



Form A

LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

PROJECT NUMBER: 1929100-2FC-1

(For Official Use Only)

NAME: Larimer County- Horsetooth Mountain Open Space

MAILING ADDRESS: 1800 S. County Road 31

City: Loveland State: CO

Zip code: 80537

TELEPHONE NO: 970-679-4562

PROJECT ADDRESS/LEGAL DESCRIPTION: Lat. 40 32 9336 N Long. 105 11 .7550 W

PRACTICES TO BE COMPLETED BY: June 1, 2013

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount Eligible*	C/S Amount Requested	C/S Amount Approved
LOA 7 & 9: Forest health and Fire risk reduction	30 acres	30 acres	\$626.67/acre	\$18,800	\$18,800
		Total:			\$18,800

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. **CSFS forester: make sure the correct program is checked below.** One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 60% of actual cost, *with the exception of the ESF program, where I will not receive more than the actual cost up to \$470 per acre. **I understand that I will not be reimbursed for any expenses incurred prior to approval of my application.** Work must be completed according to approved plan and application, and must meet the standard set for each component. Practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: 

DATE: 11-22-11

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: _____

DATE: _____

(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: _____ I & D Prevention and
Suppression – Bark Beetle: _____ FRFTP: _____ Stevens' Funds: _____
SFA: _____ Emergency Supplemental (ESF): _____ Forest Restoration
Grant (SB71 and HB1199) _____

C/S Allocated: _____

AMOUNT: \$ _____

DATE: _____

CSFS District Forester

Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.

12/15/09



Colorado State Forest Service Program Payment Request

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

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

Name: Larimer County Natural Resources

Address: 1800 S. County Road 31
Loveland, CO 80537

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: 1929100-2FC-1 Cooperator Match: \$16,618.97

Approved Funding: \$18,800 Total Project: \$35,418.97

CSFS Account Number: 1929100 - 6693 Amount of Payment: \$18,800

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

Approved by _____
 (Program manager signature)

Date: _____

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

Project No. 1929100-2FC-1

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: _____ STEVENS' Fund: _____ SFA: _____

HB/Forest Restoration ✓

WUI D-space Accomplishment:

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

Acres thinned = 30 Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

FLEP Accomplishment (Not included above):

#1 Plan Acres = _____

#5 Acres = _____

#9 Acres treated = _____

#2 Acres tree planting = _____

#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

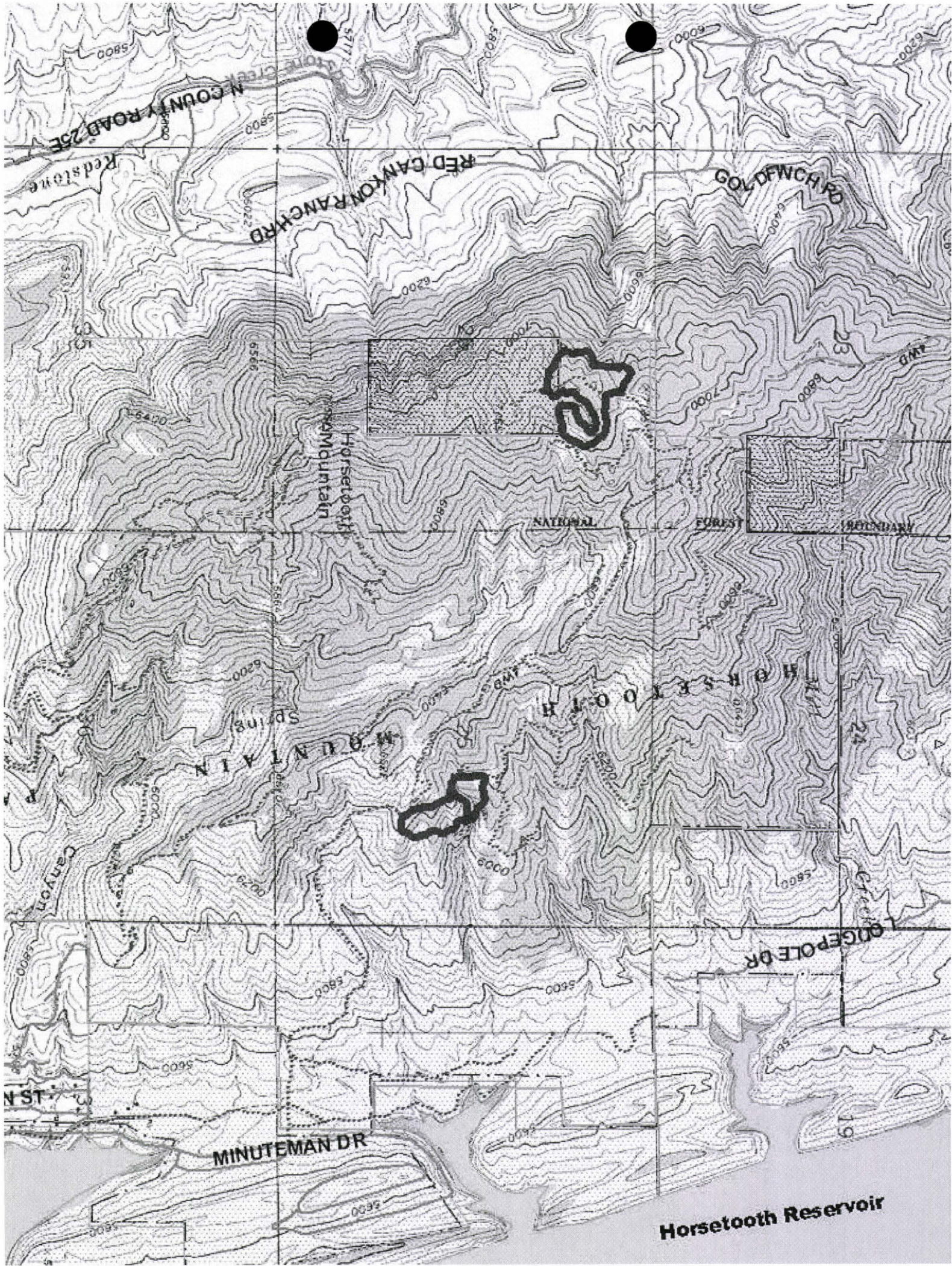
#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____



LOA

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

Project No. 1929100-2FC-1

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

Applicant name (please print): **Larimer County Natural Resources**

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	16,640	16,618.97	A Labor Cost=33,258.97
Operating Exp ^{3,*} (Actual)	2160		B Oper. Exp.=2160
Value of donated services and materials (not an actual cost)			C Total value of donations = 0
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=0
Project Cost			E Total Project (A+B+C-D) =35,418.97
			Amount Originally Approved = 35,300
How much of your total cost was paid to CSFS for Products and/or Services? \$ 0			Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs 18,800

¹ Any contracted services where payment was made for services.² Use up to \$ 20.85/hour for Landowner and volunteer time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Any revenue generated from the sale of wood products is deducted from total project cost.⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

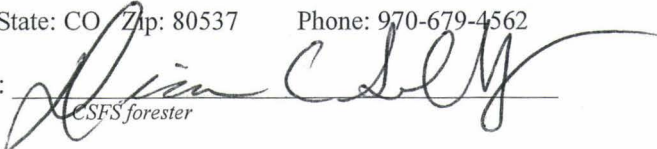
Landowner Signature: Date: 5/31/2013

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

Mailing Address: 1800 S. County Road 31 City: Loveland

County: Larimer State: CO Zip: 80537 Phone: 970-679-4562

Practice certified by:



CSFS forester

Payment Approval: _____ Amount: _____ Date: _____

CSFS program manager

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

2/11/11

Mailed to
Scott Woods
on 7/3/13



DEPARTMENT OF NATURAL RESOURCES

• Visitor Services

• Open Lands

• Weed Management & Forestry

1800 South County Road 31

Loveland, CO 80537

(970) 679-4570/ (970) 679-4574 FAX

www.larimer.org/naturalresources

May 30, 2013

Diana Selby
Colorado State Forest Service
Bldg #1052 Foothills Campus
Fort Collins, CO 80523-5075

Dear Diana,

Please find attached the final reimbursement request for \$18,800 for treating a total of 30 acres with the supporting documentation for the Larimer County Natural Resources Department Horsetooth Mountain Open Space HB09-1199 Grant Project #1929100-2FC-1

Project Summary:

During the months of December 2012 thru April 2013, 30 acres were treated at Horsetooth Mountain Open Space. Trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services Program) to reduce stand densities to an average crown spacing of 14 feet and cut patches to create openings in unnaturally dense stands of ponderosa. Slash was stacked by Alternative Sentencing Crews as part of the in-kind match for the project for future pile burning when conditions all.

Additional dollars for match were hard dollars from the Larimer County Emergency Services Program. .

Please call if any questions or concerns. As always, it is a pleasure to partner with the Colorado State Forest Service on implementation of forest management activities on our public lands.

