

FILE COPY

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

01/17/08

Date Requested: 01/17/08

V RAWAH RANCH LLC
E ATTN: PAT TIMMINS
N 11447 N COUNTY ROAD 103
D GLENDEVEY CO 82063
O
R

COPY

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 405946
P FORT COLLINS CO 80523-6011

Contact: DENNIS, F.C.
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program

| Item # | Description | Qty | UOM | Unit Price | Extension | Acct # | Sub | User |
|--------|--|-----|-----|------------|-----------|--------|------|------|
| 1) | FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; Front Range Fuels Treatment Partnership (a.k.a. FRFTP); Project # 536624-04-FC; 04 CPG Prev/Rest FRFT | 1 | LOT | 3600.0000 | 3600.00 | 536624 | 5980 | |

TOTAL: \$3,600.00

FINAL PAYMENT
Payment Request Processed
09-26-08
FORM 828 ATTACHED

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

SIGNATURE

DATE

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 (a.k.a.: VFA/RFA) | |
| Forest Land Enhancement Program (a.k.a.: FLEP) | |
| Insect and Disease Prevention and Suppression Program | |
| State Fire Assistance (a.k.a.: SFA) | |
| Front Range Fuels Treatment Partnership (a.k.a.: FRFTP) | X |
| Stevens Fuels Treatment Funds | |
| Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01) | |

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 09-26-08 KC

Name: RAWAH RANCH

Address: 11447 N. COUNTY RD 103
GLENDEVEY, CO 82063

Approved for Payment
C.S.F.S.

A 405946
09-26-08
KC

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

Grant Number: 536624-04-FC Cooperator Match: \$3,600.00

Approved Funding: \$3,600.00 Total Project: \$7,200.00

CSFS Account Number: 536624-5980 Amount of Payment: \$3,600.00

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

Approved by Raydo Libeda
(Program manager signature)

Date: 9/26/08



**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. 536624
(For Official Use Only-
No. from original application)

Applicant name (please print): RANAN RANCH

| | Total Contracted Services ¹ | Total Landowner Services ² | Totals |
|---|--|---------------------------------------|--|
| Labor Cost | \$7,200. ⁰⁰ | 0 | A Labor Cost= align="right">\$7,200. ⁰⁰ |
| Operating Exp ^{3,*} | 0 | 0 | B Oper. Exp.= align="center">0 |
| Revenue Generated (from sale of wood products only) ^{4,*} | 0 | 0 | C Revenue= align="center">0 |
| Project Cost | \$7,200. ⁰⁰ | 0 | D Total Project (A+B-C) = align="right">\$7,200. ⁰⁰ |
| | | | Amount Originally Approved = align="right">\$3,600. ⁰⁰ |
| How much of your total cost was paid to CSFS for Products and/or Services? \$ | 0 | | Amount to be Reimbursed ⁵ (.5XD) align="right">\$3,600. ⁰⁰ |

¹ Any contracted services where payment was made for services.
² Use up to \$ 17.55/hour for Landowner time. This is the maximum allowable.
³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
⁴ Any revenue generated from the sale of wood products is deducted from total project cost.
⁵ Reimbursement amount cannot exceed amount approved. No partial payments.
 * Attach receipts, Cost Documentation Form (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: [Signature] Date: 7-25-08

Mailing Address: 11497 N. County Rd 103 City: GLENEVEY

County: LARIMER State: CO. Zip: 82063 Phone: 800 820 3152

Practice certified by: [Signature]
CSFS Service Representative

Payment Approval: [Signature] Amount: \$3,600.00 Date: 9/26/08
CSFS

Return this form, along with your completed Cost Documentation Form to your local Colorado State Forest Service District Office. Retain documentation such as receipts and payment for three (3) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 536624

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: _____

FLEP: _____

I & D Prevention and Suppression – Bark Beetle: _____

WUI D-space Accomplishment:

No. of D-spaces= _____ Acres slash disposal= _____ Acres fuel breaks = _____

Acres thinned= 4.5 Acres pruned= _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

FLEP Accomplishment:

| | | |
|-------------------------------------|--------------------------|----------------------------------|
| #1 Plan Acres = _____ | #5 Acres = _____ | #9 Acres treated = _____ |
| #2 Acres tree planting = _____ | #6 Acres treated = _____ | #10 Acres of restoration = _____ |
| Acres treated = _____ | #7 Acres treated = _____ | #11 Acres = _____ |
| #3 Acres treated = _____ | #8 Acres treated = _____ | |
| #4 Acres planted/ renovated = _____ | | |



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

PROJECT NUMBER: 530944-003

(For Official Use Only)

NAME: RAWAU RANCU LLC / PAT TIMMINIS
MAILING ADDRESS: 11447 No. County Rd. 103
City: JELM State: NYO
Zipcode: 82063
TELEPHONE NO: 800-820-3152

PROJECT ADDRESS/LEGAL DESCRIPTION: RANCU PROPERTY

PRACTICES TO BE COMPLETED BY: 9/30/08

Date

Landowner and CSFS forester:

CSFS forester:

Table with 6 columns: Practice No. & Component Title, Quantity Requested, Quantity Approved, Maximum C/S Amount eligible, C/S Amount Requested, C/S Amount Approved. Includes handwritten entry for 'Defensible Space' with 3 units approved and \$3600 C/S amount.

