

# Financial Assistance Program

## Cooperative Match Project

To be conducted by: Four Mile Fire Protection District

<b>Account Number:</b>	5314115.4FOUR
<b>Estimated Project Cost:</b>	\$93,750
<b>Funding provided by CSFS:</b>	\$46,875
<b>Minimum Recipient Match:</b>	\$46,875
<b>Project to be completed by:</b>	September 1, 2016

Based on the strength of the application submitted by Colorado State Forest Service, Boulder District the Colorado State Forest Service is providing funding in the amount up to but not exceeding **\$46,875** to accomplish the project described in the attached scope of work.

As the cooperator, Four Mile Fire Protection District, 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 "Exhibit A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.

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

Colorado State Forest Service  
CSU-Foothills  
5060 Campus Delivery  
Fort Collins, CO 80523-5060

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

This funding will remain available until September 1, 2017. Extension is available for this project if requested prior to August 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:

1/12/15

Zach Littlefield

**Mailing Address:**

87 Four Mile Canyon Drive  
Boulder, CO 80302

**Telephone Number:**

**Email Address:**

**Fax:**

EXHIBIT A  
Financial Assistance Program  
Cooperative Match Project  
SCOPE OF WORK

**Account Number:** 5314115.4FOUR

**Cooperator:** Four Mile Fire Protection District

**Work to be completed:**

The project will create defensible space for a total of 25 homes in the Four Mile FPD and complete fuels reduction projects on an additional 50 acres within the Four Mile/Sunshine and Gold Hill FPD's. All treatment areas will receive a combination of D-space creation around structures and fuels reduction on adjacent property. All funds in this project will be spent in pursuit of this goal. Strategies employed will be tailored specifically for burned and unburned areas. Trees will be marked, cut, and bucked to similar lengths, depending on diameter and left piled near the stump. No log or firewood piles or slash piles will be created with five feet of a retained tree to reduce the chances of an Ips Beetle infestation jumping from slash/logs/firewood to a live, retained tree. All stumps will cut low to the ground, and where appropriate, contour falling of trees will be used on a limited basis to mitigate soil erosion, and soil migration, particularly in the burned area. Slash will be piled for chipping near roads, broadcast to 1 inch deep over green areas, and deeper (~2 inches) over the burned areas. Where impractical, slash piles will be either burned or lopped and scattered.

Work will be conducted in coordination with the CSFS Boulder District office, in order to ensure that project activities adhere to the CSFS guidelines described in the CSFS documents, *Fuelbreaks for Forested Subdivisions* and *Creating Wildfire Defensible Space Zones, Quick Guide Fire 2012-1*.

**Standards or Guidelines:** Will meet CSFS guidelines appropriate for document. 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. "Exhibit B, Grant Report/ Reimbursement Request, Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

**Project Period:** November 1, 2014 to September 1, 2016

**Funded Amount:** \$46,875 **Minimum cooperator match:** \$46,875

**Deliverables:** 25 Defensible Spaces, additional 50 Acres of fuels treatment

**Project Types:** Hazard Fuels Reduction/ Fire Adapted Ecosystem Restoration

Initials:

  
\_\_\_\_\_



**Colorado  
State  
FOREST  
SERVICE**

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

October 16, 2014

Zach Littlefield  
Four Mile Fire Protection District  
87 Four Mile Canyon Drive  
Boulder, CO 80302

RE: 2014 State Fire Assistance Grant – Bundle 6: Boulder County Critical Communities Fuels Management

Dear Mr. Littlefield:

This letter is to inform you that the application you submitted for the:

***1. Four Mile Fire Protection District has been approved and PARTIALLY funded for \$46,875 requiring 100 acres of fuels treatments for the Four Mile Fire Protection District Fuel Mitigation Project***

A 50/50 match is required and it is advised that you track and report all match in CSFS required reimbursement documents and processes to describe any and all leveraging of funds that occurs with this project. **The grant end date for this project is September 1, 2016** – all reimbursement requests and reporting are due to the CSFS – Boulder District office on or before this date.

This correspondence has been sent to you via the CSFS – Boulder District Office. Project initiation, tracking, field verification, documentation and reimbursement request must be completed by CSFS – Boulder District Staff.

Congratulations on your award and I look forward to reports and information relating to the implementation of your projects. Please feel free to contact me at 303.404.9057 if you have questions.

Regards,



Scott Woods

cc: Allen Owen, CSFS – Boulder District

2014\_SFA\_BO\_Four Mile\_Approval

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)	X
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/>

10-12-15  
ⓧ

Name: Four Mile Fire Protection District

Address: ATTN: Zach Littlefield

87 Four Mile Canyon Drive

Boulder, CO 80302

Approved for Payment

C.S.F.S.

