

COPY



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/>

11-17-15

Name: Rist Canyon VFD

Address: P.O. Box 2
Bellvue, CO 80512

Approved for Payment
CSFS
7513576
11-17-15

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

Grant Number: 5366020-013-FC Non-Federal Match: \$ 22,951.40

Approved Funding: \$12,000 Total Project: \$ 31,451.40

CSFS Account Number: 5366020-6693 Amount of Payment: \$ 8,500

WICAG Cooperative Fire Protection, S

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

Program Manager Signature [Signature] Date: 11/9/15

Program Manager Name Scott M. Woods



**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 #: 5366020-013 ~ <i>FC</i>	2. Total Award Amount: \$12,000 ~
3. Project Name: Rist Canyon VFD ~	4. Reimbursed Amount to Date: \$0 ~
5. Make Payment To: Name: RCVFD Attn: Treasurer Address: P.O. Box 2; Bellvue, CO 80512 ~	6. Period of Performance (Project Period): From: 6/2012 To: 10/2015

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

On approximately 12-13 miles of our 15 mile road system work was performed in an effort to help our community to evolve into a fire wise community. The work performed consisted of removing fuel sources such as any remaining fire debris and standing or down burned trees, limbing up trees and widening the canopy width in many areas as a natural fire break. All material was chipped and broadcast over the land.

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 (%)
\$12,000	\$8,500	\$0	\$22,951.40	B+C+D \$31,451.40	(C+D)/E 73%

* 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 \$ 8,500 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: *Carol Poland, RCVFD Chief* Date: 10/28/15

10. Certification:

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

District Forester Signature: *[Signature]* Date: 10/29/15

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

Program Manager Signature: *[Signature]* Date: 10/9/15
SCOTT WOODS



Colorado State Forest Service Program Payment Request

*Mailed to
Scott Woods
on
10/29/15*

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

Program Manager Signature _____ Date: _____

Program Manager Name _____



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5. Make Payment To: Name: RCVFD Attn: Treasurer Address: P.O. Box 2; Bellvue, CO 80512	6. Period of Performance (Project Period): From: 6/2012 To: 10/2015

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12 miles = 63,360' x 10' width = 633,600 ft² = 15 acres

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\$12,000	\$8,500	\$0	\$22,951.40	B+C+D \$31,451.40	(C+D)/E 73%

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Reimbursement Request: I request reimbursement in the amount of \$ 8,500 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: Carol Pollock, RCVFD Chief Date: 10/28/15

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

District Forester Signature: [Signature] Date: 10/29/15

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

Program Manager Signature: _____ Date: _____

ROCKY MOUNTAIN TREE SERVICE



Tree Pruning Tree Removal Stump Removal

P O BOX 1334
LOVELAND CO 80539
970-635-9040

Mark Berard
Owner

INVOICE #2015-223 PAID

Date: October 21, 2015

Customer: Rist Canyon Volunteer Fire Dept.
Property at: Davis Ranch
Bellvue, CO
Contact: Dale Snyder
Phone: 970-484-8351
Email: dsnyder4@mac.com

Description	Total
Broadcast chipping of burned trees next to road for 4 and 1/2 days Day Rate \$1,900.00	\$ 8,500.00

by check # 7807
Thank You, Laura B.

Invoice Total	\$ 8,500.00
PAID	- 8,500.00
Balance Due	\$ 0.00

**DAVIS RANCH
FIRE MITIGATION
VOLUNTEER NAMES
AND HOURS**

October 21, 2015

Dale Snyder 103 hrs. Organizing, Cutting Trees, Chipping, Tractor
18 hrs. saw time, 4.5 tractor time.

Marilyn Snyder 57.5 hrs. Stacking trees, Chipping.

Phil Benstien 41hrs. Cutting trees, Chipping.
32 hrs. saw time.

Bill Mattor 24 hrs. Cutting trees, Chipping, Skidsteer
20 hrs. cutting, 5 hrs. skidsteer.

Rick Jordon 8.5 hrs. Cutting trees, Chipping
3.5 hrs. saw time.

Vicki Jordon 3.5 hrs. Stacking trees.

Joe Shellhamer 3.5 hrs. Cutting trees.

Bo O'Shea 13.5 hrs. Cutting trees, Chipping
5.5 hrs. saw time.

Ed Franklin 26.5 hrs. Cutting trees.
26 hrs. saw time.

Mark McCracken 6hrs. Cutting trees.
6 hrs. saw time

Tom Bender 5 hrs. Cutting trees, Chipping.
2 hrs. saw time.

Ryan Watson 8hrs. Cutting trees.
8 hrs. saw time.