Respectfully,

Meegan Flenniken
Resource Program Manager
(970) 679-4562

Horsetooth Mountain Open Space Fuels Treatment and Forest Stewardship Project
HB1199 Grant Award 1929100-2FC-1

In-Kind Labor Match

Contributor	Hours	Unit Cost	Total
Larimer County Natural Resources Staff			
<i>Meegan Flenniken</i>	7	\$48.31	\$338.17
<i>Cathy Cannon</i>	16	\$14.00	\$224.00
<i>Road Plowing</i>	30	\$35.00	\$1,050.00
Larimer County Alternative Sentencing Units			
	408	\$20.85	\$8,506.80

Hard Dollar Match

Staffing LCES Staff* \$6,500.00

TOTAL IN-KIND MATCH	\$16,618.97
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Overall Summary Sheet

Horsetooth Mountain Open Space Fuels Treatment and Forest Stewardship Project HB1199 Grant Award 1929100-2FC-1

Final Reimbursement Submittal

	Contract Work/Grant Share*	Hard/In-Kind Match**
Personnel/Labor*	\$16,640.00	\$16,618.97
Equipment	\$2,160.00	
Operating		
Total	\$18,800.00	\$16,618.97
Final Reimbursement Request	\$18,800.00	

*See attached spreadsheet showing hours worked by contracted crews

**See attached spreadsheet showing both Hard Match and In-Kind Match

Horsetooth Mountain Openspace

Grant Dollars	\$ 18,800.00
Hard Dollars	\$ 6,500.00
Total	\$ 25,300.00
Balance	\$ 16,789.60

[illegible]

Horsetooth Mountain Openspace

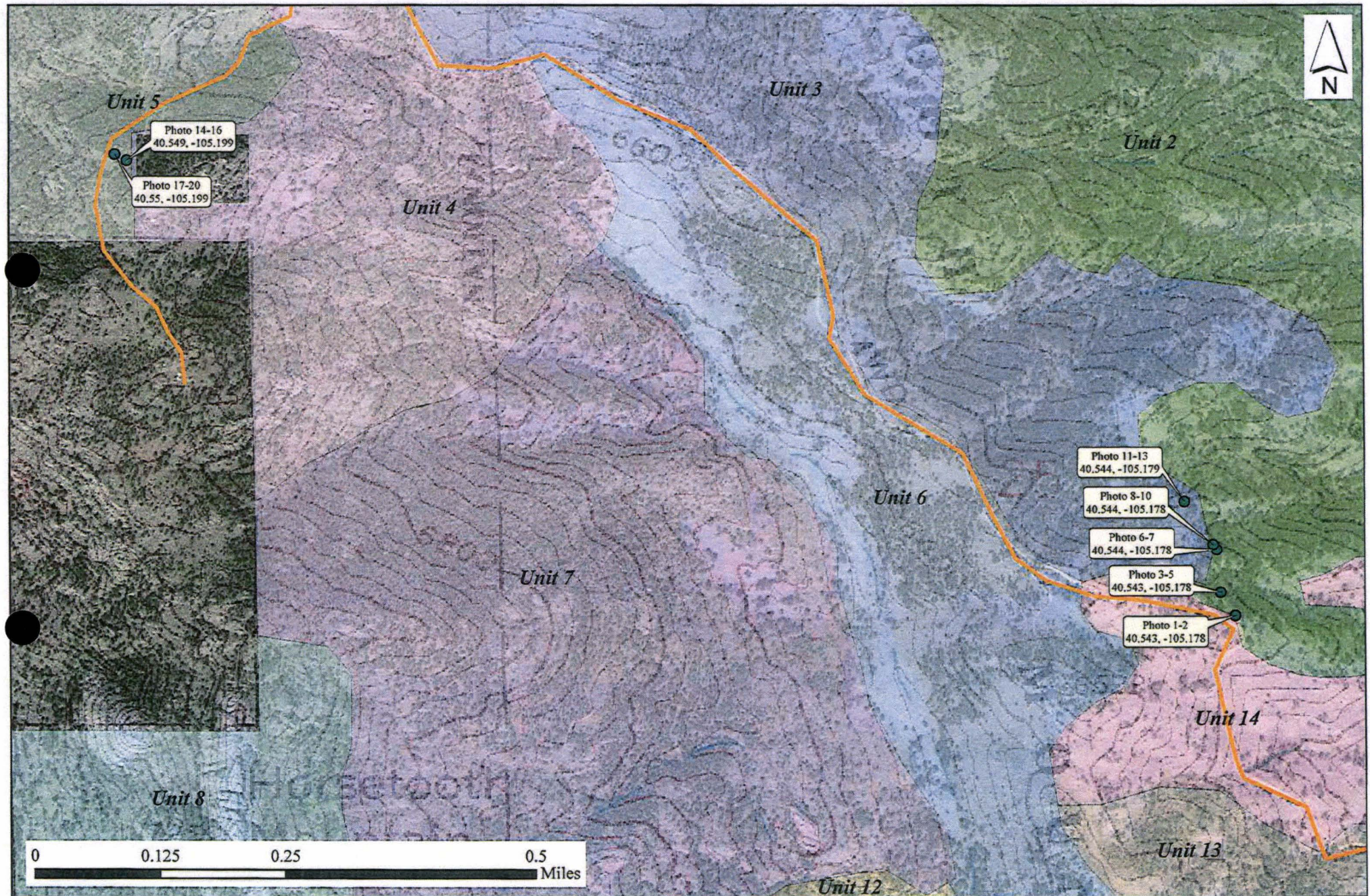
Grant Dollars	\$ 18,800.00
Hard Dollars	\$ 6,500.00
Total	\$ 25,300.00
Balance	\$ 3,584.97

[illegible]

[illegible]

[illegible]

Colorado Fuels Mitigation Grant Program Photopoints - Horsetooth Mountain Open Space

