



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Anne Hanks

Address: 800 Arkansas Mtn. Road  
Boulder, CO 80302

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: \_\_\_\_\_ Cooperator Match: 981.76

Approved Funding: \$1,200 Total Project: \$1,963.52

CSFS Account Number: \_\_\_\_\_ Amount of Payment: 981.76

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
 (Program manager signature)



# **LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. FIRF-B0-MPmm-020

(For Official Use Only-

No. from original application)

Applicant name (please print): Anne Hanks

	<b>Total Contracted Services<sup>1</sup></b>	<b>Total Landowner Services<sup>2</sup></b>	<b>Totals</b>
Labor Cost	1750	163.52	A Labor Cost= 1913.52
Operating Exp <sup>3,*</sup>	/		B Oper. Exp.=
Revenue Generated (from sale of wood products only) <sup>4,*</sup>	/		C Revenue=
Project Cost	1750		D Total Project (A+B-C) = 1963.52
			Amount Originally Approved = 1200
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$50</u>			Amount to be Reimbursed <sup>5</sup> (.5XD) \$981.76

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature: [Signature]

Date: 1/25/05

Mailing Address: 800 Arkaiaas Mountain Rd

City: Boulder

County: Boulder State: CO Zip: 80502

Phone: 3034436881

Practice certified by: [Signature]

CSFS Service Representative

Payment Approval: [Signature] Amount: \$981.76 Date: 2-4-05

CSFS

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.  
Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.



**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)**

Project No. FRF-BO-MPMM-020

*To be completed by CSFS:*

**PROGRAM:** FRFTP  
*From application and Form E*

**Record Accomplishment:**

**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: \_\_\_\_\_

**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 = _____		

**FRFTP Accomplishment:**

No. of D-spaces= 1 Acres slash disposal= \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_  
Acres thinned= \_\_\_\_\_ Acres pruned= \_\_\_\_\_

**Landowner Signature**

Date	By Whom:	Activity/Expense:	Hours	Expenses
8/13	A. Hanks	filling out logs around propane tank	6 hrs	
		clearing lower branches - 5th, 6th & west of house		
		Picking up debris around barn		
8/27	A. Hanks	) same but west + south of "Round pen"	4 hrs	
8/28	A. Hanks		4 hrs	
		Total	14 hrs	X 11.63
				\$163.52



Anne & Tony Hanks  
800 Arkansas Mountain Rd  
Boulder, CO 80302  
(303) 443-6881

Invoice No. 64770



7-28-04

Item	Unit Cost	Total
1 - space marking / grant consultation	\$50	\$50
# 1855 (6280 KUR)		
Tax Exempt No.	Sales Tax	
Total		\$50
CK-CA-MO Amount Paid:		
Amount Due		\$50
Ck#	Dated	
Rcv'd By	F.Y.	
Funding		Amount
223530	0015	\$50
Deposit No.		Date

USFS Originator Robbly  
Payment Due By 8-28-04

Remit to:  
COLORADO STATE FOREST SERVICE  
BOULDER DISTRICT  
5625 UTE HIGHWAY  
LONGMONT, CO 80503-9130

White-Customer copy; Yellow-State Office copy; Pink-Project copy



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Jesse Holmes

Address: 760 Mountain Meadows  
Boulder, CO 80302  
 \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_ Cooperator Match: \$3,427.72

Approved Funding: \$3,500 Total Project: \$6,855.44

CSFS Account Number: \_\_\_\_\_ Amount of Payment: \$3,427.72

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
 (Program manager signature)

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





# LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. FIRF-B0-MPM-M-019

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

Applicant name (please print): Jesse Holmes

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$1,360.00 (chipping)	\$5,495.44 (3 timesheets)	A Labor Cost= \$6,855.44
Operating Exp <sup>3</sup>			B Oper. Exp.= 0
Revenue Generated (from sale of wood products only) <sup>4</sup>			C Revenue= 0
Project Cost			D Total Project (A+B-C) = \$6,855.44
			Amount Originally Approved = \$3,500.00
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$ 50</u>			Amount to be Reimbursed <sup>5</sup> (.5X D) \$3,427.72

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature: Jesse Holmes

Date: 1/19/05

Mailing Address: 1760 Mt. Meadows

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303 447-8823

Practice certified by: Riley  
CSFS Service Representative

Payment Approval: Riley Amount: \$3,427.72 Date: 2-1-05  
CSFS

Return this form, along with your completed Cost Documentation Form to your local Colorado State Forest Service District Office.  
Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.

LOA 6/10/04

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FIRF-B0-MPMM-019

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

FRFTP: ☒

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= \_\_\_\_\_ Acres slash disposal= 41 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 4 Acres pruned= 4

LOA

Colorado  
State  
FOREST  
SERVICE

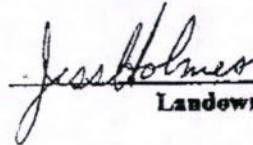
LOA



## Form D

### LAND OWNER ASSISTANCE PROGRAMS COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. The expenses are itemized below. Labor rate to be used if landowner is doing the work is \$11.68/hr. Separate expenses by component (activity). Attach receipts.



Landowner Signature

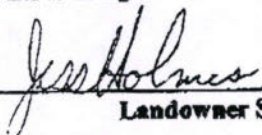
Date	By Whom:	Activity/Expense:	Hours	Expenses
08 / 16	Fred	Mitigation / hauling slash	6	70.08
08 / 16	Billy	Mitigation / hauling slash	6	70.08
08 / 16	Steve	Mitigation / hauling slash	6	70.08
08 / 17	Fred	Mitigation / hauling slash	6	70.08
08 / 17	Billy	Mitigation / hauling slash	6	70.08
08 / 17	Steve	Mitigation / hauling slash	6	70.08
08 / 18	Fred	Mitigation / hauling slash	7	81.76
08 / 18	Billy	Mitigation / hauling slash	7	81.76
08 / 18	Steve	Mitigation / hauling slash	7	81.76
08 / 18	John	Mitigation / hauling slash	7	81.76
08 / 19	Fred	Mitigation / hauling slash	7	81.76
08 / 19	John	Mitigation / hauling slash	7	81.76
08 / 20	Fred	Mitigation / hauling slash	4.5	52.56
08 / 20	John	Mitigation / hauling slash	4.5	52.56
08 / 20	Billy	Mitigation / hauling slash	4.5	52.56
08 / 20	Steve	Mitigation / hauling slash	4.5	52.56
08 / 21	Fred	Mitigation / hauling slash	8	93.44
08 / 21	John	Mitigation / hauling slash	8	93.44
08 / 22	Fred	Mitigation / hauling slash	3	35.04
08 / 23	Fred	Mitigation / hauling slash	4	46.72
08 / 24	Fred	Mitigation / hauling slash	3	35.04
08 / 26	Fred	Mitigation / hauling slash	3	35.04
08 / 27	Fred	Mitigation / hauling slash	6	70.08
08 / 27	Billy	Mitigation / hauling slash	6	70.08
08 / 27	John	Mitigation / hauling slash	6	70.08
08 / 29	Fred	Mitigation / hauling slash	5	58.40
08 / 29	Billy	Mitigation / hauling slash	5	58.40
08 / 29	John	Mitigation / hauling slash	5	58.40
09 / 01	Fred	Mitigation / hauling slash	4	46.72
09 / 01	Billy	Mitigation / hauling slash	4	46.72
09 / 01	John	Mitigation / hauling slash	4	46.72
<b>SUBTOTAL:</b>			<b>170</b>	<b>1,985.60</b>



## Form D

# **LAND OWNER ASSISTANCE PROGRAMS COST DOCUMENTATION**

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. The expenses are itemized below. Labor rate to be used if landowner is doing the work is \$11.68/hr. Separate expenses by component (activity). Attach receipts.

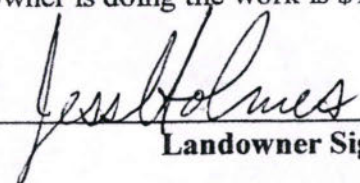
  
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
09 / 02	Fred	Mitigation / hauling slash	3	35.04
09 / 02	Jesse	Mitigation / hauling slash	3	35.04
09 / 03	Jesse	Mitigation / hauling slash	3	35.04
09 / 04	Fred	Mitigation / hauling slash	4	46.72
09 / 04	Jesse	Mitigation / hauling slash	4	46.72
09 / 05	Fred	Mitigation / hauling slash	4	46.72
09 / 05	Jesse	Mitigation / hauling slash	4	46.72
09 / 06	Jesse	Mitigation / hauling slash	3	35.04
09 / 07	Jesse	Mitigation / hauling slash	3	35.04
09 / 08	Fred	Mitigation / hauling slash	6	70.08
09 / 08	John	Mitigation / hauling slash	6	70.08
09 / 08	Billy	Mitigation / hauling slash	6	70.08
09 / 10	Fred	Mitigation / hauling slash	6	70.08
09 / 10	John	Mitigation / hauling slash	6	70.08
09 / 10	Steve	Mitigation / hauling slash	6	70.08
09 / 10	Billy	Mitigation / hauling slash	6	70.08
09 / 11	Fred	Mitigation / hauling slash	5.5	64.24
09 / 11	John	Mitigation / hauling slash	5.5	64.24
09 / 11	Billy	Mitigation / hauling slash	5.5	64.24
09 / 12	Fred	Mitigation / hauling slash	4	46.72
09 / 12	John	Mitigation / hauling slash	4	46.72
09 / 12	Billy	Mitigation / hauling slash	4	46.72
09 / 15	Fred	Mitigation / hauling slash	6	70.08
09 / 15	John	Mitigation / hauling slash	6	70.08
09 / 15	Billy	Mitigation / hauling slash	6	70.08
09 / 16	Fred	Mitigation / hauling slash	7	81.76
09 / 16	John	Mitigation / hauling slash	7	81.76
09 / 17	Fred	Mitigation / hauling slash	6	70.08
09 / 17	John	Mitigation / hauling slash	6	70.08
09 / 18	Fred	Mitigation / hauling slash	2	23.36
09 / 18	Jesse	Mitigation / hauling slash	2	23.36
<b>SUBTOTAL:</b>			<b>149.5</b>	<b>1,746.16</b>



# **LAND OWNER ASSISTANCE PROGRAMS COST DOCUMENTATION**

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. The expenses are itemized below. Labor rate to be used if landowner is doing the work is \$11.68/hr. Separate expenses by component (activity). Attach receipts.

