



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (a.k.a.: SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

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

Name: Robert J. Fetsch

Address: 3320 Rawhide Drive
Laforte, CO 80535

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: 5308420 Cooperator Match: \$19,785

Approved Funding: \$16,450 Total Project: \$36,235

CSFS Account Number: 5308420-6693 Amount of Payment: \$16,450

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

Approved by _____ Date: _____
 (Program manager signature)



**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION**

Form A-ES

PROJECT NUMBER: 5308420-08

(For Official Use Only)

NAME: Robert Fetsch

MAILING ADDRESS: 3320 Rawhide Dr.

City: Laporte

State: CO

Zip code: 80535

TELEPHONE NO: 970-491-5648

PROJECT ADDRESS/LEGAL DESCRIPTION: 21300 W CR 80C LIVERMORE, CO 80536

PRACTICES TO BE COMPLETED BY: 03/31/2011

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
LOA 7 & 9: Forest health and fire risk reduction	\$16,450	\$16,450
		Total: \$16,450

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre. **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. Practices must be maintained for a minimum of 10 years. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: Robert Fetsch

DATE: 4/7/10

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE:

DATE:

(Additional USFWS guidelines addressed)

PROGRAM:

ESF:

Funding Allocated: Boyd Lebea

CSFS District Forester

AMOUNT: \$16,450

DATE: 7/22/10

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.

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

Project No. 5308420
(For Official Use Only-
No. from original application)

Applicant name (please print): ROBERT J. FETSCH

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$35,000	\$1,235	A Labor Cost= \$36,235
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$36,235
			Amount Originally Approved = \$16,450
			Amount to be Reimbursed not to exceed \$470 Per Acre \$16,450

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.25/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 Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Robert J. Fetsch Date: 7/17/10

All expenses are true and accurate and all cost share is true and accurate.

Mailing Address: 3320 RAWHIDE DR City: LAPORTE

County: LARIMER State: CO Zip: 80535 Phone: 970-493-5271

Practice certified by: [Signature]
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.

01/19/10

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 5308420

To be completed by CSFS forester:

PROGRAM:

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

FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: ☒ Forest
Restoration Grant (SB71 and HB1199): _____

WUI D-space Accomplishment:

No. of D-spaces = _____ Acres slash disposal = _____ Acres fuel breaks = 35
Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

#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 = _____		



Colorado State Forest Service

Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	✓

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

Name: Jesse Brungardt

Address: 1307 Monterey Dr.
Ft. Collins, CO 80524

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: 5308420-09

Cooperator Match: \$10,913

Approved Funding: \$7,050

Total Project: \$ 17,963

CSFS Account Number: 5308420 6693 Amount of Payment: \$ 7,050

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

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308420-09
(For Official Use Only-
No. from original application)

Applicant name (please print): Jesse Brungardt

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$10,025	392 hrs. x \$20.25 \$7,938	A Labor Cost= \$17,963
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost	\$10,025	\$7,938	C Total Project (A+B)= \$17,963
			Amount Originally Approved = 7,050
			Amount to be Reimbursed not to exceed \$470 Per Acre 7,050

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.25/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 Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Jesse Brungardt

Date: 10-31-10

All expenses are true and accurate and all cost share is true and accurate.

Mailing Address: 1307 Monterey Dr.

City: Fort Collins

County: Larimer State: CO Zip: 80524

Phone: 970-690-3795

Practice certified by:

[Signature]
CSFS forester

Payment Approval:

CSFS program manager

Amount: _____

Date: _____

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.

01/19/10



COPY

Colorado State Forest Service Program Payment Request

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State Fire Assistance (a.k.a.: SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

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

08-03-10
keName: Robert J. FetschAddress: 3320 Rawhide Drive
Laforte, CO 80535
~

Approved for Payment
C.S.F.S.

898339

08-04-10

(ke)

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: 5308420 - FCCooperator Match: \$19,785 ~Approved Funding: \$16,450 -Total Project: \$36,235 ~CSFS Account Number: 5308420-6693 ~
109 SUP HAZ FUELS FR FCAmount of Payment: \$16,450 ~Circle one: 1st Payment2nd Payment3rd PaymentFinal Payment
~Approved by: [Signature]
(Program manager signature)Date: 7/27/10

Colorado State Forest Service

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

Landowner Signature

ROBERT J. FETSCH
NICHOLAS B. FETSCH
LOUISE F. BENNE

REC-105

[illegible]

1/2010
 $\$1,235^{25} + \$35,000 = \$36,235^{25}$
 in-kind + cash =



COPY

Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>
11-11-10
KCName: Jesse BrungardtAddress: 1307 Monterey Dr.
Ft. Collins, CO 80524
~

Approved for Payment
C.S.F.S.
1051011
11-11-10
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: 5308420-09-FC Cooperator Match: \$10,913 ~Approved Funding: \$7,050 ~ Total Project: \$17,963 ~CSFS Account Number: 5308420-6693 Amount of Payment: \$7,050 ~
'09SUP HAZ FUELS FR FCCircle one: 1st Payment 2nd Payment 3rd Payment ~ Final PaymentApproved by: [Signature]
(Program manager signature)Date: 11/8/10

Colorado State Forest Service

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

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION**

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$20.25/hr. Separate expenses by component (activity). Attach receipts.

