EXHIBIT B



1

11

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 #: 5366950 -8	2. Total Award Amount: \$23,000,00
3. Project Name: Shambhala Mountain Center	4. Reimbursed Amount to Date: \$4,038,05
3. Project Name: Shambhala Mountain Center 5. Make Payment To: Shambhala Mountain Center Name: Forestry Project Attn: Sophia DeMaio Address: 151 Shambhala Way Red Feather Lakes CO 80545	riod of Performance (Project Period): om: $11/1/2015$ b: $131/2016$
7. What has been accomplished? Please provide a description of accomplishments that meet specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubi of plans written, etc., for which the award was granted. <u>Attach additional sheets as necessary</u> . O created a fire break along the eastern boundary o -thinned, chipped, built a burned slash piles, remove	ic feet or yards of slash collected, number of presentations, number
2 Completed fire mitigation near property entrance (? - thinned, chipped, limbed	3 acres)

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.

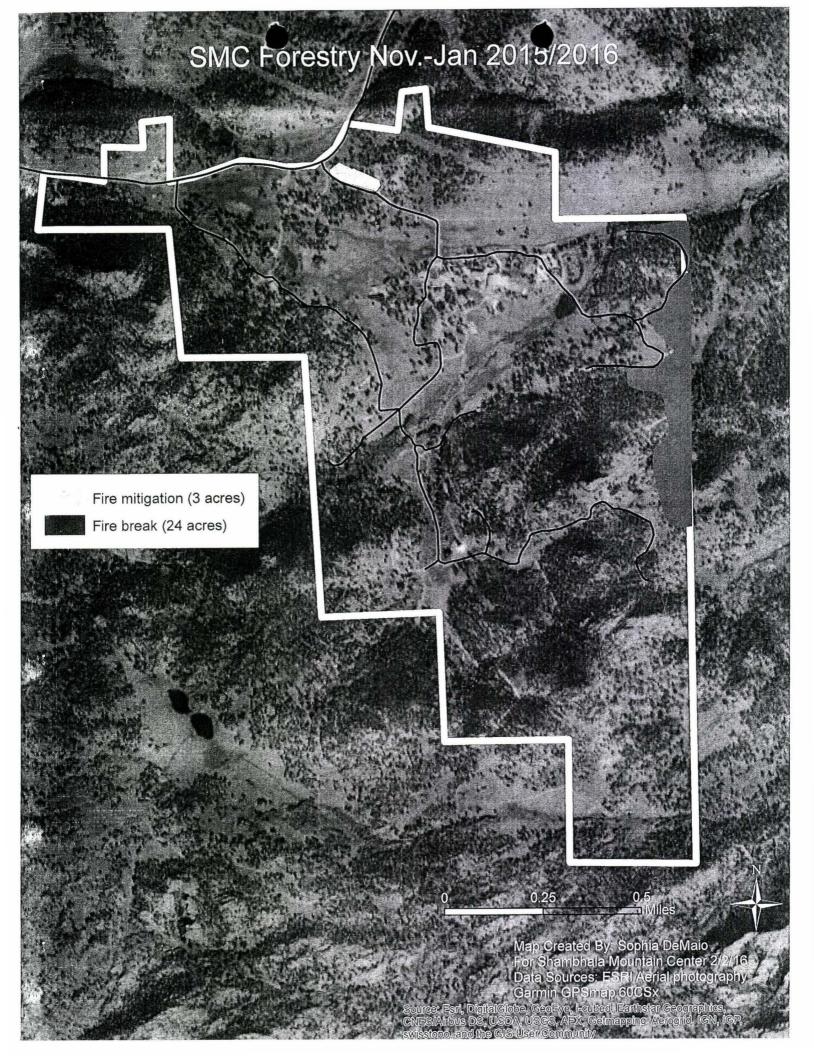
	A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non- recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)	
	Winstein State				B+C+D	(C+D)/E	6
	\$18,961.95	\$ 8,064.90	\$ 8,621.92		\$16,686.82	.52	(2)
	Exhibit B to request reimburses		(plete table above. Includ	e Form D, and other approve	d documentation with	
Reimbursemen	nt Request: I request reimbu	rsement in the amount of \$	18,064 90 for th	he work completed an	nd documented above or	attached.	
		wledge this report is corre pe of work, etc.). All expe				s set forth in the pro	oject
Grant Recip	pient Signature:	Raphin M	Unio		Date:	2/2/2016	
10. Certificati	ion:						
Work meet	e minimum standards an	d specifications as set fort	h by the CRES in the S	Scope of Work			
WOIK meet	s minimum standards an	d specifications as set form	Λ	scope of work.		191	DCJ
District For	rester Signature:	klin (Sul		Date:	2/10/14	V
11. Funding is	s available and request is	approved for reimbursem	ent.				
Program M	anager Signature:				Date:		
							Rev. November 2013
		1	Garth	h Schalt	ér -		
		80	6arth 81-2184 c	x+ 271			

Form D

Page of 43

CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet 366950-8 Project/Account #: Colorado State Award Amount (obligated from funding source): A. Remaining Award Amount: Fifth **Reimbursement Request:** Fourth Final First Third Match **B. Recipient Cost** to be reimbursed C. Recipient Cost (reimbursable costs (not to exceed the F. Recipient D. Non-recipient E. Total Project remaining award that exceed the award Match Rate = amount and amount and items or Cost*b Cost = B+C+D (C+D)/E excluding items not costs not allowable for reimbursement)**a eligible for reimbursement)*a \$8,621.92 25.10/ \$ 8,064.90 \$ 16,686.82 The By Whom Activity/Expense Hours Value (\$) **Cost Category** Date 1/11/11-127 Amanda Astor CSU volunteer visited the property + running FVS since lations 8251 10 Recipient rost 162 4.000 20 5-1/29/16 israel Chapit \$ Swamping. Recipient wonine Dillin 53.5 1.342.85 16 Spohie DoMaia Mappina pilin , chipping Recipient 2,5 62.75 CSD visited property to instruct student of Recipie P4 fosson ros 3.187.70 127 thinning, brush Recipient nilina 6,946.43 276.75 thing Recipient Cost 301.20 12 Wilkin hrush Recipirat cost chai 28.67 . 0:1 + goes (Murdarhs) Soplain DoMo cho + 9 151,94 Sophie DoMais 150.97 arease. he (Trus Dollar files gloves (To 77.97 \$ 29 96 DeMe in w bar (Tax SophiaDeMad 4.9 12/16 Files, ch 6:060 . 128116 Sophie DoMai run chipper (King Sames 13.40 0 Diese tractor to ton chipper (led Feather Superiorp) Sophia De Main 35.81 +30/16 Diesel tractorto run \$ 16,686.82 \$ 8,621.92 \$ 16,686 TOTALS: G. Cumulative Recipient Cost= H. Recipient Cost (Match)= I. Non-recipient Cost (Match)= Grant Recipient Signature: District Forester Signature:

Revised November 2013



THANK YOU FOR SHOPPING AT MURDOCH'S RANCH & HOME LONGMNT (303) 682-5111

M *** 11/03/15 8:44A	Welco	me *	** 291	SALE
TT/03/13 0:44A	IN JUDE		291	OALE
9443399 STIHL 12.8 ULTR		EA	8,49	EA 8.49
9458887 5 GALLON GAS CA	1 N AUTO	EA	17.99	
SUB-TOTAL:	26,48	Tax TOTAL	:	2.19 28.67
	BC AM	Τ:		28.67
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ID: 351022507880 AUTH: 02062B AMT: 28.67 Host reference #:515966 Bat# SWIPED CARD TYPE:MASTERCARD EXPR: XXXX

TxnID/ValCode: 981895

Bank card

28.67

==>> JRNL#F15966/14 CUST NO:*14

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THANK YOU PATRICK ELLIOTT FOR YOUR PATRONAGE

Name : X______ I agree to pay above total amount according to card issuer agreement (merchant agreement if credit voucher) Acct: CASH CUSTOMER-LONGMONT

Customer Copy

Form 828 - Rev. 3/19/14



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 (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	V
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	

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

Shambhala Moustain Center Name: Address: 151 Showbhala Way Red Featur 80545 0 1 Attn: Sophie)emaio

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

Grant Number: 5366950-8	Non-Federal Match: 4038^{-05}
Approved Funding: # 23,000	Total Project: 4 8,076
CSFS Account Number: 5366950-6693	Amount of Payment: <u>\$4038</u> .05
Circle one: 1 st Payment 2 nd Payment 3	rd Payment , Final Payment
Program Manager Signature	Date: 3-15-16
Program Manager Name	

Colorado State Forest Service

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

•1	· - ^ !		i.				
Colorado	~) ×	SFS GRANT AND CO	EXHIBIT ST-SHARE PROGR		EMENT REQUEST		
request for r and any add	receive reimbursement, y reimbursement. Reimbur litional supporting docur	ou <u>must</u> provide documen sement requests must be ac nentation. Other costs and for project implementation	tation supporting your companied by Form D matching funds incurre	costs and correspon , receipts for actual ed by the applicant a	ding match. Complete l costs (out of pocket ex ind/or donated by other	penses) incurre resources incl	ed by the recipient, udes expenses for
1. Project/A	ccount #:	11 53	66950-8	and the second	2. Total Award Amo	int: 4	\$23,000
3. Project N	21	hala Mounta	in Center		4. Reimbursed Amount		()
5. Make Pay Name: F	yment To: Shamble Forestry Pre	Lala Mountain Ject Sophia De N la Way, Red Fai	Center	6. Period of Perfor From: 2/2 To: 6/10	mance (Project Period) 7 15 15	:	Υ
specific and of plans writ <i>Marpa</i> <i>Refream</i> <i>RMDC</i> <i>Power</i> 8. Reimburse	report numbers such as a ten, etc., for which the a Point - 7 ac f area - 2 as Stream Corrid ine - 11 acre ement request amount ca	ease provide a description acres treated, numbers of d ward was granted. <u>Attach</u> r = 5 Chipping t cres Clearing a lor - lacre s - thinning, c nnot exceed the total proje priate cost-share requireme	efensible spaces, tons of additional sheets as new burning beetly -Spen grove hitig ation & hipping + ren ect award obligation as	till hav removing fuel red hoving bee identified in the pro-	ls of slash collected, nu vest area Lead t everg wittion He Kill ject award notification	mber of preser	ntations, number
••	A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non- recipient cost)	E. Total Project Cost	F. Recipien Match Rate (1
531-1965		\$ "11A20.05	4		STEV ATL ID	. <u>(C+D)/E</u>	601
	Exhibit B to request reimburse					l documentation wi	6%, th
Reimbursemen	t Request: I request reimb	ursement in the amount of \$	4,038 for th	he work completed ar	nd documented above or	attached.	
		owledge this report is corre ope of work, etc.). All exp				s set forth in th	e project
	pient Signature:	lophen p	Dee		Date:	6/10/	15
10. Certificati	ion:						
	s minimum standards an ester Signature:	ad specifications as set fort	h by the CSFS in the S	Scope of Work.	Date:	6/z6	lis
	anager Signature:	s approved for reimbursen	nent. dc		Date:	3/15/16	
,		Y					Rev. November 2013