  
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
09 / 20	Jesse	Hauling slash	3	35.04
09 / 21	Fred	Mitigation	7	81.76
09 / 21	John	Mitigation	7	81.76
09 / 21	Billy	Mitigation	7	81.76
09 / 22	Fred	Mitigation	6	70.08
09 / 22	Wick	Mitigation	6	70.08
09 / 22	John	Mitigation	6	70.08
09 / 22	Billy	Mitigation	6	70.08
09 / 23	Fred	Mitigation	6	70.08
09 / 23	Billy	Mitigation	6	70.08
09 / 23	John	Mitigation	6	70.08
09 / 25	Fred	Mitigation	3	35.04
09 / 25	Jesse	Mitigation	3	35.04
09 / 27	Fred	Mitigation	6	70.08
09 / 27	John	Mitigation	6	70.08
09 / 27	Billy	Mitigation	4	46.72
09 / 28	Fred	Mitigation	6	70.08
09 / 28	John	Mitigation	6	70.08
09 / 30	Fred	Mitigation	5	58.40
09 / 30	Steve	Mitigation	3	35.04
09 / 30	Billy	Mitigation	5	58.40
09 / 30	John	Mitigation	5	58.40
10 / 02	Jesse	Hauling slash	3	35.04
10 / 02	Fred	Hauling slash	3	35.04
10 / 03	Fred	Hauling slash	2	23.36
10 / 03	Jesse	Hauling slash	2	23.36
10 / 04	Fred	Hauling slash	5	58.40
10 / 04	Billy	Hauling slash	5	58.40
10 / 04	John	Hauling slash	5	58.40
10 / 05	Fred	Hauling slash	4	46.72
10 / 05	Billy	Hauling slash	4	46.72
<b>SUBTOTAL:</b>			<b>151</b>	<b>1,763.68</b>



JESSE, I HAVE ALREADY ADD IN YOUR HOURS, ALL YOU HAVE TO DO IS PUT IN THE CHIPPING HOURS AND WHO DID IT.

[illegible]





## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Stephen L. Brant

Address: 768 Mountain Meadows Road

Boulder, CO 80302

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_ Cooperator Match: \$2,039.59

Approved Funding: \$2,200 Total Project: \$4,079.17

CSFS Account Number: \_\_\_\_\_ Amount of Payment: \$2,039.58

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
(Program manager signature)

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

Form C



**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. FRF-B0-MPmm-018(For Official Use Only-  
No. from original application)

Applicant name (please print):

Stephen L Brunt

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	56.00 + 3,677.50	22 x 11.68 = 256.96	A Labor Cost = \$3,984.46
Operating Exp <sup>3</sup>	<del>NA</del> NA	94.71	B Oper. Exp. = \$94.71
Revenue Generated (from sale of wood products only) <sup>4</sup>	<del>0</del> -	- 0 -	C Revenue = - 0 -
Project Cost	\$3,727.50	\$351.67	D Total Project (A+B-C) = \$4,079.17
			Amount Originally Approved = \$2,200.00
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$50.00</u>			Amount to be Reimbursed <sup>5</sup> (.5X D) \$2,039.59

<sup>1</sup> Any contracted services where payment was made for services.<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.<sup>5</sup> 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: 12/08/04Mailing Address: 768 mtn Meadows RoadCity: BoulderCounty: BOULDER State: CO Zip: 80302Phone: 303 442 8703Practice certified by: [Signature]

CSFS Service Representative

Payment Approval: [Signature]

CSFS

Amount: \$2,039.59 Date: 12/17/04

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.



LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-BO-MPMM-018

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_

FRFTP: ☒

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= 1 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 1 Acres pruned= 1

LOA

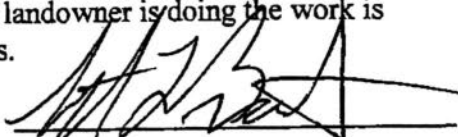
Colorado  
State  
FOREST  
SERVICE

LOA

## Form D

# 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 \$11.68/hr. Separate expenses by component (activity): Attach receipts.

  
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
6/28/04	CSFS	Defensible Space Marking (2 acres) (see attached invoice)	NA	\$50.00
9/30/04	St. Vrain Arbor Care	Wildfire Mitigation, Tree Removal; Chipping/site broadcast; (see attached invoice)	51.5	\$3,677.50
11/13/04	Land Owners	Tree Removal w/ chain saw and cutting logs left by St. Vrain Arbor Care	SLB 4 hrs	-0-
11/14/04	LANDOWNERS	cutting logs and stacking unsplit logs	SLB 2 HRS CAB 2 HRS	-0- -0-
12/4/04	LANDOWNERS	Hauling logs - splitting logs - stacking split wood	SLB 7 HRS LWB 2 HRS CAB 1.5 HRS CAB 1.5 HRS	-0- -0- -0- -0-
12/4/04	HOME DEPOT	POWER SPLITTER RENTAL (ONE DAY RATE) (see attached invoice)	7 HRS + Transit time	\$94.71



Invoice No. 64761

Stephen & Linnetta Brant  
768 Mountain Meadows  
Boulder, CO 80302  
(303) 442-8703

**Colorado  
State  
FOREST  
SERVICE**

Date: 5-28-04

Tax Exempt No. \_\_\_\_\_

Sales Tax

Total	\$50
-------	------

CK-CA-MO Amount Paid:

Amount Due	\$50
------------	------

Ck#

Dated

Rcv'd By

F.Y.

## Funding

Amount

223530

CG15

850

CSFS Originator

Payment Due By 6-28-07

Remit to:

COLORADO STATE FOREST SERVICE  
BOULDER DISTRICT  
5625 UTE HIGHWAY  
LONGMONT, CO 80503-9130

Deposit No.

Date \_\_\_\_\_

12/08/2004 14:36 FAX  
1361 Francis St. B103  
Longmont, CO 80501  
Office: (303) 772-3136  
Fax: (303) 682-0399  
Email: info@stvrainarborcare.com  
Web: www.stvrainarborcare.com



006  
September 30, 2004  
Page 1

## INVOICE

Steve Brandt  
768 Mountain Meadows Rd.  
Boulder, CO 80302

Home: 303-442-8703  
Office:  
Fax:  
Mobile: 303-885-4141

Invoice #: 5055  
Invoice Date: 9/30/2004  
Proposal #: 4739  
Customer #: 4447  
Due Date: 9/30/2004

Item#	Quantity	Code	Service(s) Performed	Completed	Item Charge	Item Adj.	Item Amount
1	1	WFMIT	Wildfire Mitigation Ponderosa Pine Removal of selected trees to create a defensible space and/or fuel break. Smaller material chipped and broadcast on site, larger wood left in long lengths and stacked on site. ASV skidder 22hrs. @ \$ 80/hr. = \$1,760.00 Chainsaw and chipper 29.5 hrs. @ \$65/hr. = \$ 1917.50	9/30/2004	3,677.50	0.00	3,677.50

*Thank you!*

InvSubTotal: 3,677.50  
Less Discount: 0.00  
Invoice Adjustment: 0.00  
InvoiceTotal: 3,677.50  
Deposits/Credits: 0.00  
**Invoice Balance:** **3,677.50**

Thank you for your business, please do not hesitate to contact us concerning any questions you may have.



**RENTAL INVOICE****No. 105908**

Store 1506 LOUVLE,CO  
1200 DILLON RD  
LOUISVILLE, CO 80027  
(303) 661-3900

Hours: Mon 8:00 - 9:00  
Tue 8:00 - 9:00  
Wed 6:00 - 9:00  
Thr 6:00 - 9:00  
Fri 6:00 - 9:00  
Sat 7:00 - 9:00  
Sun 8:00 - 7:00

STAPLE REGISTER RECEIPT HERE

BILL TO

STEPHEN BRANT  
768 MOUNTAIN MEADOWS ROAD  
BOULDER, CO 80302  
PHN (303) 442-8703

Agent	Driver's License Number CO 94-322-0512	Vehicle License CO	Written By DONALD W
Job Number/Location 768 MOUNTAIN MEADOWS ROAD	Job Phone	PO Number/Birthdate	Checked In By JAIME S
Date and Time Out 12/04/2004 7:45 am	Date and Time Due In 12/05/2004 8:26 am	Date and Time In 12/04/2004 4:59 pm	Rented Period 10 HR

**RENTAL EQUIPMENT**

Part Number	Out	In	Description	Min Charge	Ex-Hours	Per Day	Per Week	Per Month	DW	Tax	Amount
0887001242	1	1	Log Splitter (Gas)	56.00	5.60	80.00	320.00	960.00	Y	Y	80.00

**Rental Subtotal 80.00****INVOICE SUMMARY**

	Invoice Subtotal	80.00
	Damage Waiver	8.00
	Sales Tax	6.71
	Total	94.71
	Payment Amount	94.71

\* NOT VALID WITHOUT REGISTER VALIDATION

\* Remaining Balance Due 0.00





## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Deborah A. Martin

Address: 349 Mountain King Rd.

Boulder, CO 80302

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: \_\_\_\_\_ Cooperator Match: \$1,791.80

Approved Funding: \$3,225 Total Project: \$3,583.60

CSFS Account Number: \_\_\_\_\_ Amount of Payment: \$1,791.80

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
(Program manager signature)

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



Form C



# LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. FRF-BO-MPMM-017  
(For Official Use Only-  
No. from original application)

Applicant name (please print): Deborah A. Martin

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$3350.00	20 hrs x \$11.68/hr = \$233.60	A Labor Cost = \$3583.60
Operating Exp. <sup>3</sup>			B Oper. Exp. = -
Revenue Generated (from sale of wood products only) <sup>4</sup>			C Revenue = -
Project Cost			D Total Project (A+B-C) = \$3583.60
			Amount Originally Approved = \$3,225.00
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed <sup>5</sup> (5X D) \$1,791.80

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature: Deborah A. Martin

Date: 14 December 2004

Mailing Address: 349 Mountain King Rd.

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: H. 303-786-9923  
W. 303-541-3024

Practice certified by: [Signature]  
CSFS Service Representative

Payment Approval: [Signature] Amount: \$1,791.80 Date: 12/17/04

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.  
Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.

LOA 6/10/04

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-B0-MPmm-017

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

FRFTP: X

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= 3 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 3 Acres pruned= 3

LOA

Colorado  
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Form D

## 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 \$11.68/hr. Separate expenses by component (activity), Attach receipts.

5. Abraham A. Martin  
Landowner Signature

[illegible]



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SiP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: James Fahey

Address: 762 Mountain Meadows Rd

Boulder, CO 80302

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: \_\_\_\_\_ Cooperator Match: \$1,455.48

Approved Funding: \$1,200 Total Project: \$2,655.48

CSFS Account Number: \_\_\_\_\_ Amount of Payment: \$1,200

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
(Program manager signature)

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



Form C



# LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. FRF-BO-MPmm-016  
(For Official Use Only-  
No. from original application)

Applicant name (please print): JAMES FAHEY

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$ <u>2427</u> <del>\$ 2427.00</del>	\$ <u>128.48</u>	A Labor Cost= \$ <u>2555.48</u>
Operating Exp. <sup>3</sup>	\$ <u>100.00</u>		B Oper. Exp.= <u>100.00</u>
Revenue Generated (from sale of wood products only) <sup>4</sup>			C Revenue= <u>0</u>
Project Cost			D Total Project (A+B-C) = <u>2655.48</u>
			Amount Originally Approved = <u>\$1,200</u>
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$ 50.00</u> (MARKING WILDFIRE DEFENSIBLE SPACE)			Amount to be Reimbursed <sup>5</sup> (50%) <u>\$1,200</u>

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> 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: James R. Fahey

Date: 12/8/04

Mailing Address: 762 MOUNTAIN MEADOWS RD. City: BOULDER

County: BOULDER State: CO. Zip: 80302 Phone: 303 444-9345

Practice certified by: [Signature]

CSFS Service Representative

Payment Approval: [Signature] Amount: \$1,200 Date: 12/17/04

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 six (6) years. The IRS considers reimbursable funds as ordinary income.