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS forester: make sure the correct program is checked below. One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. I understand that I will not be reimbursed for any expenses incurred prior to approval of my application. Work must be completed according to approved plan and application, and must meet the standard set for each component. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: [Signature] DATE: 8-10-07

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____

(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: [X] FLEP: _____
I & D Prevention and Suppression - Bark Beetle: _____
FRFTP: _____ Stevens' Funds: _____ SFA: _____

C/S Allocated: [Signature] AMOUNT: \$3600 DATE: 8-10-07
CSFS District Forester

Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)**

Project No. 530944-003
(For Official Use Only-
No. from original application)

Applicant name (please print): Rawah Ranch LLC

| | Total Contracted Services¹ | Total Landowner Services² | Totals |
|--|--|---|---|
| Labor Cost (Actual) | \$7,200.00 | | A Labor Cost= align="center">\$7,200.00 |
| Operating Exp ^{3,*} (Actual) | | | B Oper. Exp.= |
| Value of donated services and materials (not an actual cost) | | | C Total value of donations |
| Revenue Generated (from sale of wood products only) ^{4,*} | | | D Revenue= |
| Project Cost | | | E Total Project (A+B+C-D) = align="center">\$7,200.00 |
| | | | Amount Originally Approved = align="center">\$3,600.00 |
| How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>0</u> | | | Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs align="center">\$3,600.00 |

¹ Any contracted services where payment was made for services.
² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.
³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
⁴ Any revenue generated from the sale of wood products is deducted from total project cost.
⁵ Reimbursement amount cannot exceed amount approved. No partial payments.
 * Attach receipts, Cost Documentation Form D (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: [Signature] Date: 12/14/07
 Mailing Address: 1718 West County Road 68 City: Fort Collins
 County: Larimer State: CO Zip: 80524 Phone: 1-800-820-3152
 Practice certified by: Baydo Rebeda
CSFS forester

Payment Approval: _____ Amount: _____ Date: _____
CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Ravens Ranch LLC

Project No. 530944-03

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: X I & D Prevention and Suppression – Bark Beetle: _____

FLEP: _____ FRFTP: _____ STEVENS' Fund: _____ SFA: _____

WUI D-space Accomplishment:

No. of D-spaces = 8 Acres slash disposal = 2 Acres fuel breaks = _____

Acres thinned = 2 Acres pruned = 2

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: 300

Acres inspected and treated: 25

Acres thinned: 7

FLEP Accomplishment (Not included above):

- | | | |
|-------------------------------------|--------------------------|----------------------------------|
| #1 Plan Acres = _____ | #5 Acres = _____ | #9 Acres treated = _____ |
| #2 Acres tree planting = _____ | #6 Acres treated = _____ | #10 Acres of restoration = _____ |
| Acres treated = _____ | #7 Acres treated = _____ | #11 Acres = _____ |
| #3 Acres treated = _____ | #8 Acres treated = _____ | |
| #4 Acres planted/ renovated = _____ | | |





Invoice

| |
|---|
| Bill To |
| Rawah Guest Ranch Glendevey, CO Route 11447 NCR 103 Jelm, WY 82063 |

| |
|-----------|
| Date |
| 10/3/2007 |

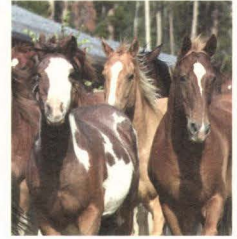
| Item | Description | Qty | Rate | Amount |
|--|--|-----|--------------|-------------------|
| Tree Removal | Removal of approximately 100 Mountain Pine beetle trees from around cabin area. Removal of approximately 200 Mountain Pine beetle trees along roadside. All parts of trees too large for chipper bucked into firewood. Tops of trees and all branches chipped. Daily rate incorporates all activities and costs associated with full removal, including cutting, chipping and hauling. 3 days at \$1500/day with 4 man crew and 2 days at \$1350/day with 3 man crew (one crew member sick) | 3 | 1,500.00 | 4,500.00 |
| Tree Removal | 2 days at \$1350/day with 3 man crew (one crew member sick) Note- Exchange 4 hrs cutting for each 1 week stay at the lodge (thank you for the lodging, the meals, and the hospitality- very thoughtful. We appreciate it.) This was equal to approximately \$750.00 for 1/2 day with a full 4 man crew that we did include and complete for you by the end of the week. Additional note- CSFS grant will reimburse \$3600.00 of work performed upon receipt of invoice paid in full. | 2 | 1,350.00 | 2,700.00 |
| We appreciate your business - Thank You <i>Thank you Pat and Melanie.</i> | | | Total | \$7,200.00 |