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KFS :: Disbursement Voucher

Page 1 of 3

4

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				Initiator: sarah	cd@colostate.edu	Created:	12:55 PM 02/22/201	
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Document Overview								
'12 CP								
* Description: Shaml Center		Freelowskiews	FINANCIAL ASSISTANCE (a.k.a. SFA); '12 CPG SI					
Organization Document Number:		Explanation:	Number 5366950-8-FC.	Number 5366950-8-FC. 3rd Payment. Not Encumbered				
Financial Document Detail								
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* Payment Reason Code:	O - Program C	bligations						
* Payee ID:	12061-0							
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rajee ijpei								
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Invoice Number:	151 Shambha	la Way		Invoice Date: Address 2:				
Invoice Number: * Address 1:			,		со			
Invoice Number: * Address 1: * City:	151 Shambha			Address 2: State: Postal Code:	80545			
Invoice Number: * Address 1: * City:	151 Shambha Red Feather L United States			Address 2: State:	80545			
Invoice Number: * Address 1: * City: Country:	151 Shambha Red Feather L United States 8,064.90 Is this a foreig Is this payee a	akes		Address 2: State: Postal Code:	80545			
Invoice Number: * Address 1: * City: Country: * Check Amount:	151 Shambha Red Feather L United States 8,064.90 Is this a foreig Is this payee a Is this an emp	akes gn payee: No an employee: No ployee paid outside		Address 2: State: Postal Code: * Due Date:	80545 02/23/2016 Check Enclosure: 1 W-9/W-8BEN	Completed		

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KFS, :: Disbursement Voucher

Accounting Lines [?]								b	ide detail
Source									
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Colorado State	366950 2005 SFA CG3 Projects orthern		0	5 <mark>693</mark> ost Share teimbursement				8,064.90	
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ontact Information								Λ	
			* Contact N	lame: Drinkwine,	Sarah				
			* Phone Nur	mber: 000-000-00	00				
			Email Add	Iress: Sarah.Drink	wine@colostat	e.edu			
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KFS :: Disbursement Voucher

Page 3 of 3

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d Ho oute	c Recipients Log		► show	

send ad hoc request close copy

Colorado State University

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 (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	\checkmark
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	

Checked for Federal suspension and debarment (State Office) https://www.sam.gov/portal/public/SAM/ 2/22/16

Mountain Center Shambhala Name: Approved for payment Way Address: 151 Shambhala Red Frathy Lakes, CO 80545 Attn: Sophia DeMaio

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

Grant Number: <u>5366950 -8 -</u> FC	Non-Federal Match: # 8, 621.92~
Approved Funding:23,000~	Total Project: # 16,686.82 ~
CSFS Account Number: <u>5366950-6693</u> 12 CPG SFA CG3 Projects Under Northum Larin	Amount of Payment: $\# 8,064.90$
Circle one: 1 st Payment 2 nd Payment 3	d Payment Final Payment
Program Manager Signature	Date: 2/15/16
Program Manager Name South Me	Voods

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



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 #: 5366950 -8	2. Total Award Amount: \$23,000,00 ~
3. Project Name: Shambhala Mountain Center	4. Reimbursed Amount to Date: \$4,038,05 ~
5. Make Payment To: Shambhala, Mountain Center Name: Forestry Project Attn: Sophia Dellacio Address: 151 Shambhala Way Red Feather Lakes CO 80545	6. Period of Performance (Project Period): From: 11/1/2015 To: 1/31/2016

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. <u>Attach additional sheets as necessary</u>. () irreated a fire break along the eastern boundary of the property shared with Boy Scouts (Z4) acr - thinned, chipped, built + burned slash piles, removed hazand trees () Completed fire mitigation near property entrance (3 acres) - thinned, chipped, limbed Total = 27 acres

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.

$\frac{B+C+D}{\$!8,96!,95} \xrightarrow{\$'.8,064.90}{\$!8,62!.92} \xrightarrow{B+C+D} (C+D)/E$ Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to complete table above. Include Form D, and other approved documentation with	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 (%)
				的目的思想。	B+C+D	(C+D)/E
Use results from Form D CSES Financial Assistance Cost Documentation Worksheet to complete Table above. Include Form D, and other approved documentation with	\$18,961.95	\$ 8,064.90	\$ 8,621.92		\$ 16,686-82	.52
xhibit B to request reimbursement.			umentation Worksheet to com	plete table above, Includ	le Form D, and other approve	d documentation with

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:

Reimburse

Poplin Munis

Date: 2/2/2016

Total = 27 acres

10. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. Date: 2/16/14District Forester Signature: Jana 11. Funding is available and request is approved for reimbursement. Program Manager Signature: TODAL

Rev. November 2013

Page of 43 CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet 366950-8 Project/Account #: olorado tate Award Amount (obligated from funding source): A. Remaining Award Amount: **Reimbursement Request:** Fourth Fifth Final First Third Match **B.** Recipient Cost to be reimbursed C. Recipient Cost (not to exceed the (reimbursable costs F. Recipient remaining award that exceed the award D. Non-recipient E. Total Project Match Rate = amount and items or Cost*b Cost = B+C+D amount and (C+D)/E excluding items not costs not allowable for reimbursement)**a eligible for reimbursement)*a 5 -51.7 \$ 8,064.90 \$ 8,621.92 \$ 16,686.82 25.10/hr Activity/Expense Hours Value (\$) By Whom **Cost Category** Date 1/1/11-121 America Astor CSU volunteer visited the property + running FVS since lations 8251 10 Recipient cost swamping, borning, pilling brush 162 \$ 4.0000 20 5-1/25/16 israel Chapit Peripient ms \$1,342.85 53.5 Mappina plaining, burning, piling bouch chipping Recipio Seth professor visited property to instruct student noise 2,5 à 102.75 Recipies 105 3.187.70 thinning, brush piling, burning chipping 3 127 Patric pecipient cost 6,946-43 276.75 thinging. Leveille bonning Recipient cost 6-056 301.20 Tere Wilkins housh oilie 12 Recipient cost 28.107 4 Sophia DoMa Oil + gas for chainsaus. Mundarhs)" \$151.94 0 Soohig chai + 910005 DoMas Soohis DoMario bar oil grease helme \$150.97 " Tra Sophia Do Mais files, oil gloves (Te 32,970 aloves Sophis DeMain Files. 1Tox 529,96 \$84.9 Files, chainsaw bar (Tax SophiaDeMgo 112/16 Soohie DeMais For tractor to run chipper (King Somes) \$13.40 0 Diesel Diesel for tractor to run chipper (Red Feather Superiorp) 1/30/16 Sorbia De Main 35.81 3 \$ 16,686.82 \$ 16,686 TOTALS: G. Cumulative Recipient Cost= H. Recipient Cost (Match)= I. Non-recipient Cost (Match)= Grant Recipient Signature: District Forester Signature: Date

Revised November 2013

Form D

Form 828 - Rev. 3/19/14



Mailed to Scott woods on 2/9/16

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 (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	V
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	

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

Shambhala Mountain Center Name: Address: 151 Shanbhala Way Red Feathy Lakes, CO 80545 Attn: Sophia De Maio

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

Grant Number: 5366950 - 8	Non-Federal Match: $\frac{\# 8}{62!}$
Approved Funding:	Total Project: # 16,686.82
CSFS Account Number: <u>5366950 - 6693</u>	Amount of Payment: $\# 8,064.90$
Circle one: 1 st Payment 2 nd Payment	Final Payment
Program Manager Signature	Date:
Program Manager Name	

JAX RANCH AND HOME 1000 NORTH U.S. HIGHWAY 287 FORT COLLINS CD 80524 970-484-2221

Receipt 11/12/15 03:05:38 PM Receipt: 656776 Store: 2 Register: 202 Clerk: CLARA G Salesperson: EMILY R

Customer: JIM ROCKY MOUNTAIN SHAMBHALA CENTER 4921 CTY, RD. 68-C 151 SHAMBHALA WAY RED FEATHER ,CO 80545

Item	Price	Qty	Total
GT FBI	877234 1631 3 SQ PT SHO RUF TEMPER		
AMES II	\$15.99	2.00	\$311,93
	989941 70100 JTTER BAR 0		

STIHL \$10.99 1.00 \$10.99

141150215330 2152T GLOVE MECHANIC INSULATED	-
GLOVE WAGON LG \$17.99 T.00	\$17.99

079700103076 10307		
80Z WHT LITH GREASE PLEWS/EDELMANN WHITE	807	
	1.00	\$4.99

886661007189 70108839100 ARBORIST PROTECTIVE HELMET STIHL

\$134,99	1.00	\$134.99

	Tota	l Units Lubtotal			6.0 200.94
		Tax	``	e**	0.00
*		Total			200.94

 11/12/15 03:05:27 PM
 VISA \$200.94 -MICHAEL DEAN

 Card: XXXXXXXXXXXXX1843
 Auth: 012603



Returns must be made within 30 days in new c^w dition with original tags Merchandise returnec ithout receipt will be issued store credit me exceptions apply *** Customer Copy ***