7197501

10-12-15

ⓧ

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

Grant Number: 5314115.4FOUR - 30

Non-Federal Match: \$11,287.50 ~

Approved Funding: \$46,875.00 ~

Total Project: \$22,230.75 ~

CSFS Account Number: 5314115.4FOUR - 6693 Amount of Payment: \$10,943.25 ~  
(SFA 2014 - 14CPG CG4 Boulder County Critical Communities) ~

Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment ~

Program Manager Signature [Signature] ~

Date: 10/12/15

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. 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 #: 5314115.4FOUR - <u>BO</u>		2. Total Award Amount: \$46,875 ~	
3. Project Name: Four Mile FPD Mitigation Project SFA 2014		4. Reimbursed Amount to Date: \$35,931.75	
5. Make Payment To: Name: Four Mile Fire Protection District ~ Attn: Zach Littlefield Address: 87 Four Mile Canyon Drive ✓ Boulder, CO 80302		6. Period of Performance (Project Period): From: July 2015 To: October 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.

Three properties were treated from July, 2015 to date. The following properties 5570 Sunshine Canyon Drive, .8 Acres of hazardous fuels reduction, 227 Gold Trail, 10.9 acres of hazardous fuels reduction and 209 Packer Gulch, a 1.2 acre Dspace. In total, approximately 50 burn piles were created that will be burned during the 2015/16 winter burn season as well approximately 50 hours of broadcast chipping took place.

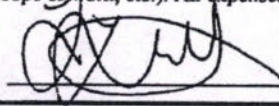
8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project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

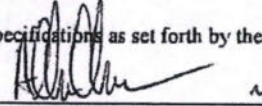
A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
\$10,943.25	\$ 10,943.25	\$ 11,287.50	\$ -	B+C+D \$ 22,230.75	(C+D)/E 0.507742654

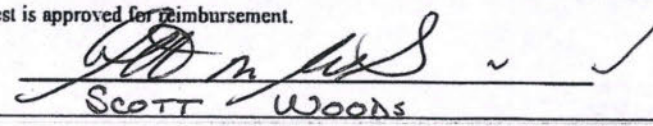
\* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to complete table above. Include Form D, and other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$10,943.25 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: 10/6/15

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.  
District Forester Signature:  Date: 10/7/15

11. Funding is available and request is approved for reimbursement.  
Program Manager Signature:  Date: 10/12/15  
SCOTT WOODS

COPY





Colorado State University  
 Human Resources Management System  
 Expense Distribution Report  
 CSU Bi-Weekly Payroll For 26 SEP 2015 Thru 09 OCT 2015

Organization: **5060 - Colorado State Forest Service**

Account: **2235300 - Boulder Management**

Object Class: **5581 Non-Student Hourly Salary**

Employee Name	Assignment Number	Job Class	Position No./Version	Earn Elmt	Sub Acct	Hours	Earnings	Hourly Rate	Benefits Charged	Perf Pay Charged	Adjustment	Period Ending
Moorman, Melanie L	6604-2	008760		TEW		15.00	195.00	13.000	40.56	.00		02-OCT-15
Total Object Class <b>5581 Non-Student Hourly Salary</b>						15.00	195.00		40.56	.00		
Total Account <b>2235300 - Boulder Management</b>						15.00	195.00		40.56	.00		



**Four Mile Fire Protection District**

**INVOICE**

DATE: SEPTEMBER 16, 2015

**TO:**  
 Nick Sutcliffe  
 227 Gold Trail  
 Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**870 CR 83**  
**BOULDER, CO 80302**  
 ATTN: Zach Littlefield

DATE	DESCRIPTION	PRICE/HOUR	TOTAL
9/1	4 Man Crew, 8 Hours	\$200.00	\$1600.00
9/1	Chipper, 1.5 Hours	\$50.00	\$75.00
9/2	4 Man Crew, 8 Hours	\$200.00	\$1600.00
9/3	4 Man Crew, 7 Hours	\$250.00	\$1400.00
9/4	5 Man Crew, 8 Hours	\$250.00	\$2000.00
9/4	Chipper, 3 Hours	\$50.00	\$150.00
9/7	4 Man Crew, 7.5 Hours	\$200.00	\$1500.00
9/7	Chipper, 2 Hours	\$50.00	\$100.00
9/8	4 Man Crew, 8 Hours	\$200.00	\$1600.00
9/8	Chipper, 6.5 Hours	\$50.00	\$325.00
9/9	4 Man Crew, 7.5 Hours	\$200.00	\$1500.00
9/9	Chipper, 4.5 Hours	\$50.00	\$225.00
9/10	4 Man Crew, 7 Hours	\$200.00	\$1400.00
9/10	Chipper, 3 Hours	\$50.00	\$150.00
9/11	4 Man Crew, 5 Hours	\$200.00	\$1000.00
9/11	Chipper, 1.5 Hours	\$50.00	\$75.00
9/1-9/11/15	Admin/Overhead, 1% of Total Job Cost	N/A	\$147.00
SUBTOTAL			\$14,847.00
GRANT FUNDING 8.48 ACRES AT @875/ACRE			(\$7423.50)
<i>10.9</i> <i>verified w/ Shapefile</i> <i>CW</i>			<i>\$9537.50</i>
<b>TOTAL DUE</b>			\$7423.50



