



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 #: <u>5366950-8</u>	2. Total Award Amount: <u>\$23,000.00</u>
3. Project Name: <u>Shambhala Mountain Center</u>	4. Reimbursed Amount to Date: <u>\$4,038.05</u>
5. Make Payment To: <u>Shambhala Mountain Center</u> Name: <u>Forestry Project</u> Attn: <u>Sophia DeMunio</u> Address: <u>151 Shambhala Way</u> <u>Red Feather Lakes CO 80545</u>	6. Period of Performance (Project Period): From: <u>11/1/2015</u> To: <u>1/31/2016</u>

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.

- ① Created a fire break along the eastern boundary of the property, shared with Boy Scouts (24 acres)
- thinned, chipped, built & burned slash piles, removed hazard trees
- ② 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.

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
\$18,961.95	\$8,064.90	\$8,621.92		\$16,686.82	.52

* 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 \$ 8,064.90 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: 2/2/2016

10. Certification:

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

District Forester Signature: _____

Date: 2/9/16 DCJ

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

Program Manager Signature: _____

Date: _____

Garth Schaefer
881-2184 ext 271



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #:

5366950-8

Award Amount (obligated from funding source):

\$23,000

A. Remaining Award Amount:

\$18,961.95

Reimbursement Request:

☐ First☒ Second☐ Third☐ Fourth☐ Fifth☐ Final

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)**a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost**b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$8,064.90	\$8,621.92		\$16,686.82	51.7%

25.10/hr

DCS

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
11/11/15-1/21/16	Amanda Astor	CSU volunteer visited the property + running FVS simulations	10	\$251	Recipient cost
11/21/15-1/21/16	Israel Chaput	swamping, burning, piling brush	162	\$4,062.30	Recipient cost
11/3/15-1/30/16	Sophia DeMaio	Mapping, planning, burning, piling brush, chipping	53.5	\$1,342.85	Recipient cost
1/11/16	Seth EX	CSU professor visited property to instruct student doing FVS	2.5	\$62.75	Recipient cost
11/3/15-1/30/16	Patrick Elliott	thinning, brush piling, burning, chipping	127	\$3,187.70	Recipient cost
11/3/15-1/30/16	Jared Leveille	thinning, burning, brush piling	276.75	\$6,946.43	Recipient cost
11/24-11/25/2015	Tara Wilkins	brush piling	12	\$301.20	Recipient cost
11/3/15	Sophia DeMaio	Oil + gas for chainsaws (Murdachs)		\$28.67	
11/5/15	Sophia DeMaio	chains + gloves (Tax)		\$151.94	
11/17/15	Sophia DeMaio	bar oil, grease, helmet (Tax)		\$150.97	
12/3/15	Sophia DeMaio	files, oil, gloves (Tax)		\$32.97	
12/24/15	Sophia DeMaio	files, gloves (Tax)		\$29.96	
1/3/16	Sophia DeMaio	bar oil, files, chainsaw bar (Tax)		\$84.97	
1/28/16	Sophia DeMaio	Diesel for tractor to run chipper (King Snappers)		\$13.40	
1/30/16	Sophia DeMaio	Diesel for tractor to run chipper (Red Feather Super Corp)		\$35.81	

TOTALS: G. Cumulative Recipient Cost=

\$16,686.82

\$16,686.82

H. Recipient Cost (Match)=

\$8,621.92

I. Non-recipient Cost (Match)=

Grant Recipient Signature:

District Forester Signature:

Date: 2/2/16

Date: 2/18/16

SMC Forestry Nov.-Jan 2015/2016

- Fire mitigation (3 acres)
- Fire break (24 acres)

0 0.25 0.5 Miles



Map Created By: Sophia DeMaio
For Shambhala Mountain Center 2/2/16
Data Sources: ESRI Aerial photography
Garmin GPSmap 60CSx

Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics,
CNES/Airbus DS, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP,
swisstopo, and the GIS User Community

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

Murdochs.com

*** Welcome ***

11/03/15 8:44AM SJDE 291 SALE

9443399	1	EA	8.49	EA
STIHL 12.8 ULTRA OIL				8.49
9458887	1	EA	17.99	EA
5 GALLON GAS CAN AUTO				17.99

SUB-TOTAL:	26.48	Tax	2.19
		TOTAL:	28.67
		BC AMT:	28.67

BK CARD#: XXXXXXXXXXXX1063
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

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

Shop 24/7 and check local
inventory at Murdochs.com



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: Shambhala Mountain Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 80545