1000 FORT	ANCH AND NORTH U. COLLINS 84-2221) HOME .S. HIGHN CO 80524	IAY 287
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Customer: MICHAEL DEAN			
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Returns most be made within all days in . new con dition with original tags Merchandise returned w ithout receipt will be issued store credit. So me exceptions apply or Costomer Copy +++



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1 F	AX RANCH DOO NORTH ORT COLLII 70-484-223	U.S. HIGHWANS CO 80524	AY 287	
Receipt 12/03/15 02:32:37 PM Receipt: 666495 Store: 2 Register: 203 Clerk: EMILY R Salesperson: EMILY R				
4921 CTY 151 SHAM	UNTAIN SH , RD. 68-1 BHALA WAY	AMBHALA CENT C ,CO 80545	ſER	
Item	Price	Qty	Total	
-ROUND F STIHL 13			\$3,9 <u>9</u>	
141150215330 2152T GLOVE MECHANIC INSULATED				
\$	GON LG 17.99	1.00	\$17.99	
795711989941 70108710240 WOODCUTTER BAR OIL STIHL				
	10.99	1.00	\$10.99	
		Units btotal Tax	3.0 32.97 0.00	
,		Total	32.97	

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VISA \$32.97 MICHAEL DEAN Auth: 003884



Card: XXXXXXXXXXXXXXX1843

Returns must be made within 30 days in new con dition with original tags Merchandise returned w ithout receipt will be issued store credit So me exceptions apply *** Customer Copy ***



JAX RANCH AND HOME 1000 NORTH U.S. HIGHWAY 287 FORT COLLINS CO 80524 970-484-2221

Receipt 12/24/15 11:32:23 AM Receipt: 677454 Store: 2 Register: 203 Clerk: EMILY C Salesperson: MARIA P

.

Customer: JIM ROCKY MOUNTAIN SHAMBHALA CENTER 4921 CTY, RD. 68-C 151 SHAMBHALA WAY RED FEATHER LAKES ,CO 80545 Item Price Qty Total

\$17.99	1.00	\$17.99
141150215316 2152 GLOVE MECHANIC I GLOVE WAGON SM		
\$17.99	1.00	\$17.99
795711105907 5605	7734003	
ROUND FILES STIHL 5/32IN \$3,99	3.00	\$11.97
Total	Unito	5.0

Subtotal	47.95
Tax	0.00
Total	47.95

will dane 12/24/15 11:31:53 AM Card: XXXXXXXXXXXXXXXX843

VISA \$47.95 MICHAEL DEAN Auth: 024419



Returns must be made within 30 days in new co dition with original tags Merchandise returned ithout receipt will be issued store credit S me exceptions apply *** Customer Copy ***



JAX RANCH AND HOME 1000 NORTH U.S. HIGHWAY 287 FORT COLLINS CO 80524 970-484-2221

Receipt 01/14/16 03:14:27 PM Receipt: 685920 Store: 2 Register: 203 Clerk: Hannah S Salesperson: EMILY R

Customer: JIM ROCKY MOUNTAIN SHAMBHALA CENTER 4921 CTY, RD, 68-C 151 SHAMBHALA WAY RED FEATHER LAKES ,CO 80545

4.

Item	Price	Qty	Total
WOODCL	989941 70108 JTTER BAR 01		
STIHL.	\$10.99	1.00	\$10.99

795711038618 30030008830 GUIDE BAR SN 3/8-050 STIHL 251N \$69.99 1.00 \$69.99

795711105990 56057735203 ROUND FILES STIHL 13/641N \$3.99 1.00

Total Units	3.0
Subtotal	84.97
Tax	0.00
Total	84.97

\$3.99

WILL 01/14/16 03:13:21 PM VISA \$84.97 MICHAEL DEAN Card: XXXXXXXXXXX1843 Auth: 014051



Returns must be made within 30 days in new con dition with original tags Merchandise returned w ithout receipt will be issued store credit. So me exceptions apply *** Customer Copy ***

KING SOOPERS #609

1/28/2016 5:00 AM

Term: 001094144 Appr: 042448 PUMP# 05 CREDIT/ DIESEL @\$1.869/G VOLUME 7.171 GAL GAS TOTAL \$13.40 GRAND TOTAL \$13.40 Loyalty Host Offline YOU SAVED \$0.03 PER GAL

Master Card XXXXXXXXXXXXXX1063

01/28/2016 04:57:58

I agree to pay the above Total Amount according to Card Issuer Agreement.

THANK YOU FROM YOUR STORE MANAGER

RED FEATHER SUPER CORP 137 DOHDY LAKE ROAD RED FEATHER L, CO 80545 970-901-2331 39300981669442

Merchant ID: 9442 Teim N: 0006

Store 11: 0001 Ref 11: 0040

Sale

Total: \$ 35.81

01/30/16 16:39:49 Inv #: 000040 Appr Code: 183945 Transaction ID: 586030851892160 Apprvd: Online Batch#: 000091

Customer Copy

	Time Sh	eet	
Name	Date	Hours	Total
Amanda Astor-CSU student volunteer	1/11/2016	2	
Amanda Astor	1/12/2016	4	
Amanda Astor	1/16/2016	2	
Amanda Astor	1/27/2016	2	10
Sophia DeMaio-SMC Land Steward	11/3/2015	2	
Sophia DeMaio	11/4/2015	4.5	
Sophia DeMaio	11/9/2015	4	
Sophia DeMaio	11/11/2015	3.5	
Sophia DeMaio	11/12/12015	1	
Sophia DeMaio	11/20/2015	1.5	
Sophia DeMaio	11/23/2015	3	
Sophia DeMaio	11/25/2015	4	
Sophia DeMaio	11/30/2015	2	
Sophia DeMaio	12/1/2015	1.5	
Sophia DeMaio	12/2/2015	2	
Sophia DeMaio	12/21/2015	1	
Sophia DeMaio	12/22/2015	4	
Sophia DeMaio	12/24/2015	1	
Sophia DeMaio	12/25/2015	2	
Sophia DeMaio	1/11/2016	2.5	
Sophia DeMaio	1/12/2016	3	
Sophia DeMaio	1/19/2016	8	
Sophia DeMaio	1/25/2016	1	
Sophia DeMaio	1/26/2016	2	53.5
Seth Ex-CSU professor	1/11/2016	2.5	2.5
Tara Wilkins-SMC volunteer	11/24/2015	6	
Tara Wilkins	11/25/2015	6	12

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Name:	Israel Chaput	Comments:
Today's Date:	01/26/2016	
Employee ID:	80326	
Email Address	: <u>ichaput@shambhalamountain.org</u>	-1
Departments:	Forestry Mgmt Sophia DeMaio	
Position:		
Employee Lis		

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	11/29	0	0	0	0	
Monday	11/30	0	0	0	0	
Tuesday	12/01	5:00	0	0	0	cmg
Wednesday	12/02	5:00	0	0	0	cmg
Thursday	12/03	4:30	0	0	0	cmg
Friday	12/04	3:00	0	0	0	cmg
Saturday	12/05	3:00	0	0	0	cmg
Total:		20:30	0	0	0	
YTD:		95:30	0	0	0	

Name:Israel ChaputToday's Date:01/26/2016Employee ID:80326Email Address:ichaput@shambhalamountain.org

Forestry Mgmt

Departments:

Sophia DeMaio

Position:

Employee List

	C	0	m	m	er	nts:	
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Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes		
Sunday	12/06	0	0	0	0			
Monday	12/07	2:30	0	0	0			
Tuesday	12/08	5:30	0	0	0			-
Wednesda	y 12/09	3:00	0	0	0	· · · · · · · · · · · · · · · · · · ·		1
Thursday	12/10	4:00	0	0	0			
Friday	12/11	0	0	0	0		-	- 18 (K-/K)
Saturday	12/12	0	0	0	0	i indian dan berakana	A CONTRACTOR OF A CONTRACTOR	
Total:		15:00	0	0	0			
YTD:		95:30	0	0	0			

Name: Israel Chaput		Comments:	
Today's Date: 01/26/2016			
Employee ID: 80326			
Email Address: ichaput@shambhalamountain.o	rg		
			5
Departments:			
Sophia DeMaio			1
Position:			

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	12/13	0	0	0	0	
Monday	12/14	5:30	0	0	0	
Tuesday	12/15	5:30	0	0	0	
Wednesday	12/16	0	0	0	0	
Thursday	12/17	0	0	0	0	
Friday	12/18	3:00	0	0	0	terretere en
Saturday	12/19	0	0	0	0	
Total:		14:00	0	0	0	
YTD:		95:30	0	0	0	

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Staff Time-Card

Name:Israel ChaputToday's Date:01/26/2016Employee ID:80326Email Address:ichaput@shambhalamountain.org

Departments: Forestry Mgmt

Sophia DeMaio

Position:

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	12/20	0	0	0	0	
Monday	12/21	6:00	0	0	0	
Tuesday	12/22	6:00	0	0	0	
Wednesda	y 12/23	1:30	0	0	0	
Thursday	12/24	6:00	0	0	0	
Friday	12/25	5:00	0	0	0	
Saturday	12/26	0	0	0	0	
Total:		24:30	0	0	0	
YTD:		95:30	0	0	0	

Comments:

4

Staff Time-Card

Name:	Israel Chaput	Comments:	
Today's Date:	01/26/2016		
Employee ID:	80326		
Email Address:	ichaput@shambhalamountain.org		
-	Forestry Mgmt		

Departments: Sophia DeMaio

Position:

Employee List

Date	Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday 12/27	0	0	0	0	
Monday 12/28	6:00	0	0	0	
Tuesday 12/29	5:30	0	0	0	
Wednesday 12/30	5:30	0	0	0	
Thursday 12/31	4:30	0	0	0	
Friday 01/01	0	0	0	0	
Saturday 01/02	2:30	0	0	0	
Total:	24:00	0	0	0	
YTD:	95:30	0	0	0	

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Staff Time-Card

Name:	Israel Chaput	Comments:	
Today's Date:	01/26/2016		1
Employee ID:	80326		
Email Address	: ichaput@shambhalamountain.org		
Departments:	Forestry Mgmt Sophia DeMaio		
Position:			č.