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-BO-MPMM-016

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

FRFTP: ☒

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_

Acres thinned= \_\_\_\_\_ Acres pruned= \_\_\_\_\_

LOA

Colorado  
State  
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Form D

# 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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

*James R. Foley*  
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
9/7	Fred	-	6	72
9/7	Nick	-	6	72
<del>11/7</del>	<del>Mark</del>	-	<del>6</del>	<del>72</del>
9/7	Mark	-	6	72
		FRED SMITH - Total = \$2332		
		CONTRACTOR		
		186(hrs) x 12(\$)= \$2232		
		2232 + 100 (maintenance) = 2332		
		2332 - 25 = 2307		
12/1	TONY	TREE CUTTING - MITIGATION	1.5	22.50
12/8	TONY	TREE CUTTING - MITIGATION	1	15.00
11/6	OWNER	SLASH REMOVAL - 1 LOAD	1.5	17.52
12/3	TONY	SLASH REMOVAL - 1 LOAD	1.5	22.50
12/6	TONY	SLASH REMOVAL - 5 LOADS	6	90.00
12/6	OWNER	SLASH REMOVAL - 5 LOADS	6	90.08
12/7	TONY	SLASH REMOVAL - 1 LOAD	1.5	22.50
12/7	OWNER	SLASH REMOVAL - 1 LOAD	1.5	17.52
12/8	TONY	SLASH REMOVAL - 1 LOAD	1.5	22.50
12/8	OWNER	SLASH REMOVAL - 1 LOAD	1.5	17.52
		TONY LUSARBI 13 HOURS @ 15.00 = \$195.00		
		OWNER 11 HOURS @ 11.68 = \$128.48		
		FINAL TOTAL	210	2655.48

Form D

# 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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

Jim James R. Fahay  
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses	
9/29	Fred	mitigation	6	72	
9/29	Nick		6	72	
8/29	Stanly		6	72	288
8/29	Matt		6	72	
8/30	Fred		6	72	
8/30	Matt		6	72	
8/30	Nick		6	72	576
8/30	Stanly		5	60	
9/1	Fred		5	60	
9/1	Nick		5	60	
9/1	Stanly		5	60	816
9/1	Matt			75	891
		Chainsaw maintenance (gas, oil, sharpening)			
9/3	Fred		6	72	
9/3	Nick		6	72	
9/3	Stanly		6	72	1176
9/3	Matt		3	84	
9/4	Fred		7	84	
9/4	Matt		7	84	
9/4	Stanly		7	84	1515
9/4	Nick		6	72	
9/5	Fred		6	72	
9/5	Stanly		6	72	
9/5	Nick		6	72	
9/5	Matt		6	72	1803
		Chainsaw maintenance		25	1828
9/6	Fred		6	72	
9/6	Stanly		6	72	
9/6	Matt		6	72	
9/6	Nick		6	72	2116

To:

Invoice No. 64759James Fahy762 Mountain MeadowsBoulder, CO 80302(303) 441-9345
**Colorado**  
**State**  
 FOREST  
 SERVICE

Date:

5-25-04

Item	Unit Cost	Total
1 <u>Marked Wildlife Defensible Space</u>	<u>\$50</u>	<u>\$50</u>
2		
3		
4		
5		
6		
7		
8		
9		
Tax Exempt No. _____	Sales Tax	
	Total	<u>\$50</u>

CSFS Originator

Payment Due By

Robert [Signature]6-25-04

Remit to:

 COLORADO STATE FOREST SERVICE  
 BOULDER DISTRICT  
 5625 UTE HIGHWAY  
 LONGMONT, CO 80503-9130

CK-CA-MO Amount Paid:		
Amount Due		<u>\$50</u>
Ck#	Dated	
Rcv'd By	F.Y.	
Funding		Amount
<u>194030</u>	<u>0615</u>	<u>\$50</u>

Deposit No.

Date



332044

Frederick Smith  
760 Mountain Meadows  
Boulder, Co.

INVOICE

SOLD TO: <u>Jim Fahey</u>		SHIPPED TO:			
ADDRESS <u>762 Mountain Meadows Rd</u>		ADDRESS			
CITY, STATE, ZIP <u>Boulder Co</u>		CITY, STATE, ZIP			
CUSTOMER'S ORDER	SALESPERSON	TERMS	VIA	F.O.B.	DATE <u>9-6-04</u>
Mitigation ———					
186 Hours Total $\times$ 12 <sup>00</sup> /hr.					\$ 2232 <sup>00</sup>
Maintenance + fuel & oil					100 <sup>00</sup>
Total due					<u>2332<sup>00</sup></u>
POA 9/6 ck #5575					
Paid in full 9/7/04					
ck #5575					

T.L. SERVICES  
184 W. 1ST ST.  
NEDERLAND, CO. 80466

330298

INVOICEDATE  
DECEMBER 8, 2004

SOLD TO		SHIPPED TO			
JIM FAHEY					
762 MOUNTAIN MEADOWS RD					
BOULDER, CO 80302					
SALESPERSON	ORDER NO.	TERMS	F.O.B.	DATE SHIPPED	SHIPPED VIA
QUANTITY	DESCRIPTION			PRICE	AMOUNT
1					
2	TREE CUTTING AND SLASH REMOVAL			15.00	\$195.00
3	DECEMBER 3, 6, 7, 8 - 13 HOURS				
4	Paid #5638				
5					
6					
7					
8					
9					







# LISHMENT REPORT FOR REIMBURSEMENT

ACCOMP

Project No. FRF-BO-mpmm-C1

Official Use Only-

(For

No. from  
original  
application)

Applicant name (please print):

David Atwood

(For work done @ 229 Mountain Meadows Rd, Boulder, Co

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$ 1400	—	A Labor Cost= \$ 1400
Operating Exp <sup>3, *</sup>	—	—	B Oper. Exp.= —
Revenue Generated (from sale of wood products only) <sup>4, *</sup>	—	—	C Revenue= —
Project Cost			D Total Project (A+B-C) = \$ 1400
			Amount Originally Approved = \$1,200
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed <sup>5</sup> (5XB) \$700

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature:

David P. Atwood

Date:

12/8/04

Mailing Address:

1802 Kipling St.  
Houston

City:

County:

State:

TX

Zip:

77098

Phone:

(713) 524-3826

Practice certified by:

CSFS Service Representative

Payment Approval:

Amount:

\$700

Date:

12/17/04

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-BO -mPmm-015

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_

FRFTP: X

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= .5 Acres fuel breaks = \_\_\_\_\_

Acres thinned= .5 Acres pruned= .5

LOA

Colorado  
State  
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## Form D

## 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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

**Landowner Signature**

[illegible]



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Dave Ringoen

Address: 906 Arkansas Mountain Road  
Boulder, CO 80302  
 \_\_\_\_\_  
 \_\_\_\_\_

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: 536827 Cooperator Match: \$2,055.00

Approved Funding: \$5,400 Total Project: \$4,110.00

CSFS Account Number: 536827 Amount of Payment: \$2,055.00

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
 (Program manager signature)

Form C



# LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. FRF-BO-MPMM-014

(For Official Use Only-

No. from original application)

Applicant name (please print): Dave Ringoen

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$3,960 + \$150		A Labor Cost= \$4,110
Operating Exp <sup>3,*</sup>			B Oper. Exp.=
Revenue Generated (from sale of wood products only) <sup>4,*</sup>			C Revenue=
Project Cost			D Total Project (A+B-C) = \$4,110
			Amount Originally Approved = \$5,400
How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>150</u>			Amount to be Reimbursed <sup>5</sup> (.5XD) \$2,055.00

<sup>1</sup> Any contracted services where payment was made for services.<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.<sup>5</sup> Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature: [Signature]Date: 12/3/2004Mailing Address: 906 Arkansas Mountain RoadCity: BoulderCounty: Boulder State: CO Zip: 80302Phone: 303-440-0394Practice certified by: [Signature]  
CSFS Service RepresentativePayment Approval: [Signature] Amount: \$2,055.00 Date: 12/3/04  
CSFSReturn this form, along with your completed Cost Documentation Form to your local Colorado State Forest Service District Office. Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.



LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-BO-mpm-014

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_

FRFTP: ☒

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= 6 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 6 Acres pruned= 6

LOA

Colorado  
State  
FOREST  
SERVICE

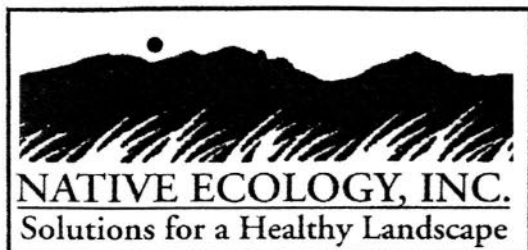
LOA

## 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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

  
Landowner Signature

[illegible]



# Invoice

11/10/2004

Native Ecology, Inc.  
P.O. Box 976  
Nederland, CO 80466  
(303)258-1753

Bill to:
David Ringoen Arkansas Mtn. Rd.  303-440-0394 303-443-1435

Date	Description	Amount
10/28/04	6.5 Hrs. Chainsaw	\$227.50
10/28/04	6.5 Hrs. Labor	\$162.50
10/29/04	4 Hrs. Chainsaw	\$140.00
10/29/04	2 Hrs. Labor	\$50.00
11/2/04	13 Hrs. Chainsaw	\$455.00
11/3/04	20 Hrs. Labor	\$500.00
11/3/04	10 Hrs. Chainsaw	\$350.00
11/4/04	26 Hrs. Labor	\$650.00
11/4/04	7 Hrs. Chainsaw	\$245.00
11/5/04	20 Hrs. Labor	\$500.00
11/5/04	7 Hrs. Chainsaw	\$245.00
11/9/04	9 Hrs. Labor	\$225.00
11/9/04	4.5 Hrs. Chipper	\$135.00
11/10/04	3 Hrs. Labor	\$75.00
Total		\$3,960.00



To:

David Ringner  
906 Arkansas mtn  
Boulder CO 80302

Invoice No.

66531

**Colorado  
State**  
FOREST  
SERVICE

Date:

10-27-04

Item	Unit Cost	Total
1	\$150	\$150
2		
3		
4		
5		
6		
7		
8		
9		
Tax Exempt No.		Sales Tax

CSFS Originator

Payment Due By

10-27-04

Remit to:

Colorado State Forest Service  
Boulder District  
5625 Ute Highway  
Longmont, CO 80503-9130

Total		\$150
CK-CA-MO Amount Paid:		
Amount Due		
Ck#	Dated	
Rcv'd By	F.Y.	
Funding		Amount
223530	0615	\$150

Deposit No.

