# **Colorado State Forest Service**

## **Emergency Supplemental**

## 2010 Grant Application

DISTR	ICT'S: Please Complete	
	District Submitting Project:	Boulder
	Forester Submitting Project:	Bryan Baer
	District Priority Number:	
	Date Submitted:	
FOR	REVIWER'S USE ONL	Y:
	Rating:	

		Applicant Information
	Applicant:	Kathleen Sullivan
938	Contact Person:	Kathleen Sullivan
1	Address:	181 Rockledge Circle
	City/Zip Code:	Allenspark, CO 80510
	Phone (Work/Cell):	303-747-0585
	Email:	
	Fax:	

				Com	munity A	At Risk Information			
	Name	e of Pro	ject:	Sulliva	an				
	Communi	ity Nam	e(s):	Allens	park		7.85 (3)		
		Cou	inty:	Boulde	er	Congression	nal Distri	ict:	T3N,R72W,Sec#32
2	Latitude (decim	al degr	ees):	105°28	3' 56W	Longitude (decim	al degree	es):	40°10'55N
-			T	hreat	Descript	ion (check all that apply	y)		
	Homes:	X	Numb	per of:	1	Infrastructure:		Estim	
	Businesses:		Numb	er of:		Economic Viability:		Estim	
	Watersheds:		Numb	er of:		Historic Structures:		Numb	er of:
	Other (Desc	cribe):							

	Requested Grant Amount / Project Description  All information for the project must fit into the space provided below. The review committee will not consider attachments.
	Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment
3	Dollar Amount Requested \$1504.00
3	Will this Project be conducted as a Pass-Through Grant? X Yes No
	Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)  The proposed project area is located around the main residence on the property. The forest type consists of dense ponderosa pine, lodgepole pine and Douglas-fir. The forested area also includes many old growth ponderosa which will be protected during the project. The overall goal is to lessen fuel loading around the structure, as well as, promote forest health.

	Scope of Work / Project Timeline  All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.
4	Provide a brief scope of work that clearly describes how grant funds will be spent. ( <i>This should be more specific than the project description</i> )  The primary objective of the project is to reduce hazardous fuels currently present on the site and improve forest health to lessen the impact of bark beetles. The primary management technique will consist of free thinning mainly targeting the removal of trees that are unhealthy due to insect and disease issues, as well as, creating good canopy spacing between single trees and groupings of trees. Reducing ladder fuel will as so be a priority of the project. When possible seedlings and saplings will be retained if located in open areas and not under retained trees. Slash will be dealt with by either piling for burning at a later time, hauled off site, or lopped and scatted throughout the project area. All remaining trees will be limbed up six feet or 1/3 <sup>rd</sup> of the trees whichever is the less.
	Describe all planned long-term maintenance (grant funded or other).  Landowner will continually monitor project area in future years for insect and disease issues and mitigate any that are located. The landowner will also monitor the area for windthrow that may occur due to the change of density in the stand.
	What is the duration of this project? (check one) X 1 Year 2 Years 3 Years 4 Years  Is this a continuing project from previous year/s? (check one) Yes X No  Provide a timeline for the project  Project work will begin as soon as possible and will continue through completion, which is targeted for 5/3/2012.
	Interagency Collaboration
5	Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).  The landowner will hire a contractor to complete the mitigation work but will also complete the necessary defensible maintenance around the structure.
	Community Wildfire Protection Plan (CWPP)  Does this community have a wildfire protection plan that follows the Healthy Forest Pestoration Act
	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  Is this project part of the plan? (check one) yes X no

	Project Catego	ory (check a	ll that apply and answer related qu	iestions)
	Hazard Fuels I	Reduction X	Other Forest Management Treatm	ient X
6	Number of acres to be treated:	3.2	Estimated cost per acre:	\$1,000 per acre
		Project Ty	pe (check all that apply)	
	Defensible Spa	ice X	Thinning w/o P	roduct
	Fuelbre	ak X	Masti	cation
	Thinning w/ Produ	ict X	Salar Park Salar Salar Architecture	Other