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	01/03	0	0	0	0	
Monday	01/04	0	0	0	0	
Tuesday	01/05	0	0	0	Ö	
Wednesda	y 01/06	0	0	0	0	
Thursday	01/07	0	0	0	0	A second seco
Friday	01/08	5:00	0	0	0	
Saturday	01/09	3:00	0	0	0	
Total:		8:00	0	0	0	
YTD:		37:30	0	0	0	

1.

Name:Israel ChaputToday's Date:01/26/2016Employee ID:80326Email Address:ichaput@shambhalamountain.org

-

Departments: Forestry Mgmt Sophia DeMaio

Position:

Employee List

Comments:

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	01/10	0	0	0	0	
Monday	01/11	0	0	0	0	
Tuesday	01/12	2:30	0	0	0	
Wednesd	lay 01/13	0	0	0	0	
Thursday	/ 01/14	0	0	0	0	
Friday	01/15	3:00	0	0	0	Je view or e e e e
Saturday	01/16	5:00	0	0	0	
Total:		10:30	0	0	0	
YTD:		37:30	0	0	0	

12

Name: Israel Chaput	Comments:	
Today's Date: 01/26/2016		
Employee ID: 80326		
Email Address: ichaput@shambhalamountain.org		
Departments: Forestry Mgmt Sophia DeMaio Position:		
Employee List		1

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	01/17	0	0	0	0	
Monday	01/18	5:30	0	0	0	
Tuesday	01/19	0	0	0	0	
Wednesday	01/20	3:30	0	0	0	
Thursday	01/21	1:30	0	0	0	
Friday	01/22	6:00	0	0	0	
Saturday	01/23	0	0	0	0	
Total:		16:30	0	0	0	
YTD:		37:30	0	0	0	

Timecard successfully saved.

Name:	Israel Chaput	Comments:	
Today's Date:	02/01/2016		-
Employee ID:	80326		
Email Address:	ichaput@shambhalamounta	c .	
Departments:	Forestry Mgmt		
·	Sophia DeMaio		
Position:			
			and a second
Employee List			1.

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	01/24	0	0	0	0	
Monday	01/25	6:30	0	0	0	
Tuesday	01/26	5:30	0	0	0	
Wednesday	/ 01/27	5:00	0	0	0	
Thursday	01/28	6:30	0	0	0	
Friday	01/29	5:30	0	0	0	
Saturday	01/30	0	0	0	0	
Total:		29:00	0	0	0	
YTD:		66:30	0	0	0	

Save

Timecard not submitted by employee.

Monthly Totals

4.29 hours/day * # days/month.

Timecards < Shambhala Mountain Center - WordPre

SS

31 days	133 hours (7 months)
30 days	129 hours (4 months)
28 days	120 hours (1 months)

Year 1567 work hours

January Total Hours

HoursPersonalProgramSolo RetreatTotal66:3000066:30

Thank you for creating with WordPress.

Version 4.4.1

Name: Patrick Elliott Today's Date: 11/27/2015 Employee ID: 21644

Comments:

Email Address: pelliott@shambhalamounta

Donartmonte	Forestry Mgmt
Departments:	Sophia DeMaio

Position:

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	11/01	0	0	0	0	
Monday	11/02	0	0	0	0	
Tuesday	11/03	3:00	0	0	0	
Wednesday	/ 11/04	4:30	0	0	0	1
Thursday	11/05	7:30	0	0	0	
Friday	11/06	7:00	0	0	0	
Saturday	11/07	0	0	0	0	
Total:		22:00	0	0	0	

Timecard approved by supervisor.

Monthly Totals

4.29 hours/day * # days/month.

31 days 133 hours (7 months)

129 hours (4 months) 30 days

28 days 120 hours (1 months)

1567 work hours Year

1



SS

Staff Time-Card

Name:	Patrick Elliott
Today's Date:	11/27/2015
Employee ID:	21644

Comments:

Email Address: pelliott@shambhalamounta

Departments:	Forestry Mgmt
Departments.	Sophia DeMaio
Position:	

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	11/08	0	0	0	0	
Monday	11/09	7:30	0	0	0	
Tuesday	11/10	7:30	0	0	0	
Wednesday	11/11	7:30	0	0	0	
Thursday	11/12	2:30	0	0	0	
Friday	11/13	0	0	0	0	
Saturday	11/14	0	0	0	0	
Total:		25:00	0	0	0	

Timecard approved by supervisor.

Monthly Totals

4.29 hours/day * # days/month.
31 days 133 hours (7 months)
30 days 129 hours (4 months)
28 days 120 hours (1 months)

Year 1567 work hours

Clock In

Comments:

Name: Patrick Elliott Today's Date: 11/27/2015 Employee ID: 21644 Email Address: <u>pelliott@shambhalamounta</u>

Departments: Forestry Mgmt Sophia DeMaio

Position:

1:

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	11/22	4:30	0	0	0	
Monday	11/23	0	0	0	0	2
Tuesday	11/24	0	0	0	0	
Wednesday	11/25	7:30	0	0	0	
Thursday	11/26	0	0	0	0	1
Friday	11/27	0	0	0	0	
Saturday	11/28	0	0	0	0	
Total:		12:00	0	0	0	

Save

Timecard not submitted by employee.

Monthly Totals

4.29 hours/day * # days/month.31 days 133 hours (7 months)30 days 129 hours (4 months)

4

S

Staff Time-Card

Name:	Patrick Elliott	Comments:
Today's Date:	01/26/2016	
Employee ID:	21644	
Email Address:	pelliott@shambhalamounta	1
Departments: Position:	Forestry Mgmt Sophia DeMaio	
Employee List		

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	11/29	0	0	0	0	
Monday	11/30	7:00	0	0	0	along the state of the state of the
Tuesday	12/01	6:30	0	0	0	
Wednesday	/ 12/02	4:30	0	0	0	
Thursday	12/03	0	0	0	0	a contraction of second second second
Friday	12/04	0	0	0	0	
Saturday	12/05	0	0	0	0	
Total:		18:00	0	0	0	
YTD:		77:00	0	0	0	

This timecard can no longer be edited.

Monthly Totals

4.29 hours/day * # days/month.

31 days	133 hours (7 months)
30 days	129 hours (4 months)
28 days	120 hours (1 months)

Comments:

Staff Time-Card

Name:Patrick ElliottToday's Date:01/26/2016Employee ID:21644Email Address:pelliott@shambhalamounta

Departments:	Forestry Mgmt
Departments.	Sophia DeMaio
Position:	

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	01/17	4:00	0	0	0	
Monday	01/18	8:00	0	0	0	
Tuesday	01/19	8:30	0	0	0	
Wednesday	y 01/20	3:30	0	0	0	
Thursday	01/21	0	0	0	0	
Friday	01/22	0	0	0	0	
Saturday	01/23	0	0	0	0	
Total:		24:00	0	0	0	
YTD:		24:00	0	0	0	

Edit Timecard

Approve

You cannot change this timecard after approving it.

Monthly Totals

4.29 hours/day * # days/month.

- 31 days 133 hours (7 months)
- 30 days 129 hours (4 months)28 days 120 hours (1 months)

11



Name:	Patrick Elliott	Comments:
Today's Date:	02/01/2016	
Employee ID:	21644	
Email Address:	pelliott@shambhalamounta	2
Departments:	Forestry Mgmt Sophia DeMaio	
Position:		
Employee List		

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	01/24	0	0	0	0	
Monday	01/25	0	0	0	0	
Tuesday	01/26	0	0	0	0	
Wednesday	/ 01/27	0	0	0	0	
Thursday	01/28	8:30	0	0	0	
Friday	01/29	5:30	0	0	0	
Saturday	01/30	8:00	0	0	0	
Total:		22:00	0	0	0	
YTD:		50:00	0	0	0	*

Save

Timecard not submitted by employee.

Monthly Totals

Year 1567 work hours

January Total Hours

HoursPersonalProgramSolo RetreatTotal50:0000050:00

Thank you for creating with WordPress.

Version 4.4.1

Jared Leveille Name: Today's Date: 11/27/2015 Employee ID: 29776

Comments:

111 E

non-forestry activities

Email Address: jleveille@shambhalamounta

Departments:	Forestry Mgmt				
Departments.	Sophia DeMaio				
Position:	Landsteward Assistant				

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	11/01	0	0	0	0	
Monday	11/02	0	0	0	0	
Tuesday	11/03	6:00	0	0	0	6 hours
Wednesday	11/04	6:00	0	0	0	6 hours
Thursday	11/05	6:00	0	0	0	6 hours
Friday	11/06	5:00	0	0	0	5 hours
Saturday	11/07	0	0	0	0	
Total:		23:00	0	0	0 .	

Timecard approved by supervisor.

Monthly Totals

!

4.29 hours/day * # days/month. 31 days 133 hours (7 months)

21	uays	100	nours	()	monuis)
30	days	129	hours	(4	months)
28	days	120	hours	(1	months)

1567 work hours Year

SS

Staff Time-Card

Name:Jared LeveilleToday's Date:11/27/2015Employee ID:29776Email Address:jleveille@shambhalamounta

Departments:	Forestry Mgmt				
Departments.	Sophia DeMaio				
Position:	Landsteward Assistant				

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	11/08	0	0	0	0	
Monday	11/09	6:00	0	0	0	
Tuesday	11/10	6:00	0	0	0	S and the second
Wednesday	/ 11/11	5:00	0	0	0	
Thursday	11/12	6:00	0	0	0	The many share that is a set
Friday	11/13	2:30	0	0	0	
Saturday	11/14	0	0	0	0	
Total:		25:30	0	0	0	

Timecard approved by supervisor.

Monthly Totals

4.29 hours/day * # days/month.31 days 133 hours (7 months)

				1.	
30 d	lays	129	hours	(4	months)
28 d	lays	120	hours	(1	months)

Year 1567 work hours

11



Timecard successfully approved.