# Four Mile Fire Protection District

# INVOICE

DATE: OCTOBER 2, 2015

**TO:**

Ruby Hefflin  
5570 Sunshine Canyon Drive  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**ZACH LITTLEFIELD  
870 CR 83  
BOULDER, CO 80302**

QUANTITY	DESCRIPTION	PRICE/Hour	TOTAL
1	3 Man Crew- 11.66 Hours  Paid, Check #2090	\$150.00	\$1750
PROJECT TOTAL			\$1750.00
GRANT FUNDING, 1 ACRE AT @875/ACRE			\$875.00
TOTAL DUE			\$875.00

Make all checks payable to: Four Mile Fire Protection District  
If you have any questions concerning this invoice, contact: Zach Littlefield, 303-449-3333

**Thank you for your business!**

**Four Mile Fire Protection District**

**INVOICE**

DATE: OCTOBER 2, 2015

**TO:**  
Phil Smith  
208 Packer Gulch Road  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**870 CR 83**  
**BOULDER, CO 80302**  
ATTN: Zach Littlefield

DATE	DESCRIPTION	RATE/HOUR	TOTAL
9/14/15	Dspace- 5 Man Crew, 7 Hours	\$250.00	\$1750.00
SUBTOTAL			\$1750.00
GRANT FUNDING: 1 ACRE AT \$875/ACRE			(\$875.00)
<b>TOTAL</b>			\$875.00





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

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1. Project/Account #: 5314115.4FOUR	2. Total Award Amount: \$46,875
3. Project Name: Four Mile FPD Mitigation Project SFA 2014	4. Reimbursed Amount to Date: \$35,931.75
5. Make Payment To: Name: Four Mile Fire Protection District Attn: Zach Littlefield Address: 87 Four Mile Canyon Drive Boulder, CO 80302	6. Period of Performance (Project Period): From: July 2015 To: October 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.

Three properties were treated from July, 2015 to date. The following properties 5570 Sunshine Canyon Drive, .8 Acres of hazardous fuels reduction, 227 Gold Trail, 10.9 acres of hazardous fuels reduction and 209 Packer Gulch, a 1.2 acre Dspace. In total, approximately 50 burn piles were created that will be burned during the 2015/16 winter burn season as well approximately 50 hours of broadcast chipping took place.

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
\$10,943.25	\$ 10,943.25	\$ 11,287.50	\$ -	\$ 22,230.75	0.507742654

\* 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 \$10,943.25 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: 10/6/15

10. Certification:

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

District Forester Signature: \_\_\_\_\_

Date: 10/7/15

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 #: 5314115.4FOUR  
 Award Amount (obligated from funding source): \$46,875.00  
 A. Remaining Award Amount: \$10,943.25

Reimbursement Request:  First  Second  Third  Fourth  Fifth  Final

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* <sup>b</sup>	E. Total Project Cost = B+C+D	
\$10,943.25	\$11,287.50	\$0.00	\$22,230.75	51%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
9.16.15	Zach Littlefield	Wildfire Mitigation @ 227 Gold Trail Boulder, CO 80302	n/a	\$14,847.00	Actual Cost: reimbursable costs
10.2.15	Zach Littlefield	Wildfire Mitigation @ 5570 Sunshine Canyon Drive Boulder, CO 80302	n/a	\$1,750.00	Actual Cost: reimbursable costs
10.2.15	Zach Littlefield	Wildfire Mitigation @ 208 Packer Road Boulder, CO 80302	n/a	\$1,750.00	Actual Cost: reimbursable costs
				\$0.00	
				\$0.00	
				\$0.00	
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				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost= \$18,347.00  
 H. Recipient Cost (Match)= \$11,287.50  
 I. Non-recipient Cost (Match)= \$0.00

Grant Recipient Signature:  Date: 10/6/15  
 District Forester Signature:  Date: 10/7/15





## 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)	X
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/>

6-23-15 *[Signature]*

Name: Four Mile Fire Protection District

Address: ATTN: Zach Littlefield

87 Four Mile Canyon Drive

Boulder, CO 80302

Kuali Doc. #6288464  
17490 Approved for Payment  
C.S.F.S.  
Kara Carlin  
06-24-15