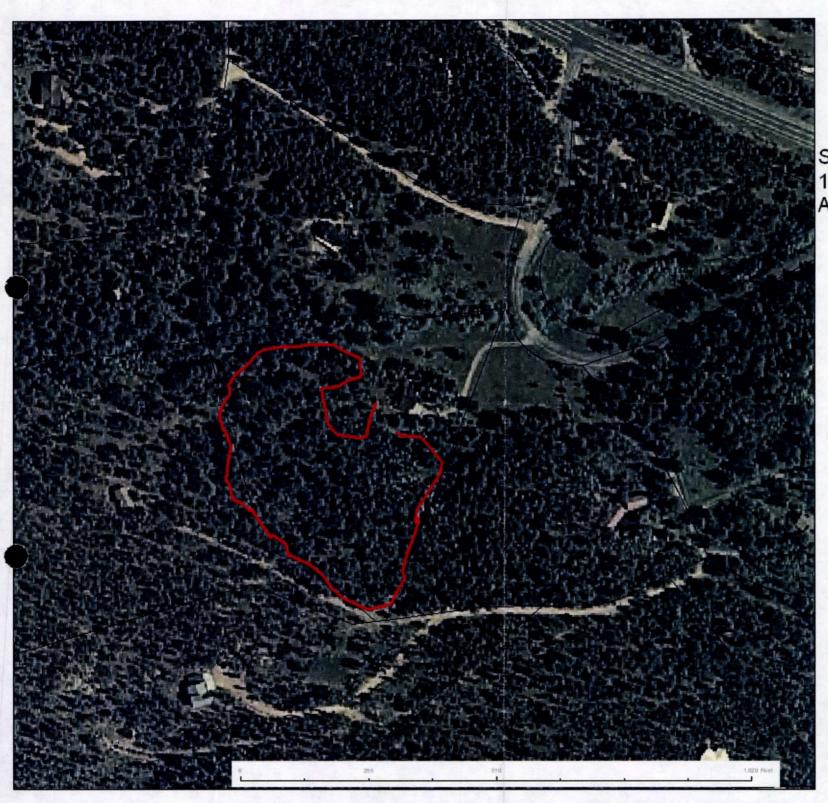
		Total Project Expens	e (Pass Through)
	Please fill all fields	Grant Share (\$ Amount Requested)	TOTAL
7	Contractual Services:		\$ 1,504.00
	TOTAL:	\$1,504.00	\$ 1,504.00

Grant funding may only be used for Contractual Service.

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

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

Attach Project Map Showing Specific Treatment Areas



Sullivan 181 Rockledge Circle Allenspark, CO



Legend

\_\_\_ 3.2 acres

Form A-ES



Funding Allocated: Hall

CSFS District Forester

#### EMERGENCY SUPPLEMENTAL FUNDS LANDOWNER ASSISTANCE PROGRAMS APPLICATION

FOREST SERVICE			
,		PROJEC	CT NUMBER: 5308400-00-40
NAME: Kath	leen Sullivan	(F	For Official Use Only)
MAILING ADDRI	Ecc. DAR 3/1		
	illensbark	c. An	
The state of the s		State: (C)	
Zip coe TELEPHONE NO		71/7 4-	
TELEFHONE NO	30	3-747-05	85
PROJECT ADDRI	ESS/LEGAL DESCRIPT	181 ISI	Nochkedge Circh
PDACTICES TO E	DE COMPLETED DV.	M 22.1	
TRACTICES TO E	BE COMPLETED BY:_	May 3, 201.	
		Date	
	Landowner and CSFS for		CSES
	Practice No. &		CSFS forester:
		Quantity	Quantity
	Component Title	Requested	Approved
			Total:
Request for financial a	ssistance under the Emerger	ncy Supplemental	LOA program is to meet the
objective stated in the	management plan. I will no	t receive more tha	an the actual cost up to \$470 per acre.
application Work my	at he completed assertion to	ny expenses inci	arred prior to approval of my
standard set for each co	omponent Practices must be	approved plan a	and application, and must meet the a minimum of 10 years. Requests for
partial payments will b	be approved on a case by cas	e hasis	a minimum of 10 years. Requests for
paryments will c	approved on a case by cas	_	
LANDOWNER SIG	ENATURE: Kathlor	2 Sulliva	DATE: 4/28/11
To be completed by (		2 31100 000	DATE: / 20/11
to be completed by	231 3 Jorester.	20	
CSES FIFI D DEVI	IEW SIGNATURE: $\frac{\mathcal{L}}{\mathcal{L}}$	25	DATE: 1-6-2012
(Additional USFWS guid		7 1-	DATE: 10 ZOIZ
indicional OSI WS guid	erines addressed)		
PROGRAM:			
1			
ESF: X	.1 .1		
	11111		