Date



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Martha LockwoodAddress: 349 Mountain MeadowsBoulder, CO 80302

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: 536827Cooperator Match: \$1,642.50Approved Funding: \$1,637.50Total Project: \$3,280.00CSFS Account Number: 536827Amount of Payment: \$1,637.50
 Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment
Approved by \_\_\_\_\_  
(Program manager signature)

Date: \_\_\_\_\_

Form C



# LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. FRF-BD-MPMM-013

(For Official Use Only-  
No. from original application)Applicant name (please print): TERRY + MARTHA LOCKWOOD

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$3,230. <sup>10</sup>		A Labor Cost = \$3,230. <sup>00</sup>
Operating Exp <sup>3</sup>			B Oper. Exp. =
Revenue Generated (from sale of wood products only) <sup>4</sup>			C Revenue =
Project Cost			D Total Project (A+B-C) = \$3,280. <sup>00</sup>
			Amount Originally Approved = \$1,637.50
How much of your total cost was paid to CSFS for Products and/or Services? \$ 50			Amount to be Reimbursed <sup>5</sup> (5XD) \$1,637.50

<sup>1</sup> Any contracted services where payment was made for services.<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.<sup>5</sup> 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: Martina LockwoodDate: 12/1/04Mailing Address: 349 Mountain MeadowsCity: BoulderCounty: Boulder State: CO Zip: 80302Phone: 303-449-5749Practice certified by: [Signature]  
CSFS Service RepresentativePayment Approval: [Signature] Amount: \$1,637.50 Date: 12-3-04Return 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.

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-BU-mpm-013

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_

FRFTP: X

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: \_\_\_\_\_

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 = \_\_\_\_\_

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= .5 Acres fuel breaks = \_\_\_\_\_

Acres thinned= .5 Acres pruned= .5

LOA

Colorado  
State  
FOREST  
SERVICE

LOA



Ref. 823-5774

**Form D**

**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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

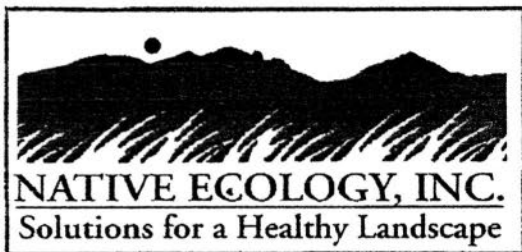
**Landowner Signature**

[illegible]

Total

30.5

\$13,230.<sup>00</sup>



# Invoice

10/27/2004

Native Ecology, Inc.  
P.O. Box 976  
Nederland, CO 80466  
(303)258-1753

Bill to:
Martha and Jerry Lockwood 349 Mtn. Meadows Rd.  303-449-5749 303-641-2302 (cell)

Date	Description	Amount
10/27/04	Fire Mitigation 349 Mtn. Meadows	\$2,600.00
Total		\$2,600.00
Paid		\$300.00
Due		\$2,300.00

GREENSTREETS Design Ltd.  
1526 Spruce Street Suite 230  
Boulder, CO 80302

# Invoice

DATE	INVOICE #
11/22/2004	0430.li1

Jerry & Martha Lockwood  
349 Mountain Meadows  
Boulder, Colorado 80304

DESCRIPTION	AMOUNT
Excavation from Proposal	3,598.00
Haul away soil	480.00
* Tree Removal	630.00
Adobe Walls from Proposal	6,941.00
Add Height to Walls	1,839.00
Add color samples, color #2	425.00
Add Labor for recoat	1,603.00
Paving from Proposal	15,407.00
Add stone risers (not enough material onsite - tighter joints)	1,406.00
Credit for Breeze	-825.00
Stone Top for Well	520.00
Electrical Conduit & Trench	1,506.00
Electrical Subcontractor	1,870.00
2 yds Western Red Cedar Mulch	285.00
Set Posts for Overhead	375.00

Thank you.

-----  
Officejet R Series  
Professional Printer/Fax/Copier/Scanner  
Last Fax  
Date 11-23-04 09:00  
Time 09:00  
Identification 30388235768  
Duration 00:23  
Pages 0  
Type Received  
Result Fail

To:

Jerry & Martha Lockwood  
 349 - Mountain meadows  
 Boulder, CO 80302  
 (303) 449-5749

Invoice No.

64775

DV

**Colorado  
 State**  
 FOREST  
 SERVICE

Date: 9-3-04

Item	Unit Cost	Total
1 Mark Defensible space	\$50	\$50
2		
3		
4		
5		
6		
7		
8		
9		
Tax Exempt No. _____		Sales Tax _____

CSFS Originator

Payment Due By

10-3-04

Remit to:

Total		\$50
CR-CA-MO Amount Paid:		50.00
Amount Due		10.00
Ck# 5535	Dated 9-4-04	
Rcv'd By MLM	F.Y. 04-05	
Funding		Amount
223530	0615	\$50.00

Deposit No.

Date

White-Customer copy; Yellow-State Office copy; Pink-Project copy





## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SiP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Susan KodishAddress: 255 Mountain Meadows RdBoulder, CO 80302

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: 536827Cooperator Match: \$1,025Approved Funding: \$1,637.50Total Project: \$2,050CSFS Account Number: 536827Amount of Payment: \$1,025.00
 Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

 Approved by \_\_\_\_\_  
 (Program manager signature)

Date: \_\_\_\_\_



**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. FRF-BD-MPMM-012

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

Applicant name (please print): Jeff & Susan Kodish

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost			A Labor Cost= <u>50</u>
Operating Exp <sup>3</sup>			B Oper. Exp.=
Revenue Generated (from sale of wood products only) <sup>4</sup>			C Revenue=
Project Cost	<u>2000</u>		D Total Project (A+B-C) = <u>2050</u>
			Amount Originally Approved = <u>1437.50</u>
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$ 50.00</u>			Amount to be Reimbursed <sup>5</sup> (5XD) <u>\$1025</u>

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> 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: Susan Kodish

Date: 11-30-04

Mailing Address: 255 mountain Meadows

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303-442-6171

Practice certified by: Roddy  
CSFS Service Representative

Payment Approval: [Signature] Amount: \$1,025.00 Date: 12/3/04  
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 six (6) years. The IRS considers reimbursable funds as ordinary income.



**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)**

Project No. FRF-B0-mmmm-012

*To be completed by CSFS:*

**PROGRAM:**

*WUI Incentives D-space:* \_\_\_\_\_

*FLEP:* \_\_\_\_\_

*I & D Prevention and Suppression – Bark Beetle:* \_\_\_\_\_

*FRFTP:* X

**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: \_\_\_\_\_

**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 = \_\_\_\_\_

**FRFTP Accomplishment:**

No. of D-spaces= 1 Acres slash disposal= .5 Acres fuel breaks = \_\_\_\_\_

Acres thinned= .5 Acres pruned= .5

LOA

**Colorado  
State  
FOREST  
SERVICE**

LOA

To: Jeff & Susan Kodish  
255 Mountain Meadows  
Boulder, CO 80302

Invoice No. 64774



Date: 8-30-04

Item	Unit Cost	Total
1 D-Space marking	\$50	\$50
2		
3		
4		
5		
6		
7		
8		
9		

Tax Exempt No. \_\_\_\_\_

Sales Tax

Total \$50

CK-CA-MO Amount Paid:

Amount Due \$50

CSFS Originator

Payment Due By

*Ray*  
8-30-04

Ck#

Dated

Rcv'd By

F.Y.

Funding

Amount

223530

0615

\$50

Remit to:

COLORADO STATE FOREST SERVICE  
BOULDER DISTRICT  
5625 UTE HIGHWAY  
LONGMONT, CO 80503-9130

Deposit No.

Date





## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Bill GageAddress: 1563 Arkansas Mtn RdBoulder, CO 80302

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: 536827 Cooperator Match: \$1,446.25Approved Funding: \$2,700 Total Project: \$2,892.50CSFS Account Number: 536827 Amount of Payment: \$1,446.25Circle one: 1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final PaymentApproved by \_\_\_\_\_ Date: \_\_\_\_\_  
(Program manager signature)



**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. FRF-BO-MPMM-011  
(For Official Use Only-  
No. from original application)

Applicant name (please print): BILL GAGE

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$2,842.50 + 50 (CSFS)		A Labor Cost= \$ 2,892.50
Operating Exp. <sup>3</sup>			B Oper. Exp.=
Revenue Generated (from sale of wood products only) <sup>4,*</sup>			C Revenue=
Project Cost			D Total Project (A+B-C) = \$ 2,892.50
			Amount Originally Approved = \$2,700
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$ 50.00</u>			Amount to be Reimbursed <sup>5</sup> (.5XD) \$1,446.25

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature: Bill Gage

Date: 11-29-04

Mailing Address: 1563 Ardenwood Mt. Rd.

City: Boulder CO 80

County: Boulder State: CO Zip: 80302

Phone: \_\_\_\_\_

Practice certified by: [Signature]  
CSFS Service Representative

Payment Approval: [Signature] Amount: \$1,446.25 Date: 12-2-04  
CSFS

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.  
Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-B0-MPmm-011

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

FRFTP: X

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: \_\_\_\_\_

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 = \_\_\_\_\_

FRFTP Accomplishment:

No. of D-spaces= \_\_\_\_\_ Acres slash disposal= 2 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 2 Acres pruned= 2

LOA

Colorado  
State  
FOREST  
SERVICE

LOA



Invoice

11/23/2004

Native Ecology, Inc.  
P.O. Box 976  
Nederland, CO 80466  
(303)258-1753

Bill to:
Bill Gage
Escape Route
303 443-6545

Date	Description	Amount
11/6/04	13 Hrs. Chainsaw	\$455.00
11/6/04	3 Hrs. Labor	\$75.00
11/9/04	6.5 Hrs. Chainsaw	\$227.50
11/9/04	13 Hrs. Labor	\$325.00
11/10/04	9 Hrs. Chainsaw	\$315.00
11/15/04	14 Hrs. Labor	\$350.00
11/15/04	1 Hrs. Chainsaw	\$35.00
11/18/04	2.5 Hrs. Labor	\$62.50
11/18/04	2.5 Hrs. Chainsaw	\$87.50
11/19/04	11 Hrs. Labor	\$275.00
11/19/04	7 Hrs. Chainsaw	\$245.00
11/22/04	10 Hrs. Labor	\$250.00
11/22/04	4 Hrs. Chainsaw	\$140.00
Total		\$2,842.50



Invoice No. 66530

To:

B. H. Lange  
1563 Arkansas, 17th 12d  
Boulder, CO 80302

**Colorado**  
**State**  
 FOREST  
 SERVICE

Date: 10-27-04

Item	Unit Cost	Total
1 Fuel Break Consultation	\$50	250
2		
3		
4		
5		
6		
7		
8		
9		
Sales Tax		
Tax Exempt No.		
Total		\$50
CK-CA-MO Amount Paid:		
Amount Due		
CK#	Dated	
Rcv'd By	F.Y.	
Funding		Amount
223530	0615	\$50

CSFS Originator

Payment Due By

10-27-04

Remit to:

Colorado State Forest Service  
 Boulder District  
 5625 Ute Highway  
 Longmont, CO 80503-9130

Deposit No.