Name:Jared LeveilleComments:Today's Date:11/27/2015Employee ID:29776Email Address:jleveille@shambhalamounta

Departments:	Forestry Mgmt				
Departments.	Sophia DeMaio				
Position:	Landsteward Assistant				

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	11/15	0	0	0	0	
Monday	11/16	0	0	0	0	 A set or any set of the set of
Tuesday	11/17	0	0	0	0	
Wednesday	11/18	0	0	0	0	
Thursday	11/19	0	0	0	0	
Friday	11/20	5:00	0	0	0	5 hours forestry work
Saturday	11/21	0	0	0	0	, ,
Total:		5:00	0	0	0	· · · ·

Timecard approved by supervisor.

Monthly Totals

4.29 hours/day * # days/month.31 days 133 hours (7 months)30 days 129 hours (4 months)

Jared Leveille Name: Today's Date: 01/26/2016 Employee ID: 29776

Comments:

Email Address: jleveille@shambhalamounta

Forestry Mgmt Departments: Sophia DeMaio Position: Landsteward Assistant

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	11/22	3:00	0	0	0	
Monday	11/23	7:00	0	0	0	
Tuesday	11/24	3:00	0	0	0	
Wednesday	11/25	7:00	0	0	0	
Thursday	11/26	0	0	0	0	
Friday	11/27	4:00	0	0	0	
Saturday	11/28	0	0	0	0	
Total:		24:00	0	0	0	
YTD:		198:45	0	0	0	

This timecard can no longer be edited.

Monthly Totals

4.29 hours/day * # days/month.

133 hours (7 months) 31 days 30 days 129 hours (4 months) 28 days 120 hours (1 months) 1

Staff Time-Card

Name:Jared LeveilleToday's Date:01/26/2016Employee ID:29776Email Address:jleveille@shambhalamounta

Departments:Forestry MgmtSophia DeMaioPosition:Landsteward Assistant

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	11/29	0	0	0	0	
Monday	11/30	6:30	0	0	0	
Tuesday	12/01	0	0	0	0	
Wednesday	/ 12/02	0	0	0	0	
Thursday	12/03	0	0	0	0	
Friday	12/04	0	0	0	0	
Saturday	12/05	0	0	0	0	
Total:		6:30	0	0	0	
YTD:		198:45	0	0	0	

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This timecard can no longer be edited.

Monthly Totals

4.29 hours/day * # days/month.
31 days 133 hours (7 months)
30 days 129 hours (4 months)
28 days 120 hours (1 months)

1.



Staff Time-Card

Name:Jared LeveilleToday's Date:01/26/2016Employee ID:29776Email Address:jleveille@shambhalamounta

Departments:	Forestry Mgmt
Departments.	Sophia DeMaio
Position:	Landsteward Assistant

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	12/06	8:30	0	0	0	Hours from 12/1/15 & 12/2/
Monday	12/07	6:00	0	0	0	
Tuesday	12/08	4:00	0	0	0	
Wednesday	/ 12/09	6:00	0	0	0	
Thursday	12/10	4:00	0	0	0	
Friday	12/11	6:30	0	0	0	Hours from 12/3, 1 hr. mtg.
Saturday	12/12	3:30	0	0	0	Hours from 12/5
Total:		38:30	0	0	0	
YTD:		198:45	0	0	0	

This timecard can no longer be edited.

Monthly Totals

4.29 hours/day * # days/month.31 days 133 hours (7 months)30 days 129 hours (4 months)

28 days 120 hours (1 months)

Staff Time-Card

Name:Jared LeveilleToday's Date:01/26/2016Employee ID:29776Email Address:jleveille@shambhalamounta

Departments:	Forestry Mgmt
Departments.	Sophia DeMaio
Position:	Landsteward Assistant

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	12/13	6:30	0	0	0	Hours from 12/4, 1:30 land t
Monday	12/14	7:30	0	0	0	
Tuesday	12/15	7:00	0	0	0	
Wednesday	/ 12/16	4:00	0	0	0	2 hrs. shoveling
Thursday	12/17	3:30	0	0	0	
Friday	12/18	6:00	0	0	0	
Saturday	12/19	0	0	0	0	
Total:		34:30	0	0	0	
YTD:		198:45	0	0	0	

This timecard can no longer be edited.

Monthly Totals

Name: Jared Leveille Today's Date: 01/26/2016 Employee ID: 29776

Comments:

Email Address: jleveille@shambhalamounta

Departments:	Forestry Mgmt
Departments.	Sophia DeMaio
Position:	Landsteward Assistant

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	12/20	0	0	0	0 .	
Monday	12/21	6:00	0	0	0	
Tuesday	12/22	6:45	0	0	0	
Wednesday	12/23	1:30	0	0	0	
Thursday	12/24	6:00	0	0	0	
Friday	12/25	4:30	0	0	0	
Saturday	12/26	0	0	0	0	
Total:		24:45	0	0	0	
YTD:		198:45	0	0	0	

4

. ...

This timecard can no longer be edited.

Monthly Totals

4.29 hours/day * # days/month. 133 hours (7 months) 31 days 30 days 129 hours (4 months) 120 hours (1 months) 28 days

Jared Leveille Name: Today's Date: 01/26/2016 Employee ID: 29776 Email Address: jleveille@shambhalamounta

Comments:

Departments:	Forestry Mgmt
Departments.	Sophia DeMaio
Position:	Landsteward Assistant

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	12/27	0	0	0	0	
Monday	12/28	6:00	0	0	0	
Tuesday	12/29	5:30	0	0	0	
Wednesday	y 12/30	5:30	0	0	0	
Thursday	12/31	0	0	0	0	
Friday	01/01	0	0	0	0	
Saturday	01/02	0	0	0	0	
Total:		17:00	0	0	0	
YTD:		198:45	0	0	0	

This timecard can no longer be edited.

Monthly Totals



Staff Time-Card

Name:Jared LeveilleToday's Date:01/26/2016Employee ID:29776Email Address:jleveille@shambhalamounta

Departments:Forestry Mgmt
Sophia DeMaioPosition:Landsteward Assistant

Employee List

Date	÷	Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	01/03	0	0	0	0	
Monday	01/04	0	0	0	0	
Tuesday	01/05	0	0	0	0	
Wednesday	01/06	0	0	0	0	a se Pus la facil
Thursday	01/07	0	0	0	0	
Friday	01/08	5:30	0	0	0	
Saturday	01/09	4:00	0	. 0	0	
Total:		9:30	0	0	.0	
YTD:		52:00	0	0	0	

4

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Timecard approved by supervisor.

Monthly Totals

2



Staff Time-Card

Name:	Jared Leveille	Comments:
Today's Date:	01/26/2016	
Employee ID:	29776	
Email Address	: jleveille@shambhalamount	ž
Departments:	Forestry Mgmt	
Departments.	Sophia DeMaio	

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Position: Landsteward Assistant

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	01/10	0	0	0	0	
Monday	01/11	0	0	0	0	
Tuesday	01/12	2:30	0	0	0	
Wednesday	01/13	3:00	0	0	0	, allow and an allow
Thursday	01/14	2:00	0	0	0	
Friday	01/15	2:00	0	0	0	
Saturday	01/16	5:30	0	0	0	
Total:		15:00	0	0	0	
YTD:		52:00	0	0	0	

Timecard approved by supervisor.

Monthly Totals

Staff Time-Card

Name:Jared LeveilleToday's Date:01/26/2016Employee ID:29776Email Address:jleveille@shambhalamounta

Departments:	Forestry Mgmt
Departments.	Sophia DeMaio
Position:	Landsteward Assistant

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	01/17	0	0	0	0	
Monday	01/18	7:30	0	0	0	
Tuesday	01/19	7:00	0	0	0	
Wednesday	/ 01/20	5:30	0	0	0	
Thursday	01/21	1:30	0	0	0	
Friday	01/22	6:00	0	0	0	
Saturday	. 01/23	0	0	0	0	
Total:		27:30	0	0	0	
YTD:		52:00	0	0	0	

Edit Timecard

Approve

You cannot change this timecard after approving it.

Monthly Totals



Timecard successfully saved.

Name:Jared LeveilleToday's Date:02/01/2016

Comments:

Employee ID: 29776

Email Address: jleveille@shambhalamounta

Departments:	Forestry Mgmt				
Departments.	Sophia DeMaio				
Position:	Landsteward Assistant				

Employee List

Date		Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday	01/24	0	0	0	0	
Monday	01/25	6:30	0	0	0	
Tuesday	01/26	5:30	0	0	0	
Wednesday	/ 01/27	5:00	0	0	0	
Thursday	01/28	6:30	0	0	0	
Friday	01/29	5:30	0	0	0	
Saturday	01/30	0	0	0	0	-
Total:		29:00	0	0	0	
YTD:		81:00	0	0	0	

Save

Timecard not submitted by employee.

Monthly Totals

4.29 hours/day * # days/month.

4

Timecards < Shambhala Mountain Center - WordPr

31 days	133 hours (7 months)
30 days	129 hours (4 months)
28 days	120 hours (1 months)

Year 1567 work hours

January Total Hours

Hours	Personal	Program	Solo Retreat	Total
81:00	0	0	0	81:00

Thank you for creating with WordPress.