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

Grant Number: 5314115.4FOUR ~

Non-Federal Match: \$14,562.50 ~

Approved Funding: \$46,875.00 ~

Total Project: \$29,125.00 ~

CSFS Account Number: 5314115.4FOUR -6693 Amount of Payment: \$14,562.50 ~  
(SFA 2014 - 14CPG CG4 Boulder County Critical Communities)

Circle one: 1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Program Manager Signature *[Signature]* ~

Date: 6/23/15

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 #: 5314115.4FOUR ✓	2. Total Award Amount: \$46,875
3. Project Name: Four Mile EPD Mitigation Project SF A 2014	4. Reimbursed Amount to Date: \$0
5. Make Payment To: Name: Four Mile Fire Protection District Attn: Zach Littlefield ✓ Address: 87 Four Mile Canyon Drive Boulder, CO 80302	6. Period of Performance (Project Period): From: February 2015 To: June 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.

✓ 19.24 acres have been completed within this submission. The date ranges are 2/9-5/21/2015. The following details what was completed at each address: 5411 Sunshine Drive- defensible space, hazardous fuels reduction, chipping and burn piles built (piles were burned in March), 6311 Sunshine Canyon Drive- defensible space, hazardous fuels reduction and chipping, 22 Logan Mill Road- hazardous fuels reduction and burn piles built, 6101 Sunshine Canyon Drive- hazardous fuels reduction and burn piles built (piles were burned in April), 719 Wild Turkey Trail- defensible space implementation and chipping, 5434 Sunshine Drive - hazardous fuels reduction, 1/2 chipping and 1/2 pile building for later burning.

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>B+C+D</b>	<b>(C+D)/E</b>
\$46,875.00	\$14,562.50	✓ \$14,562.50	0	✓ 29125	0.5

\* 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 \$14,562.50 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: 6/19/15

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.  
District Forester Signature: \_\_\_\_\_ Date: 6/12/15

11. Funding is available and request is approved for reimbursement.  
Program Manager Signature: \_\_\_\_\_ Date: 6/23/15  
**SCOTT WOODS**





\* Recipient Cost to be reimbursed includes: contracted services with receipts; recipient's own labor (i.e. landowner labor) to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental with receipts, use of recipient-owned equipment to be valued at current market rental rate; cost of supplies with receipts, including consumable items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.; materials with receipts; materials, if provided by recipient is to be valued at current market price; meeting room rental with receipts; meeting room provided by recipient to be valued at current market price; printing with receipts

*Current volunteer labor rate is the current rate at the time of reimbursement request. Reimbursement for these costs cannot exceed the obligated amount and must meet the cost share rate. Any recipient costs categorized as "reimbursable" that exceed the obligated award amount can be used as match to an award.*

\* Recipient Cost designated as match includes all items list for "a": contracted services with receipts; recipient's own labor to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental with receipts, use of recipient-owned equipment to be valued at current market rental rate; cost of supplies with receipts, including items such as bar oil and two cycle fuel; materials with receipts; materials, if provided to be valued at current market price; meeting room rental with receipts; meeting room provided by recipient to be valued at current market price; printing with receipts. Additionally, recipient cost designated as match includes items not eligible for reimbursement such as supplies and repairs or other parts (i.e. chains, sparkplugs, etc.)

*Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient costs can be used as match to an award, including recipient costs categorized as "reimbursable" that exceed the obligated award amount, and supplies, materials and equipment categorized as "non-allowable" can be used as matches on award*

\* This includes: volunteers' labor to be valued at current volunteer labor rate; donated materials/supplies to be valued at market value; donated use of equipment to be valued at rental rate; meeting room provided by a third party to be valued at market price.

Non-recipient costs can be used as match to an award and the recipient will not be reimbursed for these costs



## Wassink,Collin

---

**From:** Wassink,Collin  
**Sent:** Tuesday, May 26, 2015 11:41 AM  
**To:** 'Zach Littlefield'  
**Cc:** Allen Owen (allen.owen@colostate.edu); Pfohl,Benjamin  
**Subject:** RE: Four Mile FPD Shape Files and Invoices

Thanks Zach. I am off to Washington State this week and will be back next Tuesday, at which point this is top priority. Should you have questions on the 2016 application, give Allen a call.