Jim Shackley 51 hrs. Cutting trees, Stacking, Chipping.
27 hrs. saw time.

Roger Dykstra 6.5 hrs. Cutting trees, Stacking
4.5 hrs Saw time.

Bob Cunningham 4.5 hrs. Skidsteer
4.5hrs. Skidsteer.

Jeff Brack 17.5 hrs. Cutting trees, Stacking, Chipper.
4.5 hrs. Saw time.

Gretchen Long 4.5 hrs. Stacking.

Gary Lemert 4.5 hrs. Cutting trees, Tractor
4.5 hrs Saw time.

Neil Faber 8hrs. Cutting trees, Stacking.
3.5 hrs. Saw time.

Joe Ehrman 3 hrs. Stacking.

Mark Comstock 4.5 hrs. Stacking.

Ron Toplyn 3 hrs. Stacking.

Joe Pender 7hrs. Cutting trees, Chipper.
3 hrs. Saw time.

Janet Siegel 4 hrs. Stacking.

Vance Fortenberry 2 hrs. Stacking.

Kathryn Touran 3 hrs. Cutting trees.
3 hrs. saw time.

Hank Schleber 10 hrs. Cutting trees.
10 hrs. Saw time.

Dick Schettler 7 hrs. Cutting trees.
7 hrs. Saw time.

Randy Stanley 7 hrs. Stacking.

Jackie Klasmeyer 5.5 hrs. Cutting trees.

Dennis Pederson 6.5 hrs. Cutting trees, Tractor.
6.5 hrs Saw time.

Liam Pederson 3.5 hrs. Tractor
3.5 hrs. Tractor time

Aden Pederson 3.5 hrs. Stacking, Tractor.
.5 Tractor time.

Sasha 3.5 hrs. Stacking. (International Exchange student with Pedersons)

Bill Allen 11.5 hrs. Cutting trees, Stacking, Chipping.
3,5 hrs. Saw time.

John O'Keefe 26.5 hrs. Stacking, Chipping.

Ken Fairchild 24 hrs. Stacking, Chipping.

Valetta Plessing 22.5 hrs. Stacking, Chipping.

Jackie Walford 26.5 hrs. Stacking, Chipping.

Moby Wilie 26.5 hrs. Stacking, Chipping.

Kathy Stowe 21 hrs. Stacking, Chipping.

Jeremy 3,5 hrs. Cutting trees, Chipper.
2.5 hrs. Saw time.

Randy Starkey 8 hrs. Chipping.

Vern Shields 2.5 hrs. Cutting trees.
2.5 hrs. Saw time.

Phil 2.5 hrs. Stacking.

Kevin Camble 8 hrs. Chipper.

Kala Lococo 8 hrs. Chipper.

Tyson Shields 8hrs. Chipper.

Holly Noser 8hrs. Chipper.

Brent Noser 8 hrs. Chipper.

Debbie Faber 3 hrs. Chipper.

TOTAL LABOR HOURS 714.0

TOTAL SAW TIME HOURS 219.5

TOTAL TRACTOR HOURS 11.0

TOTAL SKIDSTEER HOURS 9.5

714 HRS. @ \$25.10 \$17,921.40

219.5 SAW HRS. @ \$18 PER HR. RENTAL RATE 3,951.00

11.0 TRACTOR HRS. @ \$48 PER HR. RENTAL RATE 528.00 ←

9.5 HRS SKIDSTEER HRS. @ \$58 PER HR RENTAL RATE 551.00 ←

TOTAL \$22,951.40

15 GAL. DIESEL FUEL

10 GAL SAW GAS

Colorado State FOREST SERVICE

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

March 24, 2012

Dear 2011 SFA WUI Grant Recipient:

Attached you will find three separate pages that need action from you.

1. The Financial Assistance Program Cooperative Match Project notification. After you have read the notification, and if you agree with the conditions of participation, please sign and date.
2. The second page is Exhibit A, Scope of Work. After you have read Exhibit A, and if you agree with the conditions of participation, please initial and date.
3. The third page is Exhibit B. Retain this attachment and use it to request reimbursement for qualifying project costs. You may make additional copies if needed.

Please return the original signed Project Notification and the initialed Scope of Work to:

Colorado State Forest Service
Fire Division, ATTN: Jane Lopez
5060 Campus Delivery, CSU
Fort Collins, CO 80523

- The grant requires at least a 50/50 match. If you cannot equally match the amount you were awarded, the award will be adjusted or rescinded. Your match must be from nonfederal sources.
- Reimbursement will be made for actual costs up to the amount listed on your project notification with consideration of the matching requirement.
- If your original request was reduced, the reduction is noted on your proposal.
- You may not use these funds to purchase capital equipment.

