

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	5/18/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Michael Donohoe
Contact Person:	Michael Donohoe
Address:	451 Red Gulch Road
City/Zip Code:	Lyons, CO 80540
Phone (Work/Cell):	303-588-6736
Email:	
Fax:	303-271-1418

Community At Risk Information			
Name of Project:	Dowell		
Community Name(s):	Allenspark		
County:	Boulder	Congressional District:	T3N,R70W,Sec#30
Latitude (decimal degrees):	105°27' 39W	Longitude (decimal degrees):	40°20'42N
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	1
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	\$1,880.00
Will this Project be conducted as a Pass-Through Grant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>The proposed project area is located around the main structure on the property. The forest type consists of dense ponderosa pine and Rocky Mountain juniper. The forested area also includes many old growth ponderosa which will be protected during the project. The overall goal is to lessen fuel loading on the landscape, as well as, promote forest health. The project will also benefit the subdivision above the project area.</p>	

Scope of Work / Project Timeline

All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.

Provide a brief scope of work that clearly describes how grant funds will be spent. (This should be more specific than the project description)

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The primary objective of the project is to reduce hazardous fuels currently present on the site and improve forest health to lessen the impact of bark beetles. The primary management technique will consist of free thinning mainly targeting the removal of trees that are unhealthy due to insect and disease issues, as well as, creating good canopy spacing between single trees and groupings of trees. Reducing ladder fuel will as so be a priority of the project. When possible seedlings and saplings will be retained if located in open areas and not under retained trees. Slash will be dealt with by either piling for burning at a later time, hauled off site, or lopped and scatted throughout the project area. All remaining trees will be limbed up six feet or 1/3rd of the trees whichever is the less.

Describe all planned long-term maintenance (grant funded or other).

Landowner will continually monitor project area in future years for insect and disease issues and mitigate any that are located. The landowner will also monitor the area for windthrow that may occur due to the change of density in the stand.

What is the duration of this project? (check one) 1 Year 2 Years 3Years 4 Years

Is this a continuing project from previous year/s? (check one) Yes No

Provide a timeline for the project

Project work will begin as soon as possible and will continue through completion, which is targeted for 5/20/2012.

Interagency Collaboration

Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).

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The landowners will complete the mitigation work themselves and could possibly hire a contractor if the need arises.

Community Wildfire Protection Plan (CWPP)

Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) yes no

Is this project part of the plan? (check one) yes no

Project Category (check all that apply and answer related questions)			
Hazard Fuels Reduction X Other Forest Management Treatment X			
6	Number of acres to be treated:	4	Estimated cost per acre: \$1,000 per acre
	Project Type (check all that apply)		
	Defensible Space	X	Thinning w/o Product <input type="checkbox"/>
	Fuelbreak	X	Mastication <input type="checkbox"/>
Thinning w/ Product	X	Other <input type="checkbox"/>	

Total Project Expense (Pass Through)		
<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
7	Contractual Services:	\$ 1,880.00
	TOTAL:	\$ 1,880.00

Grant funding may only be used for Contractual Service.

Total Project Expense (Non-Pass Through)		
<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
8	Contractual Services:	\$ 0
	Indirect Costs:	\$ 0
	TOTAL:	\$ 0

Grant funding may only be used for Contractual Service and Indirect.



Attach Project Map Showing Specific Treatment Areas

Donohoe Proposal



0 125 250 500 750 1,000 Feet

Donohoe Proposal: 4.0 acres

-  Donohoe
-  BOCO_PARCELS1209



Created By: Bryan Baer
CSFS - Boulder District
May, 2011





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)	K

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

Name: MICHAEL DONOHUE

Address: PO Box 1503

LYONS, CO 80540

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: 5308400-80-43 Cooperator Match: \$ 174.00

Approved Funding: \$ 1,880.00 Total Project: \$ 1,944.00

CSFS Account Number: 5308400-6693 Amount of Payment: \$ 1,880.00

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. 5308100-BO-43
(For Official Use Only-
No. from original application)

Applicant name (please print): MICHAEL DONOHUE

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	/	\$1,944.00	A Labor Cost= \$1,944.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$1,944
			Amount Originally Approved = \$1,880
			Amount to be Reimbursed not to exceed \$470 Per Acre \$1,880

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: M - D Date: 2/22/2013

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

Mailing Address: P.O. Box 1503 City: LYONS CO.

County: BOULDER State: CO Zip: 80540 Phone: 303-533-6736

Practice certified by: BRYAN BACE (B.R.)
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.

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

Project No. 5308400-B0-43

To be completed by CSFS forester:

PROGRAM:

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

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

**4.0 ACRES
HAZ. FUELS RED.**

WUI D-space Accomplishment:

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

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
11/3/12	Mike D...	Tree cutting / management	6	121.50
11/9/12	↓		6	121.50
11/10/12			6	121.50
11/11/12			6	121.50
11/17/12			6	121.50
11/18/12			6	121.50
11/24/12			6	121.50
11/25/12			6	121.50
12/1/12			6	121.50

*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

M. D. C.
Grant Recipient Signature

2/22/13
Date

[Signature]
District Forester Signature

2-27-13
Date

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

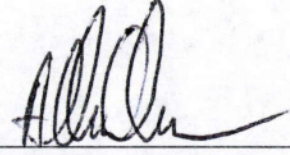
Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
12/2/12	Mike Dowd	Tree Cutting / Management	6	121.50
12/8/12	↓	↓	6	121.50
12/9/12			6	121.50
12/15/12			6	121.50
12/16/12			6	121.50
12/22/12			6	121.50
12/23/12			6	121.50
			6	121.50
			6	121.50

*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

total 96 hrs. \$ 1944.00


Grant Recipient Signature

2/22/13
Date


District Forester Signature

2-27-13
Date

Exhibit B 1

(Accompanies Exhibit B-CSFS Grant and Cost-Share Program Reimbursement Request)

CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet*

A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs) INCLUDES: (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 market rental rate) (cost of supplies with receipts: this includes 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 to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) <i>Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost share rate.</i>	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer) 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 to be valued at market price) While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.	D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Match Ratio (Cost-share rate) (E / D)
\$0.00 \$1,880.00	\$0.00 \$1,944.00	\$0.00 \$0.00	\$1,944.00 \$0.00	\$1,880.00 \$0.00	96% 33%

*Use From D-CSFS Financial Assistance Cost-Share Program Cost Documentation or other approved documentation to support calculations