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: \$ 4038.⁰⁵

Approved Funding: \$ 23,000 Total Project: \$ 8,076.¹⁰

CSFS Account Number: 5366950-6693 Amount of Payment: \$ 4038.⁰⁵

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

Program Manager Signature 

Date: 3-25-16

Program Manager Name _____



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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1. Project/Account #: <u>5366950-8</u>	2. Total Award Amount: <u>\$23,000</u>
3. Project Name: <u>Shambhala Mountain Center</u>	4. Reimbursed Amount to Date: <u>0</u>
5. Make Payment To: <u>Shambhala Mountain Center</u> Name: <u>Forestry Project</u> Attn: <u>Land Steward - Sophia DeMaio</u> Address: <u>151 Shambhala Way, Red Feather Lakes</u>	
6. Period of Performance (Project Period): From: <u>2/27/15</u> To: <u>6/10/15</u>	

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.

Marpa Point - 7 acres chipping + burning beetle kill harvest area
Retreat Area - 2 acres clearing aspen grove - removing dead + evergreens
RMDC stream corridor - 1 acre erosion mitigation & fuel reduction
Power line - 11 acres - thinning, chipping + removing beetle kill

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 <small>B+C+D</small>	F. Recipient Match Rate (%) <small>(C+D)/E</small>
<u>5366950-8</u> \$23,000	\$4,038. ⁰⁵	\$4,038. ⁰⁵		\$8,076. ¹⁰	50%

* 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 \$ 4,038.⁰⁵ 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: _____

[Signature]

Date: 6/10/15

10. Certification:

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

District Forester Signature: _____

[Signature]

Date: 6/26/15

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

Program Manager Signature: _____

[Signature]

Date: 3/15/16

COPY

Disbursement Voucher ?

Doc Nbr: 8228774

Status: FINAL

Initiator: sarahcd@colostate.edu

Created: 12:55 PM 02/22/2016

expand all collapse all

* required field

[Print Disbursement Voucher Coversheet](#)

Document Overview

▼ hide

Document Overview

* Description:	'12 CPG SFA Shambhala Mountain Center	* Explanation:	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; STATE FIRE ASSISTANCE (a.k.a. SFA); '12 CPG SFA CG3 Projects Under Northern Larimer County Fuels Reduction; Project Number 5366950-8-FC. 3rd Payment. Not Encumbered
Organization Document Number:			

Financial Document Detail

* Bank Code	02 GENERAL DISBURSEMENTS	Total Amount:	8,064.90
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Payment Information

▼ hide

Payment Information

* Payment Reason Code:	O - Program Obligations		
* Payee ID:	12061-0		
Payee Type:	Vendor	* Payee Name:	Shambhala Mountain Center
Invoice Number:		Invoice Date:	
* Address 1:	151 Shambhala Way	Address 2:	
* City:	Red Feather Lakes	State:	CO
Country:	United States	Postal Code:	80545
* Check Amount:	8,064.90	* Due Date:	02/23/2016
Payment Type:	Is this a foreign payee: No Is this payee an employee: No Is this an employee paid outside of payroll:	Other Considerations:	Check Enclosure: No <input type="checkbox"/> W-9/W-8BEN Completed
* Payment Method:	P - Check/ACH	* Documentation Location Code:	AP - Accounts Payable
* Check Stub Text:	Landowner Assistance Grant Reimbursement State Fire Assistance Grant 5366950-8-FC 3rd Payment Form 828 2/22/2016 Attn: Sophia DeMaio		

▼ hide

Accounting Lines

Accounting Lines [?](#)[hide detail](#)

Source

	* Chart	* Account Number	Sub-Account	* Object	Sub-Object	Project	Org Ref Id	* Amount	Actions
1	CO Colorado State University	5366950 12CPG SFA CG3 Projects Under Northern...		6693 Cost Share Reimbursement				8,064.90	
Line Description									
SFA Form 828 Shambhala Mountain Center									
Total: 8,064.90									

Contact Information

[hide](#)

Contact Information

* Contact Name:	Drinkwine, Sarah
* Phone Number:	000-000-0000
Email Address:	Sarah.Drinkwine@colostate.edu
Campus Code:	MC - CSU Main Campus

Special Handling

[show](#)

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 Timestamp	Author	* Note Text	Attached File	Notification Recipient	Actions

add:		<input type="text"/>		<input type="text" value="Browse..."/>	<input type="button" value="add"/>
				<input type="button" value="CANCEL"/>	
1	02/22/2016 01:16 PM	Drinkwine, Sarah	CSFS Fort Collins Dist. Form 828 and Supporting Documentation	 Form 828_Shambhala Mountain Center 5366950-8-FC 2-22-2016_8,064.90 3rd Payment Doc#8228774 .pdf (363 KB, application/pdf)	<input type="button" value="send"/>