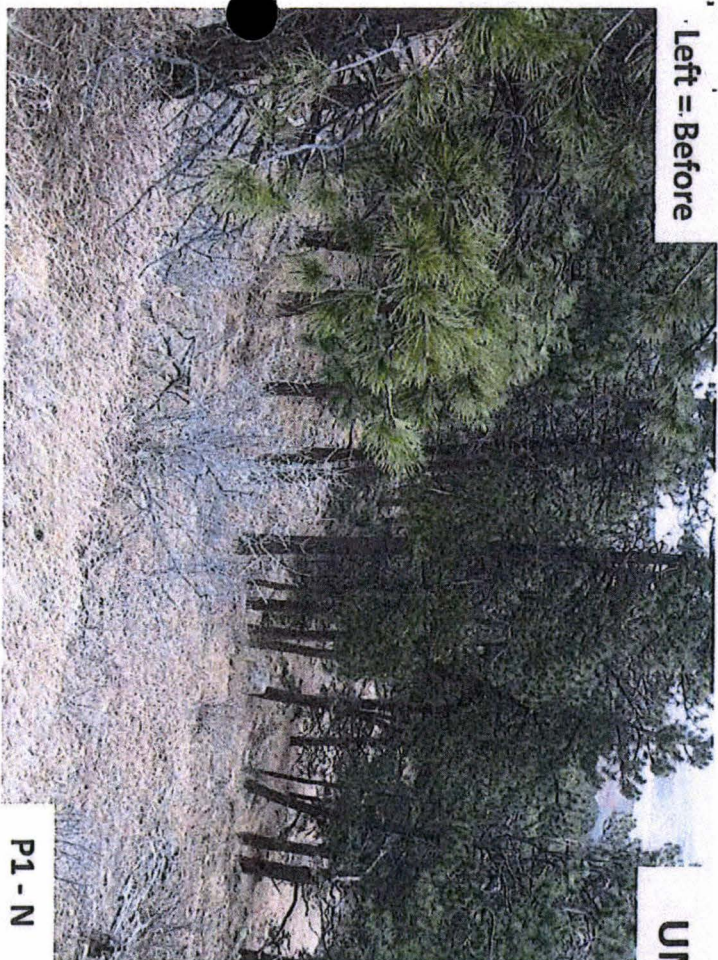


● HMOs Forestry Photopoints

— Towers Road

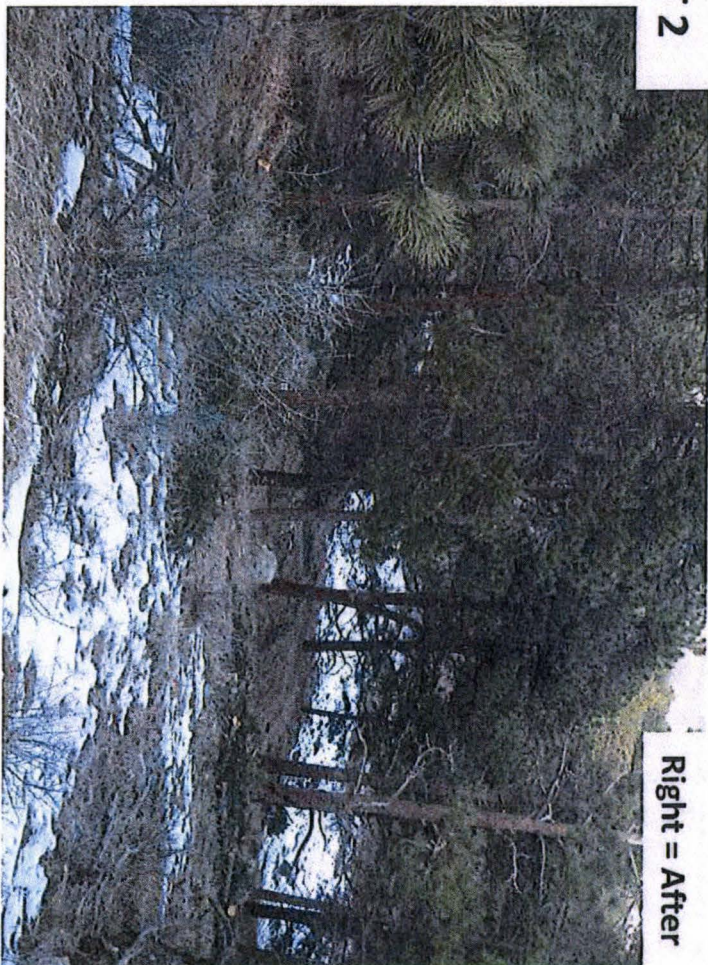
Created 12/2012

Left = Before



P1 - N

UNIT 2



Right = After



P2 - NE





P3 - SE

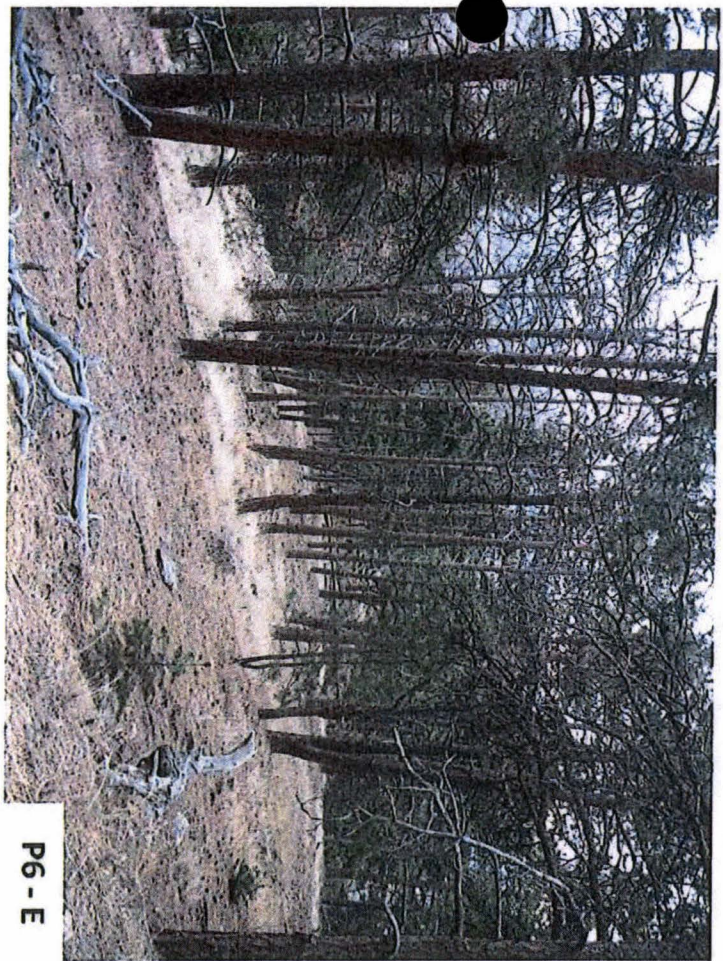


P4 - E





P5 - N



P6 - E





P7 - NE



P8 - NE





P9 - N



P10 - NW





P11-NE

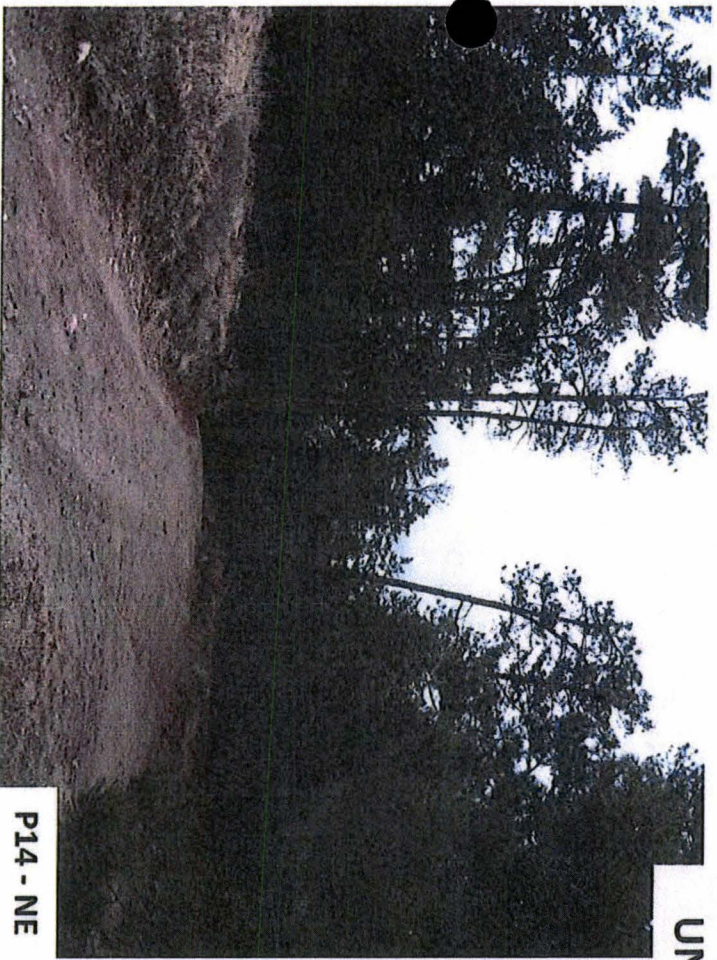


P12-N





P13 - NW



P14 - NE

UNIT 5



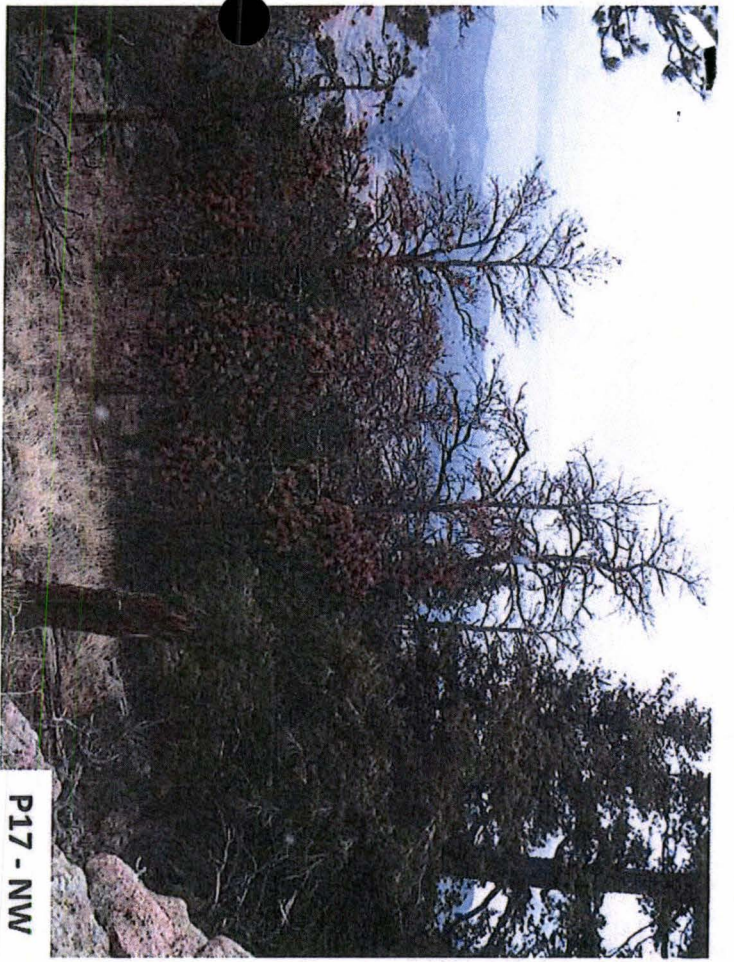


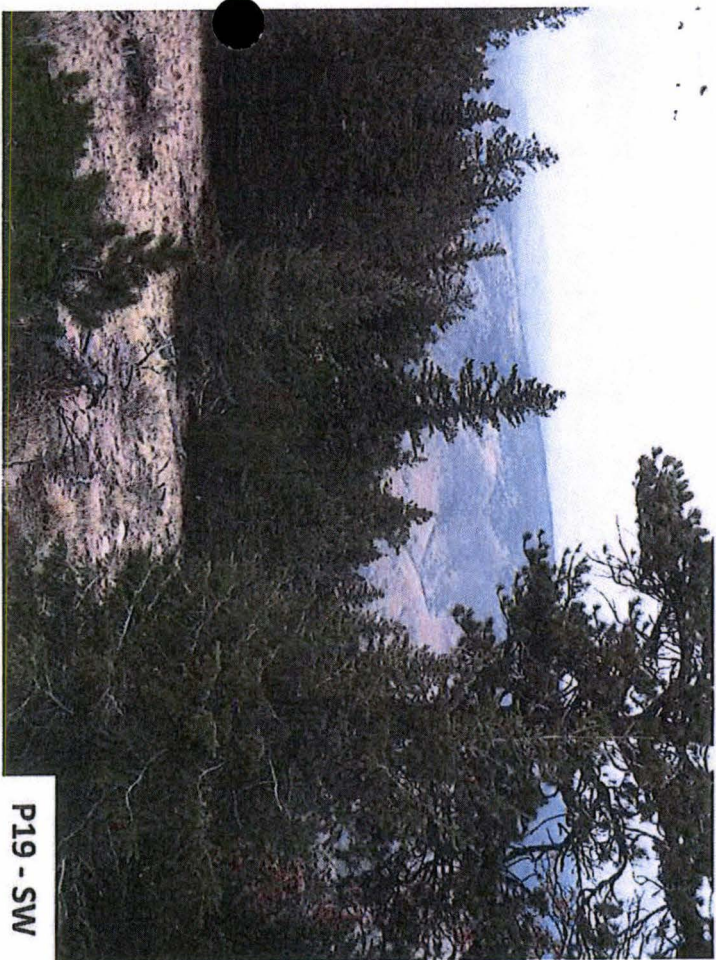
P15 - N



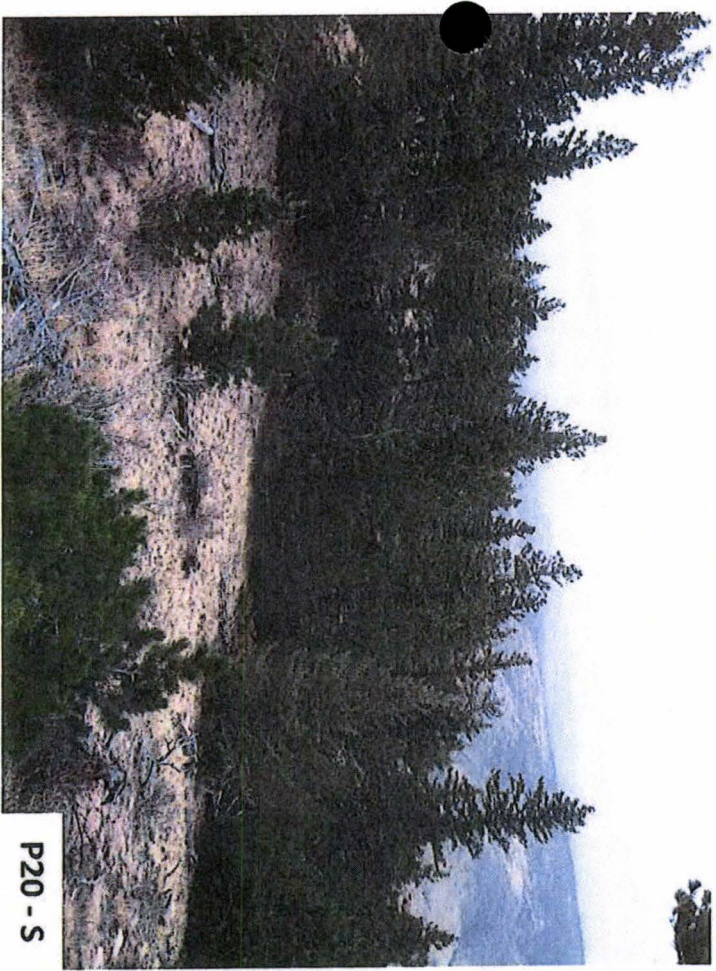
P16 - NW







P19 - SW



P20 - S



Colorado State FOREST SERVICE

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

June 10, 2013

Meegan Flenniken
Larimer County Natural Resources
1800 S. County Road 31
Loveland CO 80537

Dear Meegan,

I am pleased to inform you that your application for the 2013 Colorado Forest Restoration Grant Program, established by the General Assembly through 2012 House Bill 1032, has been selected for a financial assistance grant. We would like to offer you **\$27,000** in state grant funds to support your project titled **Horsetooth Mountain Open Space**.