- A tree = 3" caliber or larger.
- No time charged for peeling beetle infested trees.
- No time charged for removing dead branches on trees that remained

Jesse Brumgard
Landowner Signature

of people / hrs. worked

5-30a31 Sprayed 72 trees with Astro

Date	By Whom:	Activity/Expense:	Hours	Expenses
5-15-10	Owner ^{4x2}	Cut down 15 trees / de-limbed & hauled slash	8	\$160 4x2
5-22-10	" 3hrs. x2	Cut down 4 trees / delimbed & hauled slash	6	120 2x3
5-29	Owner & Wife ^{2x4}	Drag trees to staging area	8	2x4
5-30	" " 2x4	Staged slash & some trees for shredding	8	2x4
5-31	Owner & Son	4hrs x2 Cut down 9 trees & delimbed	8	2x4
6-5	Owner, Son & Friend	Cut down 30 trees delimbed piled slash	24	3x8
6-23	Owner & Wife	Walk down of property & review job specs	2 hrs.	2x1
6-24	" "	Marked & removed 18 trees / staged slash	12 hrs	2x6
6-25	Owners Friend	Removed 54 trees / stacked slash	24	3x8
6-26	"	Removed 15 trees / stacked slash & hauled timbers	21	3x7
6-27	Owner	Sharpening & maint. on 2 chainsaws	2	1x2
7-3	Owners & Friend	Piled Slash, Hauled timber, cut down 43 trees	24	3x8
7-4	Owners	Piled Slash	4	2x2
7-10	Yost Tree Service	Job Briefing, Slash & Tree Shredding ^{40 trees}	7 1/2	\$1,125 ← receipt
7-11	" Owners	Cut 4 trees, piled slash	8	2x4
7-17	Owner	Sprayed 32 trees, found beetles hit ^{80 trees}	0	
7-24	Owners, Son & Laborer	Removed 57 trees, piled slash for shredding	34	3x10 & 1x4
7-31	Owners	Identified & marked for removal ^{15 newly hit beetle trees}	5	2x2 1/2
8-8	Owners	" " " " 80 " "	6	2x3
8-12	Owner, Son & Laborer	Cut down & removed 6 large dead red trees	12	3x4
8-13	"	" " " 4 " " " in rocks	9	3x3
8-14	Owners	Piled Slash from 10 trees above	6	2x3
8-22	Owners	Removed 2 large trees, cut & hauled some slash	4	2x2
9-4	Owners & Son	Removed 14 trees, piled slash & hauled timbers	21	3x7
9-5	Owners	Marked newly hit pine trees (96) for removal	6	2x3
9-6	Owners	Removed 30 trees marked another 14	12	2x6
9-18	Owners, Son & Friend	Removed 39 trees hauled slash & timber for shredding	30	4x7 1/2
9-20	Owner	Marked 10 trees, cut down 23, moved slash	6	1x6
9-21	Owner	Cut down 3 trees, drag slash from rocks	6	1x6
10-1	Owner	Cut down 7 trees, drag slash & trees from rocks	6	1x6

Total: 329.5 hrs. 1/2010

Total
232 trees

EMERGENCY SUPPLEMENTAL FUNDS LANDOWNER ASSISTANCE PROGRAMS COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$20.25/hr. Separate expenses by component (activity). Attach receipts.

Does not include gas, repairs, chain saw blades & equipment other than drum shredders & equipment used by Yost tree.

Jesse Brungard
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
10-2	Owners Son & Friend	Cut down 36 trees, hauled slash & logs for shredding	30 hrs.	4 x 7½
10-9	Owners	Cut down 7 trees, drag timber & slash to piles, ^{counted} beetle trees	14 hrs	2 x 7
10-16	Owners	Cut down 15 trees, drag timber, staged slash 36 slash piles & 212 remaining ^{new} beetle trees	9	2 x 4½
10-24	Owner	Cut & lower dead branches of healthy trees	0	1 x 6
10-25	Owner	Hauled slash & dead branches	5	1 x 5
10-25	Yost's	Yost Tree Removal shredding slash piles		
10-26	Yost's	" " " " " "		
10-27	Yost's	Finished up slash piles started tree harvest		
10-27	Owner	Marked 10 more trees for removal - finished piling slash.	4½	1 x 4½
10-28	Yost's	Continued removing trees.		
10-29	Yost's	Continued with shredding & tree removal		
10-30	Yost's	" " " " "		\$8,900
10-31	Yost's	Finished hauling timbers to mill		
		Total of 752 trees removed by owner & contractor. Trees either removed for milling, or shredded on site with all slash!		
	Totals		MRS 392	\$10,025