Ad Hoc Recipients

Route Log



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/>

2/22/16 SD

Name: Shambhala Mountain Center

Address: 151 Shambhala Way ~

Red Feather Lakes, CO 80545 ~

Attn: Sophia DeMaio ~

**Approved for payment
CSFS**

Doc # 888774 ✓

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

Grant Number: 5366950-8-FL

Non-Federal Match: \$ 8,021.92 ~

Approved Funding: \$ 23,000 ~

Total Project: \$ 16,686.82 ~

CSFS Account Number: 5366950-16693

Amount of Payment: \$ 8,064.90 ~

'12 CPE SFA CB3 Projects Under Northern Larimer County Fuels Reduction

Circle one: 1st Payment

2nd Payment

3rd Payment

Final Payment

Program Manager Signature

Date: 2/15/16

Program Manager Name

Scott M. Woods



EXHIBIT B
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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 DeMato 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. Attach additional sheets as necessary.

① Created a fire break along the eastern boundary of the property, shared with Boy Scouts (24 acres)
-thinned, chipped, built & burned slash piles, removed hazard trees

② Completed fire mitigation near property entrance (3 acres)
-thinned, chipped, limbed

Total = 27 acres

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\$18,961.95	\$8,064.90	\$8,621.92		\$16,686.82	.52

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Reimbursement Request: I request reimbursement in the amount of \$8,064.90 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:

Sophia DeMato

Date: 2/2/2016

10. Certification:

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

District Forester Signature:

Diana Selby

Date:

2/9/16 DCJ

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

Program Manager Signature:

Scott Woods

Date:

2/16/15



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #:

5366950-8

Award Amount (obligated from funding source):

\$73,000

A. Remaining Award Amount:

\$13,961.93

Reimbursement Request:

☐ First☒ Second☐ Third☐ Fourth☐ Fifth☐ Final

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost*b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$8,064.90	\$8,621.92		\$16,686.82	51.7%

25.10/hr

DUS

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
11/11/15-11/11/15	Amanda Astor	CSU volunteer visited the property + running FVS simulations	10	\$251	Recipient cost
11/21/15-11/21/15	Israel Chert	swamping, burning, piling brush	162	\$4,062.30	Recipient cost
11/30/15-11/30/15	Sophia DeMaio	Mapping, planning, burning, piling brush, chipping	53.5	\$1,342.85	Recipient cost
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11/30/15-11/30/15	Patrick Elliott	thinning, brush piling, burning, chipping	127	\$3,187.70	Recipient cost
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12/24/15	Sophia DeMaio	files, gloves (Tax)		\$29.96	
1/3/16	Sophia DeMaio	bar oil, files, chainsaw bar (Tax)		\$84.97	
1/29/16	Sophia DeMaio	Diesel for tractor to run chipper (King Snappers)		\$13.40	
1/30/16	Sophia DeMaio	Diesel for tractor to run chipper (Red Feather Super Corp)		\$35.81	
TOTALS:	G. Cumulative Recipient Cost=	\$16,686.82		\$16,686.82	
	H. Recipient Cost (Match)=	\$8,621.92			
	I. Non-recipient Cost (Match)=				

Grant Recipient Signature:

District Forester Signature:

Date:

Date:



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)	✓
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 Mountain Center

Address: 151 Shambhala Way
Red Feather 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: 5366950-8 Non-Federal Match: \$ 8,621.92

Approved Funding: \$ 23,000 Total Project: \$ 16,686.82

CSFS Account Number: 5366950-16693 Amount of Payment: \$ 8,064.90

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

Program Manager Signature _____ Date: _____

Program Manager Name _____

JAX RANCH AND HOME
1000 NORTH U.S. HIGHWAY 287
FORT COLLINS CO 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
052088877234 163119200			
GT FBG SQ PT SHOVEL			
AMES TRUE TEMPER			
\$15.99	2.00		\$11.93

795711989941 70108710240			
WOODCUTTER BAR OIL			
STIHL			
\$10.99	1.00		\$10.99

141150215330 2152T			
GLOVE MECHANIC INSULATED			
GLOVE WAGON LG			
\$17.99	1.00		\$17.99

079700103076 10367			
80Z WHT LITH GREASE			
PLEWS/EDELMANN WHITE 80Z			
\$4.99	1.00		\$4.99

886661007189 70108839100			
ARBORIST PROTECTIVE HELMET			
STIHL			
\$134.99	1.00		\$134.99

Total Units	6.0
Subtotal	200.94
Tax	0.00
Total	200.94

11/12/15 03:05:27 PM VISA \$200.94
MICHAEL DEAN
Card: XXXXXXXXXXXX1843 Auth: 012603



Returns must be made within 30 days in new condition with original tags Merchandise returned without receipt will be issued store credit
no exceptions apply
*** Customer Copy ***