Date



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SiP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	

Name: Veda Ball

Address: 764 Mountain Meadows Rd  
Boulder, CO 80302

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: 536827 Cooperator Match: \$986.48

Approved Funding: \$2625 Total Project: \$1,972.96

CSFS Account Number: 536827 Amount of Payment: \$986.48

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
 (Program manager signature)

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



# LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. FRF-B0-MPMM-010

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

Applicant name (please print): VEDA BALL

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$1716 <sup>00</sup>	\$256.96	A Labor Cost= \$1972.96
Operating Exp <sup>3,4</sup>	—	—	B Oper. Exp.= 0
Revenue Generated (from sale of wood products only) <sup>4,5</sup>	—	—	C Revenue= 0
Project Cost			D Total Project (A+B-C) = \$1972.96
			Amount Originally Approved = \$2625
How much of your total cost was paid to CSFS for Products and/or Services? \$ 0			Amount to be Reimbursed <sup>5</sup> (.5X D) \$986.48

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> 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: Veda M. Ball

Date: 11-20-04

Mailing Address: 764 MOUNTAIN MEADOWS RD

City: BOULDER

County: BOULDER State: CO Zip: 80302

Phone: 303 444 6155

Practice certified by: Robert A. [Signature]  
CSFS Service Representative

Payment Approval: [Signature] Amount: \$986.48 Date: 11/30/04  
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 six (6) years. The IRS considers reimbursable funds as ordinary income.

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-BD-mrmm-010

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_

FRFTP: ☒

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= 1/2 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 1/2 Acres pruned= 1/2

LOA

Colorado  
State  
FOREST  
SERVICE

LOA



veda m. boll

Landowner Signature \_\_\_\_\_

Date	By Whom:	Activity/Expense:	Hours	Expenses
8/5-8/17/04	F. SMITH	TREE LIMBING, SLASH REMOVAL (see copy of check, enclosed)	18 @\$12/hr	\$216.00
9/23/04	ST. VRAIN ARBOR CARE	TREE FELLING, REMOVAL + CHIPPING (see copy of check, enclosed)	2.5 DAYS	\$1500.00
9/25/04 - 9/29/04	HOMEOWNER	ADDITIONAL LIMBING + SLASH REMOVAL OF NEIGHBORING PROPERTY (COLE DAVIS) AS AGREED UPON WITH BOB BUNDY	22 @ \$11.68	\$256.96
TOTAL				\$1972.96

1361 Francis St. B103  
Longmont, CO 80501  
Office: (303) 772-3136  
Fax: (303) 682-0399  
Email: info@stvrainarborcare.com  
Web: www.stvrainarborcare.com

September 23, 2004

Page 1



## INVOICE

Veda Ball  
764 Mtn. Meadows Rd.  
Boulder, CO 80302

Home: 303-444-6155  
Office:  
Fax:  
Mobile:

Invoice #: 5020  
Invoice Date: 9/23/2004  
Proposal #: 4723  
Customer #: 4442  
Due Date: 9/23/2004

Item#	Quantity	Code	Service(s) Performed	Completed	Item Charge	Item Adj.	Item Amount
1	25	WFMIT	Wildfire Mitigation Ponderosa Pine Removal of approx. 25 marked trees to create a defensible space and/or fuel break.	9/23/2004	1,500.00	0.00	1,500.00

*Thank you!*

InvSubTotal: 1,500.00  
Less Discount: 0.00  
Invoice Adjustment: 0.00  
InvoiceTotal: 1,500.00  
Deposits/Credits: 0.00  
**Invoice Balance:** 1,500.00

*Thank you for your business, please do not hesitate to contact us concerning any questions you may have.*



LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-B0-mppmm-009

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

FRFTP: ☒

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_

Acres thinned= \_\_\_\_\_ Acres pruned= \_\_\_\_\_

LOA

Colorado  
State  
FOREST  
SERVICE

LOA





**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. FRF-BD-MPMM-009

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

Applicant name (please print): Ellen Weil

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	<u>\$602.50</u>		A Labor Cost= <u>\$602.50</u>
Operating Exp <sup>3</sup>			B Oper. Exp.=
Revenue Generated (from sale of wood products only) <sup>4</sup>			C Revenue=
Project Cost			D Total Project (A+B-C) = <u>\$602.50</u>
			Amount Originally Approved = <u>\$1,200.00</u>
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$ 0</u>			Amount to be Reimbursed <sup>5</sup> (.5XD) <u>\$301.25</u>

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> 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: Ellen Weil

Date: 11/8/04

Mailing Address: 523 Arkansas Mtn. Rd.

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303 442-3437

Practice certified by:

Robert A. Puz  
CSFS Service Representative

Payment Approval:

Robert A. Puz  
CSFS

Amount: \$301.25 Date: 11/30/04

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.

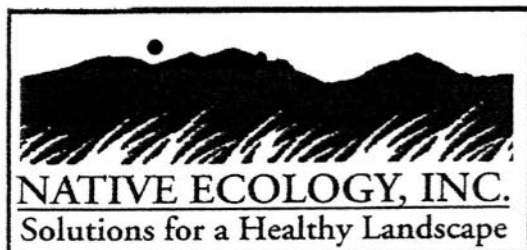
## LANDOWNER ASSISTANCE PROGRAMS COST DOCUMENTATION

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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

Ellen Weil

Landowner Signature \_\_\_\_\_

[illegible]



## Invoice

10/27/2004

Native Ecology, Inc.  
P.O. Box 976  
Nederland, CO 80466  
(303)258-1753

Bill to:
Ellen and Gunther Weil Arkansas Mtn. Rd.  303-449-2090 303-442-3437

Date	Description	Amount
9/4/04	2 Hrs. Labor	\$50.00
9/5/04	8 Hrs. Labor	\$200.00
9/5/04	4.5 Hrs. Chainsaw	\$157.50
9/29/04	5 Hrs. Labor	\$125.00
9/29/04	2 Hrs. Chainsaw	\$70.00
Total		\$602.50

**DO NOT USE FOR REORDERING PURPOSES**

Protect Your Duplicate Checks Store your duplicate checks in your Harland check box.

☒ **Track your expenses...**

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> Clothing      | <input type="checkbox"/> Food      | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Credit Card   | <input type="checkbox"/> Utilities | <input type="checkbox"/> Mortgage       |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Insurance | <input type="checkbox"/> Other: _____   |

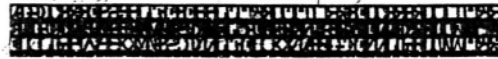
☐ TAX-DEDUCTIBLE ITEM

1990

10/24/04

MasterCard, Inc.  
Subscribed to + to 10/24

BALANCE FORWARD	
THIS ITEM	602 \$
BALANCE	
DEPOSIT	
OTHER	
BALANCE FORWARD	



For enhanced security, your name and account number do not appear on this copy.

NOT NEGOTIABLE





# 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)	
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	
Forest Land Enhancement Program (a.k.a.: FLEP)	
Insect Disease and Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	X
Stewardship Incentives Program (SiP)	
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	

Name: John Ringen

Address: 578 Arkansas Mountain Road

Boulder, CO 80302

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: 536827

Cooperator Match: \$3,077.50

Approved Funding: \$6,750.00

Total Project: \$6,155.00

CSFS Account Number: 536827

Amount of Payment: \$3,077.50

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

Approved by \_\_\_\_\_  
(Program manager signature)

Date: \_\_\_\_\_:

Colorado State Forest Service

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

Form C



**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. ERF-BO-mrmm-008

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

Applicant name (please print): JOHN RINGOEN

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$6,005.00		A Labor Cost= (CSFS included) * \$6,155.00
Operating Exp <sup>3,4</sup>			B Oper. Exp.=
Revenue Generated (from sale of wood products only) <sup>4,5</sup>			C Revenue=
Project Cost			D Total Project (A+B-C) = \$6,155.00
			Amount Originally Approved = \$6,750.00
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$ 150</u> *			Amount to be Reimbursed <sup>6</sup> (USD) \$3,077.50

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. No partial payments.

<sup>6</sup> Attach receipts, Cost Documentation Form (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: [Signature]

Date: 11-19-04

Mailing Address: 578 O ARKANSAS MTN RD

City: BOULDER

County: BOULDER State: CO Zip: 80302

Phone: 303 781-8714

Practice certified by: [Signature]

CSFS Service Representative

720 530-4017 cell

Payment Approval: [Signature]

CSFS

Amount: \$3,077.50 Date: 11/30/04

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.



LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-B0-MPM-008

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

FRFTP: X

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: \_\_\_\_\_

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 = \_\_\_\_\_

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= 9 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 9 Acres pruned= 9

LOA

Colorado  
State  
FOREST  
SERVICE

LOA



## Invoice

10/25/2004

Native Ecology, Inc.  
P.O. Box 976  
Nederland, CO 80466  
(303)258-1753

Bill to:
John Ringoen 578 Arkansas Mtn. Rd.  303-786-8714

Date	Description	Amount
10/18/04	28 Hrs. Labor	\$700.00
10/18/04	13.5 Hrs. Chainsaw	\$472.50
10/19/04	27 Hrs. Labor	\$675.00
10/19/04	14 Hrs. Chainsaw	\$490.00
10/20/04	22 Hrs. Labor	\$550.00
10/20/04	11.5 Hrs. Chainsaw	\$402.50
10/21/04	26 Hrs. Labor	\$650.00
10/21/04	17 Hrs. Chainsaw	\$595.00
10/22/04	2.5 Hrs. Labor	\$62.50
10/25/04	12 Hrs. Chainsaw	\$420.00
10/25/04	26 Hrs. Labor	\$650.00
10/26/04	2.5 Hrs. Chainsaw	\$87.50
10/26/04	10 Hrs. Labor	\$250.00
Total		\$6,005.00



To:

John Ringoen  
578 Arkansas Mtn Rd  
Boulder, CO 80302

Invoice No.

66532

**Colorado  
State**  
FOREST  
SERVICE

Date:

10-1-04

Item	Unit Cost	Total
1 D-Space / Property Thinning Marking	\$150	\$150
2		
3		
4		
5		
6		
7		
8		
9		
Tax Exempt No. _____	Sales Tax	
	Total	\$150
	CK-CA-MO Amount Paid:	
	Amount Due	
CSFS Originator <i>Roby</i>	Ck#	Dated
Payment Due By 11-1-04	Rcv'd By	F.Y.
	Funding	Amount
	223530	0615 \$150

Remit to:

Colorado State Forest Service  
Boulder District  
5625 Ute Highway  
Longmont, CO 80503-9130

Deposit No.