All projects that involve on-the-ground forest management will comply with *Colorado Forest Stewardship Guidelines to Protect Water Quality: Best Management Practices*, which are available on the Colorado State Forest Service (CSFS) website at <http://csfs.colostate.edu/pdfs/ForestryBMP-CO-2010.pdf>. If you have any questions about this, please contact your CSFS District Forester using the information provided below.

The amount being offered to you may be less than you requested in your project proposal. If you cannot complete the project with the reduced amount, please notify me immediately at (970) 491-6303. This grant program requires at least a 40% match of non-state funds. You are required to provide the amount of match as stated in the Financial Assistance Program Cooperative Match Project notification and Exhibit A, Scope of Work, unless your project is completed under budget. Match amount is either as indicated in your proposal or adjusted proportionately if your project is partially funded. Projects completed under budget should match the same percentage of total project cost as identified in your proposal. The award amount may be adjusted for projects completed under budget.

If you cannot leverage the required amount of match, the award will either be adjusted or rescinded. Again, please contact us immediately if you have a question about your ability to match the offered award.

Additionally, if your proposal indicates employing a Colorado Youth Corps or another accredited youth corps association, you are required incorporate them in the implementation of your project.

If you are able to go forward with your project using the award offered, please see the two enclosed pages. Each of these pages will need immediate action from you in order to initiate project implementation:

1. Financial Assistance Program Cooperative Match Project notification: After you read the notification, and if you agree with the conditions of participation, please sign and date. Be sure to retain a copy for your records.
2. Exhibit A, Scope of Work: After you have read Exhibit A, and if you agree with the conditions of participation, please initial and date. Be sure to retain a copy for your records

Please return the original signed copy of Project Notification and initialed Scope of Work **no later than July 1** to:

Naomi J. Marcus, Assistant Staff Forester
Forest Management Division
Colorado State Forest Service
5060 Campus Delivery, CSU
Fort Collins, CO 80523

Upon your acceptance of and CSFS receipt of the returned project award notification and Exhibit A, Scope of Work, you will receive the following items:

1. Detailed reimbursement procedures for proper documentation of accomplishments and project costs. This will include a list of items that are eligible for reimbursement and items not eligible for reimbursement.
2. Exhibit B, Reimbursement Request: Retain this form and use it to request reimbursement for qualifying project expenses. You may make additional copies if needed.
3. Form D, Cost Documentation: Retain this form to document the summary of actual costs and/or values of labor, equipment use and supplies that contributed to the completion of this project. Other formats to summarize cost documentation may be used; be sure to acquire approval from your CSFS District Forester for an alternative format.

Reimbursement will be made for actual costs, not to exceed the award amount specified on your project notification, with consideration of the required match. The amount requested for reimbursement may not exceed 60 percent of the total project cost for the reimbursement period. Remember that your match for the total project cost of the project

period must meet the required cost-share as accepted in your Project Notification and Scope of Work (e.g. if you proposed to provide 50% match, intermittent and final reimbursement requests should indicate at least 50% match of the total project cost for the given project period).

These grant funds may not be used to purchase capital equipment (individual items costing more than \$5,000.00). The appropriate volunteer labor rate to be applied will be the current rate at the time of the reimbursement request.

We require strict documentation. Please be advised your payments will be based on achieving the specifics proposed in your grant as reiterated on Exhibit A, Scope of Work, including treatment of the full quantity of acres as defined in your grant application. This award may be considered as income by the IRS. Please check with your tax advisor if appropriate.

As part of the Colorado Forest Restoration Grant program, we require you to provide a Final Closeout Report at the time of requesting your final reimbursement including the following items:

- Accomplishments: examples include (quantified: # acres treated; # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- Summary of Youth Corps participation, if applicable—this includes crew size, duration of participation, activity.
- Summary of project costs
 - Summary of actual costs, which are eligible for reimbursement, such as
 - Out-of-pocket expenses
 - Youth Corps
 - Award recipient labor(This is a sample of actual costs eligible for reimbursement and not an all-inclusive list)
 - Summary of costs not eligible for reimbursement, such as
 - Volunteer labor
 - Equipment purchases(This is a sample of costs not eligible for reimbursement and not an all-inclusive list)
- Digital before and after photos submitted electronically. Please do not embed tiff or jpg files into other documents or files.
- Electronic map and GIS data—local CSFS District Office must have necessary data to report map of project area.

When you are ready for intermittent reimbursement, or to close out your project and claim final reimbursement, please submit an Exhibit B and Form D to your CSFS District Forester who will certify that the work is complete and the documentation is adequate. Certification by the District Forester will require a site visit to the project location. The

District Forester will then forward Exhibit B and accompanying Form D to the CSFS state office for processing.

Projects must be completed and certified by your CSFS District Forester no later than close of business on **April 30, 2015**. Your final reimbursement request with your signature, cost documentation and Final Closeout Report must be received by the CSFS District Forester no later than **May 15, 2015**. CSFS District Foresters must sign and submit the original reimbursement request, cost documentation and approved Final Closeout Report to Naomi Marcus no later than **June 6, 2015**.

The final 10% of the award amount will not be released until the Final Closeout Report is received and accepted. Your thoroughness in providing complete documentation will help expedite the reimbursement process.

For future reference, your CSFS District Forester is **Boyd Lebeda**. You can reach him at (970) 491- 8445 or boyd.lebeda@colostate.edu.

Thank you for your interest in improving the health and sustainability of Colorado's forests and communities!

Sincerely,



Naomi J. Marcus
Assistant Staff Forester

cc: Boyd Lebeda

Financial Assistance Program
Cooperative Match Project
COLORADO FOREST RESTORATION GRANT

To be conducted by:

Larimer County Natural Resources

Funding Provided by CSFS:	\$27,000
Minimum Recipient Match:	\$18,000
Project to be Completed by:	April 30, 2015
Documentation due to District Office by:	May 15, 2015
Documentation due to State Office by: (submitted by District Forester)	June 5, 2015

Based on the strength of the Horsetooth Mountain Open Space application submitted by Larimer County Natural Resources the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$27,000 to accomplish the project described in the attached scope of work, Exhibit A.

As the cooperator, Larimer County Natural Resources, will be reimbursed for costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete all work as described in *enclosed EXHIBIT A, scope of work*.
- B. Provide appropriate cost documentation that project funds have been matched at amount stated in proposal which is at a minimum rate of 40%. Your required minimum match is listed above. See notification letter if project is completed under budget.

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

Colorado State Forest Service
Attn: Boyd Lebeda, District Forester
Fort Collins District
5060 Campus Delivery
Fort Collins, CO 80523

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

Date:

Larimer County Natural Resources

Mailing Address: **Attn: Meegan Flenniken**
 1800 S. County Road 31
 Loveland CO 80537

Telephone Number: **(970) 679-4562**
Email Address: **mflenniken@larimer.org**
Fax: **(970) 679-4574**

EXHIBIT A
COLORADO FOREST RESTORATION GRANT

SCOPE OF WORK

Cooperator: Larimer County Natural Resources

Work to be completed: Reduce density to 50 square feet/acre across 40 acres. Mature, old, large trees will be favored; wildlife trees and snags will be retained (approximately 2/acre); dwarf mistletoe infected and mountain pine beetle infested trees will be removed; and patch cuts will be created. Slash within 50 feet of trails will be piled and slash beyond 50 feet from trails will be lopped and scattered. An accredited Colorado youth corps will be employed to help implement this project.

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment. Will comply with standards in *Colorado Forest Stewardship Guidelines to Protect Water Quality: Best Management Practices*

Project Period: June 12, 2013 to April 30, 2015.

Funded Amount: \$27,000

Minimum cooperator match: \$18,000

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Exhibit B entitled "Grant Report/Reimbursement Request" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Intermittent requests for reimbursement must be accompanied by intermittent project accomplishments. Final requests for reimbursement must be accompanied by a final closeout report depicting total project accomplishments. Minimum reporting items:

- Accomplishments: examples include (quantified: # acres treated; # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- Summary of Youth Corps participation, if applicable—this includes crew size, duration of participation, activity.
- Summary of project costs
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Initials:



COPY ✓

Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	✓
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Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 07-15-13 (K)

Name: Larimer County Natural Resources

Address: 1800 S. County Road 31

Loveland, CO 80537

~

Approved for Payment
C.S.F.S.

2513203

07-15-13

(K)

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: 1929100-2FC-1 ~

\$35,300 -

Cooperator Match: \$16,168.97 ~

Approved Funding: \$18,800 ~

Total Project: \$35,418.97 ~

CSFS Account Number: 1929100-2FC-6693

Amount of Payment: \$18,800 ~

HB1199 Healthy Forests & Vibrant Communities

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

Approved by


(Program manager signature)

Date:

7/10/13

LOA

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

Project No. 1929100-2FC-1 ~

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

Applicant name (please print): Larimer County Natural Resources ✓

	Total Contracted Services¹	Total Landowner Services²	Totals
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* Attach receipts, Cost Documentation Form D (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: [Signature]Date: 5/31/2013

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

Mailing Address: 1800 S. County Road 31 City: Loveland

County: Larimer State: CO Zip: 80537 Phone: 970-679-4562

Practice certified by: [Signature]

CSFS forster

Payment Approval: [Signature]

CSFS program manager

Amount: \$18,800.00 Date: 7/19/13

COPY

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.