Additionally, we will be requiring strict documentation. Remember, the total amount of the award must be matched by nonfederal sources. This award may be considered as income by the IRS. You should check with your tax advisor.

The form required to obtain periodic reimbursement for costs you incur and documentation of your match is Exhibit B.

The Final Closeout Report must include:

- Accomplishments: examples include (quantified: # acres treated, # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- Summary of actual costs.
- Summary of matching funds.
- Before and after photos (digital preferred)

Your project will have oversight by your local district forester but disbursement of payments will come from the CSFS State Office. When you are ready to claim reimbursement **you need to submit an Exhibit B to your district forester** who will certify that the work has been completed and the documentation adequate. Certification by the district forester may require a site visit to your property. **The district forester will then forward Exhibit B to the state office for processing.**

Best Regards,

Jane M. Lopez
Fire Division
Fuels Mitigation and Prescribed Fire

Financial Assistance Program

Cooperative Match Project

To be conducted by: CSFS Fort Collins District working with Rist Canyon VPD

Project Number: 5366020-013

Estimated Project Cost: \$24,800

Funding provided by CSFS: \$12,000

Minimum Recipient Match: \$12,800

Project to be completed by: September 1, 2013

Based on the strength of the application submitted by CSFS Fort Collins District, the Colorado State Forest Service is providing funding in the amount up to but not exceeding **\$12,000** to accomplish the project described in the attached scope of work.

As the cooperator, CSFS Fort Collins District, 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 "*Exhibit A*" (*scope of work*).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.

Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "*Exhibit 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
CSU-Foothills
5060 Campus Delivery
Fort Collins, CO 80523-5060

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

This funding will remain available until September 1, 2013. Extension is available for this project if requested prior to August 1, 2012.

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

Cooperator Signature:



Date:



Boyd Lebeda

Mailing Address: Campus Delivery, Fort Collins, CO 80523-5060

Telephone Number: 970.491.8445

Email Address: boyd.lebeda@colostate.edu

Fax: 970 491.8645

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5366020-013

Cooperator: CSFS Fort Collins District

Work to be completed: The primary objective is to reduce hazard to the Buckhorn Radio Repeater site by establishing defensible space around the site and a fuel break County Road 41 up to the repeater site. The defensible space and fuel break will be approximately 5 acres. The forest around the Repeater site is primarily lodgepole pine with pockets of >50% mortality from mountain pine beetle (MPB) activity. The MPB activity has increased the dead fuel loading and represents a threat to the Repeater site. The target conditions are 10 foot crown spacing, with as much uneven aged and mixed species possible while favoring ponderosa pine and aspen. The treatment area will have increased openings, decreased horizontal fuel continuity and limited vertical fuel arrangement. RCVFD will prepare and layout the project and contract for establishment of the defensible space. CSFS will advise RCVFD for preparation of the project. CSFS engine crews, District staff and volunteers will perform a portion of the fuel reduction work and assist with slash treatment. Slash will be treated with piling and burning. Limited lop and scatter slash treatment may be used. Limited chipping of slash may also be used. RCVFD will prepare a burn plan, obtain permits, and implement the pile burn. CSFS will assist with pile burning.

RCVFD will also manage ongoing operation of a community slash site. Grant funds will be used to pay the contracted chipper/grinder operator to completely grind the pile at intervals during the summer to prevent large pile build-up and make processing more efficient. Approximately 10 acres of fuels reduction treatment will be completed as a result of the slash site.

Milestone dates: Layout and marking of units will occur within 3 months of award notification.

Chainsaw work and slash piling will be completed within 12 months of award notification.

Pile burning will occur the following winter.

Project will be completed approximately 18 months after award notification. **Standards or Guidelines:** Will meet CSFS guidelines appropriate for document.

Project Period: June 1, 2011 to September 1, 2013

Funded Amount: \$12,000

Minimum cooperator match: \$12,800

Deliverables: 15 acres

Project Types: Hazard Fuels Reduction

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

Initials:

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
COMPETITIVE GRANTS

Project Number:

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

1. Project #:	2. Project Funding Amount:	3. Community Protected:
4. Make Payment To: Name: Address:		5. Period of Performance: From: To:

6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)

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

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

Donated time and materials can only be counted towards the matching component.
 * Use actual costs or \$21.36/hour for donated or volunteers' time.
 ** Use actual costs or fair market value of donated materials, supplies, or equipment use.

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

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

Signature: _____ Date: _____

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

10. Certification (To be completed by CSFS District):
 Work meets minimum standards as set forth by CSFS.

Signature: _____ Date: _____