---

**From:** Zach Littlefield [mailto:[zachsflittlefield@yahoo.com](mailto:zachsflittlefield@yahoo.com)]  
**Sent:** Monday, May 25, 2015 9:42 AM  
**To:** Wassink,Collin  
**Subject:** Four Mile FPD Shape Files and Invoices

Hi Collin,

I hope you had a relaxing Memorial Day weekend. Please find attached the shape files and associated invoices for our initial submission against grant number 5314115.4. It's important to use the 'project total' on the invoices when figuring out the grant's match, otherwise the math won't work for the grant portion. You'll notice that on 6311 Sunshine Canyon's invoice the project GPS'd at 2.2 acres, but they only qualified for 1.24 acres due to the match. For the exhibit B narrative:

*9.94 acres have been completed within this submission. The date ranges are 2/9-5/21/2015. The following details what was completed at each address: 5411 Sunshine Drive- defensible space, hazardous fuels reduction, chipping and burn piles built (piles were burned in March), 6311 Sunshine Canyon Drive- defensible space, hazardous fuels reduction and chipping, 22 Logan Mill Road- hazardous fuels reduction and burn piles built, 6101 Sunshine Canyon Drive- hazardous fuels reduction and burn piles built (piles were burned in April), 719 Wild Turkey Trail- defensible space implementation and chipping.*

Please let me know if you need anything additional from me. Additionally, let me know when you'd like to schedule a site visit, possibly for later this week? When you visit it would be great if you could bring the exhibit B so I can sign it then.

Thanks,  
Zach Littlefield  
Lieutenant/Engine Boss- Four Mile Fire Protection District, Fire Crew  
303-449-3333 (W)  
303-444-1833 (H)  
415-407-2019 (C)  
[zachsflittlefield@yahoo.com](mailto:zachsflittlefield@yahoo.com)

**Four Mile Fire Protection District**

**INVOICE**

DATE: MAY 25, 2015

**TO:**

Joshua Onysko  
22 Logan Mill Road  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**ZACH LITTLEFIELD**  
**870 CR 83**  
**BOULDER, CO 80302**

QUANTITY	DESCRIPTION	PRICE/Hour	TOTAL
1	3 Man Crew- 7.5 Hours	\$117.55	\$881.63
PROJECT TOTAL			\$881.63
GRANT FUNDING, .5 ACRES AT @875/ACRE			\$437.50
TOTAL DUE			\$444.13

Make all checks payable to: Four Mile Fire Protection District  
If you have any questions concerning this invoice, contact: Zach Littlefield, 303-449-3333

**Thank you for your business!**



# Four Mile Fire Protection District

# INVOICE

303-449-3333

DATE: MAY 22, 2015

**TO:**

Robert Kulikowski  
719 Wild Turkey Trail  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**ZACH LITTLEFIELD**  
**870 CR 83**  
**BOULDER, CO 80302**

Date	DESCRIPTION	PRICE/HOUR	TOTAL
5/8/15	Five Man Fire Crew, 4 Hours	\$181.31	\$725.24
5/20/15	Three Man Fire Crew, 5 Hours	\$117.55	\$587.75
5/21/15	Three Man Fire Crew, 4 Hours	\$117.55	\$470.20
SUBTOTAL:			\$1783.20
LESS GRANT FUNDING, 1 ACRE AT \$875/ACRE			(\$875.00)
<b>TOTAL DUE:</b>			<b>\$908.20</b>

Make all checks payable to: Four Mile Fire Protection District  
If you have any questions concerning this invoice, contact: Zach Littlefield, 303-449-3333

**Thank you for your business!**

**Four Mile Fire Protection District**

**INVOICE**

DATE: APRIL 8, 2015

**TO:**

Bruce Honeyman  
6101 Sunshine Canyon Drive  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**ZACH LITTLEFIELD**  
**870 CR 83**  
**BOULDER, CO 80302**

DATE	DESCRIPTION	PRICE/Hr.	TOTAL
3/30/15	2 Man Crew- 4 Hours	\$85.67	\$342.67
3/31/15	3 Man Crew- 8 Hours	\$117.55	\$940.40
4/1/15	3 Man Crew- 8 Hours	\$117.55	\$940.40
4/2/15	3 Man Crew- 8 Hours	\$117.55	\$940.40
4/6/15	4 Man Crew- 8 Hours	\$149.43	\$1195.42
4/7/15	3 Man Crew- 8 Hours	\$117.55	\$940.40
		SUBTOTAL	\$5299.69
		GRANT FUNDING: 2.3 ACRES AT \$875/ACRE	\$2012.50
			\$3287.19

Make all checks payable to: Four Mile Fire Protection District  
If you have any questions concerning this invoice, contact: Zach Littlefield, 303-449-3333

**Thank you for your business!**



**Four Mile Fire Protection District**

**INVOICE**

DATE: MARCH 16, 2015

**TO:**

Evan Frye  
6311 Sunshine Canyon Drive  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**ZACH LITTLEFIELD**  
**870 CR 83**  
**BOULDER, CO 80302**