Version 4.4.1

rsement Voucher					Doc Nbr:	8429270	Status: FIN	AL
2					Initiator:	sarahcd@colostate.edu	Created: 07:4	42 AM 03/16/2016
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Document Overview								
* Description: 12 CPC	SFA Shambhala		FINANCIAL AS		OPERATIVE MATCH	ROJECT: STATE FIRE ASS	ISTANCE (aka	SFA): 12
Organization		Explanation:				6950-8. 3rd Payment. No		
Document Number: Financial Document Detail								
	02							
•	ank Code 02 GENERA	L DISBURSEMENTS	;			Total Amo	unt: 4,038.05	
Payment Information		▼ hide						
Payment Information								
* Payment Reason Code:	O - Program Obl	gations						
* Payee ID:	12061-0							
Payee Type:	Vendor				* Payee Name:	Shambhala Mountain Cer	nter	
Invoice Number	1				Invoice Date:			
* Address 1:	151 Shambhala	Way			Address 2:			
* City:	Red Feather Lake	25			State:	со		
Country	United States				Postal Code:	80545		
* Check Amount	4,038.05				* Due Date:	03/17/2016		
	Is this a foreign	payee: No						
Payment Type	Is this payee an	employee: No		Oth	er Considerations:	Check Enclosure: No		
	Is this an emplo	yee paid outside	e of payroll:			W-9/W-8BEN Compl	eted	
* Designed Mathead	D. Charle (ACU			* Docum	nentation Location			
* Payment Method					Code:	AP - Accounts Payable		
* Check Stub Text	Landowner Assis	tance Grant Rei	mbursement St	ate Fire Assistance Gran	t 5366950-8 3rd Pay	ment Form 828 3/16/201	6 ATTN: Sophie D	eMaio
Accounting Lines		♥ nide						
Accounting Lines								hide de(a)
Source								
* Chart CQ Colorado State University 12CPG S	* Account Nun		Sub-Account	* Object 6693 Cost Share Reimbursement	Sub-Object	Project Org Ref Id FC	* Amount 4,038.05	Actions
	scription			and anone memory and an				
SFA Form 828 Shambhala Mou	ntain Center							

add:

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Route Log

03/16/2016 07:59 AM

Ad Hoc Recipients

Sarah

				Total: 4,038.05
Contact Information	• 1920 ·			
Contact Information				
		* Contact Name:	Drinkwine, Sarah	
		* Phone Number:		
			Sarah.Drinkwine@colostate.edu	
		Campus Code:	MC - CSU Main Campus	
Special Handling	▶ SħDve			
Nonresident Alien Tax	▶ show			
Wire Transfer	▶ show			
Foreign Draft	* Show			
Non-Employee Travel Expense	► show			
Pre-Paid Travel Expenses) show			
Pre-Disbursement Processor Status	> show			
General Ledger Pending Entries	* show			
Notes and Attachments (1)	▼ hide			
Notes and Attachments				
Posted Author * Note Timestamp	Text		Attached File	Notification Recipient Actions
			Browse No file selected.	add

send ad hoc request class copy

Drinkwine, CSFS Fort Collins District. Form 828 and Supporting

Documentation

M

CANCEL

Form 828_Shambhala Mountain Center 5366950-8-FC 3-16-2016 \$4,038.05 3rd Payment Doc#8429270 .pdf (170 KB, application/pdf)

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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.

		(20)					
1. Project/A	account #:	536	66950-8 in Center		2. Total Award Amo	ount: į	\$23,000
3. Project N		rala Mounta	in Center		4. Reimbursed Amou	int to Date:	50
5. Make Pay Name: F Attn: Lo Address:	ment To: Shambh Forestry Pro und Steward 151 Shambhal	ject Sophia De M. Way, Red Fait	center aim	6. Period of Perfor From: 2/2 To: 6/10		():	(DS)
specific and of plans writ <i>Marpa</i> <i>Refreat</i> <i>RMDC</i> <i>Power</i> 8. Reimburse amount must	report numbers such as a ten, etc., for which the av Point - Facr farea - Zac Stream corrida ine - Il acres ement request amount car	ease provide a description of crest treated, numbers of de ward was granted. Attach a \sim 5 Chipping t b res Clearing a \sim cressing m \sim cressing m \sim cressing m \sim chinking ch	efensible spaces, tons of additional sheets as ner burning beeth spen grove it ig at ion to nipping + ren ct award obligation as	of, cubic feet or yard cessary. e kill har - removing f fuel red hoving bee identified in the pro	is of slash collected, m vest area lead t everg within the kill ject award notification	umber of presen	tations, number
recipient.		2					
•	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 (%	and the second se
/ / :	· ·	- marine in the second	de to att 1 1 1		B+C+D	(C+D)/E	50%
5366950-	\$23000	\$ 4,038.05	\$ 4,038 .05		\$8,076 10	50	10
D	* Use results from Form D CSF	S Financial Assistance Cost Docu	mentation Worksheet to con	plete table above. Include	1,	d documentation wit	h
Reimbursemer	Exhibit B to request reimbursen at Request: I request reimbu	ursement in the amount of \$	\$ 4,038.05	he work completed ar	nd documented above or	attached.	
9. I certify t documents (i.	e. award notification, sco	wledge this report is corre- ppe of work, etc.). All expe	enses and all cost-shar	hat all outlays repor e are true and accura	ted are for the purpose ate.	es set forth in the	project
Grant Reci	pient Signature:	loplan &	Ne		Date:	6/10/	15
10. Certificat	ion:						
	ts minimum standards and rester Signature:	d specifications as set forth	h by the CSFS in the	Scope of Work	Date:	6/30/15)
11. Funding i	s available and request is	approved for reimbursem	ent.	1			
Program M	lanager Signature:				Date:		
				14			Rev. November 2013

Marked 2 Sort to

Form 828 - Rev. 3/19/14



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYP	PE):
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	V
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	

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

Name: Shambhala Mtn. Center
Address: 151 Shambhala Way
Real Feather Lakes, CO 80545
Attn: Lond Steward / Sophia Demaio
The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service.
Grant Number: $5366950-8$ Non-Federal Match: $4,038$.
Approved Funding: $\pm 23,000$ Total Project: $\pm 8,076^{10}$
CSFS Account Number: $5366950 - 1693$ Amount of Payment: $4,038.05$
Circle one: 1 st Payment 2 nd Payment 3 rd Payment Final Payment

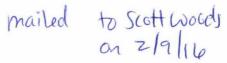
Program Manager Signature	Date:
Program Manager Name	· · · · · · · · · · · · · · · · · · ·

Colorado State Forest Service

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

Form 828 - Rev. 3/19/14





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 (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	V
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	

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

Name: Girl Scouts of Colorado
Address: 3801 East Florida Avenue, Suite 720
Denver, CO 80201
Attn: Myrnan Fronczak
The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service.
Grant Number: <u>5366950-5</u> Non-Federal Match: <u>4549-16</u>
Approved Funding: <u>\$8,000</u> Total Project: <u>\$1,098</u> ,32
CSFS Account Number: $5366950 - 6693$ Amount of Payment: $$549^{16}$
Circle one: 1 st Payment 2 nd Payment 3 rd Payment Final Payment
Program Manager Signature Date:
Program Manager Name