2/11/11

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 1929100-2FC-1

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: _____ STEVENS' Fund: _____ SFA: _____

HB/Forest Restoration

WUI D-space Accomplishment:

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

Acres thinned = 30 Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

FLEP Accomplishment (Not included above):

#1 Plan Acres = _____

#5 Acres = _____

#9 Acres treated = _____

#2 Acres tree planting = _____

#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____

Colorado
State
FOREST
SERVICE

3/17/08

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

Doc. Nbr. 2500529

CSFS #805 Rev. 02/04/05

Date: 07-05-2013 Requested By: BOYD LEBEDA Resale to: CSFS Invoice #:

Vendor: LARIMER COUNTY NATURAL RESOURCES
ATTN: MEEGAN FLENNIKEN
1800 S. COUNTY ROAD 31
LOVELAND, CO 80537
 (PLEASE PROVIDE COMPLETE ADDRESS)

Ship To: CSFS FORT COLLINS DISTRICT OFFICE
ATTN: BOYD LEBEDA, DISTRICT FORESTER
5060 CAMPUS DELIVERY, CSU
FORT COLLINS, CO 80523
 (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)

Reason for Vendor Selection: ☐ Sole Source (attach completed Sole Source Justification Form)
☐ Previous Supplier
☐ Other

Terms:

ENCUMBERED

07-05-13

(X)

Shipping Instructions:
☐ FOB Fort Collins, Colorado
☐ FOB

Delivery Date:

Deliver to:

Initials ___ Bldg ___ Room ___ Phone ___

#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	1929500	6693	1	1	HORSETOOTH MOUNTAIN OPEN	\$27,000	\$27,000.00
2	HB12-1032 FY13 FOREST RESTORATION				SPACE REDUCE DENSITY - SCOPE		
3					OF WORK ATTACHED, PROJECT		
4					NUMBER 1929500-FC-07		
5							
6							
7							
8							
9							
10							

SPECIAL INSTRUCTIONS:

PLEASE ENCUMBER

Expenditure Approval: NAOMI MARCUS, PROGRAM MGR.

Authorized Signature: [Signature]

Date: 7/5/13

Subtotal: \$27,000.00

Discount: \$

TOTAL: \$27,000.00

**Financial Assistance Program
Cooperative Match Project
COLORADO FOREST RESTORATION GRANT**

To be conducted by:

Larimer County Natural Resources

COPY

Funding Provided by CSFS:	\$27,000
Minimum Recipient Match:	\$18,000
Project to be Completed by:	April 30, 2015
Documentation due to District Office by:	May 15, 2015
Documentation due to State Office by: (submitted by District Forester)	June 5, 2015

Based on the strength of the Horsetooth Mountain Open Space application submitted by Larimer County Natural Resources the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$27,000 to accomplish the project described in the attached scope of work, Exhibit A.

As the cooperator, Larimer County Natural Resources, will be reimbursed for costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete all work as described in *enclosed EXHIBIT A, scope of work.*
- B. Provide appropriate cost documentation that project funds have been matched at amount stated in proposal which is at a minimum rate of 40%. Your required minimum match is listed above. See notification letter if project is completed under budget.

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

*Colorado State Forest Service
Attn: Boyd Lebeda, District Forester
Fort Collins District
5060 Campus Delivery
Fort Collins, CO 80523*

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

Dinah Hoffmann

Date:

6-27-13

Larimer County Natural Resources

Mailing Address: Attn: Meegan Flenniken
1800 S. County Road 31
Loveland CO 80537

Telephone Number: (970) 679-4562
Email Address: mflenniken@larimer.org
Fax: (970) 679-4574

DATE: *6-24-13*
APPROVED AS TO FORM:
[Signature]
COUNTY ATTORNEY

**EXHIBIT A
COLORADO FOREST RESTORATION GRANT**

SCOPE OF WORK

Cooperator: Larimer County Natural Resources

Work to be completed: Reduce density to 50 square feet/acre across 40 acres. Mature, old, large trees will be favored; wildlife trees and snags will be retained (approximately 2/acre); dwarf mistletoe infected and mountain pine beetle infested trees will be removed; and patch cuts will be created. Slash within 50 feet of trails will be piled and slash beyond 50 feet from trails will be lopped and scattered. An accredited Colorado youth corps will be employed to help implement this project.

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment. Will comply with standards in *Colorado Forest Stewardship Guidelines to Protect Water Quality: Best Management Practices*

Project Period: June 12, 2013 to April 30, 2015.

Funded Amount: \$27,000

Minimum cooperator match: \$18,000

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Exhibit B entitled "Grant Report/Reimbursement Request" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Intermittent requests for reimbursement must be accompanied by intermittent project accomplishments. Final requests for reimbursement must be accompanied by a final closeout report depicting total project accomplishments. Minimum reporting items:

- Accomplishments: examples include (quantified: # acres treated; # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- Summary of Youth Corps participation, if applicable—this includes crew size, duration of participation, activity.
- Summary of project costs
 - Summary of actual costs, which are eligible for reimbursement, such as
 - Out-of-pocket expenses
 - Youth Corps
 - Award recipient labor(This is a sample of actual costs eligible for reimbursement and not an all-inclusive list)
 - Summary of costs not eligible for reimbursement, such as
 - Volunteer labor
 - Equipment purchases(This is a sample of costs not eligible for reimbursement and not an all-inclusive list)
- Digital before and after photos submitted electronically. Please do not embed tiff or jpg files into other documents or files.
- Electronic map and GIS data—local CSFS District Office must have necessary data to report map of project area.

COPY

Initials:

acth

BOR 40 acres

Grant	\$ 40,000.00
Hard	\$ 3,000.00
Total	\$ 43,000.00
Balance	\$ (2.63)

[illegible]

[illegible]

[illegible]

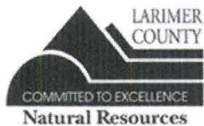
07/01/14													
07/02/14													
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07/07/14													
07/08/14	10	10	10		10						1	4	
07/09/14	5	5	5	5	5						2	5	
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07/29/14													
07/30/14													
07/31/14													
Hour	15	15	15	5	15	0	0	0	0	0	3	9	
Wage	\$20.25	\$18.86	\$16.75	\$14.50	\$14.50	\$14.50	\$14.50	\$14.50	\$14.50	\$14.50	\$20/day	\$15/saw	
Total	\$303.75	\$282.90	\$251.25	\$72.50	\$217.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$60.00	\$135.00	
Benefits	\$57.71	\$164.08	\$105.53	\$9.43	\$28.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
Labor	\$361.46	\$446.98	\$356.78	\$81.93	\$245.78	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,492.92		
Material											\$195.00		
Total											\$1,687.92		

Selby, Diana

From: Meegan Flenniken <flennim@co.larimer.co.us>
Sent: Thursday, July 17, 2014 11:21 AM
To: Selby, Diana
Subject: Fwd: Horsetooth Fuel Break
Attachments: HorsetoothFuelBreak.pdf; HTMOSFuelBreakSHP.zip

Here you go - Alternative Sentencing Department folks are a crew of 12 people/day

Meegan Flenniken
Resource Program Manager
(Planning, Development & Land Stewardship)
Department of Natural Resources
1800 S. County Road 31
Loveland, CO 80537
(970) 619-4562



----- Forwarded message -----

From: Justin Whitesell <whitesjl@co.larimer.co.us>
Date: Wed, Jul 9, 2014 at 3:43 PM
Subject: Horsetooth Fuel Break
To: Meegan Flenniken <flennim@co.larimer.co.us>

Work for the Horsetooth Fuel Break has been completed:

ASD - 17 days, 8 hours a day at \$22 per hour = \$35,904
ES - Labor \$38,877.63, Fuel \$1,200, Equipment \$2,925 for a grand total of \$43,002.63

It maps out to around 51 acres completed. Let me know if you need anything else.

The shape file for the piles and track are attached.

--
Justin Whitesell
Emergency Services Specialist

Overall Summary Sheet

Horsetooth Mountain Open Space Fuel Break WUI-SFA Grant Grant Award #5379590-1-2

Final Reimbursement Submittal

	Contract Work/Grant Share*	Total Match
Personnel/Labor*	\$31,873.00	\$42,908.63
Equipment/Operating		\$4,125.00
Total		\$47,033.63
Final Reimbursement Request**	\$31,873.00	

*See attached spreadsheet showing hours worked by contracted crews



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

☒ Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Larimer County Natural Resources Dept.

Address: 1800 S. County Road 31
Loveland, CO 80521

Approved for Payment

C.S.F.S.

3981075

07-24-14

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

Grant Number: 5379590-1-2-FC Non-Federal Match: \$42,035.63 ~

Approved Funding: \$31,873⁰⁰ o.k. Total Project: \$78,908.63 ~

CSFS Account Number: 5379590-6693 Amount of Payment: \$31,873⁰⁰ ~

'13CPG SFA CG3 NoCo WUI Fuelbreak Program

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

Program Manager Signature [Signature] ~

Date: 7/21/14

Program Manager Name Scott Woods ~

LOA

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

Project No. 5379590-1-2 ✓

(For Official Use Only-

No. from original application)

Applicant name (please print): Larimer County- Horsetooth Mountain Open Space Fuel Break

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$31,873	\$42,908.63	A Labor Cost=\$74,781.63
Operating Exp ^{3,*} (Actual)		\$4125	B Oper. Exp.= \$4125
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost			E Total Project (A+B+C-D) = \$78,908.63
			Amount Originally Approved = \$63,746
How much of your total cost was paid to CSFS for Products and/or Services? \$ 0.00			Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs \$31,873

¹ Any contracted services where payment was made for services.² Use up to \$ 20.85/hour for Landowner and volunteer time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Any revenue generated from the sale of wood products is deducted from total project cost.⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: [Signature]Date: 7/17/14

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

Mailing Address: 1800 S. County Road 31City: Loveland, COCounty: Larimer State: CO Zip: 80521Phone: 619-4562Practice certified by: [Signature] ~Payment Approval: [Signature] ~Amount: \$31,873.00 Date: 7/21/14Return 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.