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

AMOUNT: \$150400 DATE: 8/2/11





### Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):

	Bureau of Land Management Task Order Program	
	Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
	Forest Land Enhancement Program (a.k.a.: FLEP)	
	Insect and Disease Prevention and Suppression Program	
	State Fire Assistance (a.k.a.: SFA)	
	Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
F	Stevens Fuels Treatment Funds	
	Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
	Emergency Supplemental Funds (a.k.a.: ESF)	X
	Checked for Federal suspension and debarment (State Office) http://www.epls.g	ov/ 02-01-12
	KATHLEEN SULLIVAN	kc
Name:	NATHLEEN SUCCIONN	
Address:	P.O. Box 361	
	A 100 A	
	ALLENSPARK, CO 80510	
	~	c.S.F.S.
		1692613
		02-01-12
		ke
	bove named has submitted a project application that has been re-	
appro	ved by the Colorado State Forest Service for funding from Federal Assista	nce.
irant Nu	mber: 5308400-80-40 N	
	4 5 5 7 60 11	
pproved	Funding: \$1,504.00 N Total Project: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	),00
CCC 4	ount Number: 5308400 - 6693 Amount of Payment: # 1	ENU OD N
SPS ACC	LP HAZ FUELS Fr BO	301.
ircle one	: 1 <sup>st</sup> Payment 2 <sup>nd</sup> Payment 3 <sup>rd</sup> Payment Final Payment	
	1/20/12	
Approved	by (Program manager signature) Date:	
Calamid	Colorado State Forest Service	(070) 401 7726
olorado	State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (	9/0) 491-//30

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

Project No. 5308400 - Bo - 40 (For Official Use Only-Applicant name (please print): Kathleen Sullivan No. from original application)

Labor Cost (Actual)  Operating Exp³ (Actual)  Project Cost  C Total Project (A+B) = \$3,520.00  Amount Originally Appro		Total Contracted Services 1	Total Landowner Services <sup>2</sup>	Totals
(Actual)  Project Cost  C Total Project (A+B) # 3,520.00  Amount Originally Appro				# 3,520,00
(A+B) = \$3,520.00  Amount Originally Appro  \$ /, 504.00				B Oper. Exp.=
# /, 504.00 Amount to be Reimburs	Project Cost			
Amount to be Reimburs not to exceed \$470 Per Acre				# /, 504.00
\$ 1,504.00				Amount to be Reimbursed not to exceed \$470 Per Acre
stracted services where payment was made for services.  o \$ 20.25/hour for Landowner time. This is the maximum allowable.	tracted services when	re payment was made for se	ervices.	~

Landowner Signature: Kathleen Jullivan Date: /6/12 All expenses are true and accurate and all cost share is true and accurate. City: allenspark
Phone: 303-775-9247 Mailing Address: POB Zip: 80510 Practice certified by: BAYAN BAER Amount: \$1,504.00 Date: 1/27/12 Payment Approval:

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

01/19/10

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

Project No. 5308400-Bo-40

To be completed by CSFS forester: PROGRAM: WUI Incentives D-space: 1 & D Prevention and Suppression - Bark Beetle: - (3.2 ACRES STEVENS' Fund: SFA: ESF: Forest HAZ FUELS RED. Restoration Grant (SB71 and HB1199): WUI D-space Accomplishment: No. of D-spaces \_\_\_\_\_ Acres slash disposal \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_ Acres thinned 3, 2 Acres pruned 1 & D Prevention and Suppression Accomplishment: No. of infested trees treated: Acres inspected and treated: Acres thinned: Accomplishment (Not included above) - LOA Practice Number: #5 Acres =\_\_\_\_ #9 Acres treated #1 Plan Acres #2 Acres tree planting #6 Acres treated #10 Acres of restoration = #11 Acres =\_\_\_\_ #7 Acres treated Acres treated #3 Acres treated =\_\_\_\_ #8 Acres treated =\_\_\_\_ #4 Acres planted/ renovated =