Colorado State Forest Service

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



Colorado State University

Colorado State Forest Service Program Payment Request

Bureau of Land Management Task Order Program Volunteer or Rural Fire Assistance (VFA/RFA) Colorado Forest Restoration Grant Insect and Disease Prevention and Suppression Program State Fire Assistance (SFA) Front Range Fuels Treatment Partnership (FRFTP) Stevens Fuels Treatment Funds (CAFA) Emergency Supplemental Funds (ESF) I Checked for Federal suspension and debarment (State Office) https://www.sam.gov/portal/public/SAM Address: ISI Shombhala Mount Lakes, Attn: Scphice Decked for Federal suspension and debarment (State Office) https://www.sam.gov/portal/public/SAM Address: ISI Shombhala Mount Lakes, Attn: Scphice DelMailo Math: Schule Delmailo Matheway The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service. Grant Number: 53/bb/95/0-8 Non-Federal Match: 4/028/05/- Your Service. Fracture Your Service. Fracture Your Service. Final Project:	1	GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Colorado Forest Restoration Grant Insect and Disease Prevention and Suppression Program State Fire Assistance (SFA) Front Range Fuels Treatment Partnership (FRFTP) Stevens Fuels Treatment Punds (CAFA) Emergency Supplemental Funds (ESF) I Checked for Federal suspension and debarment (State Office) https://www.sam.gov/ports/public/SAM/ Name: Shambhala Monthala Mountain Address: 151 Shambhala Mountain Math: Scphie Attn: Scphie Decked Forest Service. 3/10/10 Grant Number: 53/20/05 Yes Non-Federal Match: State State Forest Service. Total Project: Grant Number: 53/20/050 State State Ward Mather Mount of Payment: Yes State State State Service. Total Project: Grant Number: 53/20/050 State State Ward Mather Mount of Payment: Yes State State Ward Mother Total Project: \$\$\frac{\frac{1}{2}\$\$\frac{1}{2}\$\$ State State State Ward Mother Circle one: 12 Magnet 23 Mathe			
Insect and Disease Prevention and Suppression Program State Fire Assistance (SFA) Front Range Fuels Treatment Partnership (FRFTP) Stevens Fuels Treatment Punds (CAFA) Emergency Supplemental Funds (ESF) Icl Checked for Federal suspension and debarment (State Office) https://www.sam.cov/nortal/public/SAMU Name: Shrandhala Molwtain CMCY Address: 151 Shrandhala Worktain Address: 151 Rud Fractur Address: 151 Shrandhala Worktain Atth: Scphie Default State Forest Service. Grant Number: 53/6/950-8 Non-Federal Match: \$4028.°5 ~ Approved Funding: \$23,000 ~ Total Project: \$\$4,076 ~ Nor-Federal Match: \$4038.°C5 ~ 12 UFB \$FA US3 Mojutts Under Moderar State Forest Service. Intel Project: State Forest Service. Total Project: Grant Number: 53/6/950 - 6/6/43 Manut of Payment: \$4038.°C5 ~		Volunteer or Rural Fire Assistance (VFA/RFA)	
State Fire Assistance (SFA) V Front Range Fuels Treatment Partnership (FRFTP) Stevens Fuels Treatment Funds (CAFA) Emergency Supplemental Funds (CAFA) Emergency Supplemental Funds (CAFA) Emergency Supplemental Funds (ESF) 3/lul/16 SD Icl Checked for Federal suspension and debarment (State Office) https://www.sam.gov/nortal/public/SAMU 3/lul/16 SD Name: Shambhala Mouvtain Curk r Address: 151 Shambhala Wory Address: 151 Shambhala Wory CSFS Rid Fractur Lales, CO 80545 ~ 3/lu/16 SD Atth: Scphie Defmail Dac # 9449270		Colorado Forest Restoration Grant	
Gute The Assistance (STA) Front Range Fuels Treatment Partnership (FRFTP) Stevens Fuels Treatment Funds (CAFA) Emergency Supplemental Funds (CSF) In Checked for Federal suspension and debarment (State Office) https://www.sam.gov/portal/public/SAM Name: Shambhala Mountain CMCr Address: 151 Shambhala Mountain Math: Scphie Detected for Federal suspension and debarment (State Office) https://www.sam.gov/portal/public/SAM Silulits SD Name: Shambhala Mountain CMCr Address: 151 Shambhala Wountain CMCr Approved for payment CSFS State forest Service. Grant Number: 53/6/950-8 Non-Federal Match: 4/038-05 Approved Funding: 23,000 Total Project: 54/076 ''O - CSFS Account Number: 53/6/950-6/6/43 Amount of Payment: '12 UFB 'SFA (G3 Pojuets Morthern Circle one: 1st Payment 3rd Payment Final Pay		Insect and Disease Prevention and Suppression Program	
Stevens Fuels Treatment Funds (CAFA) Emergency Supplemental Funds (ESF) Image: Shambhala Moustain Cutler Address: 151 Shambhala Moustain Cutler Address: 151 Address: 151 Shambhala Moustain Cutler Address: 151 Stevens Fuels Treatment (state Office) https://www.sam.gov/portal/public/SAM 31/6/16 5D Name: Shambhala Moustain Cutler Address: 151 Bhombhala Wory Approved for payment CSFS Brath Sophie Best # 8429270 Atth: Sophie Define Define Dec # 8429270 Atth: Sophie Define Define Dec # 8429270 Atth: Sophie Sophie Defination Stevens Proved for payment Sophie Sophie Defination Grant Number: 53/elg/950-8 Non-Federal Match: \$4/928^{-05} Soff Socount Number: 53/elg/950-6/elg/8 '12 Uff SFA (G3 Projuets Undur Northern <td></td> <td>State Fire Assistance (SFA)</td> <td></td>		State Fire Assistance (SFA)	
Emergency Supplemental Funds (ESF) C Checked for Pederal suspension and debarment (State Office) https://www.sam.cov/portal/public/SAM/ Silu/16 5D Name: Shambhala Moustain Curtur - Address: 151 Shambhala Way - Red Facture (Alas, CO 80545 - Attn: Scphie DeMaio - CSFS Attn: Scphie DeMaio - The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service. Grant Number: $53669950-8$ Non-Federal Match: $$4028^{\circ 5} -$ Approved Funding: $$23,000$ Total Project: $$58,076^{\circ 6} -$ CSFS Account Number: $5366950-66643$ Amount of Payment: $$4038^{\circ 5} -$ 12 CFS SFA CG3 Projects Under Northern. Circle one: 1st Payment 2nd Payment 3nd Payment Final Payment Program Manager Signature DefMaude Date: $$515-4$		Front Range Fuels Treatment Partnership (FRFTP)	
C Checked for Federal suspension and debarment (State Office) https://www.sam.gov/portal/public/SAM/ $3ltu/10$ SD Name: Shambhala Mowtain Curter - Address: 151 Shambhala Way - Approved for payment Red Featur Lales, O 80545 - $3^{-1}u^{-$		Stevens Fuels Treatment Funds (CAFA)	
Name: Shambhala Mowtain Cuttr - Address: 151 Shambhala Way - Rid Factur Lalas, O 80545 - Attn: Scphie DeMaio - The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service. Grant Number: 5366950-8 - Non-Federal Match: \$4028 °S - Approved Funding: \$23,000 - Total Project: \$5 8,076 '' - CSFS Account Number: 5366950 - 66643 Amount of Payment: \$4038 °S - '12 CFG SFA CG3 Projects Under Northern Circle one: 1st Payment 2rd Payment 3rd Payment Final Payment Program Manager Signature Date: \$5 15-16		Emergency Supplemental Funds (ESF)	
Address: 151 ShombhalaWayApproved for paymentRed FeaturLakes, $(0 \ 80545 \ \ 316016 \ 50 \ 0000 \ 100000 \ 10$	1	Checked for Federal suspension and debarment (State Office) https://www.sam.gov/portal/pu	IDIIC/SAM/ 3/16/16 SD
Address: 151 Shandbhala Way Red Faather Lalaes, $(0 \ 80545 \ 3^{-16-16} \ 5D \ Dec \# 9429270$ Attn: Sophie DeMaio ~ The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service. Grant Number: $5366950-8$ Non-Federal Match: $$4028^{-05}$ ~ Approved Funding: $$23,000$ ~ Total Project: $$58,076^{-0}$ ~ CSFS Account Number: $5366950-6643$ Amount of Payment: $$4038^{-05}$ ~ '2 CPB SFA CG3 Projects Under Northern Circle one: 1^{st} Payment 2^{nd} Payment 3^{rd} Payment Final Payment Program Manager Signature 97404046 Date: $5-15-4$	Name:		
The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service. Grant Number: $5300950-8$ Non-Federal Match: 4028^{-05} Approved Funding: 423000^{-7} Total Project: 584076^{-0} CSFS Account Number: $5360950-6643$ Amount of Payment: 4038^{-05} '12 CPG SFA CG3 Projects Under Northern. Circle one: 1^{st} Payment 2^{rd} Payment 3^{rd} Payment Final Payment Program Manager Signature Date: $515-4$	Address:	151 Shombhala Way -	CSFS 3-14-14 SD
the Colorado State Forest Service. Grant Number: $53669950-8$ Non-Federal Match: 4038^{-05} Approved Funding: $823,000$ Total Project: $58,076^{-0}$ CSFS Account Number: $5366950-6643$ Amount of Payment: 84038^{-05} '12 CFG SFA CG3 Projects Under Morthern Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment Program Manager Signature Definition of the second		Attn: Sophie DeMaio -	
Approved Funding: \$\$\frac{12}{23,000}\$ - Total Project: \$\$\frac{15}{10,076}\$ - \$\$ CSFS Account Number: \$\$\frac{5366950 - 66643}{12 0PG 3FA 0C43}\$ Amount of Payment: \$\$\frac{4038}{84038}\$ - \$\$ '12 0PG 3FA 0C43 Projects Under Northern Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment Program Manager Signature \$\$\$\frac{1}{200}\$ - \$\$\$ \$			approved by
CSFS Account Number: <u>5366950 - 6693</u> Amount of Payment: <u>4038</u> .05 ~ '12 CFG SFA CG3 Projects Under Northern Circle one: 1 st Payment 2 nd Payment 3 rd Payment Final Payment Program Manager Signature Date: <u>515-16</u>	Grant Nu	mber: $5366950-8 \sim$ Non-Federal Match: 40	~ 20-35
Circle one: 1 st Payment 2 nd Payment 3 nd Payment, Final Payment Program Manager Signature			
Program Manager Signature	CSFS Acc	B SFA CG3 Projects Under Northern	038.05~
	Circle one	e: 1 st Payment 2 nd Payment 3 rd Payment Final Payment	t
	-		- 15-16

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







EXHIBIT B CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> 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 # 5366950-8 2. Total Award Amount: 3. Project Name: Shumbhala Mountain Center 5. Make Payment To: Shumbhala Mountain Center Name: Forestry Project Attn: Land Steward - Sophia De Maio -Address 161 Steward - Sophia De Maio -4. Reimbursed Amount to Date: 6. Period of Performance (Project Period): From: 2/27/15 To: 6/10/15 Address: 151 Shumbhala Way, Red Farther Lakes 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. <u>Attach additional sheets as necessary</u>. *Marpa Point* - **T**acres Chipping t burning beetle Kill harvest area *Retreat* area - Zacres Clearing aspen grove - removing dead t ever greens *RMDC* Stream corridor - erosing mitigation & fivel reduction Power line - 11 acres - thinning, chipping + removing beetle kill 8. Reinbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request sunount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient. **B.** Reimbursement C. Match (recipient A. Remaining Award D. Match (non-F. Recipient **Requested Amount** E. Total Project Cost Amount recipient cost) Match Rate (%) cost) (recipient cost) (C+D)/E DOO Use results from Form D CSFS Fin nce Cost Documentation Worksheet to complete table above. Include For Exhibit B to request reimbursement. Reimbursement Request I request reimbursement in the amount of \$ 4,038 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. lophen Dee Date: 6/10/15 Grant Recipient Signature. 10. Certification Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work 6/210/15 District Forester Signature: Date: 11. Funding is available and request is approved for reimbursement. Date: 3/15/16 Program Manager Signature: Rev November 2013

Financial Assistance Program Cooperative Match Project

To be conducted by:

Shambhala Mountain Center

Project Number:	5366950-8
Estimated Project Cost:	\$46,000
Funding provided by CSFS:	\$23,000
Minimum Recipient Match:	\$23,000
Project to be completed by:	September 1, 2014

Based on the strength of the application submitted by <u>Shambhala Mountain Center</u>, the Colorado State Forest Service is providing funding in the amount up to but not exceeding <u>\$23,000</u> to accomplish the project described in the attached scope of work.

As the cooperator, <u>Shambhala Mountain Center</u>, 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 <u>September 1, 2014</u>. 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. \wedge

Date: Dec 18, 2012 Cooperator Signature: 4 **Mailing Address:** Mailing Address: 151 Shambhala Way Red Feather Lakes, CO 80545 Telephone Number: (970) 881-2184 ext. 271 **Email Address:** land steward @ shambhalamountain.org

EXHIBIT A Financial Assistance Program Cooperative Match Project SCOPE OF WORK

Project Number: 5366950-8

Cooperator: Shambhala Mountain Center

Work to be completed:

As described in the "Scope of Work" from the 2012 State Fire Assistance Grant Application.

1. Type of Treatment – Thinning, defensible space, fuels mitigation

Milestone dates: Completion by September 1, 2014

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

Project Period: November 2012 – September 1, 2014

Funded Amount: \$46,000 23,000 Deliverables: treatment of 77 acres Minimum cooperator match: \$23,000

Project Types:

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:

J.L.