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

Receipt

11/05/15 02:38:02 PM
Receipt: 653643 Store: 2
Register: 203 Clerk: CLARA G
Salesperson: CLARA G

Customer:

MICHAEL DEAN

2991 20TH ST
BOULDER CO 80304

Item	Price	Qty	Total
------	-------	-----	-------

029546047693 66534

~~COIN WHITE BARROW HANDLE~~

~~LINK HANDLE COIN~~

\$19.99	3.00	\$69.97
--------------------	-----------------	--------------------

795711965471 36760050034

SAW CHAIN LOOP

5110L 13 RSF 84

\$19.99	2.00	\$79.98
---------	------	---------

141150215323 21521

GLOVE MECHANIC INSULATED

GLOVE WAGON MD

\$17.99	2.00	\$35.98
---------	------	---------

731791031361 21521

GLOVE MECHANIC INSULATED

GLOVE WAGON SM

\$17.99	1.00	\$17.99
---------	------	---------

141150215347 21521

GLOVE MECHANIC INSULATED

GLOVE WAGON XL

\$17.99	1.00	\$17.99
---------	------	---------

Total Units	9.0
-------------	-----

Subtotal	\$211.91
----------	----------

Tax	0.00
-----	------

Total	\$211.91
-------	----------

11/05/15 02:47:58 PM VISA \$211.91

MICHAEL DEAN

Card: XXXXXXXXXX1843 Auth: 00511b



Returns must be made within 30 days in new condition with original tags. Merchandise returned without receipt will be issued store credit. Some exceptions apply.

*** Customer Copy ***



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

Receipt
12/03/15 02:32:37 PM
Receipt: 666495 Store: 2
Register: 203 Clerk: EMILY R
Salesperson: EMILY R

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

Item	Price	Qty	Total
795711105990 56057735203 ROUND FILES STIHL 13/64IN	\$3.99	1.00	\$3.99

141150215330 2152T GLOVE MECHANIC INSULATED GLOVE WAGON LG	\$17.99	1.00	\$17.99
--	---------	------	---------

795711989941 70108710240 WOODCUTTER BAR OIL STIHL	\$10.99	1.00	\$10.99
---	---------	------	---------

Total Units	3.0
Subtotal	32.97
Tax	0.00
Total	32.97

WILL DEHN
12/03/15 02:32:34 PM VISA \$32.97
MICHAEL DEAN
Card: XXXXXXXXXXXX1843 Auth: 003884



Returns must be made within 30 days in new condition with original tags Merchandise returned without 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
141150215323 2152T			
GLOVE MECHANIC INSULATED			
GLOVE WAGON MD			
	\$17.99	1.00	\$17.99

141150215316 2152T			
GLOVE MECHANIC INSULATED			
GLOVE WAGON SM			
	\$17.99	1.00	\$17.99

795711105907 56057734003			
ROUND FILES			
STIHL 5/32IN.			
	\$3.99	3.00	\$11.97

Total Units	5.0
Subtotal	47.95
Tax	0.00
Total	47.95

will dane
12/24/15 11:31:53 AM VISA \$47.95
MICHAEL DEAN
Card: XXXXXXXXXXXX1843 Auth: 024419



Returns must be made within 30 days in new condition with original tags Merchandise returned without receipt will be issued store credit Some 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

Item	Price	Qty	Total
<hr/>			
795711989941 70108710240 WOODCUTTER BAR OIL STIHL	\$10.99	1.00	\$10.99
795711038618 30030008830 GUIDE BAR SN 3/8-050 STIHL 25IN	\$69.99	1.00	\$69.99
795711105990 56057735203 ROUND FILES STIHL 13/64IN	\$3.99	1.00	\$3.99
Total Units			3.0
Subtotal			84.97
Tax			0.00
Total			84.97

WILL
01/14/16 03:13:21 PM VISA \$84.97
MICHAEL DEAN
Card: XXXXXXXXXXXX1843 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: 04244B

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
XXXXXXXXXXXX1063

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 DODDY LAKE ROAD
RED FEATHER L, CO 80545
970-861-2331
39300981669442

Merchant ID: 9442
Term #: 0006

Store #: 0001
Ref #: 0040

Sale

XXXXXXXXXXXX8267

VISA

Entry Method: Swiped

Total: \$ 35.81

01/30/16

16:39:49

Inv #: 000040

Appr Code: 183945

Transaction ID: 586030851892160

Apprvd: Online

Batch#: 000091

Customer Copy

THANK YOU!

