Form 828 - Rev.12/15/09

Colorado State University

Colorado State Forest Service
Program Payment Request

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

☑ Checked for Federal suspension and debarment (State Office) http://www.epls.gov/ 10-18-11 kc

Name: Glen Haven Association

Address: P.O. Box 34

Glen Haven, CO 80532

Approved for Payment
C.S.F.S.
1552514
10-19-11
kc

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

Grant Number: 530829-09-FC

Cooperator Match: $ 2,500 ~

Approved Funding: $2000 ~

Total Project: $ 4,400 ~

CSFS Account Number: 5308290-6693

Amount of Payment: $1,900 ~

'08CPG SFA-NFP CG2 FC

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

Approved by _____ Date: 10/6/11
(Program manager signature)

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

EXHIBIT B

GRANT REPORT/REIMBURSEMENT REQUEST

COMPETITIVE GRANTS

Project Number: 530829-09 - Fc

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 #: 530829-09	2. Project Funding Amount: ~ $2,000	3. Community Protected: Glen Haven

4. Make Payment To:
Name: Glen Haven Association
Address: P.O Box 34
Glen Haven Co 80532

5. Period of Performance:
From: 4-10-11
To: 9-22-11

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.)

Spring, Summer & Fall of 2011. Homeowners of Glen Haven Assn & Teams of Volunteers felled Beetle Kill trees, Ladder fuels, & accomplished Private Home defensible spacing. all accumulated Slash was piled along The Assn Roads, a Commercial Chipper was contracted To assist homeowners in chipping, & Broadcasting Much of the Resultant Slash. Greater than 10 acres were Treated in This years Effort.

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*					1900 -		2500 -	4400 00
Material**								
Total					1900		2500	4400

Donated time and materials can only be counted towards the matching component.
* Use actual costs or $20.25/hour for donated or volunteers' time.
** Use actual costs or fair market value of donated materials, supplies, or equipment use. 123.5 Hrs @ 20.25 = $2500 00

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

9. I request reimbursement in the amount of $ 1900 00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete an that all outlays reported are for the purposes set forth in the project documents.

Signature: Anthony G Smith Date: 9-25-11

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

Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature: Date: 9/27/2011

Rev. 12/15/09

Form 828 - Rev.12/15/09

Colorado State University

Colorado State Forest Service
Program Payment Request

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

☐ Checked for Federal suspension and debarment (State Office) http://www.epls.gov/

Name: Glen Haven Association

Address: P.O. Box 34

Glen Haven, CO 80532

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

Grant Number: 530829-09 Cooperator Match: $ 2,500

Approved Funding: $2,000 Total Project: $ 4,400

CSFS Account Number: 530829-09-6693 Amount of Payment: $1,900

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

Approved by _____ Date: _____
(Program manager signature)

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

EXHIBIT B

GRANT REPORT/REIMBURSEMENT REQUEST

COMPETITIVE GRANTS

Project Number: 530829-09

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1. Project #: 530829-09	2. Project Funding Amount: $2,000	3. Community Protected: Glen Haven

4. Make Payment To:
Name: Glen Haven Association
Address: P.O Box 34
Glen Haven Co 80532

5. Period of Performance:
From: 4-10-11
To: 9-22-11

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		Cash (hard match)	Donated (Inkind match)			Cash (hard match)	Donated (Inkind match)	
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Material**								
Total								

Donated time and materials can only be counted towards the matching component.
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** Use actual costs or fair market value of donated materials, supplies, or equipment use. 123.5 Hrs @ 20.25 = $2500.00

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Signature: Anthony G Smith Date: 9-25-11

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: 9/27/2011

Rev. 12/15/09

Form D

LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is $20.25/hr. Separate expenses by component (activity). Attach receipts.

Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
4-19-11	TONY F	SLASH Collection / Accumulation	4°	
5-3-11	Tony F	Beetle Tree Removal.	5°	
5-16-11	"	" "	5°	
5-17-11	"	" "	3°	
6-3-11	Tony	Ladder Fuel Removal	5°	
6-6-11	TONY F STEVE G WALT B	5½° Each		
	Dave J Wiley A.	Chipping	27.5	
9-16-11	TONY	Slash Accumulation	6°	
9-17-11	Hugh MT	Beetle Tree Removal	5°	
9-18-11	"	Slash Accumulation	5°	
9-17-11	Fred J.	Beetle Tree Removal.	7°	
9-19.	Joe D	Chipping Accumulation Slash	3°	
	Dick C		6°	
	Steve G		5	
	Tony F		6	
	TJ.		6	
	Walt B		6°	
	Don P		3°	
	Hugh Mct		4°	
9-20	Dick C		3°	
	TJ.	Chipping Accumulation Slash	3°	
	Hugh M		3°	
	Tony F		3°	
			123.5 HRS	