COPY 2/11/11



Colorado State Forest Service Program Payment Request

Mail to
Scott Woods
on 7/17/14

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

☐ Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Larimer County Natural Resources Dept.

Address: 1800 S. County Road 31
Loveland, CO 80521

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

Grant Number: 5379590-1-2 Non-Federal Match: \$47,033.⁶³

Approved Funding: \$31,873.⁶³ Total Project: \$78,908.⁶³

CSFS Account Number: 5379590-6693 Amount of Payment: \$31,873.⁶³

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

Program Manager Signature _____ Date: _____

Program Manager Name _____

LOA

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

Project No. 5379590-1-2

(For Official Use Only-

No. from original application)

Applicant name (please print): Larimer County- Horsetooth Mountain Open Space Fuel Break

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$31,873	\$42,908.63	A Labor Cost=\$74,781.63
Operating Exp ^{3,*} (Actual)		\$4125	B Oper. Exp.= \$4125
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost			E Total Project (A+B+C-D) = \$78,908.63
			Amount Originally Approved = \$63,746
How much of your total cost was paid to CSFS for Products and/or Services? \$ 0.00			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$31,873

¹ Any contracted services where payment was made for services.² Use up to \$ 20.85/hour for Landowner and volunteer time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Any revenue generated from the sale of wood products is deducted from total project cost.⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: [Signature]Date: 7/17/14

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

Mailing Address: 1800 S. County Road 31 City: Loveland, COCounty: Larimer State: CO Zip: 80521Phone: 619-4562Practice certified by: [Signature]
CSFS forester

Payment Approval: _____ Amount: _____ Date: _____

CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.

Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income.

Please consult your tax advisor.

2/11/11



DEPARTMENT OF NATURAL RESOURCES

• Visitor Services

• Open Lands

• Weed Management & Forestry

1800 South County Road 31

Loveland, CO 80537

(970) 679-4570/ (970) 679-4574 FAX

www.larimer.org/naturalresources

July 17, 2014

Diana Selby
Colorado State Forest Service
Bldg #1052 Foothills Campus
Fort Collins, CO 80523-5075

Dear Diana,

Please find attached the final reimbursement request for \$31,873 for treating a total of 51 acres (19 acres more than required) as part of the Larimer County Natural Resources Department's Horsetooth Mountain Open Space Fuels Break WUI-SFA Grant Project #5379590-1-2.

Project Summary:

During the months of April thru July 2014, approximately 51 acres were treated to create fuel breaks 150' either side (total of 300' wide but up to 350' wide depending on terrain and slope) of ~1.5 miles of existing multi-use trails and roads within Horsetooth Mountain Open Space.

Treatments within the fuel break included thinning operations to a range of 10'-15' crown spacing (with increased spacing used where slopes increase). Slash and logs were lopped and scattered where distant from the trail. More proximal to the roads, logs were stacked by county and alternative sentencing crews for future public firewood giveaway and slash stacked for future pile burning.

Respectfully,

Meegan Flenniken
Resource Program Manager
(970) 619-4562



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and you must show corresponding match.

1. Project/Account #: 1929500-FC-07	2. Total Award Amount: 27,000
3. Project Name: Horsetooth Mountain Open Space HB 12-1032	4. Reimbursed Amount to Date: 0
5. Make Payment To: Name: Larimer County Natural Resources Attn: Meegan Flenniken Address: 1800 S. County Road 31 Loveland, CO 80537	6. Period of Performance (Project Period): From: July 2014 To: February 2015

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Primarily, dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Crews reduced stand densities to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Slash was stacked for future pile burning throughout the majority of the unit, slash was lop and scattered in the steepest and more remote locations.

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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
27,000	27,000	20,562		47,563	44%

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

Reimbursement Request: I request reimbursement in the amount of \$27,000 for the work completed and documented above or attached.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: _____

Date: _____

2/20/2018

10. Certification:

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

District Forester Signature: _____

Date: _____

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____

Date: _____

Financial Assistance Program

Cooperative Match Project

To be conducted by:

Larimer County Natural Resources Department

Project Number:	5379590-1-2
Estimated Project Cost:	\$63,746
Funding provided by CSFS:	\$31,873
Minimum Recipient Match:	\$31,873
Project to be completed by:	September 1, 2015

Based on the strength of the application submitted by Larimer County Natural Resources Department, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$31,873 to accomplish the project described in the attached scope of work.

As the cooperator, Larimer County Natural Resources Department, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Attachment A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "Attachment B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

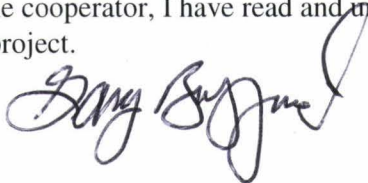
Colorado State Forest Service
5060 Campus Delivery, Bldg. 1052
Fort Collins, CO 80523-5060
Attn: Diana Selby

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

This funding will remain available until September 1, 2015. It may be extended at any time at the discretion of CSFS.

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:



Date:

9/3/2013

Mailing Address:

Telephone Number:

Email Address:

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5379590-1-2

Cooperator: Larimer County Natural Resources Department

Work to be completed:

As described in the "Scope of Work" from the 2013 State Fire Assistance Grant Application.

1. Type of Treatment – Shaded fuel breaks in Horsetooth Mtn Open Space

Milestone dates: Completion by September 1, 2015

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment.

Project Period: September 2013 – September 1, 2015

Funded Amount: \$31,873

Minimum cooperator match: \$31,873

Deliverables: treatment of 32 acres

Project Types: fuels reduction

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Attachment B to the project entitled "Attachment B, Grant Report/ Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:





DEPARTMENT OF NATURAL RESOURCES

• Visitor Services

• Open Lands

• Weed Management & Forestry

1800 South County Road 31

Loveland, CO 80537

(970) 679-4570/ (970) 679-4574 FAX

www.larimer.org/naturalresources

February 20, 2015

Diana Selby
Colorado State Forest Service
Bldg #1052 Foothills Campus
Fort Collins, CO 80523-5075

Dear Diana,

Please find attached the final reimbursement request for \$27,000 for treating a total of 40 acres with the supporting documentation for the Larimer County Natural Resources Department Horsetooth Mountain Open Space HB 12-1032 (Grant Project # 1929500-FC-07).

Project Summary:

Crews reduced stand densities to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Slash was stacked for future pile burning throughout the majority of the unit, slash was lop and scattered in the steepest and more remote locations.

Matching funds were a combination of hard dollars from the Larimer County Emergency Services Program, ASU and volunteer time for stacking slash and Larimer County staff time on-site.

Please call if any questions or concerns. As always, it is a pleasure to partner with the Colorado State Forest Service on implementation of forest management activities on our public lands.

Respectfully,

Meegan Flenniken
Resource Program Manager
(970) 619-4562



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and you must show corresponding match.

1. Project/Account #: 1929500-FC-07	2. Total Award Amount: 27,000
3. Project Name: Horsetooth Mountain Open Space HB 12-1032	4. Reimbursed Amount to Date: 0
5. Make Payment To: Name: Larimer County Natural Resources Attn: Meegan Flenniken Address: 1800 S. County Road 31 Loveland, CO 80537	6. Period of Performance (Project Period): From: July 2014 To: February 2015

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Primarily, dense and diseased trees were mechanically removed by hand crews (contracted thru Larimer County Emergency Services). Crews reduced stand densities to an average crown spacing of 15 feet and cut patches to create openings in unnaturally dense stands of ponderosa and mixed conifer. Slash was stacked for future pile burning throughout the majority of the unit, slash was lop and scattered in the steepest and more remote locations.

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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
27,000	27,000	20,562		47,563	44%

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

Reimbursement Request: I request reimbursement in the amount of \$27,000 for the work completed and documented above or attached.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature:

Date:

2/20/2018

10. Certification:

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

District Forester Signature:

Date:

3/12/2015

11. Funding is available and request is approved for reimbursement.

Program Manager Signature:

Date:



1929500-FC-07

\$27,000.00

\$0.00

☐ First

☐ Second

☐ Third

☐ Fourth

☐ Fifth☒ Final[illegible]