### Colorado State Forest Service Program Payment Request

Bureau of Land Management Task Order Program  Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)  Forest Land Enhancement Program (a.k.a.: FLEP)  Insect and Disease Prevention and Suppression Program  State Fire Assistance (a.k.a.: SFA)  Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)  Stevens Fuels Treatment Funds  Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)  Emergency Supplemental Funds (a.k.a.: ESF)
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☐ Checked for Federal suspension and debarment (State Office) http://www.epls.gov/
and the reaction reaction and debarment (state office) methy with epis.gov
KATHLEEN SULLIVAN
P.O. Box 361
ALLENSPARK, CO 80510
MOCHINER CO DOS TO
above named has submitted a project application that has been review
oved by the Colorado State Forest Service for funding from Federal Assistance
umber: 5308400 - 80 - 40
duffiber: 3308400 Bo 40
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ccount Number: 5308400 - 6693 Amount of Payment: # 1,50
Account Number: 5308400 - 6693 Amount of Payment: 4 1,500 Amount of Payment

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Project No. 5308400 - Bo - 40 (For Official Use Only-No. from original application)

Applicant name (please print): Kathleen Sullivan

Practice certified by:

Payment Approval:

CSFS program manager

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)	\$ 3,520.00		# 3,520,00
Operating Exp <sup>3,*</sup> (Actual)			B Oper. Exp.=
Project Cost			C Total Project $(A+B) = $3,520.00$
			# 1, 504.00
			Amount to be Reimbursed not to exceed \$470 Per Acre
to \$ 20.25/hour for Landent rental, supplies, etc.	e payment was made for se ndowner time. This is the r c. needed to complete project of exceed amount approved	maximum allowable.	ent purchases are not reimbursable.) yments will be considered on a case by
ursement amount canno	et exceed \$470/acres for En	nergency Supplemental	Funds.
ursement amount canno ursement amount canno receipts, Cost Docume	entation Form D-ES (contra	actor costs, your time lea	Funds. Iger, gas, oil, etc). Keep copies for you
ursement amount cannoursement amount cannoursement amount cannoursement receipts, Cost Docume	of exceed \$4/0/acres for En	actor costs, your time lea	Funds.  Ager, gas, oil, etc). Keep copies for you pate:

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

Amount:

Date:

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

Project No. 5308400-B0-40

#11 Acres =

To be completed by CSFS forester: PROGRAM: WUI Incentives D-space: \_\_\_\_\_ I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_ 3.2 ACRES

EDETE: STEVENS' Fund: SFA: \_\_\_\_ ESF: X Forest

HAZ: FUELS RED. WUI D-space Accomplishment: No. of D-spaces = \_\_\_\_ Acres slash disposal = \_\_\_\_ Acres fuel breaks = \_\_\_\_ Acres thinned = 3,2 Acres pruned = I & D Prevention and Suppression Accomplishment: No. of infested trees treated: Acres inspected and treated: Acres thinned: Accomplishment (Not included above) - LOA Practice Number: #1 Plan Acres = #5 Acres = #9 Acres treated = #2 Acres tree planting = #6 Acres treated = #10 Acres of restoration =



#7 Acres treated =

#8 Acres treated =

Acres treated =

#4 Acres planted/ renovated =

#3 Acres treated =

303 Tree www.303tree.com 4520 Broadway #210 Boulder CO, 80304 Phone 303-565-6541 Fax 303-309-0153

## Invoice

Kathleen Sullivan 181 Rockledge Cir. Allenspark, CO 805040 Date: 11/28/2011

Job Name: Sullivan 111128DBT

Work Site: 181 Rockledge Cir

Allenspark, CO 805040

\$3,520.00

Phone 303-747-0585 Salesperson: Ehren Weiss

Item	Plant	Description			
1	See Service Descrip	Forestry	Completed	Qty	Ext. Price
		Fire Mitigation and Forest Health - 3.2 acres		1	\$3520.00
			Subtotal: Tax:		\$3,520.00
			Total:		\$0.00 \$3.520.00

Paid 12/5 CK# 207