Name	Time Sheet		Total
	Date	Hours	
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	11/12/2015	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

Staff Time-Card

Name: Israel Chaput

Today's Date: 01/26/2016

Employee ID: 80326

Email Address: ichaput@shambhalamountain.org

Comments:

Departments: Forestry Mgmt
Sophia DeMaio

Position:

Employee List

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	

Staff Time-Card

Name: Israel Chaput

Today's Date: 01/26/2016

Employee ID: 80326

Email Address: ichaput@shambhalamountain.org

Comments:

Departments: Forestry Mgmt
Sophia DeMaio

Position:

Employee List

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	
Wednesday 12/09	3:00	0	0	0	
Thursday 12/10	4:00	0	0	0	
Friday 12/11	0	0	0	0	
Saturday 12/12	0	0	0	0	
Total:	15:00	0	0	0	
YTD:	95:30	0	0	0	

Staff Time-Card

Name: Israel Chaput

Comments:

Today's Date: 01/26/2016

Employee ID: 80326

Email Address: ichaput@shambhalamountain.orgDepartments: Forestry Mgmt
Sophia DeMaio

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	
Saturday 12/19	0	0	0	0	
Total:	14:00	0	0	0	
YTD:	95:30	0	0	0	

Staff Time-Card

Name: Israel Chaput

Today's Date: 01/26/2016

Employee ID: 80326

Email Address: ichaput@shambhalamountain.org

Comments:

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	
Wednesday 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	

Staff Time-Card

Name: Israel Chaput

Today's Date: 01/26/2016

Employee ID: 80326

Email Address: ichaput@shambhalamountain.org

Comments:

Departments: Forestry Mgmt
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	

Staff Time-Card

Name: Israel Chaput

Today's Date: 01/26/2016

Employee ID: 80326

Email Address: ichaput@shambhalamountain.org

Comments:

Departments: Forestry Mgmt
Sophia DeMaio

Position:

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	
Thursday 01/07	0	0	0	0	
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	

Staff Time-Card

Name: Israel Chaput

Today's Date: 01/26/2016

Employee ID: 80326

Email Address: ichaput@shambhalamountain.org

Comments:

Departments: Forestry Mgmt
Sophia DeMaio

Position:

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	0	0	0	0	
Thursday 01/14	0	0	0	0	
Friday 01/15	3:00	0	0	0	
Saturday 01/16	5:00	0	0	0	
Total:	10:30	0	0	0	
YTD:	37:30	0	0	0	

Staff Time-Card

Name: Israel Chaput

Today's Date: 01/26/2016

Employee ID: 80326

Email Address: ichaput@shambhalamountain.org

Comments:

Departments: Forestry Mgmt
Sophia DeMaio

Position:

Employee List

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	

Staff Time-Card

Timecard successfully saved.

Name: Israel Chaput

Today's Date: 02/01/2016

Employee ID: 80326

Email Address: ichaput@shambhalamountain.org

Departments: Forestry Mgmt
Sophia DeMaio

Position:

Comments:

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:	66:30	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)

28 days 120 hours (1 months)

Year 1567 work hours

January Total Hours

Hours	Personal	Program	Solo Retreat	Total
66:30	0	0	0	66:30

Thank you for creating with WordPress.

Version 4.4.1

Staff Time-Card

Name: Patrick Elliott

Comments:

Today's Date: 11/27/2015

Employee ID: 21644

Email Address: pelliott@shambhalamountaincenter.orgDepartments: Forestry Mgmt
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	
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)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Year 1567 work hours

Staff Time-Card

Name: Patrick Elliott

Today's Date: 11/27/2015

Employee ID: 21644

Email Address: pelliott@shambhalamountaDepartments: Forestry Mgmt
Sophia DeMaio

Position:

Comments:

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

Staff Time-Card

 Comments:

Name: Patrick Elliott

Today's Date: 11/27/2015

Employee ID: 21644

Email Address: pelliott@shambhalamountaincenter.org
 Departments: Forestry Mgmt
 Sophia DeMaio

Position:

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	
Tuesday 11/24	0	0	0	0	
Wednesday 11/25	7:30	0	0	0	
Thursday 11/26	0	0	0	0	
Friday 11/27	0	0	0	0	
Saturday 11/28	0	0	0	0	
Total:	12:00	0	0	0	