PAID IN FULL
10/8/07
Julie K Mahon
Fire Ready / co-owner
(970) 377-2704



• Colorado Wilderness Ranch •

DEC 13 2007



www.rawhbranch.com

MAY 1 2007

800-820-3152

Glendevey, Colorado Route
11447 No. County Road 103
Jelm, Wyoming 82063

Boyd,

THANK YOU VERY MUCH FOR YOUR
ASSISTANCE & SUPPORT ON THIS PROJECT.
FIRE-READY DO A FANTASTIC JOB! WE
PLAN TO DO ABOUT THE SAME THIS SPRING.
PLEASE LET ME KNOW WHAT KIND OF
ASSISTANCE WILL BE AVAILABLE. THANKS AGAIN
AND 'HAPPY HOLIDAYS' TO YOU & YOUR
FAMILY

Best Regards,

FILE

COPY

405946

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

Date Requested: 01/17/08

V RAWAH RANCH LLC
E ATTN: PAT TIMMINS
N 11447 N COUNTY ROAD 103
D GLENDEVEY CO 82063
O
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 405946
P FORT COLLINS CO 80523-6011

Contact: DENNIS, F.C.
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program

| Item # | Description | Qty | UOM | Unit Price | Extension | Acct # | Sub | User |
|--------|--|-----|-----|------------|------------|--------|------|------|
| 1) | FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; Front Range Fuels Treatment Partnership (a.k.a. FRFTP); Project # 536624-04-FC; 04 CPG Prev/Rest FRFT | 1 | LOT | 3600.0000 | 3600.00 | 536624 | 5980 | |
| TOTAL: | | | | | \$3,600.00 | | | |

ENCUMBERED

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

SIGNATURE

DATE

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

| | | | |
|--|--------------------------------|--|-----------------|
| Date: <u>1/15/08</u> | Requested By: <u>M. Hughes</u> | Resale to: | CSFS Invoice #: |
| Vendor: <u>Fort Collins District</u> <u>COLO. STATE FOREST SERVICE, BLDG. 1052</u> <u>FOOTHILLS CAMPUS DELIVERY 5060</u> <u>CSU, FT. COLLINS, CO 80523</u> (PLEASE PROVIDE COMPLETE ADDRESS) | | Ship To: _____ _____ _____ (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS) | |

| | |
|---|--------|
| Reason for Vendor Selection: <input type="checkbox"/> Sole Source (attach completed Sole Source Justification Form) <input type="checkbox"/> Previous Supplier <input type="checkbox"/> Other | Terms: |
|---|--------|

| | | |
|---|----------------|---|
| Shipping Instructions: <input type="checkbox"/> FOB Fort Collins, Colorado <input type="checkbox"/> FOB | Delivery Date: | Deliver to: Initials ___ Bldg ___ Room ___ Phone ___ |
|---|----------------|---|

| # | Account | Subcode | Qty | UOM | Description of Supplies or Services | Unit Price | Item Total |
|----|---------------|-------------|-----|-----|--------------------------------------|------------|-----------------------------|
| 1 | <u>536624</u> | <u>5980</u> | | | <u>Rawah Ranch LLC/ Pat Timmins</u> | | <u>3600.⁰⁰</u> |
| 2 | <u>536624</u> | <u>5980</u> | | | <u>Carroll V. SoRelle</u> | | <u>2,400.⁰⁰</u> |
| 3 | <u>split:</u> | | | | <u>34 Applicants -- See Attached</u> | | |
| 4 | <u>536624</u> | <u>5980</u> | | | <u>Spreadsheet</u> | | <u>11,200.⁰⁰</u> |
| 5 | <u>536944</u> | <u>5980</u> | | | | | <u>20,730.⁰⁰</u> |
| 6 | | | | | <u>PLEASE ENCUMBER</u> | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

| | | |
|-----------------------|---|---|
| SPECIAL INSTRUCTIONS: | Expenditure Approval: Authorized Signature: <u>M. Hughes</u> Date: <u>1/15/08</u> | Subtotal: \$ _____ Discount: \$ _____ TOTAL: \$ _____ |
|-----------------------|---|---|