Date



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Janice Cone

Address: P.O. Box 409

Boulder, CO 80306

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: 536827 Cooperator Match: \$ 876.71

Approved Funding: \$1,200 Total Project: \$1,753.42

CSFS Account Number: 536827 Amount of Payment: \$ 876.71

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
(Program manager signature)

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





**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. FRF-BO-mpmm-007

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

Applicant name (please print): JANICE CONE

	<b>Total Contracted Services<sup>1</sup></b>	<b>Total Landowner Services<sup>2</sup></b>	<b>Totals</b>
Labor Cost	1627.50	75.92	A Labor Cost= align="right">1,703.42
Operating Exp <sup>3</sup>	paint CSFS 50.00		B Oper. Exp.= align="right">50.00
Revenue Generated (from sale of wood products only) <sup>4</sup>			C Revenue=
Project Cost			D Total Project (A+B-C) = align="right">1,753.42
			Amount Originally Approved = align="right">\$ 1,200.00
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$ 50.00</u>			Amount to be Reimbursed <sup>5</sup> (.5X D) align="right">\$ 876.71

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> 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: Janice M. Cone

Date: 11/03/04

Mailing Address: P.O. Box 409

City: Boulder

County: Boulder State: CO Zip: 80306

Phone: 303-443-9387

Practice certified by: Robert A. Box  
CSFS Service Representative

Payment Approval: [Signature] Amount: \$876.71 Date: 11-3-04  
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 six (6) years. The IRS considers reimbursable funds as ordinary income.

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-B0-mmmm-007

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_

FRFTP: X

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: \_\_\_\_\_

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 = \_\_\_\_\_

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_

Acres thinned= \_\_\_\_\_ Acres pruned= \_\_\_\_\_

LOA

Colorado  
State  
FOREST  
SERVICE

LOA



## 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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

Janice Cone  
Landowner Signature

[illegible]

To:

Jan Cone  
39 Labelle Road  
Boulder CO 80302

Invoice No.

64754

**Colorado  
State**  
FOREST  
SERVICE

Date:

5-17-04

Item	Unit Cost	Total
1 Marked Wildfire Defensible Space (FRFTP)	\$50	\$50
2		
3		
4		
5		
6		
7		
8		
9		
Tax Exempt No. _____	Sales Tax	

Total

\$50

CK-CA-MO Amount Paid:

Amount Due

\$50

Ck# 5132

Dated 5/17/04

Rcv'd By Bob Boney

F.Y.

CSFS Originator

Payment Due By

5-17-04

Remit to:

COLORADO STATE FOREST SERVICE  
BOULDER DISTRICT  
5625 UTE HIGHWAY  
LONGMONT, CO 80503-9130

Funding

Amount

194030

0615

\$50

Deposit No.

Date



## Invoice

5/21/2004

Native Ecology, Inc.  
P.O. Box 976  
Nederland, CO 80466  
(303)258-1753

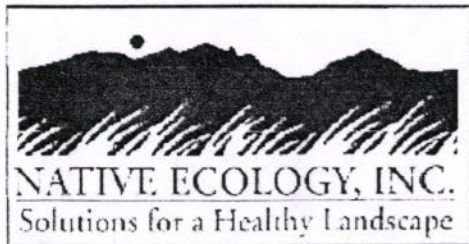
## Bill to:

Jan Cone  
La Belle Road  
(303)443-9387

Date	Description	Amount
5/20/04	4.5 Hrs Chainsaw	\$180.00
5/20/04	4.5 Hrs Labor	\$112.50
5/21/04	8 Hrs Labor	\$200.00
5/21/04	4 Hrs. Chainsaw	\$160.00
5/21/04	4 Hrs. Chipper	\$120.00
Total		\$772.50

paid 5/24/04 (SB)  
ch # 1061





# Invoice

10/15/2004

Native Ecology, Inc.  
P.O. Box 976  
Nederland, CO 80466  
(303)258-1753

Bill to:
Jan Cone La Belle Road (303)443-9387

Date	Description	Amount
10/14/04	2 Hrs. Chainsaw	\$80.00
10/14/04	25 Hrs. Labor	\$625.00
10/14/04	3 Hrs. Chipper	\$90.00
Total		\$795.00

paid 10/18/04  
ch# 1072





# Invoice

11/2/2004

Native Ecology, Inc.  
P.O. Box 976  
Nederland, CO 80466  
(303)258-1753

Bill to:
Jan Cone La Belle Road (303)443-9387

Date	Description	Amount
10/29/04	Tree removal and chipping	\$60.00
Total		\$60.00

paid 11/3/04  
check # 1074



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Paul Hauser

Address: 6651 Paiute Ct.  
Niwot, CO 80503

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: 536827      Cooperator Match: \$2,662.50

Approved Funding: \$2,337.50      Total Project: \$5,000

CSFS Account Number: 536827      Amount of Payment: \$2,337.50

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

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
 (Program manager signature)





**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. FRF-BO-MPMM-006  
(For Official Use Only-  
No. from original application)

Applicant name (please print): Paul Hauser

	<b>Total Contracted Services<sup>1</sup></b>	<b>Total Landowner Services<sup>2</sup></b>	<b>Totals</b>
Labor Cost	\$5,000		A Labor Cost= \$5,000.00
Operating Exp <sup>3,*</sup>			B Oper. Exp.= Ø
Revenue Generated (from sale of wood products only) <sup>4,*</sup>			C Revenue= Ø
Project Cost	5,000.00		D Total Project (A+B-C) = \$5,000.00
			Amount Originally Approved = \$2,337.50
How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>Ø</u>			Amount to be Reimbursed <sup>5</sup> (.5XD) \$2,337.50

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature: Paul Hauser

Date: 10/27/04

Mailing Address: 6651 Paivte Ct.

City: Niwot

County: Boulder State: CO. Zip: 80503

Phone: 303-939-4683

Practice certified by: Ruby  
CSFS Service Representative

Payment Approval: Ruby Amount: \$2,337.50 Date: 11-2-04  
CSFS

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.  
Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.



LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-B0-MPmm-006

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

FRFTP: X

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= 2.5 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 2.5 Acres pruned= 2.5

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## HIGH TIMBER FIREWOOD & LOGGING CO.

### Phil and Jane Pitzer

P.O. Box 222

NEDERLAND, COLORADO 80466

**(303) 258-7942 FAX (303) 258-3179**

CUSTOMER'S ORDER NO.		PHONE		DATE October 8 '04		
NAME Paul Howser						
ADDRESS 303-939-4683      303-447-0109						
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
QTY.	DESCRIPTION				PRICE	AMOUNT
	Fire Mitigation Work @ # 258 Post Boy Rd - Mountain Meadows - Sugarloaf					
	- Cut Down Marked Trees + Prune Branches As Discussed					
	- Haul Wood Away					
	- chip + spread					
					\$ 5,000. <sup>00</sup>	
RECEIVED BY					TAX	
					TOTAL	

All claims and returned goods **MUST** be accompanied by this bill.

6436

**NEBS** To Reorder:  
800-225-6380 or [nebs.com](http://nebs.com)

## Thank You



770 Mountain Meadows Road  
Boulder, CO 80302  
October 20, 2004

Bob Bundy  
Colorado State Forest Service  
Boulder District  
5625 Ute Highway  
Longmont, CO 80503

Subject: Reimbursement for Forest Management Services

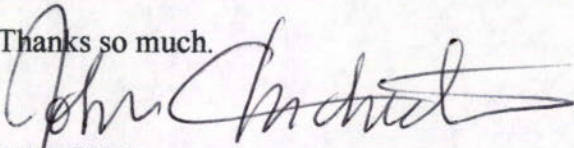
Reference: 1) Landowner Assistance Programs, Form C  
2) " " " " , Form D  
3) Copy of Check to CSFS, dtd. 7/7/04 for marking  
4) Copy of check to Magnolia Tree Services dtd. 9/10/04, Chipping  
5) Invoice from Native Ecology signed "Paid in Full" and dtd 10/18/04 — Cutting & stacking

Please find enclosed the Reference materials which document expenditures of \$4450.00 for mitigating and controlling mistletoe infestation on 4 acres as well as documentation for chipping (Ref. 4). I believe we are due a reimbursement of \$2225.00. Please let me know if I'm wrong.

Your records will show that you marked 3.5 acres. One-half acre was not marked when you did the marking. This half-acre is below the first section you marked which was just thinned. It needed to be done to complete the job.

If you have questions, please give me a call at 303-448-9463. We would very much appreciate reimbursement as quickly as possible.

Thanks so much.



John Chichester





## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators: CRS#R-24-103-206-01)	

Name: John ChichesterAddress: 770 Mountain Meadows RoadBoulder, CO 80302

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: 536827Cooperator Match: \$2,225.00Approved Funding: \$2,700Total Project: \$4,450.00CSFS Account Number: 536827Amount of Payment: \$2,225.00
 Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

 Approved by \_\_\_\_\_  
 (Program manager signature)

Date: \_\_\_\_\_





# LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. FIRE-BD-MPmm-005

(For Official Use Only-

No. from original application)

Applicant name (please print): JOHN CHICHESTER

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	4450 <sup>02</sup>		A Labor Cost= \$4,450.00
Operating Exp <sup>3,*</sup>	0		B Oper. Exp.= 0
Revenue Generated (from sale of wood products only) <sup>4,*</sup>	0		C Revenue= 0
Project Cost	4450 <sup>02</sup>		D Total Project (A+B-C) = \$4,450.00
			Amount Originally Approved = \$2,700.00
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$100-</u>			Amount to be Reimbursed <sup>5</sup> (.5XD) \$2,225.00

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> 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: John Chichester

Date: 10/19/04

Mailing Address: 770 MOUNTAIN MEADOWS RD

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303-448-9463

Practice certified by: Ruby

CSFS Service Representative

Payment Approval: Ruby Amount: \$2,225.00 Date: 11-2-04

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 six (6) years. The IRS considers reimbursable funds as ordinary income.



LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FIRF-130-mmm-005

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

FRFTP: X

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= \_\_\_\_\_ Acres slash disposal= 4 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 4 Acres pruned= 4

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## 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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

Landowner Signature

[illegible]



# Invoice

10/15/2004

Native Ecology, Inc.  
P.O. Box 976  
Nederland, CO 80466  
(303)258-1753

Bill to:
John Chichester 770 Mountain Meadows  303-448-9463

Date	Description	Amount
10/15/04	Fire mitigation - marked area	\$3,200.00
10/12/04	6 Hrs. Chainsaw	\$210.00
10/14/04	5.5 Hrs. Chainsaw	\$192.50
10/14/04	11 Hrs. Labor	\$275.00
10/15/04	14 Hrs. Labor	\$350.00
Total		\$4,227.50

PAID IN FULL 10/18/04

*[Handwritten signature]*







LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. FRF-BO-MPMH-004  
(For Official Use Only-  
No. from original application)

Applicant name (please print): John + Karen Farley

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$3,361.00		A Labor Cost= \$3,361.00
Operating Exp. <sup>3</sup>			B Oper. Exp.= 0
Revenue Generated (from sale of wood products only) <sup>4</sup>			C Revenue= 0
Project Cost			D Total Project (A+B-C) = \$3,361.00
			Amount Originally Approved = \$1,750.00
How much of your total cost was paid to CSFS for Products and/or Services? \$ 0			Amount to be Reimbursed <sup>5</sup> (.5X D) \$1,680.50

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature: John Farley

Date: 9-23-04

Mailing Address: 280 Mountain View Rd

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303 4499988

Practice certified by: Robert A. Bandy  
CSFS Service Representative

Payment Approval: Robert A. Bandy

Amount: \$1,680.50 Date: 10-4-04

Return this form, along with your completed Cost Documentation Form to your local Colorado State Forest Service District Office.  
Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.