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)

Staff Time-Card

Name: Patrick Elliott

Comments:

Today's Date: 01/26/2016

Employee ID: 21644

Email Address: pelliott@shambhalamountaDepartments: Forestry Mgmt
Sophia DeMaio

Position:

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	
Tuesday 12/01	6:30	0	0	0	
Wednesday 12/02	4:30	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:	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)

Staff Time-Card

Name: Patrick Elliott

Comments:

Today's Date: 01/26/2016

Employee ID: 21644

Email Address: pelliott@shambhalamountaDepartments: Forestry Mgmt
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 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)

Staff Time-Card

Name: Patrick Elliott

Comments:

Today's Date: 02/01/2016

Employee ID: 21644

Email Address: pelliott@shambhalamountaDepartments: 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

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

January Total Hours

Hours	Personal	Program	Solo Retreat	Total
50:00	0	0	0	50:00

Thank you for creating with WordPress.

Version 4.4.1

Staff Time-Card

Name: Jared Leveille

Today's Date: 11/27/2015

Employee ID: 29776

Email Address: jleveille@shambhalamounta

Comments:

-3 hr non-forestry activities

Departments: Forestry Mgmt
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)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Year 1567 work hours

Staff Time-Card

Name: Jared Leveille

Comments:

Today's Date: 11/27/2015

Employee ID: 29776

Email Address: jleveille@shambhalamountain.orgDepartments: Forestry Mgmt
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	
Wednesday 11/11	5:00	0	0	0	
Thursday 11/12	6:00	0	0	0	
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)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Year 1567 work hours

Staff Time-Card

Timecard successfully approved.

Name: Jared Leveille

Comments:

Today's Date: 11/27/2015

Employee ID: 29776

Email Address: jleveille@shambhalamountaincenter.org

Departments: Forestry Mgmt
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	
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)

Staff Time-Card

Name: Jared Leveille

Comments:

Today's Date: 01/26/2016

Employee ID: 29776

Email Address: jleveille@shambhalamountain.orgDepartments: Forestry Mgmt
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.

31 days 133 hours (7 months)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Staff Time-Card

Name: Jared Leveille

Comments:

Today's Date: 01/26/2016

Employee ID: 29776

Email Address: jleveille@shambhalamountaincenter.orgDepartments: Forestry Mgmt
Sophia DeMaio

Position: 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	

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 Leveille

Comments:

Today's Date: 01/26/2016

Employee ID: 29776

Email Address: jleveille@shambhalamountain.orgDepartments: Forestry Mgmt
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 Leveille

Comments:

Today's Date: 01/26/2016

Employee ID: 29776

Email Address: jleveille@shambhalamountcDepartments: Forestry Mgmt
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

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 Leveille

Comments:

Today's Date: 01/26/2016

Employee ID: 29776

Email Address: jleveille@shambhalamountaDepartments: Forestry Mgmt
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	

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 Leveille

Comments:

Today's Date: 01/26/2016

Employee ID: 29776

Email Address: jleveille@shambhalamountaincenter.orgDepartments: Forestry Mgmt
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 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

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 Leveille

Comments:

Today's Date: 01/26/2016

Employee ID: 29776

Email Address: jleveille@shambhalamounta

Departments: Forestry Mgmt
Sophia DeMaio

Position: 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	
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	

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)

Staff Time-Card

Name: Jared Leveille

Comments:

Today's Date: 01/26/2016

Employee ID: 29776

Email Address: jleveille@shambhalamountaincenter.orgDepartments: Forestry Mgmt
Sophia DeMaio

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	
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

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 Leveille

Comments:

Today's Date: 01/26/2016

Employee ID: 29776

Email Address: jleveille@shambhalamountaincenter.orgDepartments: Forestry Mgmt
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

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

Timecard successfully saved.

Name: Jared Leveille

Comments:

Today's Date: 02/01/2016

Employee ID: 29776

Email Address: jleveille@shambhalamountaincenter.org

Departments: Forestry Mgmt
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.

