

11-05-10

Hi, Diana.

Jane Lopez approved  
this payment last  
Friday and Kuali shows  
that the check was  
cut yesterday. Let me  
know if you need  
anything more. Best  
regards, Karen



COPY

## Colorado State Forest Service Program Payment Request

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

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>
11-02-10  
keName: Windcliff Property Owners AssociationAddress: P.O. Box 4094Estes Park, CO 80517

N

Approved for Payment

C.S.F.S.

1035919

11-02-10

ke

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

Grant Number: 530944-007(PD)-FC Cooperator Match: \$10,000 ~Approved Funding: \$10,000 ~Total Project: \$20,000 ~CSFS Account Number: 5309440-6693 Amount of Payment: \$10,000 ~

'07CPG SFA-NFA CG4

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

Approved by

  
(Program manager signature)

Date:

10-29-2010



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## Colorado State Forest Service Program Payment Request

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

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>
11-02-10  
keName: Windcliff Property Owners AssociationAddress: PO Box 4094Estes Park, CO 80517  
N**Approved for Payment****C.S.F.S.**

1035919

11-02-10  
ke

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Grant Number: 530944-007(PD)-FC Cooperator Match: \$10,000 ~Approved Funding: \$10,000 ~Total Project: \$20,000 ~CSFS Account Number: 5309440-6683 Amount of Payment: \$10,000 ~  
'07CPG SFA-NFP CG4Circle one: 1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment NApproved by: [Signature]  
(Program manager signature)Date: 10-29-2010

COPY

<b>GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):</b>	
Forest Restoration Grant (SB71 and HB1199)	
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Insect and Disease Prevention and Suppression Program	
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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)	

Name: Windcliff Property Owners Association

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



EXHIBIT B  
GRANT REPORT/REIMBURSEMENT REQUEST  
COMPETITIVE GRANTS

Project Number:

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Project #:	2. Project Funding Amount: \$10,000	3. Community Protected: Windcliff
4. Make Payment To: Windcliff Property Owners		5. Period of Performance:
Name: W.P.O.A.		From: 8/10/2010
Address: P.O. Box 4094		To: 9/30/2010
Estes Park, CO. 80517		

6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.)

Created patch-cuts among dead and dying trees. Expanded shaded fuel breaks in the 20 acres in the Aspencliff Drive (eastern portion of Windcliff) area and adjacent to USFS property. Work was done in accordance with CSF standards  
Slash was chipped and scattered.

7. Reimbursement Request:

Project to Date Reimbursement Request Amount cannot exceed the total Project obligation as identified in the Project Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.

	Current Period				Project to Date			
	Reimbursement Amount Requested	Matching Funds		Total Costs	Reimbursement Amount Requested	Matching Funds		Total Costs
	For Out of Pocket Expenses	Cash (hard match)	Donated (Inkind match)		For Out of Pocket Expenses	Cash (hard match)	Donated (Inkind match)	
Labor*	10000	10000		20000				
Material**								
Total	10000	10000		20000				

Donated time and materials can only be counted towards the matching component.

\* Use actual costs or \$20.25/hour for donated or volunteers' time.

\*\* Use actual costs or fair market value of donated materials, supplies, or equipment use.

8. Amount Paid to CSFS for Products and/Or Services : \$

9. I request reimbursement in the amount of \$10,000 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the project documents.

Signature:

*Joe Walsh*

Date:

9/31/2010

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

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature:

*Diana Silg*

Date:

10/01/10

Summit Forestry  
5201 Greenview Dr.  
Fort Collins CO 80525

PAID

## Invoice

Date	Invoice #
10/1/2010	1268

**Bill To**

Windcliff POA  
c/o Joe Walsh  
3434D Eaglecliff Cir. Dr.  
Estes Park CO 80517-8118

Item	Quantity	Description	Rate	Amount
Active Forest Management		Final payment for completion of Phase I Forest and MPB Management for fiscal year 2011. Project total \$20000.00.	10,000.00	10,000.00
We appreciate your business. Thank you!			<b>Total</b>	\$10,000.00
<b>Terms</b>	Subject to 1.25% after 30 days			

Joe Walsh

Summit Forestry  
5201 Greenview Dr.  
Fort Collins CO 80525

**PAID**

## Invoice

Date	Invoice #
9/15/2010	1265

**Bill To**

Windcliff POA  
c/o Joe Walsh  
3434D Eaglecliff Cir. Dr.  
Estes Park CO 80517-8118

Item	Quantity	Description	Rate	Amount
Active Forest Management		Deposit for Phase I Forest and MPB Management for fiscal year 2011. Work to begin 9/20/10.	10,000.00	10,000.00
We appreciate your business. Thank you!			<b>Total</b>	\$10,000.00
Terms	Subject to 1.25% after 30 days			

*Joe Walsh*



## Financial Assistance Program

### Cooperative Match Project

To be conducted by:

#### Windcliff Property Owners Association

**Project Number:**

**Estimated Project Cost:** \$20,000

**Funding provided by CSFS:** \$10,000

**Minimum Recipient Match:** \$10,000

**Project to be completed by:** 9/30/2010

Based on the strength of the application submitted by Windcliff Property Owners Association, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$10,000 to accomplish the project described in the attached scope of work.

As the cooperator, Windcliff Property Owners Association, 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:

**Attn: Diana Selby**

**Fort Collins District**

**5060 Campus Delivery**

**Fort Collins, CO 80523-5060**

- 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 9/30/2010. There will be NO extensions.

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

**Cooperator Signature:** *Joseph Walsh*

**Date:** 8-20-2010

**Mailing Address:** 3434 Eaglecliff Circle Dr. Unit D  
Estes Park, CO 80517-

**Telephone Number:** 970-586-4727

**Email Address:** FIREMANJ@BEYOND BB.COM

EXHIBIT A  
**Financial Assistance Program**  
**Cooperative Match Project**  
SCOPE OF WORK

**Project Number:**

**Cooperator:** Windcliff Property Owners Association

**Work to be completed:** Work will include creating patch-cuts among dead and dying trees as well as creating and expanding shaded fuel breaks in the community following CSFS standards "Fuel Break Guidelines for Forested Subdivisions and Communities." Project will take place along the eastern portion of the Windcliff community and adjacent to USFS property. Some slash may be chipped but will primarily be lop and scattered or piled for later burning.

1. Type of Treatment – hazard fuels reduction

**Milestone dates:** Project must be completed by 9/30/2010. No extensions.

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

**Project Period:** 8/20/2010 to 9/30/2010

**Funded Amount:** \$ 10,000


**Minimum cooperator match:** \$ 10,000

**Deliverables:** 10 acres

Project Types:     **hazard 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:

 \_\_\_\_\_

\_\_\_\_\_