QUANTITY	DESCRIPTION	PRICE/Hr.	TOTAL
3/10/2015	Wildfire Rehabilitation/Hazard Tree Removal- 3 Man Crew- 2.5 Hours	\$150.00	\$375.00
3/10/2015	Wildfire Rehabilitation/Hazard Tree Removal- 3 Man Crew- 4 Hours	\$150.00	\$600.00
3/11/2015	Wildfire Rehabilitation/Hazard Tree Removal- 3 Man Crew- 8 Hours	\$150.00	\$1200.00
	<p>\$875/acre in grant funding requires a 50/50 match in funds to qualify. This is why you qualified for \$1087.50 in grant funding versus the full \$1925.00 due to it only being a project total of \$2175.00</p>		
		PROJECT TOTAL:	\$2175.00
		GRANT FUNDING, 2.2 ACRES AT \$875/ACRE= \$1925.00	\$1087.50
		TOTAL DUE:	\$1087.50

Make all checks payable to: Four Mile Fire Protection District  
If you have any questions concerning this invoice, contact: Zach Littlefield, 303-449-3333

**Thank you for your business!**

**Four Mile Fire Protection District**

**INVOICE**

DATE: MARCH 23, 2015

**TO:**  
Ted Kyriazia  
5411 Sunshine Canyon Drive  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**870 CR 83**  
**BOULDER, CO 80302**  
**ATTN: Zach Littlefield**

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1	Wildfire Mitigation- 2/9-3/17/2015	Each	\$8,575.00
PROJECT TOTAL:			\$8,575.00
GRANT FUNDING- 4.9 ACRES AT \$875/ACRE:			(4,287.50)
TED PAID TO DATE:			(\$3,000.00)
<b>TOTAL DUE</b>			<b>\$1,287.50</b>

Make all checks payable to: The Four Mile Fire Protection District  
If you have any questions concerning this invoice, contact: Zach Littlefield, 303-449-3333  
Thank you for your business!





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)	X
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/>

08-20-15  
(K)

Name: Four Mile Fire Protection District

Address: 87 Four Mile Canyon Drive

Approved for Payment  
C.S.F.S.

Boulder CO 80302

6751073

08-20-15

ATTN: Zach Littlefield

(K)

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

Grant Number: 5314115.4FOUR-80 ~ Non-Federal Match: \$21,369.25

Approved Funding: \$46,875 ~ Total Project: \$42,738.50 ~

CSFS Account Number: 5314115.4FOUR-6693 ~ Amount of Payment: \$21,369.25 ~  
(2014 SFA-14CPG CG4 Boulder County Critical Communities) ~

Circle one: 1<sup>st</sup> Payment 2<sup>nd</sup> Payment ~ 3<sup>rd</sup> Payment Final Payment

Program Manager Signature [Signature] ~

Date: 8/19/15

Program Manager Name Scott M. Woods

COPY



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 #: 5314115.4FOUR ~	2. Total Award Amount: \$46,875 ~
3. Project Name: Four Mile FPD Mitigation Project SFA 2014	4. Reimbursed Amount to Date: \$14,562.5 ~
5. Make Payment To: Name: Four Mile Fire Protection District Attn: Zach Littlefield Address: 87 Four Mile Canyon Drive Boulder, CO 80302	6. Period of Performance (Project Period): From: June 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.

A total of 24.421 acres were treated across four projects. Of those acres treated, four defensible spaces were implemented. The remaining acres were hazardous fuels reduction and fire weakened, hazard tree removal. A total of 48.5 hours of chipping time was logged and approximately 55 burn piles were built to be burned in the 2015/16 winter season.


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.

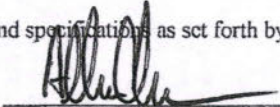
A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
\$32,312.50	\$ 21,369.25	\$ 21,369.25	\$ -	\$ 42,738.50	0.5

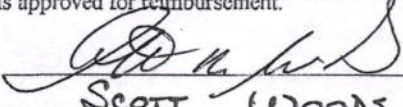
\* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to complete table above. Include Form D, and other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$21,369.25 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: 8/5/15 ✓

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.  
District Forester Signature:  Date: 8/12/15 ✓

11. Funding is available and request is approved for reimbursement.  
Program Manager Signature:  Date: 8/19/15 ✓  
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)	X
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: Four Mile Fire Protection District

Address: 87 Four Mile Canyon Drive

Boulder CO 80302

ATTN: Zach Littlefield

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

Grant Number: 5314115.4FOUR

Non-Federal Match: \$21,369.25

Approved Funding: \$46,875

Total Project: \$42,738.50

CSFS Account Number: 5314115.4FOUR -6693 Amount of Payment: \$21,369.25  
(2014 SFA-14CPG CG4 Boulder County Critical Communities)

Circle one:    1<sup>st</sup> Payment    **2<sup>nd</sup> Payment**    3<sup>rd</sup> 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 #: 5314115.4FOUR	2. Total Award Amount: \$46,875
3. Project Name: Four Mile FPD Mitigation Project SFA 2014	4. Reimbursed Amount to Date: \$14,562.5
5. Make Payment To: Name: Four Mile Fire Protection District Attn: Zach Littlefield Address: 87 Four Mile Canyon Drive Boulder, CO 80302	6. Period of Performance (Project Period): From: June 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.