LOA 6/10/04



LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-130-MPMM-004

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

FRFTP: X

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= \_\_\_\_\_ Acres slash disposal= 2 Acres fuel breaks = \_\_\_\_\_

Acres thinned= 2 Acres pruned= 2

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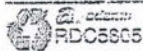


paid in full  
clt # 7008  
5/24/04

413519

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE 8/2004	
NAME John + Karen Farley					
ADDRESS 280 MTN KING					
CITY, STATE, ZIP BOULDER CO 80302					
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.
QUANTITY	DESCRIPTION			PRICE	AMOUNT
1	Equipment move in			50.00	50.00
2	ATV with Log Trailer				
322.5	FELL, Limb to 3" TOPS			25.00	562.50
4	Buck + Limb < 80"				
5	PAINTED TREES AS NECESSARY			14.00	70.00
6	5 LABOR mark + move				
7	MATERIAL				
8	PROGRESS PAYMENT				
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
RECEIVED BY					

Thanks  
Joe Lunn



KEEP THIS SLIP FOR REFERENCE  
ORIGINAL



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24103-206-01)	<input type="checkbox"/>

Name: Irini RockwellAddress: 449 Mountain Meadows Dr.Boulder, CO 80302

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: 536827 Cooperator Match: \$1,496.21Approved Funding: \$1,200 Total Project: \$2,696.21CSFS Account Number: 536827 Amount of Payment: \$1,200Circle one: 1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final PaymentApproved by \_\_\_\_\_ Date: \_\_\_\_\_  
(Program manager signature)

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





# **LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. FRF-B0-MPMM-003

(For Official Use Only-

No. from original application)

Applicant name (please print): Irini Rokwell

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	515.00	2130.72	A Labor Cost= 2645.72
Operating Exp <sup>3,*</sup>		50.49	B Oper. Exp.= 50.49
Revenue Generated (from sale of wood products only) <sup>4,*</sup>			C Revenue= <u>0</u>
Project Cost			D Total Project (A+B-C) = 2696.21
			Amount Originally Approved = \$1,200.00
How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>0</u>			Amount to be Reimbursed <sup>5</sup> (5XD) \$1,200.00

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> 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: Irini M. Rokwell

Date: 9/5/04

Mailing Address: 449 Mtn. Meadows Rd.

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303.444.1500

Practice certified by: Rokwell  
CSFS Service Representative

Payment Approval: [Signature] Amount: \$1,200 Date: 9/17/04  
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 six (6) years. The IRS considers reimbursable funds as ordinary income.



LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. FRF-B0-MPMM-003

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: \_\_\_\_\_

FLEP: \_\_\_\_\_

I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

FRFTP: X

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: \_\_\_\_\_

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 = _____		

FRFTP Accomplishment:

No. of D-spaces= 1 Acres slash disposal= \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_

Acres thinned= \_\_\_\_\_ Acres pruned= \_\_\_\_\_

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## 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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

*Irini N. Rockwell*  
Landowner Signature

[illegible]



# PROPOSAL

PROPOSAL NO. \_\_\_\_\_

SHEET NO. \_\_\_\_\_

DATE \_\_\_\_\_

PROPOSAL SUBMITTED TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Magnolia Tree Services Inc.**  
**667 County Rd. 68**  
**Nederland, CO 80466**

PHONE NO. \_\_\_\_\_

WORK TO BE PERFORMED AT:

ADDRESS \_\_\_\_\_

449 Mtn. Meadows

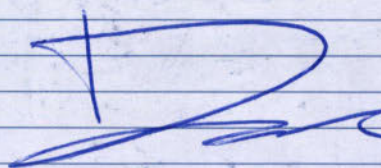
DATE OF PLANS \_\_\_\_\_

ARCHITECT \_\_\_\_\_

We hereby propose to furnish the materials and perform the labor necessary for the completion of \_\_\_\_\_

3 hrs @ \$90<sup>00</sup> per hour

\$270<sup>00</sup> total



All material is guaranteed to be as specified, and the above work to be performed in accordance with the drawings and specifications submitted for above work, and completed in a substantial workmanlike manner for the sum of \_\_\_\_\_

Dollars (\$ \_\_\_\_\_ )

with payments to be made as follows:

Respectfully submitted \_\_\_\_\_

Per \_\_\_\_\_

Any alteration or deviation from above specifications involving extra costs will be executed only upon written order, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents, or delays beyond our control.

Note - This proposal may be withdrawn  
by us if not accepted within \_\_\_\_\_ days.

## ACCEPTANCE OF PROPOSAL

The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payments will be made as outlined above.

Signature \_\_\_\_\_

*Jim M. Rockwell*

Date \_\_\_\_\_

9/10/04

Signature \_\_\_\_\_



# Mountain Property Services

379 Parkview Ave.  
Golden, CO 80401  
303-526-0768

## INVOICE

DATE: 06/29/2004

INVOICE NO: 1935

**BILL TO:**

Irini Rockwell  
449 Mountain Meadows Dr.  
Boulder, CO 80302

**PAID**  
CK NO 1069 DATE 6/29/04

**TERMS:** Due on receipt

SERVICE DATE	DESCRIPTION of SERVICE	RATE	AMOUNT
06/29/2004	Misc. tree trimming - Removed tree against house	185.00	185.00
Please call when services needed again! Thank You		<b>Total</b>	\$185.00

**Please Make All Checks Payable To: GARY MAY**  
**Remit Payments To Above Address.**

## **HANDY ZEN**

Home repairs and maintenance  
115 So. 42<sup>nd</sup> St. Boulder, CO 80305  
720-298-6955

---

### **INVOICE**

**FIRE MITIGATION**  
**GROUNDS CLEARING AT \$15/HOUR**  
**4 HOURS            \$60**





## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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 checked="" type="checkbox"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: AJ Chamberlin

Address: 2425 Canyon Blvd Ste 110  
Boulder, CO 80302

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: 536827 Cooperator Match: \$1,400

Approved Funding: \$1,400 Total Project: \$2,800

CSFS Account Number: 536827 Amount of Payment: \$1,400

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

Approved by J.C. Dennis Date: 9/10/04  
 (Program manager signature)



Form C

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENTProject No. FRF-BO-MPmm-002  
(For Official Use Only-  
No. from original application)Applicant name (please print): AJ Chamberlin

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	\$2,800.00		A Labor Cost= \$2,800.00
Operating Exp. <sup>3</sup>			B Oper. Exp.= $\emptyset$
Revenue Generated (from sale of wood products only) <sup>4</sup>			C Revenue= $\emptyset$
Project Cost			D Total Project: (A+B-C) = \$2,800.00
			Amount Originally Approved = \$1,637.50
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed <sup>5</sup> (50%) \$1,400.00


<sup>1</sup> Any contracted services where payment was made for services.<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.<sup>5</sup> Reimbursement amount cannot exceed amount approved. No partial payments.<sup>\*</sup> Attach receipts, Cost Documentation Form (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.Landowner Signature: [Signature]Date: 8/18/2004Mailing Address: 2425 Canyon Blvd. Ste 110City: BoulderCountry: Boulder State: CO Zip: 80302Phone: (303) 441-5682Practice certified by: [Signature]  
CSFS Service RepresentativePayment Approval: [Signature] Amount: \$1,400.00 Date: 8-13-04  
CSFSReturn 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.

Colorado State Forest Service  
Boulder District  
5625 Ute Highway  
Longmont, CO 80503-9130

Stephen Mills/Mary Elsea  
720 Mountain Meadows Road  
Boulder, CO 80302  
303-545-9496

RE: Mills Property/Fire Mitigation Plan Completion

Bob, Mary and I have completed the fire mitigation plan we discussed. All marked trees have been removed, chipped and hauled away. We are open for your final inspection. Enclosed you will find our completed time sheets and receipts. I have sent you all original sheets and receipts. Let me know if you have any questions. Thanks



Stephen Mills

7/15/04

3049  
40





# **LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. FRF-BO-mm-mm-001

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

Applicant name (please print):

Stephen Mills

	<b>Total Contracted Services<sup>1</sup></b>	<b>Total Landowner Services<sup>2</sup></b>	<b>Totals</b>
Labor Cost	(522.50 + 50) \$ 572.50	(358 × 11.68) \$ 4181.44	A Labor Cost= \$4,753.94
Operating Exp <sup>3,*</sup>			B Oper. Exp.= \$440.55
Revenue Generated (from sale of wood products only) <sup>4,*</sup>			C Revenue= Ø
Project Cost			D Total Project (A+B-C)= \$5,194.49
			Amount Originally Approved = \$2,700.00
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$ 50.00</u>			Amount to be Reimbursed <sup>5</sup> (.5XD) \$2,597.25

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 11.68/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Any revenue generated from the sale of wood products is deducted from total project cost.

<sup>5</sup> 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: \_\_\_\_\_

Date: 7/15/04

Mailing Address: 720 Mountain Meadows Rd

City: Boulder

County: Boulder

State: CO

Zip: 80302

Phone: 303-545-9496

Practice certified by: Robert A. [Signature]

CSFS Service Representative

Payment Approval: [Signature]

CSFS

Amount: \$2,597.25

Date: 7-26-04

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.



**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)**

Project No. FRF-BO-mppm-001

*To be completed by CSFS:*

**PROGRAM:**

*WUI Incentives D-space:* \_\_\_\_\_

*FLEP:* \_\_\_\_\_

*I & D Prevention and Suppression – Bark Beetle:* \_\_\_\_\_

*FRFTP:* ☒ \_\_\_\_\_

**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: \_\_\_\_\_

**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 = _____		

**FRFTP Accomplishment:**

No. of D-spaces= 1 Acres slash disposal= \_\_\_\_\_ Acres fuel breaks = 1.5

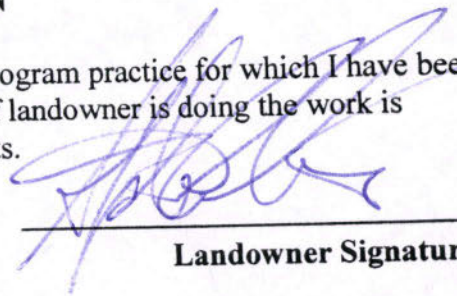
Acres thinned= \_\_\_\_\_ Acres pruned= \_\_\_\_\_