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

Form A

PROJECT NUMBER: _____

NAME: RAWAN RANAN LLC / PAT TIMMINS (For Official Use Only)
 MAILING ADDRESS: 11447 N. COUNTY RD. 103
 City: JELM State: NYO / GLENDEVER, Co.
 Zipcode: 82063
 TELEPHONE NO: 800 820 3152

PROJECT ADDRESS/LEGAL DESCRIPTION: RAWAN PROPERTY

PRACTICES TO BE COMPLETED BY: 9/30/08
 Date

Landowner and CSFS forester:

CSFS forester:

| Practice No. & Component Title | Quantity Requested | Quantity Approved | Maximum C/S Amount eligible | C/S Amount Requested | C/S Amount Approved |
|--------------------------------|--------------------|-------------------|-----------------------------|----------------------|---------------------|
| <u>DEFENSIBLE SPACE</u> | | | | | |
| <u>666 - 6.302</u> | <u>3</u> | | <u>\$1200</u> | <u>\$3600</u> | |
| | | | | | |
| | | Total: | | | |

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. **CSFS forester: make sure the correct program is checked below.** One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. **I understand that I will not be reimbursed for any expenses incurred prior to approval of my application.** Work must be completed according to approved plan and application, and must meet the standard set for each component. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: [Signature] DATE: 1-6-08
 To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____
 (Additional USFWS guidelines addressed)

| |
|--|
| PROGRAM: <u>WUI Incentives D-space:</u> _____ <u>FLEP:</u> _____ <u>I & D Prevention and Suppression - Bark Beetle:</u> _____ <u>FRFTP:</u> _____ <u>Stevens' Funds:</u> _____ <u>SFA:</u> _____ |
|--|

C/S Allocated: _____ AMOUNT: \$ _____ DATE: _____
 CSFS District Forester

Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.

Fort Collins District
5060 Campus Delivery
Fort Collins, Colorado 80523-5060
(970) 491-8660
FAX: (970) 491-8645

May 30, 2008

Rawah Ranch
Pat Timmins
11447 North County Rd. 103
Jelm, WY 82063

Dear Pat:

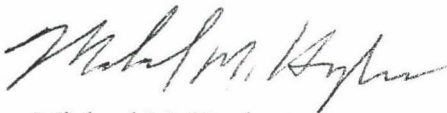
I apologize for the delay in getting you these forms.

Your Landowner Assistance application for \$2400 was approved. This grant is a 50/50 fund match. The project must be completed by September 15, 2008. If it becomes apparent you will not be able to complete the project by this day, please contact our office as soon as possible.

Enclosed you will find an Accomplishment Report and a Cost Document form. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on these forms. Final reimbursement cannot be processed without completion of these forms.

If you have any questions or concerns, please call me at (970) 491-8453. Thank you for your interest in the stewardship of your forest and in our Landowner Assistance Program.

Sincerely,



Michael M. Hughes
Assistant District Forester
Fort Collins District

Enclosures



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

PROJECT NUMBER: _____

(For Official Use Only)

NAME: RAWAN RANAN LLC / PAT Timmins

MAILING ADDRESS: 11447 N. County Rd. 103

City: JELM State: WYO / GLENDALE, Co.

Zipcode: 82063

TELEPHONE NO: 800 820 3152

PROJECT ADDRESS/LEGAL DESCRIPTION: RAWAN PROPERTY

PRACTICES TO BE COMPLETED BY: 9/30/08

Date

Landowner and CSFS forester:

CSFS forester:

| Practice No. & Component Title | Quantity Requested | Quantity Approved | Maximum C/S Amount eligible | C/S Amount Requested | C/S Amount Approved |
|--------------------------------|--------------------|-------------------|-----------------------------|----------------------|---------------------|
| <u>DEFENSIBLE SPACE</u> | | | | | |
| <u>666 - 6.302</u> | <u>3</u> | | <u>\$1200</u> | <u>\$3600</u> | |
| | | | | | |
| | | Total: | | | |

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. **CSFS forester: make sure the correct program is checked below.** One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. **I understand that I will not be reimbursed for any expenses incurred prior to approval of my application.** Work must be completed according to approved plan and application, and must meet the standard set for each component. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: [Signature] DATE: 1-6-08

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____

(Additional USFWS guidelines addressed)

| |
|--|
| PROGRAM: <u>WUI Incentives D-space:</u> _____ <u>FLEP:</u> _____ |
| <u>I & D Prevention and Suppression - Bark Beetle:</u> _____ |
| <u>FRFTP:</u> _____ <u>Stevens' Funds:</u> _____ <u>SFA:</u> _____ |

C/S Allocated: [Signature] AMOUNT: \$3600 DATE: 1/18/08
CSFS District Forester

Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.