A total of 24,421 acres were treated across four projects. Of those acres treated, four defensible spaces were implemented. The remaining acres were hazardous fuels reduction and fire weakened, hazard tree removal. A total of 48.5 hours of chipping time was logged and approximately 55 burn piles were built to be burned in the 2015/16 winter season.

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
\$32,312.50	\$ 21,369.25	\$ 21,369.25	\$ -	\$ 42,738.50	0.5

\* 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: 1 request reimbursement in the amount of \$21,369.25 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: 8/5/15

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.  
District Forester Signature: \_\_\_\_\_ Date: 8/10/15

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

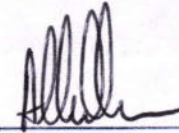






Form D

District Forester Signature:

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end.

Page 1 of 1  
Date: 8/10/15

\*<sup>a</sup> **Recipient Cost to be reimbursed** includes: contracted services with receipts; recipients's own labor (i.e. landowner labor) to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental with receipts, use of recipient-owned equipment to valued at current market rental rate; cost of supplies with receipts, including consumable items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.; materials with receipts; materials, if provided by recipient is to be valued at current market price; meeting room rental with receipts; meeting room provided by recipient to be valued at current market price; printing with receipts

*Current volunteer labor rate is the current rate at the time of reimbursement request. Reimbursement for these costs cannot exceed the obligated amount and must meet the cost share rate. Any recipient costs categorized as "reimbursable" that exceed the obligated award amount can be used as match to an award.*

\*<sup>a</sup> **Recipient Cost designated as match** includes all items list for \*<sup>a</sup>: contracted services with receipts; recipients's own labor to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental with receipts, use of recipient-owned equipment to valued at current market rental rate; cost of supplies with receipts, including items such as bar oil and two cycle fuel; materials with receipts; materials, if provided to valued at current market price; meeting room rental with receipts; meeting room provided by recipient to be valued at current market price; printing with receipts. Additionally, recipient cost designated as match includes items not eligible for reimbursement such as supplies and repairs or other parts (i.e. chains, sparkplugs, etc.)

*Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient costs can be used as match to an award, including recipient costs categorized as "reimbursable" that exceed the obligated award amount, and supplies, materials and equipment categorized as "non-allowable" can be used as match to an award.*

\*<sup>b</sup> This includes: volunteers' labor to be valued at current volunteer labor rate; donated materials/supplies to be valued at market value; donated use of equipment to be valued at rental rate; meeting room provided by a third party to be valued at market price.

Non-recipient costs can be used as match to an award and the recipient will not be reimbursed for these costs



**Four Mile Fire Protection District**

**INVOICE**

DATE: JUNE 16, 2015

**TO:**

David Battany  
5434 Sunshine Canyon Drive  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**ZACH LITTLEFIELD**  
**870 CR 83**  
**BOULDER, CO 80302**

<b>DATES</b>	<b>DESCRIPTION</b>	<b>PRICE/Hour</b>	<b>TOTAL</b>
5/26-6/11/15	234.50 Man Hours  <i>*PAID-(check #6015). A total of 9.3 acres were treated and should be reported to the CSFS but, due to the 50/50 match, only 6.7 acres could be used (or 1/2 the total project cost divided by \$875/acre).</i>	\$50.00	\$11,725.00
PROJECT TOTAL			\$11,725.00
GRANT FUNDING, 6.7 ACRES AT @875/ACRE			(\$5862.50)
TOTAL DUE			\$5862.50

Make all checks payable to: Four Mile Fire Protection District  
If you have any questions concerning this invoice, contact: Zach Littlefield, 303-449-3333

**Thank you for your business!**

# Four Mile Fire Protection District

# INVOICE

DATE: JUNE 29, 2015

**TO:**

David Battany  
5434 Sunshine Canyon Drive  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**ZACH LITTLEFIELD**  
**870 CR 83**  
**BOULDER, CO 80302**

DATES	DESCRIPTION	PRICE/Hour	TOTAL
6/17-6/18/2015	64 Man Hours	\$50.00	\$3200.00
	<i>*PAID-(check #6015). A total of 9.3 acres were treated and should be reported to the CSFS but, due to the 50/50 match, only 6.7 acres could be used (or 1/2 the total project cost divided by \$875/acre).</i>		
		PROJECT TOTAL	\$3200.00
		GRANT FUNDING, 1.7 ACRES AT @875/ACRE	(\$1487.00)
		FMFPD CONTRIBUTION	(\$713.00)
		TOTAL DUE	\$1000.00

