/> 10-12-15

Name: Girl Scouts of Colorado

Address: 3801 E. Florida Ave
Denver, CO 80210

Approved for Payment
C.S.F.S.
7201958
10-12-15
Ka

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

Grant Number: 5308122-03-FC Non-Federal Match: \$2,999 ~

Approved Funding: \$27,000 ~ Total Project: \$29,999 ~

CSFS Account Number: 5308122-66493 ~ Amount of Payment: \$27,000 ~

HAZARD MITIGATION TREATMENTS ON NON-FED

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

Program Manager Signature [Signature] Date: 10/6/15

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.

1. Project/Account #: 5308122-03 - FC
2. Total Award Amount: \$27,000.00
3. Project Name: Magic Sky Ranch
4. Reimbursed Amount to Date: \$0.00
5. Make Payment To: Girl Scouts of Colorado
6. Period of Performance (Project Period): until January 1, 2017

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work.

Two areas were treated on this project:
'Area 1' with a perimeter of 6,989 ft. - approx. 35 acres in size.
'Area 2' with a perimeter of 4,786 ft. - approx 10 acres in size.
Neither area has ever been treated before due to difficulty of access.
Both areas were cleared of beetle killed trees, and were thinned to approx. 60 basal ft. Older large trees were left standing when possible
Treated areas adjoin USFS lands on the north and west.

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.

Table with 6 columns: 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 (%). Values include \$27,000.00, \$2,999.00, 0, \$0.00, 29,999.00, and 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 \$27,000.00 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.

Girl Scouts of Colorado

Grant Recipient Signature: by: John Parker Agent

Date: 09/17/2015

10. Certification:

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

District Forester Signature:

Date: 9/25/15

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

Program Manager Signature:

Date: 10/16/15

SCOTT WOODS

COPY



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

*mailed to
Scott Woods
on 9/25/15*

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 #: 5308122-03	2. Total Award Amount: \$27,000.00
3. Project Name: Magic Sky Ranch	4. Reimbursed Amount to Date: \$0.00
5. Make Payment To: Girl Scouts of Colorado Name: Girl scouts of Colorado Attn: Myrnan Fronczak Address: 3801 East Florida Avenue, Denver, CO 80210	6. Period of Performance (Project Period): until January 1, 2017 From: May, 2015 To: July, 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.

Two areas were treated on this project:
 "Area 1" with a perimeter of 6,989 ft. - approx. 35 acres in size.
 "Area 2" with a perimeter of 4,786 ft. - approx 10 acres in size.
 Neither area has ever been treated before due to difficulty of access.
 Both areas were cleared of beetle killed trees, and were thinned to approx. 60 basal ft. Older large trees were left standing when possible
 Treated areas adjoin USFS lands on the north and west.

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 (%)
\$	27,000.00	\$2,999.00	0	B+C+D	(C+D)/E
\$27,000.00	\$27,000.00	\$2,999.00	\$0.00	29,999.00	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 \$ 27,000.00 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.

Girl Scouts of Colorado

Grant Recipient Signature:

by: John Parker Agent

Date: 09/17/2015

10. Certification:

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

District Forester Signature:

[Signature]

Date: 9/25/15

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

Program Manager Signature:

Date:



Colorado State Forest Service Program Payment Request

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

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

Name: Girl Scouts of Colorado

Address: 3801 E. Florida Ave
Denver, CO 80210

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

Grant Number: 5308122-03 Non-Federal Match: \$2,999

Approved Funding: \$27,000 Total Project: \$29,999

CSFS Account Number: 5308122-66693 Amount of Payment: \$27,000

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

Program Manager Signature _____ Date: _____

Program Manager Name _____









































Financial Assistance Program
Cooperative Match Project

To be conducted by:

Magic Sky Ranch

Project Number:	5308122-03
Estimated Project Cost:	\$30,000
Funding provided by CSFS:	\$27,000
Minimum Recipient Match:	\$3,000
Project to be completed by:	January 1, 2017

Based on the strength of the application submitted by Magic Sky Ranch, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$27,000 to accomplish the project described in the attached scope of work.

As the cooperator, Magic Sky Ranch, 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 January 1, 2017.

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

✓ **Cooperator Signature:**

Mailing Address:

Telephone Number:

Email Address:

Girl Scouts of Colorado
John Parker, Agent
17900 W. County Rd. 74E
Red Feather Lakes, CO 80545
970-493-6789
john.parker@gscolorado.org

Date: 1/21/15

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5308122-03

Cooperator: Magic Sky Ranch

Work to be completed: Forest management work including shaded fuel breaks to CSFS guidelines, select tree removal and patch-cuts to reduce aerial fuels, and slash disposal of piling and burning. Larger materials may be utilized or donated as firewood. Work will be targeted around structures, roadways, and adjacent to USFS boundaries.

Number of acres to be treated: 30.

1. Type of Treatment – general fuels reduction

Milestone dates: Project Completion: January 1, 2017

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

Project Period: September 1, 2014 – January 1, 2017

Funded Amount: \$ 27,000 **Minimum cooperator match:** \$ 3,000

Deliverables: 30 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, WFSM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

✓ Initials:

JP