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

Disbursement Voucher 

Doc Nbr: 8429270

Status: FINAL

Initiator: sarahcd@colostate.edu

Created: 07:42 AM 03/16/2016

[expand all](#) [collapse all](#)

* required field

[Print Disbursement Voucher Coversheet](#)Document Overview 

Document Overview

* Description: 12 CPG SFA Shambhala Mtn. Center

Organization

Document Number:

Financial Document Detail

Explanation: FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; STATE FIRE ASSISTANCE (a.k.a. SFA); 12 CPG SFA CG3 Projects Under Northern; Project Number 5366950-8. 3rd Payment. Not Encumbered

* Bank Code 02
GENERAL DISBURSEMENTS

Total Amount: 4,038.05

Payment Information 

Payment Information

* Payment Reason Code: O - Program Obligations

* Payee ID: 12061-0

Payee Type: Vendor

Invoice Number:

* Address 1: 151 Shambhala Way

* City: Red Feather Lakes

Country: United States

* Check Amount: 4,038.05

Is this a foreign payee: No

Payment Type: Is this payee an employee: No

Is this an employee paid outside of payroll:

* Payee Name: Shambhala Mountain Center

Invoice Date:

Address 2:

State: CO

Postal Code: 80545

* Due Date: 03/17/2016

Other Considerations: Check Enclosure: No
W-9/W-8BEN Completed

* Payment Method: P - Check/ACH

* Documentation Location
Code: AP - Accounts Payable

* Check Stub Text: Landowner Assistance Grant Reimbursement State Fire Assistance Grant 5366950-8 3rd Payment Form 828 3/16/2016 ATTN: Sophie DeMaio

Accounting Lines Accounting Lines [hide details](#)

Source

	* Chart	* Account Number	Sub-Account	* Object	Sub-Object	Project	Org Ref Id	* Amount	Actions
CO		5366950		6693			FC	4,038.05	
1	Colorado State University	12CPG SFA CG3 Projects Under Northern		Cost Share Reimbursement					
		Line Description							
		SFA Form 828 Shambhala Mountain Center							

Total: 4,038.05

Contact Information

hide

Contact Information

* Contact Name: Drinkwine, Sarah
* Phone Number: 000-000-0000
Email Address: Sarah.Drinkwine@colostate.edu
Campus Code: MC - CSU Main Campus

Special Handling

show

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 Timestamp	Author	* Note Text	Attached File	Notification Recipient	Actions
add:				Browse... No file selected. CANCEL		add
1	03/16/2016 07:59 AM	Drinkwine, Sarah	CSFS Fort Collins District, Form 828 and Supporting Documentation	Form 828_Shambhala Mountain Center 5366950-8-FC 3-16-2016 \$4,038.05 3rd Payment Doc#8429270 .pdf (170 KB, application/pdf)		send

Ad Hoc Recipients

show

Route Log

show

send ad hoc request close copy



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

Mailed to
Scott W.
on 6/30/15

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
3. Project Name:	Shambhala Mountain Center	4. Reimbursed Amount to Date:	\$0
5. Make Payment To: Shambhala Mountain Center Name: Forestry Project Attn: Land Steward - Sophia DeMaio Address: 151 Shambhala Way, Red Feather Lakes	6. Period of Performance (Project Period): From: 2/27/15 To: 6/10/15		

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.

Marpa Point - 7 acres chipping + burning beetle kill harvest area
Retreat Area - 2 acres clearing aspen grove - removing dead + evergreens
RMDC Stream corridor - 1 acre erosion mitigation & fuel reduction
Power line - 11 acres - thinning, chipping + removing beetle kill

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 (%)
5366950-8 \$23,000	\$4,038.05	\$4,038.05		B+C+D \$8,076.10	(C+D)/E 50%

* 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 \$4,038.05 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:

Sophia DeMaio

Date: 6/10/15

10. Certification:

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

District Forester Signature:

[Signature]

Date: 6/30/15

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

Program Manager Signature:

Date:



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (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: Shambhala Mtn. Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 80545
Attn: Land 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: \$ 4,038.⁰⁵

Approved Funding: \$ 23,000 Total Project: \$ 8,076.¹⁰

CSFS Account Number: 5366950-6093 Amount of Payment: \$ 4,038.⁰⁵

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

Program Manager Signature _____ Date: _____

Program Manager Name _____



Colorado State Forest Service Program Payment Request

mailed to Scott Woods
on 2/9/16

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)	✓
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: 5366950-5 Non-Federal Match: \$ 549.¹⁶

Approved Funding: \$ 8,000 Total Project: \$ 1,098.³²

CSFS Account Number: 5366950-6693 Amount of Payment: \$ 549.¹⁶

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

Program Manager Signature _____ Date: _____

Program Manager Name _____



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/>

3/16/16 SD

Name: Shambhala Mountain Center ~

Address: 151 Shambhala Way ~

Red Feather Lakes, CO 80545 ~

Attn: Sophie Demaro ~

**Approved for payment
CSFS**

3-16-16 SD
Doc # 8429270

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: \$ 4,038.⁰⁵ ~

Approved Funding: \$ 23,000 ~

Total Project: \$ 8,076.¹⁰ ~

CSFS Account Number: 5366950-6643

Amount of Payment: \$ 4,038.⁰⁵ ~

'12 CFB SFA C63 Projects Under Northern

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

Program Manager Signature

[Signature]

