

# Colorado State Forest Service

## Emergency Supplemental

### 2010 Grant Application

DISTRICT'S: Please Complete	
District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	11/28/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Raymond Buland
Contact Person:	Same
Address:	1920 Washington Ave
City/Zip Code:	Golden, CO 80401
Phone (Work/Cell):	303-718-2194
Email:	<a href="mailto:rbjoland@gmail.com">rbjoland@gmail.com</a>
Fax:	

Community At Risk Information			
Name of Project:	742 Rock Lake Rd		
Community Name(s):	Bar-K		
County:	Boulder	Congressional District:	2 <sup>nd</sup>
Latitude (decimal degrees):	40.111 N	Longitude (decimal degrees):	105.444 W
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	1
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
<b>Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment</b>	
Dollar Amount Requested	\$705.00
Will this Project be conducted as a Pass-Through Grant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>The project area is located in the Bar-K Ranch area, in Boulder County. Access to the project area can be obtained from Rock Lake Road, or the property driveway. The property is forested, with the primary forest cover type being Lodgepole pine, with a small mix of ponderosa pine, douglas fir, and aspen. Understory vegetation is composed of random native grasses and rocky mountain/common juniper. The property is located on fairly mild slopes. There are signs of beetle infestations on and adjacent to the project area.</p>	

### Scope of Work / Project Timeline

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

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

4

All grant funding will be used to conduct hazardous fuels reduction throughout the project area. Trees targeted for removal will be beetle infested, show poor growth characteristics, and/or suppressed in the understory, to allow for healthier growing conditions of the residual trees. All bole-wood material will be cut into manageable lengths and stacked in appropriate areas for later firewood consumption. All slash will be chipped, piled for burning, or hauled off site. All remaining vegetation will be limbed to a minimum of six feet above the ground, or up to 25%, whichever is of the lesser. All finished work will meet CSFS requirements for good forest stewardship.

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

Continual maintenance will be performed by landowner, by removal of undesired re-growth of trees upon detection. Desired re-growth of trees will also be continually monitored for proper spacing and limbing as the trees grow and become established.

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

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

**Provide a timeline for the project**

Project work will begin as soon as available contractor is ready, and will continue through completion, which is targeted for Fall 2012.

### Interagency Collaboration

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

5

None

### Community Wildfire Protection Plan (CWPP)

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

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

6	<b>Project Category (check all that apply and answer related questions)</b>			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	1.5	Estimated cost per acre:	\$1,500.00
	<b>Project Type (check all that apply)</b>			
	Defensible Space	<input checked="" type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	

Total Project Expense (Pass Through)		
<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
7	Contractual Services:	\$ 705.00
	<b>TOTAL:</b>	<b>\$ 705.00</b>

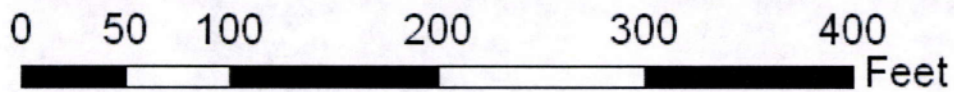
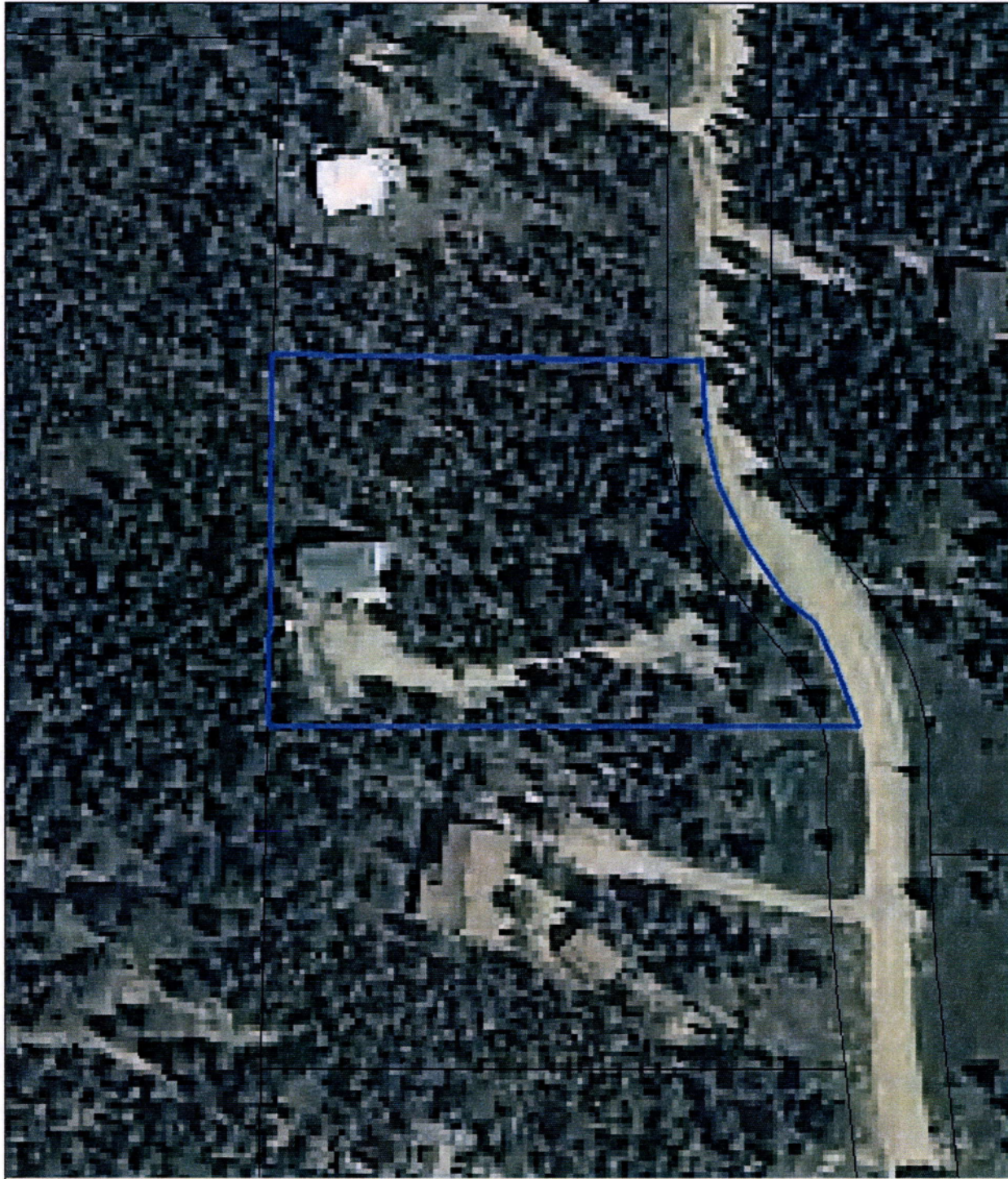
Grant funding may only be used for Contractual Service.