**Colorado  
State**  
FOREST  
SERVICE

LOA

# **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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

  
Landowner Signature

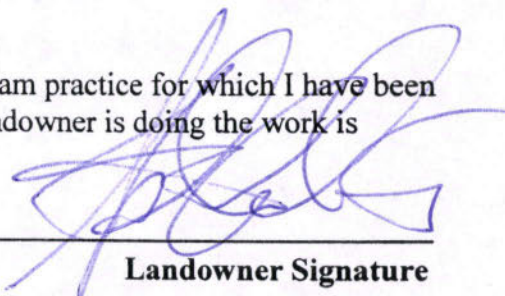
Date	By Whom:	Activity/Expense:	Hours	Expenses
5/22	Smills	Cut Trees - marked	8.5	14.69 - ①
5/22	MEIsea	PU Trees/Limbs	7.5	
5/23	Smills	Cut Trees - marked	9.0	
5/23	MEIsea	PU Trees/Limbs	7.0	
5/28	Smills	Cut Trees - marked	10.0	
5/29	Smills	Cut Trees - marked - Haul Rands	12.5	
5/29	MEIsea	PU Trees / Haul Rands	7.5	
5/29	DATE	Haul Rands	7.0	
5/29	SAM	Haul Rands	7.0	
5/29	GARY	Haul Rands	7.0	
6/2	Smills	Cut up Rands	6.0	
6/2	Derek	Cut up Rands	4.0	
6/3	Smills	Cut up Rands / Mue slash	6.5	
6/4	Smills	Cut up Rands / Drop Trees	5.5	
6/4	Derek	Cut up Rands / Drop Trees	5.5	
6/5	Smills	Cut up Trees	3.0	
6/5	Derek	Cut up Trees / Mue slash	6.0	
6/6	Smills	Cut up trees / Mue slash	10.0	
6/6	Derek	Cut up trees / Mue slash	6.5	
6/6	MEIsea	Mue slash	6.5	
6/7	Smills	Cut up trees	5.5	10.68 - ②
6/7	Derek	Cut up trees / Mue slash	6.5	11.34 - ③
6/8	Smills	Cut up trees / slash	5.0	
6/8	Derek	Cut up trees / Drop trees	5.0	
6/9	Smills	Cut up trees	6.0	
6/9	Derek	Cut up trees	6.0	
6/10	Smills	Cut up trees	5.0	19.00 - ④
6/10	Derek	Cut up Trees	5.0	
6/12	Smills	Slash / Drop trees	6.0	
6/13	Smills	Drop Trees	6.0	

Total 198.50 hours | 55.71



# **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 \$11.68/hr. Separate expenses by component (activity). Attach receipts.

  
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
6/13	Derech	Cut up trees	4.5	
6/14	Derech	Cut up trees	5.0	
6/15	Derech	Cut up trees	6.0	
6/16	Derech	Cut up trees / SLASH	5.0	
6/17	Smills	SLASH / Limbing	8.5	
6/17	Derech	SLASH / Limbing	8.5	
6/17	NUC	Nederland youth Corps 8x5.5	<del>47.5</del>	522.50
6/18	Smills	SLASH - cut trees	4.0	
6/18	Derech	SLASH - cut trees	4.5	
6/22	Derech	Cut trees	4.0	
6/23	Derech	Cut trees	4.5	
6/23	Smills	Cut limbs	2.5	
6/24	Smills	SLASH	4.0	
6/24	Derech	SLASH	6.0	
6/25	Smills	SLASH	6.0	
6/25	Derech	SLASH	4.0	
6/26	Smills	SLASH / chip	12.0	
6/26	ME/sea	SLASH / chip	12.0	
6/27	Smills	Chip	13.5	
6/27	ME/sea	Chip	13.5	340.61
6/28	Smills	Chip	6.0	13.86
6/28	ME/sea	Chip	3.5	
7/10	Smills	SLASH	9.0	
7/10	ME/sea	SLASH	9.0	
7/14	Smills	SLASH / Dump Fee	4.0	30.37
5/18	Bob Andy	Colorado State Assessment		\$50.00

4A  
Not in Totals

5  
6

7

Not in Totals

7A

Total 159.5  
(Sheet 1/2) Grand Total 358 hrs  
384.84 → Page 2  
\$440.55 → Page 1 & 2



2

# LOWE'S

LOUISVILLE, CO

(303)665-1335

-SALE-

SALES #: S0220AM2 759062 06-07-04

177825 TORX 30 & TORX 40 2.97

192801 HUSQVARNA .105 TI 6.95

SUBTOTAL: 9.92

TAX 32449 : 0.76

INVOICE 51802 TOTAL: 10.68

BALANCE DUE: 10.68

CHECK : 10.68

0220 TERMINAL: 51 06/07/04 18:20:53



THANK YOU FOR SHOPPING LOWE'S  
RECEIPT REQUIRED FOR CASH REFUND.

CHECK PURCHASE REFUNDS REQUIRE  
15 DAY WAIT PERIOD FOR CASH BACK.

STORE MGR: MICHAEL VAN ORDEN

WE HAVE THE LOWEST PRICES, GUARANTEED!  
IF YOU FIND A LOWER PRICE, WE WILL  
BEAT IT BY 10%. SEE STORE FOR DETAILS

LOWE'S RETURN POLICY

①

THANK YOU-COME AGAIN  
CORNER STORE

VISIT US ONLINE AT  
VALERO.COM/MARKETING

1D08026207-001

DATE 05/22/04  
TIME 7:48 AM  
AUTH# 045067

MASTERCARD  
ACCOUNT NUMBER  
XXXX XXXX XXXX 8157  
MILLS/STEPHEN A

PUMP PRODUCT PPG  
08 UNLD \$1.979

GALLONS	TOTAL
7.421	\$14.69

CORNER STORE #4057  
1884 FOLSOM ST  
BOULDER, CO

THE HOME DEPOT 1506  
1200 DILLON RD., LOUISVILLE, CO 80127  
303-661-9600

SALE 1506 00056 79139 06/07/04  
14 SCOT56 06:43 PM



070394056273 DEER GLOVE  
2 @ 17.97  
037049927852 10W30 20 0Z  
2 @ 1.98  
046396859204 OIL 2.6 0Z  
6 @ 1.19

SUBTOTAL 47.04  
SALES TAX 1.58  
TOTAL \$48.62  
CHECK Less 50.62

XXXXXX5024  
AUTH CODE 581054

Gloves 11.10  
+ tax = .24  
11.34



1506 56 79139 06/07/2004 4786

YOUR OPINION COUNTS! COMPLETE A SURVEY  
AT [WWW.HOMEDEPOTOPINION.COM](http://WWW.HOMEDEPOTOPINION.COM) AND ENTER  
TO WIN A \$5,000 HOME DEPOT GIFT CARD!



(4)

THANK YOU-COME AGAIN  
CORNER STORE

VISIT US ONLINE AT  
VALERO.COM/MARKETING

1D08026207-001

DATE 06/10/04  
TIME 3:42 PM  
AUTH# 045343

MASTERCARD  
ACCOUNT NUMBER  
XXXX XXXX XXXX 8157  
MILLS/STEPHEN A

PUMP PRODUCT PPC  
01 UNLD \$1.979

GALLONS	TOTAL
9.599	\$19.00

CORNER STORE #4057  
1884 FOLSOM ST  
BOULDER, CO

⑤

**NationsRent**  
**#199-Boulder**  
5401 Pearl Parkway  
BOULDER, CO 80301  
(303) 449-2050

STEVEN MILLS  
Customer # 22590  
Contract # 1004301  
Out at 12:00pm on 06-26-04  
In at 10:34am on 06-28-04

Qty	Item Number	Price Ea	Extend
(- RENTAL RETURNS -)			
1	005400093580	270.00	270.00
Vermeer BC935 Wood Chipper 9"			

Pre-Tax Sub Total		277.50
Sales Tax	+	26.66
Damage Waiver	+	36.45
Environmental Fee	+	7.50
Grand Total		340.61

Payment on 06-26-04 by [VI] 340.61

Current Balance On Contract \$0.00

Thank you! Please come again . . .

06-28-04 10:35am Dave Cline

Acct#: XXXXXXXXXXXX1569 (VI)  
Exp. Date: 10/06  
Auth#: 026688

Retrieval#: 417818785054  
Merchant #: 352365701990

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO THE CARD ISSUER AGREEMENT

Signature \_\_\_\_\_

TOP COPY - MERCHANT  
BOTTOM COPY - CUSTOMER

THANK YOU-COME AGAIN  
CORNER STORE

VISIT US ONLINE AT  
VALERO.COM/MARKETING

1008026207-001

6

Descr.	qty	amount
I DR PEPPER NR SINGLE	1	1.19
T DR PEPPER NR 2FOR	1	2.00
IV DR PEPPER NR SINGLE	1	1.19
I DM CHOC GEM DONUTS S	1	1.29
DIESEL CA #02	7.454G	13.86
SELF @ 1.859/ G		

Subtotal 17.15  
Tax 0.11

**TOTAL 17.26**

CASH \$ 50.00  
Change \$ -32.74

CORNER STORE #4057  
1884 FOLSON ST  
BOULDER, CO

ST# 4057 TILL XXXX DR# 1 TRAN# 1014299  
CSH: MAGDA 06/28/04 10:18:34





5880 BUTTE MILL ROAD  
P.O. BOX 9100  
BOULDER, CO 80301  
303/444-2037

7

SOLID WASTE TRANSFER STATION  
AND RECYCLING

TICKET: 353578

DATE: 07/13/2004

TIME: 4:29PM - 4:29PM

WEIGHER Patti B.

TRUCK: WHITETRAIL  
ORIGIN: NA

LICENSE:  
ROUTE: NA

I/we, the undersigned, certify that the waste delivered for disposal is  
non-hazardous solid waste materials.

CUSTOMER: CASH CUSTOMER  
CUSTOMER ID: CASH

SIGNATURE \_\_\_\_\_

WD#:  
Cust. Ref:

Driver On [ Y ] [ N ]

WASTE	QUANTITY	UNIT	ATE	AMOUNT
1. YD CNTY / CITY PROGRAM COUNTY	1.20	T	\$ 25.31	\$ 30.37

GROSS LB. 11760  
TARE LB. 9360  
NET LB. 2400

1.20 Tons

TOTAL PRICE \$ 30.37

VEHICLE CAPACITY 0



4A

Teens, Inc. Youth and Family Center

phone 303-258-3821 • fax 303-258-0371 • P.O. Box 1070 • 151 E Street • Nederland, CO 80466

## Mountain Youth Corp Invoice for Services

Date: 6.17.04

To: Steve Mills

Date of Services: 6.17.04

Hours completed: 5.5 hrs @ \$95/hr

Deposit: \_\_\_\_\_

Amount Due: \$522.50

Please make checks payable to Teens Inc.

Please remit as soon as possible. Thank you for supporting our local youth!

Pd ch 3817



To:

Invoice No. **64756**

Steve Mills

720 Mountain Meadows

Boulder, CO 80302

**Colorado  
State**  
FOREST  
SERVICE

Date:

5-18-04

Item	Unit Cost	Total
1 Defensible Space / Forest Thinning	\$50	\$50
2		
3		
4		
5		
6		
7		
8		
9		
Tax Exempt No. _____	Sales Tax _____	

CSFS Originator

Payment Due By

6-18-04

Remit to:

COLORADO STATE FOREST SERVICE  
BOULDER DISTRICT  
5625 UTE HIGHWAY  
LONGMONT, CO 80503-9130

Total		\$50
CK-CA-MO Amount Paid:		
Amount Due		\$50
Ck#	Dated	
Rcv'd By	F.Y.	
Funding		Amount
194030	0615	\$50

Deposit No.

Date