Date: 3-15-16

Program Manager Name



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 #: <u>5366950-8</u>	2. Total Award Amount: <u>\$23,000</u>
3. Project Name: <u>Shambhala Mountain Center</u>	4. Reimbursed Amount to Date: <u>0</u>
5. Make Payment To: <u>Shambhala Mountain Center</u> Name: <u>Forestry Project</u> Attn: <u>Land Steward - Sophia DeMaio</u> Address: <u>151 Shambhala Way, Red Feather Lakes</u>	6. Period of Performance (Project Period): From: <u>2/27/15</u> To: <u>6/10/15</u>

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.

Marpa Point - 7 acres chipping + burning beetle kill harvest area
Retreat Area - 2 acres clearing aspen grove - removing dead + evergreens
RMDC Stream corridor - 1 acre erosion mitigation & fuel reduction
Power line - 11 acres - thinning, chipping + removing beetle kill

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 B+C+D	F. Recipient Match Rate (%) (C+D)/E
5366950-8 \$23,000	\$4,038.05	\$4,038.05		\$8,076.10	50%

* 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 \$ 4,038.05 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: Sophia DeMaio

Date: 6/10/15

10. Certification

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

District Forester Signature: [Signature]

Date: 6/26/15

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

Program Manager Signature: [Signature]

Date: 3/15/16

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 Shambhala Mountain Center, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$23,000 to accomplish the project described in the attached scope of work.

As the cooperator, Shambhala Mountain Center, 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, 2014. 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: Dec 18, 2012

Mailing Address:

151 Shambhala Way Red Feather Lakes, CO 80545

Telephone Number: (970) 881-2184 ext. 271

Email Address:

landsteward@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

Minimum cooperator match: \$23,000

Deliverables: treatment of 77 acres

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.

Shambhala

'10 FRTP 5367710-4

Amount remaining : \$27,125.⁰⁰

to treat 62 acres

Deadline : 9/1/2013

'12 SFA/WUI 5366950-8

Amount : \$23,000

to treat 77 acres

Deadline : 9/1/2014

Colorado State Forest Service
State Fire Assistance Grant
Application

FOR OFFICIAL 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*

1	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 #:	

2	Community At Risk Information	
	Name of Project:	2012 Shambhala Mountain Center Hazard Tree Removal
	Community Name:	Shambhala MountainCenter
	County(ies):	Larimer
	Congressional District:	4
	Latitude:	40.7366
	Longitude:	-105.5450

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

4	Total Project Expense (break down matching share totals from block #3)				
	Budget Detail (Provide additional information in Block 7)	Grant Share (\$ Amount Requested)	Match (from block #3)		TOTAL
			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

5

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.

Project Area Description

6

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

7

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.

8	Project Summary (check all that apply and answer related questions)			
	Project Category 1: Hazard Fuels Reduction / Fire Adapted Ecosystem Restoration X			
	Number of acres to be treated:	77	Estimated cost per acre:	\$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:			

9	Interagency Collaboration			
	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) 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 Forest Service				
Is this project identified in your Statewide Forest Resource Assessment and Strategy? X yes no				

10	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.	

Maintenance / Sustainability

11

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.

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 OFFICIAL 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*

1	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 #:		

2	Community At Risk Information		
	Name of Project:	2012 Shambhala Mountain Center Hazard Tree Removal	
	Community Name:	Shambhala MountainCenter	
	County(ies):	Larimer	
	Congressional District:	4	
Latitude:	40.7366	Longitude:	-105.5450

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

4	Total Project Expense (break down matching share totals from block #3)				
	Budget Detail (Provide additional information in Block 7)	Grant Share (\$ Amount Requested)	Match (from block #3)		TOTAL
			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

- 5 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.

Project Area Description

- 6 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

- 7 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.

8	Project Summary (check all that apply and answer related questions)			
	Project Category 1: Hazard Fuels Reduction / Fire Adapted Ecosystem Restoration <input checked="" type="checkbox"/>			
	Number of acres to be treated:	77	Estimated cost per acre:	\$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:			

9	Interagency Collaboration			
	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.			
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	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) <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> in development				
Is this project part of the plan? (check one) <input checked="" type="checkbox"/> yes <input type="checkbox"/> 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? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no				

10	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.	

Maintenance / Sustainability

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