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



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

*Attach Project Map Showing Specific Treatment Areas*

# Buland Project



**Buland Proposal: 1.5 acres**

-  Buland\_Property
-  BOCO\_PARCELS1209



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





COPY



### Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Forest Land Enhancement Program (a.k.a.: FLEP)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	X

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

*Rm 9/4/12*

Name: RAYMOND BULAND

Address: 742 ROCK LAKE RD.

WARD, CO 80481

Approved for Payment  
C.S.F.S.  
2040524  
09-05-12  
ke

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

Grant Number: 5308400-80-61 ~

Approved Funding: \$ 705.00 ~

Total Project: \$ 1,124.00 ~

CSFS Account Number: 5308400-6693 ~

Amount of Payment: \$ 705.00 ~

*'09 SUP HAR Fuels Fr 80*

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: 8/30/12

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

Project No. 5308400-80-61  
(For Official Use Only-  
No. from original application)

Applicant name (please print): Raymond Buland

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)	\$ 1,124.00		A Labor Cost= \$ 1,124.00
Operating Exp <sup>3</sup> (Actual)			B Oper. Exp.= —
Project Cost			C Total Project (A+B)= \$ 1,124.00
			Amount Originally Approved = \$ 705.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 705.00

<sup>1</sup> Any contracted services where payment was made for services.  
<sup>2</sup> Use up to \$ 20.25/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> Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.  
<sup>5</sup> Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: Raymond Buland Date: 8/14/12

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

Mailing Address: 742 Rock Lake Rd City: Ward

County: Boulder State: CO Zip: 80481 Phone: 303-353-1178

Practice certified by: BRYAN BAER (B B)  
CSFS forester

Payment Approval: [Signature] Amount: \$705.00 Date: \_\_\_\_\_  
CSFS program manager

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

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

Project No. 5308400-80-61

To be completed by CSFS forester:

**PROGRAM:**  
WUI Incentives D-space: \_\_\_\_\_ I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_  
FRFTP: \_\_\_\_\_ STEVENS' Fund: \_\_\_\_\_ SFA: \_\_\_\_\_ ESF: X Forest  
Restoration Grant (SB71 and HB1199): \_\_\_\_\_

1.5 ACRES  
HAZ. FUELS RED.

**WUI D-space Accomplishment:**  
No. of D-spaces = \_\_\_\_\_ Acres slash disposal = \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_  
Acres thinned = \_\_\_\_\_ Acres pruned = \_\_\_\_\_

**I & D Prevention and Suppression Accomplishment:**  
No. of infested trees treated: \_\_\_\_\_  
Acres inspected and treated: \_\_\_\_\_  
Acres thinned: \_\_\_\_\_

**Accomplishment (Not included above) – LOA Practice Number:**

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





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

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Amount of Payment: \$ 705.00

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: \_\_\_\_\_

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Practice certified by: BRYAN BAER (B B)  
CSFS forester

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CSFS program manager

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LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)**

Project No. 5308400-80-61

*To be completed by CSFS forester:*

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<b>WUI D-space Accomplishment:</b>		
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#4 Acres planted/ renovated = _____		



Lefthand Fire Protection District  
 900 Lefthand Canyon Drive  
 Boulder, CO 80302  
 720-214-0560



**PAID**

<b>BILL TO</b>
Ray Buland 742 Rock Lake Rd. Ward, CO 80481

## Invoice

DATE	INVOICE #
6/21/2012	607

DESCRIPTION	AMOUNT
2 Person Crew, 9 hrs @ \$30/h/pp	540.00
Crew Travel Time, 2 person crew, 1 hr @ \$30/hr/pp	60.00
Chipper Use, 1 Day @ \$450/day	450.00
Truck/Equipment, 1 day @ \$50/day	50.00
Fuel, 6 gal diesel @ \$4/gal	24.00
NOTE: Original Proposal was for a 3 person crew, total was,\$1,310	
<b>Amount Due</b>	
<b>\$1,124.00</b>	

<b>Payments/Credits Received</b>
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<b>\$-1,124.00</b>
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