\$0.00

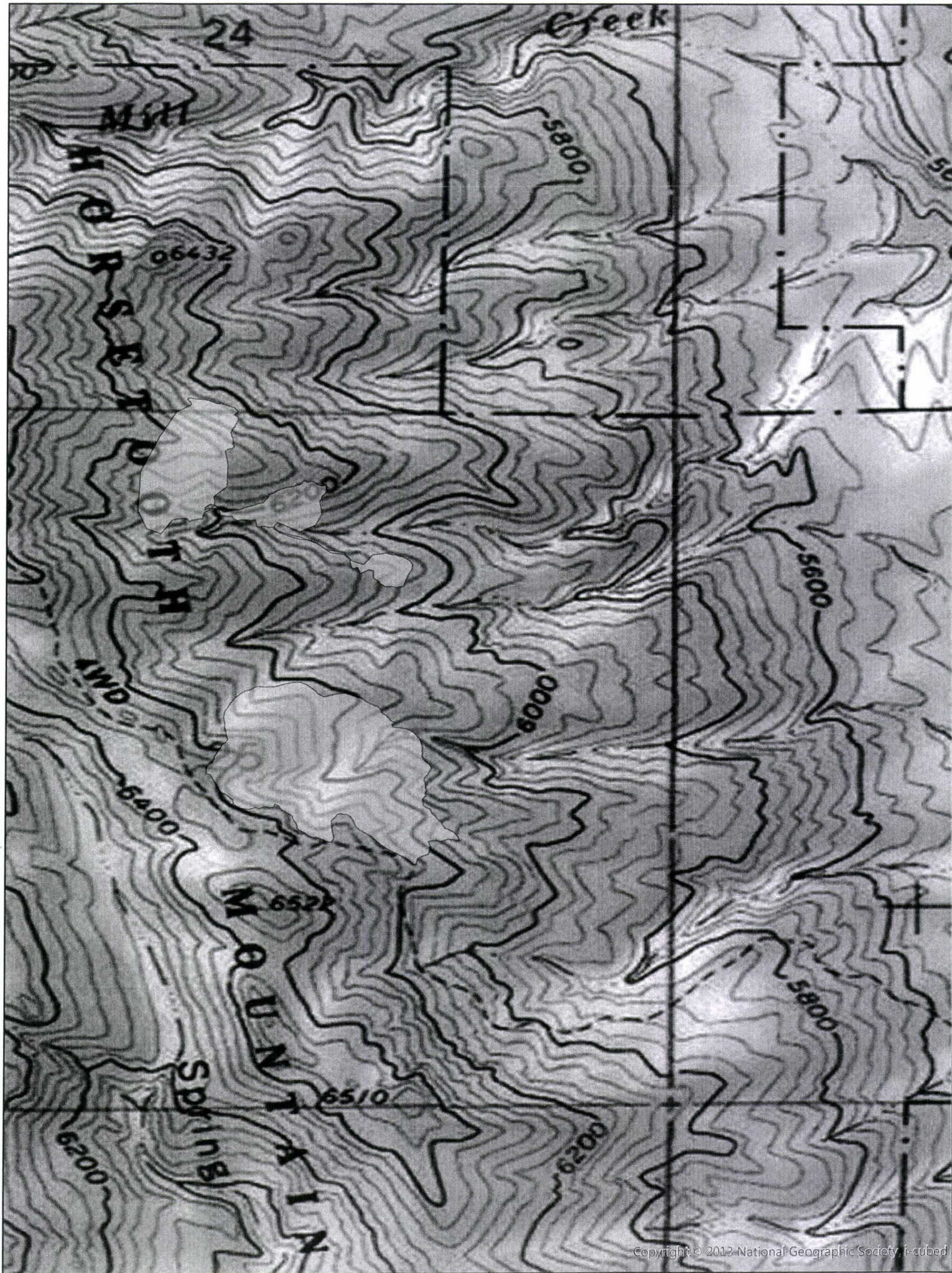
\$20,561.90

\$0.00

Date:

Date:

Revised November 2013



Horestooth

HB12-1032 40 acres

Grant \$ 27,000.00

Hard \$ 4,000.00

Total \$ 31,000.00

Balance \$ (621.10)

	Stapleton	Anderson	LoCascio	Darlington	Smith	Krause	Huggins	Trousil
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07/02/14								
07/03/14								
07/04/14								
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07/06/14								
07/07/14								
07/08/14								
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07/11/14	10	10	10	7	10			10
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07/13/14								
07/14/14								
07/15/14	10			10	10	10	10	10
07/16/14		5						
07/17/14	10	5		10	10	10	10	10
07/18/14		10	10			10	10	10
07/19/14								
07/20/14								
07/21/14								
07/22/14								
07/23/14								
07/24/14								
07/25/14			10	10		10		10
07/26/14								
07/27/14								
07/28/14								
07/29/14								
07/30/14								
07/31/14								
Hour	40	40	40	47	40	40	30	50
Wage	\$20.25	\$18.86	\$16.75	\$14.75	\$14.75	\$14.75	\$14.75	\$14.75
Total	\$810.00	\$754.40	\$670.00	\$693.25	\$590.00	\$590.00	\$442.50	\$737.50
Benefits	\$153.90	\$437.55	\$281.40	\$90.12	\$76.70	\$76.70	\$57.53	\$95.88
Labor	\$963.90	\$1,191.95	\$951.40	\$783.37	\$666.70	\$666.70	\$500.03	\$833.38
Material								
Total								

08/01/14
08/02/14
08/03/14
08/04/14
08/05/14
08/06/14

10
10
8

Hour	0	0	28	0	0	0	0	0
Wage	\$20.25	\$18.86	\$16.75	\$14.75	\$14.75	\$14.75	\$14.75	\$14.75
Total	\$0.00	\$0.00	\$469.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Benefits	\$0.00	\$0.00	\$196.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Labor	\$0.00	\$0.00	\$665.98	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Material								
Total								

01/01/15								
01/02/15								
01/03/15								
01/04/15								
01/05/15								
01/06/15	10	10	10		10		10	
01/07/15	10	10	10		10		10	
01/08/15	10	10	10		10		10	
01/09/15	10	10	10		10		10	
01/10/15								
01/11/15								
01/12/15								
01/13/15	10				10		10	
01/14/15	10				10			
01/15/15	10				10			
01/16/15	10				8.5			
01/17/15								
01/18/15								
01/19/15								
01/20/15	10	10	10		10		10	
01/21/15	10	10	10		10		10	
01/22/15	10	10	10		10		10	
01/23/15	6	6	6		6		6	
01/24/15								
01/25/15								
01/26/15								
01/27/15								
01/28/15	10	10	10		10			
01/29/15	10	10	10		10			
01/30/15	10	10	10					
Hour	146	106	106	0	134.5	0	86	0
Wage	\$20.86	\$19.43	\$17.27	\$14.75	\$14.75	\$14.75	\$14.75	\$14.75
Total	\$3,045.56	\$2,059.58	\$1,830.62	\$0.00	\$1,983.88	\$0.00	\$1,268.50	\$0.00
Benefits	\$578.66	\$1,194.56	\$768.86	\$0.00	\$257.90	\$0.00	\$164.91	\$0.00
Labor	\$3,624.22	\$3,254.14	\$2,599.48	\$0.00	\$2,241.78	\$0.00	\$1,433.41	\$0.00
Material								
Total								

	Stapleton	Anderson	LoCascio	Darlington	Smith	Krause	Huggins	Trousil
02/01/15								
02/02/15								
02/03/15	10	10	10		10			
02/04/15	10	10	10		7			
02/05/15	10	10	10					

02/06/15	10	10	10	10		10	
02/07/15							
02/08/15							
02/09/15							
02/10/15	10	10	10	10		10	
02/11/15	10	10	10	10		10	
02/12/15	10	10	10	10		10	
02/13/15	10	10	10	10		10	
02/14/15							
02/15/15							
02/16/15							
02/17/15							
02/18/15							
02/19/15							
02/20/15							
Hour	80	80	80	67		50	
Wage	\$20.86	\$19.43	\$17.27	\$14.75	\$14.75	\$14.75	\$14.75
Total	\$1,668.80	\$1,554.40	\$1,381.60	\$0.00	\$988.25	\$0.00	\$737.50
Benefits	\$317.07	\$901.55	\$580.27	\$0.00	\$128.47	\$0.00	\$95.88
Labor	\$2,006.73	\$2,455.95	\$1,961.87	\$0.00	\$1,116.72	\$0.00	\$833.38
Material							
Total							

Hofpar	Fuel	Equip
	1	5
	1	5
10	2	7
10	2	7
10	2	6
	2	4
30	10	34
\$14.75	\$20/day	\$15/saw
\$442.50	\$200.00	\$510.00
\$57.53		
\$500.03	\$7,057.45	
	\$710.00	
	\$7,767.45	
		2

0	0	2
\$14.75	\$20/day	\$15/saw
\$0.00	\$0.00	\$30.00
\$0.00		
\$0.00	\$665.98	
	\$30.00	
	\$695.98	

	1	4
	1	4
	1	4
	1	5
	1	3
10	1	3
10	1	3
	1	4
	1	5
	1	3
	1	4
	1	3
	1	3
	1	3
0	14	51
\$14.75	\$20/day	\$15/saw
\$0.00	\$280.00	\$765.00
\$0.00		
\$0.00	\$13,153.02	
	\$1,045.00	
	\$14,198.02	
Hofpar	Fuel	Equip
	1	4
	1	4

	2	5
	2	5
	2	5
	1	4
	9	27
\$14.75	\$20/day	\$15/saw
\$0.00	\$180.00	\$405.00
\$0.00		
\$0.00	\$8,374.65	
	\$585.00	
	\$8,959.65	

HTMOS Open Space Fuels Treatment and Forest Stewardship Project
HB12-1032 Grant Award #1929500-FC-07

In-Kind Labor Match

Contributor	Hours	Unit Cost	Total
Larimer County Alternative Sentencing Units <i>15 ASU individuals for 6 days</i>	720	\$22.14	\$15,940.80
Larimer County Emergency Services Crews			\$4,621.10
TOTAL IN-KIND MATCH			\$20,561.90