Rev. March 2007

Shambhala 10 FAFTP 5367710-4 Amount remaining: \$27,125.00 to treat le 2 cares Decelline: 9/1/2013 1/2 STA/WUI 5366950-8 Amont: \$ 23,000 to treat 77 acres Deadline: 9/1/2014

Colorado State Forest Service State Fire Assistance Grant Application

FOR OFF	L USE ONLY
District Submitting Project.	Fort Collins
District Priority Number:	
Dollar Amount Requested:	23,000
Matching Share:	23,000

*For guidance on filling in each box in this application, refer to the Criteria and Instructions

	Applicant Information					
	Applicant:	Shambhala Mountain Center				
	Contact Person:	Chad Hofmann				
1	Address:	151 Shambhala Way				
	City/Zip Code:	Red Feather Lakes, 80545				
	Phone (Work/Cell):	970-81-2184 ext. 271				
	Email:	landsteward@shambhalamountain.org				
	Fax:					
	Federal Tax ID\DUNS #:					

2			Community At	Risk Information	on			
	Name o	f Project:	2012 Shambhala Mou	2012 Shambhala Mountain Center Hazard Tree Removal				
	Communi	ity Name:	Shambhala MountainCenter					
	County(ies): Larimer			r				
	Congressional District: 4		4					
	Latitude:	40.7366		Longitude:	-105.5450			

Grant Contributors (Matching Share) (Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Specify each match contributor and the dollar amount of each contribution. DO NOT show grant requested funds in this table. This is for matching share only.

3	Contributors Name:	Shambhala			TOTAL
	Dollars (Hard Match):	23,000			23,000
	In-Kind (Soft Match):				
	TOTAL:	23,000			23,000

Total Project Expense	break down matching share tota	als from block #3)
	0	

Budget Detail (Provide additional	Grant Share (\$ Amount			TOTAL
information in Block 7)	Requested)	Dollars	In-Kind	
Personnel / Labor:				
Fringe Benefits:				
Travel:				
Equipment:				
Supplies:				
Contractual:	23,000	23,000		46,000
Construction:				
Other:				
Indirect Costs:				
TOTAL:	23,000	23,000		HEAD

Budget Narrative

Shambhala Mountain Center is committed to hiring a crew (independent contractors, SMC staff, or a combination thereof) to complete the removal of all hazard trees which become infested with mountain pine beetle during the summer of 2012. The \$600 per acre of treatment cost is based on the work completed from February to June 2011 using contracted forestry labor to remove all brood trees from the property. Shambhala Mountain Center is currently looking into using a combination of a professional forestry crew and SMC hired laborer to complete the work during the fall/winter 2011/2012 season in the most low impact and timely manner. If this combination is chosen for work during the fall/winter 2011/2012 season, SMC will likely be using the combination in the summer/fall of 2012, thus having a combination of hard and soft match funding. All of the funding will be from Shambhala Mountain Center and would be a combination of Personnel/Labor, Equipment and Supplies.

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Project Area Description

This project will take place on the 581-acre Shambhala Mountain Center (SMC) property, a 501 (c)(3) non-profit educational organization located in northern Larimer County, Colorado. The property is bordered by the Arapahoe Roosevelt National Forest and Ben Delatour Boy Scout Ranch, both of which have completed fuels reduction work adjacent to SMC. The SMC serves over 10,000 guests and day visitors every year and may have up to 100 staff and 560 guests on the property at any given time. The SMC is included in the Manhattan Creek CWPP completed by the Poudre Fire District. Vegetation type is primarily ponderosa pine with some Douglas-fir, other mixed conifer species and aspen. This proposed project will take place in ponderosa pine stands with wildfire hazard ratings of very high. Slopes vary widely from 10 to over 60%. Mountain pine beetle activity in the proposed project area has reached epidemic proportions and thousands of brood trees have been detected in a survey of the property completed in September and October of 2010.

Scope of Work

Shambhala Mountain Center is committed to the removal of all MPB infested brood trees which are considered hazard trees prior to beetle flight. Hazard trees are those which are in the areas surrounding structures, adjacent to trails and roads, and including outlying areas which are used by guests and program participants. Shambhala Mountain Center currently has 55 structures used for housing, administration and educational programming, several miles of trails and roads, and many acres of outlying forested land which is used for a variety of educational programs and staff recreation purposes. The intention is that all hazard trees will be mechanically or hand cut, limbed, and bucked. The majority of the boles will be hauled off site to be utilized as chips, firewood and other timber products. Any boles which cannot be removed will be solar treated and used on-site at a future time. A portion of the slash will be chipped on-site to be used for trails and landscaping. The remaining majority of the slash will be piled for later burning.

	Project Summary	y (check all the	at apply and answer related ques	tions)			
	Project Category 1: Hazard Fuels	Reduction / F	ire Adapted Ecosystem Restor	ation X			
8	Number of acres to be treated:	\$600					
	Number of communities directly affected by this project: 1						
	Project Category 2: Information & Education						
	Number of citizens to be reached	d:					
	Project Category 3: Planning						
	Number of residences affected:						

	Interagency Collaboration				
9	Shambhala Mountain Center: project oversight, crew hirin, use. Colorado State Forest Service: project mapping, project coo US Forest Service: Fuels reduction adjacent to Shambhala Ben Delatour Scout Ranch: Fuels reduction adjacent to Sha	ordinatio Mountai	on assista in Cente	nce, grant administ r property.	
	Community Wildfire	Prote	ection	Plan (CWPP	')
	Does this community have a wildfire protection	n plan	that fo	llows the Healt	hy Forest Restoration
	Act CWPP guidelines? (check one)	X	yes	no	in development
	Is this project part of the plan? (check one)	X	yes	no	
	Where would we obtain a copy of this plan?	Colorado	State Fo	orest Service	
	Is this project identified in your Statewide For	est Res	source	Assessment and	d Strategy?
_		X	yes	no	

Project Timeline

A complete site survey will be completed to determine the location of hazard trees in September and October of 2012. Removal work to begin upon partial completion of site survey (October 2012). Completion date to be prior to December 31, 2012.

10

Maintenance / Sustainability

Shambhala Mountain Center is committed to continuing stewardship of our forests. Past work includes fuels reduction on 97.4 acres of the property, and an additional 135 acres of MPB brood trees were removed during the spring of 2011. An additional 100 acres are potentially to be treated during the 2011/2012 fall and winter months (dependent on MPB infestation levels, and hazardous fuels reductions priorities). Annual surveys of the property will be completed in order to identify MPB brood trees, hazard trees as well as identifying further priorities for hazardous fuels reduction and forest health. All slash will be burned as conditions permit based on Larimer County and State of Colorado regulations.

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Landscape Scale

12 The continual removal of hazard trees, as well as continual removal of hazardous fuels reductions compliments the efforts of the adjacent properties of Ben Delatour Scout Ranch, as well as the United States Forest Service fuels reductions projects. The removal of MPB brood trees prior to MPB flight also potentially reduces the levels of Ponderosa Pine mortality both the USFS and Ben Delatour Scout Ranch.

ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.

Colorado State Forest Service State Fire Assistance Grant Application

FOR OFFICA	L USE ONLY
District Submitting Project	Fort Collins
District Priority Number:	
Dollar Amount Requested:	23,000
Matching Share:	23,000

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	Applicant Information
Applicant:	Shambhala Mountain Center
Contact Person:	Chad Hofmann
Address:	151 Shambhala Way
City/Zip Code:	Red Feather Lakes, 80545
Phone (Work/Cell):	970-81-2184 ext. 271
Email:	landsteward@shambhalamountain.org
Fax:	
Federal Tax ID\DUNS #:	
	Contact Person: Address: City/Zip Code: Phone (Work/Cell): Email: Fax:

	Community At Risk Information						
	Name o	f Project:	2012 Shambhala Mountain Center Hazard Tree Removal				
2	Community Name:		Shambhala MountainCenter				
	Co	County(ies):		Larimer			
	Congressional District:		4				
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3	Contributors Name:	Shambhala			TOTAL
	Dollars (Hard Match):	23,000			23,000
	In-Kind (Soft Match):				
	TOTAL:	23,000			23,000

Total Project Expense (break down matching share totals from block #3)

Budget Detail (Provide additional	Grant Share (\$ Amount Requested)	Match (fro	TOTAL	
information in Block 7)		- Dollars	In-Kind	
Personnel / Labor:				
Fringe Benefits:				
Travel:				
Equipment:				
Supplies:				
Contractual:	23,000	23,000		46,000
Construction:				
Other:				
Indirect Costs:				
TOTAL:	23,000	23,000		\$46,000

Budget Narrative

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	Project Summary (check all that apply and answer related questions)						
	Project Category 1: Hazard Fuels Reduction / Fire Adapted Ecosystem Restoration X						
8	Number of acres to be treated: 77	Estimated cost per acre: \$6	600				
	Number of communities directly affected by this project: 1						
	Project Category 2: Information & Education						
	Number of citizens to be reached:						
	Project Category 3: Planning						
	Number of residences affected:						

	Interagency Collaboration
9	Shambhala Mountain Center: project oversight, crew hiring and direction, property survey, potential fuel and equipment use. Colorado State Forest Service: project mapping, project coordination assistance, grant administration. US Forest Service: Fuels reduction adjacent to Shambhala Mountain Center property. Ben Delatour Scout Ranch: Fuels reduction adjacent to Shambhala Mountain Center property.
	Community Wildfire Protection Plan (CWPP)
	Does this community have a wildfire protection plan that follows the Healthy Forest Restoration
	Act CWPP guidelines? (check one)Xyesnoin development
	Is this project part of the plan? (check one) X yes no
	Where would we obtain a copy of this plan? Colorado State Forest Service
	Is this project identified in your Statewide Forest Resource Assessment and Strategy?
	X yes no

Project Timeline

A complete site survey will be completed to determine the location of hazard trees in September and October of 2012. Removal work to begin upon partial completion of site survey (October 2012). Completion date to be prior to December 31, 2012.

10

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	Maintenance / Sustainability
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