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5308420-09

To be completed by CSFS forester:

PROGRAM:

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

FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: _____ Forest
Restoration Grant (SB71 and HB1199): _____

WUI D-space Accomplishment:

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

Acres thinned = 15 Acres pruned = 15

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

#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 = _____		

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

Doc. NBR. 887832
CSFS # 805 Rev. 02/04/05

Date: 7/23/10		Requested By: Diana Selby		Resale to:		CSFS Invoice #:	
Vendor: Jesse Brungardt 1307 Monterey Dr. Fort Collins, CO 80524 (PLEASE PROVIDE COMPLETE ADDRESS)				Ship To: Fort Collins District (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 checked="" type="checkbox"/> Other						Terms: ENCUMBERED 07-27-10 KO	
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	5308420	6693			Jesse Brungardt will utilize	\$ 7,050	
2	09 SUP HAR				\$7050 grant to treat 15 acres		
3					in mixed conifer. Project will		
4					reduce wildfire risk and remove and		
5					treat MPB infested pines.		
6					Location of property is Poudre River		
7					Ranches.		
8							
9					Project Number: 5308420-09-FC		
10							
SPECIAL INSTRUCTIONS: PLEASE ENCUMBER			Expenditure Approval: Authorized Signature: Baydo Lebeda Date: 7/26/10			Subtotal: \$ 7,050 Discount: \$ _____ TOTAL: \$ 7,050	



Form A-ES

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION****PROJECT NUMBER:** 5308420-09

(For Official Use Only)

NAME: Jesse Brungardt**MAILING ADDRESS:** 1307 Monterey Dr.**City:** Fort Collins **State:** CO**Zip code:** 80524**TELEPHONE NO:** 970-690-3795

(Cell)

PROJECT ADDRESS/LEGAL DESCRIPTION: 150 Horseshoe Trail, Livermore, CO**PRACTICES TO BE COMPLETED BY:** 03/31/2011

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
LOA 7 & 9: Forest health and fire risk reduction	\$7,050	\$7,050
		Total: \$7,050

COPY

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre. 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. Practices must be maintained for a minimum of 10 years. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE:**DATE:** 3-29-10

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE:**DATE:**

(Additional USFWS guidelines addressed)

PROGRAM:**ESF:****Funding Allocated:****AMOUNT:** \$7050**DATE:** 4/26/10

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.

01/19/10

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

Doc- NBR- 886663

CSFS # 805 Rev. 02/04/05

Date: 7/23/10		Requested By: Diana Selby		Resale to:		CSFS Invoice #:	
Vendor: <u>Paul mason</u> <u>131 Garfield Lane</u> <u>Erie, CO 80516</u> (PLEASE PROVIDE COMPLETE ADDRESS)				Ship To: <u>Fort Collins District</u> (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 checked="" type="checkbox"/> Other						Terms: ENCUMBERED 07-26-10 (Kc)	
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	5308420	66693			Paul mason will utilize an	\$2,350	
2	'09 SUP HAZ				ES grant in amount of		
3					\$2,350 to create a fuelbreak		
4					on his property in Poudre River		
5					Ranches. Project will be a		
6					minimum of 5 acres in		
7					mixed conifer and lodgepole pine		
8							
9					Project Number: 5308420 -10-Fe		
10							
SPECIAL INSTRUCTIONS: PLEASE ENCUMBER				Expenditure Approval: Authorized Signature: <u>Bydohebedu</u> Date: <u>7/26/10</u>			Subtotal: \$ <u>2,350</u> Discount: \$ _____ TOTAL: \$ <u>2,350</u>

COPY

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION**

PROJECT NUMBER: 5308420-10

(For Official Use Only)

NAME: Paul Mason

MAILING ADDRESS: 131 Garfield Lane

City: Erie

State: CO

Zip code: 80516

TELEPHONE NO: 4-303-828-4058 / 4-303-250-8462

COPY

PROJECT ADDRESS/LEGAL DESCRIPTION:

PRACTICES TO BE COMPLETED BY: 03/31/2011

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
LOA 7 & 9: Forest health and fire risk reduction	\$2,350	\$2,350
		Total: \$2,350

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre. **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. Practices must be maintained for a minimum of 10 years. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: 4/26/10 Paul Mason

DATE:

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: Erydo Libeda

DATE: 7/26/10

(Additional USFWS guidelines addressed)