Make all checks payable to: Four Mile Fire Protection District  
If you have any questions concerning this invoice, contact: Zach Littlefield, 303-449-3333

**Thank you for your business!**



**Four Mile Fire Protection District**

**INVOICE**

DATE: JULY 3, 2015

**TO:**  
 Nick Sutcliffe  
 227 Gold Trail  
 Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**870 CR 83**  
**BOULDER, CO 80302**  
 ATTN: Zach Littlefield

DATE	DESCRIPTION	PRICE/HOUR	TOTAL
6/23/15	4 Man Crew, 8 Hours	\$200.00	\$1600.00
6/23/15	Chipper, 5.5 Hours	\$50.00	\$275.00
6/24/15	4 Man Crew, 8 Hours	\$200.00	\$1600.00
6/24/15	Chipper, 7 Hours	\$50.00	\$350.00
6/25/15	5 Man Crew, 8 Hours	\$250.00	\$2000.00
6/25/15	Chipper, 7 Hours	\$50.00	\$350.00
6/26/15	3 Man Crew, 6.5 Hours	\$150.00	\$975.00
6/26/15	Chipper, 6 Hours	\$50.00	\$350.00
6/29/15	3 Man Crew, 8 Hours	\$150.00	\$1200.00
6/29/15	Chipper, 3.5 Hours	\$50.00	\$175.00
6/30/15	5 Man Crew, 7.5 Hours	\$250.00	\$1875.00
6/30/15	Chipper, 0 Hours	\$50.00	\$0.00
7/1/15	5 Man Crew, 6.75 Hours	\$250.00	\$1687.50
7/1/15	Chipper, 6 Hours	\$50.00	\$300.00
7/2/15	5 Man Crew, 7.5 Hours	\$250.00	\$1875.00
7/2/15	Chipper, 6.75 Hours	\$50.00	\$337.50
6/23-7/2/15	Admin/Overhead, 1% of Total Job Cost	N/A	\$148.50
		SUBTOTAL	\$15,098.50
		GRANT FUNDING, 8.63 ACRES AT @875/ACRE	(\$7549.25)
		<b>TOTAL DUE</b>	<b>\$7549.25</b>

**Four Mile Fire Protection District**

**INVOICE**

DATE: JUNE 16, 2015

**TO:**  
Shawna and Michelle Kincade  
345 Puma Walk  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**870 COUNTY ROAD 83**  
**BOULDER, CO 80302**  
ATTN: Zach Littlefield

QUANTITY	DESCRIPTION	UNIT PRICE/HOUR	TOTAL
1	Wildfire Mitigation- 4 Man Fire Crew, 3.5 Hours	\$200.00	\$700.00
1	Chipper Run Time- .75 Hours	\$50.00	\$37.50
PROJECT TOTAL			\$737.50
.421 ACRES IN GRANT FUNDING AT \$875/ACRE:			(\$368.75)
<b>TOTAL DUE</b>			\$368.75

Make all checks payable to: The Four Mile Fire Protection District  
If you have any questions concerning this invoice, contact: Zach Littlefield, 303-449-3333  
Thank you for your business!



**Four Mile Fire Protection District**

**INVOICE**

DATE: JULY 23, 2015

**TO:**  
Steven Colwell  
100 CR 83  
Boulder, CO 80302

**COMMENTS OR SPECIAL INSTRUCTIONS:**

**PLEASE SEND CHECK MADE OUT TO THE 'FOUR MILE FIRE PROTECTION DISTRICT' TO:**

**870 CR 83**  
**BOULDER, CO 80302**  
**ATTN: Zach Littlefield**

<b>DATE</b>	<b>DESCRIPTION</b>		<b>TOTAL</b>
7/7/15	4 man Crew, 7 Hours		\$1400
7/8/15	4 Man Crew, 4 Hours		\$800
7/9/15	4 Man Crew, 8 Hours		\$1600
7/10/15	4 Man Crew, 8 Hours		\$1600
7/13/15	3 Man Crew, 8 Hours		\$1200
7/14/15	3 Man Crew, 8 Hours		\$1200
7/15/15	3 Man Crew, 2 Hours		\$450
7/15/15	4 Man Crew, 5 Hours		\$1000
7/16/15	4 Man Crew, 4 Hours		\$800
7/7-7/16/15	Chipper, 6 Hours		\$300
7/7-7/16/15	Admin/Overhead Fee, 1% of Job Cost		\$103.50
		<b>SUBTOTAL</b>	<b>\$10453.50</b>
		GRANT FUNDING, 5.97 ACRES AT @875/ACRE	(\$5226.75)
		<b>TOTAL DUE</b>	<b>\$5226.75</b>