Based on ASU dates; 11/2, 11/30, 12/06,
12/07, 12/09, 12/13,

6 days x 15 ASU x 8 hours = 960 hours

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

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

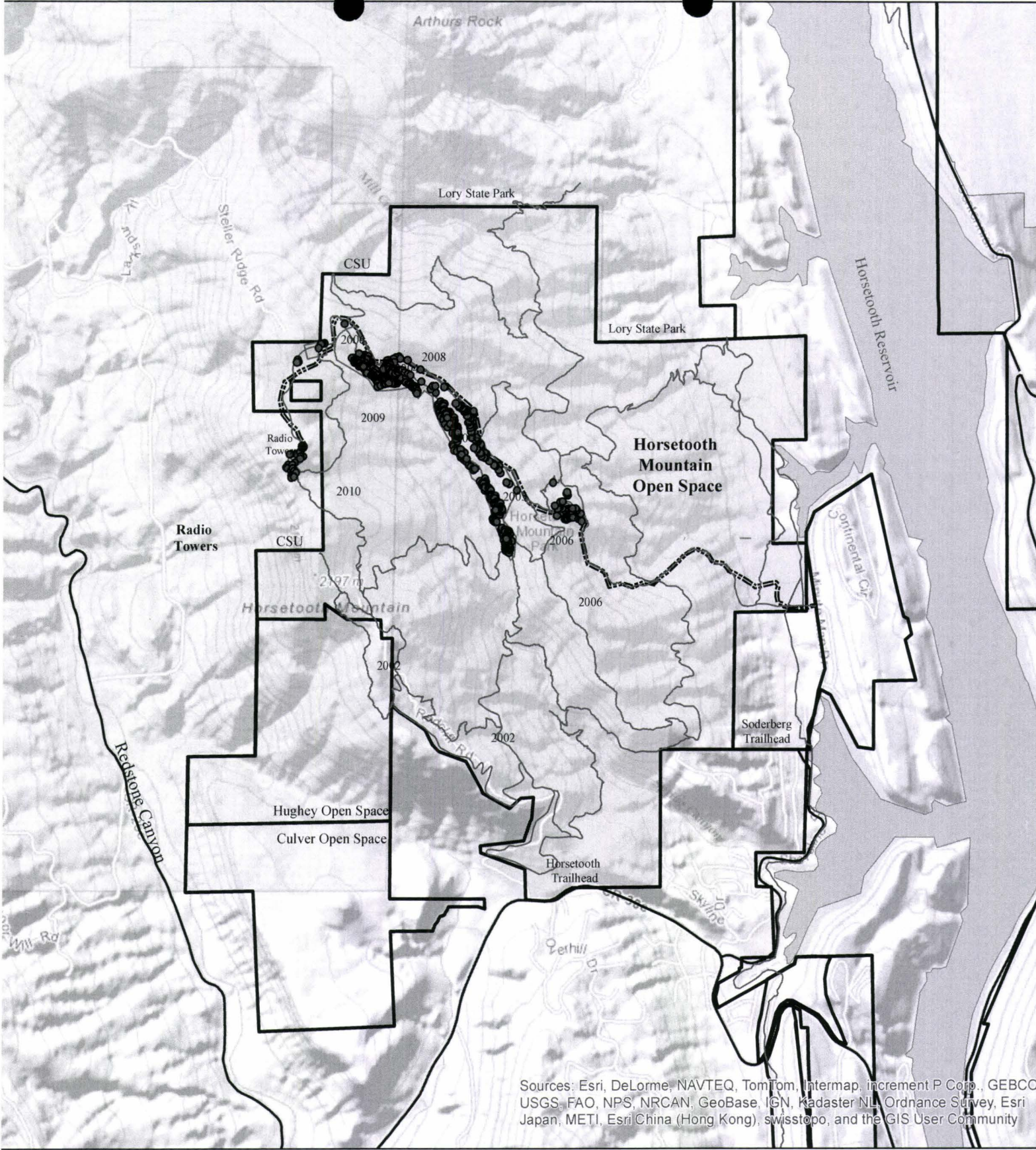
****^a Recipient Cost designated as match** includes all items list for *^a: contracted services with receipts; recipients's own labor to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental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

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

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

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

Horsetooth Mountain Open Space 012 Fuel Break Grant Completed

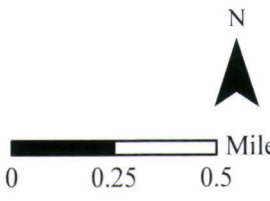


Other Features

- Slash Piles - corresponded with treated trail/road segments
- Trails
- Roads
- Open Water

Land Status

 Public Lands





Colorado State Forest Service Financial Assistance Program

Project Award Notification

Project Name	Colorado Big Thompson Implementation-Larimer County OS
Project Number (if applicable)	N/A
CSFS Account Number	5314409-1
CSFS Account Title	17CPG CG3 FC Big Thompson Implementation
Estimated Total Project Cost	\$272,500
Award Amount	\$136,250
Minimum Recipient Match Required	\$136,250
Award Beginning Date	12/11/2017
Award End Date	12/1/2020
Federal Funds	Yes
State Funds	No

Based on the strength of the project submitted by **Larimer County Natural Resources**, the Colorado State Forest Service (CSFS) is providing funding in the amount up to but not exceeding **\$136,250** to accomplish the project described in the attached Scope of Work (Attachment A).

As the recipient, **Larimer County Natural Resources**, will be reimbursed for allowable costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- Complete work as described in *Attachment A (Scope of Work)* including following Best Management Practices for Forest Management Practices.
- Cost/Match Documentation:
 - Expenses incurred prior to the Award Beginning Date will not be reimbursed or used as match.
 - Provide documentation that project funds have been matched at a minimum ratio of **50/50**.
 - Documentation supporting costs and match must be submitted through the local CSFS District Office for reimbursement. Original signatures are required on reimbursement requests. Documentation for all expenses (actual costs and values of items that are not out-of-pocket expenses) and match is required. Follow the guidelines in the enclosed "Guidance for Allowable/Unallowable Costs for Reimbursement and Match".
 - Only recipient costs that support accomplishing the Scope of Work as indicated on Attachment A of the Project Award Notification are eligible for reimbursement. Non-recipient costs can be used as match. Non-recipients are third party participants (contributors other than the award recipient) supporting the implementation of the project.
 - In-kind activities will be documented on the current *CSFS In-Kind Documentation Form* using the current volunteer rate **at the time work was completed**. Grant recipients may use a spreadsheet to track hours, however, the information must be summarized in the In-Kind form and signed by the grant recipient.
 - In instances where there are multiple landowners involved with providing in-kind services documentation of volunteer hours will come from the *CSFS In-Kind Documentation Form* for each landowner involved with the project and must be signed by the landowner.

- For projects where the award recipient passes funds to individual landowners, the landowner's labor is reimbursable and valued at the volunteer rate. Reimbursement will only be made to the original award recipient who will then reimburse the landowner. Ex. HOA is the award recipient and makes additional awards to individual landowners. Landowners do the work, submit documentation to HOA, HOA submits reimbursement request for HOA to CSFS, CSFS reimburses HOA, HOA reimburses individual landowner.
- Project work will be inspected by the CSFS District to certify the work meets the Scope of Work as described in Attachment A. Once all documentation is complete the CSFS District Forester will sign and date to certify the work meets the Scope of Work and costs/match are allowable.
- **Larimer County Natural Resources** certifies that neither the award recipient nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
- Grant funds may not be used to purchase capital equipment. Tangible supplies under \$5,000 that contribute to the Scope of Work are allowable as identified in the grant application.

Electronic copies of the CSFS In-Kind Form are available through the local CSFS District Office. Copies have been provided with this award notification. Local CSFS District Office is responsible for completing the CSFS Reimbursement Paperwork Package with documentation provided by the award recipient.

This funding may be extended at the discretion of CSFS Program Manager. Requests for extensions must be made in writing **at least 90 days** before the award end date. Requests must be sent to the local CSFS District Forester and include: why an extension is needed, new timeline for completion, and changes to the Scope of Work (deliverables) if applicable. The CSFS District will review and forward to the appropriate Program Manager for approval. Approvals will be given in writing to the award recipient.

As the award recipient I have read, understand, and agree to the conditions of participating in this financial assistance program.

Award Recipient Signature:

Steve Johnson, Chair ^{BTC}

Date:

1/2/18

Award Recipient Name:

Larimer County Natural Resources

Mailing Address:

Attn: Meegan Flenniken

1800 S. County Road 31

Loveland, CO 80537

Telephone Number:

(970) 619-4562

Email Address:

flennim@co.larimer.co.us

**Colorado State Forest Service Financial Assistance Program
Attachment A**

Scope of Work

Project Name: CO Big Thompson Implementation-Larimer County OS '17 SFA

CSFS Account Number: 5314409-1

Work to be completed/deliverables:

38 acres of fuel reduction treatment at Horsetooth MTN OS and 53 acres of fuel reduction treatment at Chimney Hollow OS. 91 acres in total.

Scope of Work by Area/Unit (from CSFS & HTMOS Forest Mgmt Plan):

Mill Creek Unit (8 ac): Cut all trees smaller than 4 inch dbh and/or less than 20 feet tall. Lop and scatter below 18".

HTMOS Addition (31 ac will be treated of this 77 ac area)

Unit 1: Cut all trees smaller than 4" dbh and/or 20 ft tall. Lop and scatter below 18".

Unit 2 – Dwarf Mistletoe Management - Cut all trees with dwarf mistletoe rating of 2 or higher for trees up to 18" dbh. Trees larger than 18" dbh with dwarf mistletoe rating of 2 or higher, girdle and leave standing. Lop and scatter slash below 18".

Unit 3 – Ponderosa Pine Restoration. Reduce overall stand density by removing trees across size classes, though with emphasis on small tree removals, < 6" dbh. Residual density should not be uniform but rather should vary with terrain and soil moisture. Residual basal area should result in an overall average of ~40 ft² per acre and an average crown spacing of at least 10ft. Lop and scatter slash below 18" off the ground.

Chimney Hollow Scope of Work (from CHOS Forest Mgmt Plan):

Cut all trees with dwarf mistletoe rating of 2 or higher for trees up to 18" dbh. Trees larger than 18" dbh with dwarf mistletoe rating of 2 or higher, girdle and leave standing. Reduce stand density by removing trees across size classes, residual density should not be uniform but vary with terrain and soil moisture. Residual basal area should be an overall average of ~40 ft²/ac. Average crown spacing should be at least 10 ft. Lop and scatter slash below 18" off the ground. Leave felled logs uncut. ASU will assist with lop and scatter in the lower elevation portions of the project area. 53 Acres in total.

Milestone dates: Project must be completed and certified by CSFS no later than **December 1, 2020**. Reimbursement request must be received by the CSFS no later than **December 31, 2020**.

Initials:



Standards or Guidelines: Best Management Practices must be followed for all forest management/fuels mitigation work completed under this award. Refer to the handbook *Forestry Best Management Practices to Protect Water Quality in Colorado* for more information which is located at <http://static.colostate.edu/client-files/csfs/pdfs/ForestryBMP-CO-2010.pdf>.

ADD INFORMATION FROM APPROVED GRANT APPLICATION WITH DETAILS ON WHAT STANDARDS/GUIDELINES WILL BE USED

All work completed under this award must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the award recipient. CSFS Grant Reimbursement Request Form Package will be used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

SG