1/2010

Adam's Tree Service
P.O. Box 4420
Estes Park, CO 80517

Invoice

Bill To:
Glen Haven Association c/o Tony Fink P.O. Box 297 Glen Haven, CO 80532

Date	Invoice No.
09/21/11	1194

Item	Description	Amount
Chipping	8.5 hrs @ $125 per hour	1,062.50

Total	$1,062.50

PD 9/23/11

Adam's Tree Service
P.O. Box 4420
Estes Park, CO 80517

ADAM'S TREE SERVICE
Estes Park, Co

Invoice

Bill To:
Glen Haven Association c/o Tony Fink P.O. Box 297 Glen Haven, CO 80532

Date	Invoice No.
06/12/11	1153

Item	Description	Amount
Chipping	5.5 hrs @ $125/hr	687.50
Dump Fee	12 yards @ 12.50/yard	150.00

Total	$837.50

Pd # 3647 6/22/11

Doc. NBR. 1010604

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # **805** Rev. 02/04/05

Date: 9/29/10	Requested By: Diana Selby	Resale to:	CSFS Invoice #:

Vendor: Glen Haven Association

(PLEASE PROVIDE COMPLETE ADDRESS)

Ship To: Fort Collins District

COPY

(PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)

Reason for Vendor Selection:
___ Sole Source (attach completed Sole Source Justification Form)
___ Previous Supplier
_X_ Other

Terms: ENCUMBERED 10-15-10 KC

Shipping Instructions:
___ FOB Fort Collins, Colorado
___ FOB

Delivery Date:

Deliver to:
Initials____ Bldg____ Room____ Phone___

#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	53O8290	Cle93			Glen Haven Association will use	$2,000	
2	'08CPG SFA-NFP CG FC				and match (1:1) an '08 FRFTP		
3	Project Number 530829-09-FC				cost share grant to reduce		
4					fuels in mixed conifer on		
5					10 acres w/in the community.		
6					Landowners will implement mitigation		
7					work by thinning & pruning and		
8					pay a contractor to chip		
9					slash.		
10							

SPECIAL INSTRUCTIONS:

PLEASE ENCUMBER

Expenditure Approval:

Authorized Signature: Bryce Lebeda

Date: 9/29/10

Subtotal: $ 2,000

Discount: $

TOTAL: $ 2,000

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA) CSFS # **805** Rev. 02/04/05

Date: 9/29/10	Requested By: Diana Selby	Resale to:	CSFS Invoice #:

Vendor: Glen Haven Association

(PLEASE PROVIDE COMPLETE ADDRESS)

Ship To: Fort Collins District

(PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)

Reason for Vendor Selection: ___ Sole Source (attach completed Sole Source Justification Form)
___ Previous Supplier
_X_ Other

Terms:

Shipping Instructions:
___ FOB Fort Collins, Colorado
___ FOB

Delivery Date:

Deliver to:
Initials____ Bldg____ Room____ Phone___

#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	530829	6le93			Glen Haven Association will use	$2,000	
2					and match (1:1) an '08 FRFTP		
3					cost share grant to reduce		
4					fuels in mixed Conifer on		
5					10 acres w/in the community.		
6					Landowners will implement mitigation		
7					work by thinning & pruning and		
8					pay a contractor to chip		
9					slash.		
10							

SPECIAL INSTRUCTIONS:

Expenditure Approval:
Authorized Signature: Byron Lebeda
Date: 9/29/10

Subtotal: $ 2,000
Discount: $
TOTAL: $ 2,000

Financial Assistance Program

Cooperative Match Project

To be conducted by:

Glen Haven Association

Project Number:	530829-09
Estimated Project Cost:	$4,000
Funding provided by CSFS:	$2,000
Minimum Recipient Match:	$2,000
Project to be completed by:	9/30/2011

Based on the strength of the application submitted by Glen Haven Association, the Colorado State Forest Service is providing funding in the amount up to but not exceeding $2,000 to accomplish the project described in the attached scope of work.

As the cooperator, Glen Haven Association, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

A. Complete work as described in *"Attachment A"(scope of work)*.

B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.

C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in *"Attachment B"*, as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Attn: Diana Selby

Fort Collins District

5060 Campus Delivery

Fort Collins, CO 80523-5060

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

This funding will remain available until 9/30/2011. There will be NO extensions.

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

Cooperator Signature: Anthony Sarah Fink Date: 8/20/2010

Mailing Address: P.O Box 897 Glen Haven Co/o 80532

Telephone Number: 970-586-6032

Email Address: AnthonySarahFink@msn.com

EXHIBIT A

Financial Assistance Program

Cooperative Match Project

SCOPE OF WORK

Project Number: 530829-09

Cooperator: Glen Haven Association

Work to be completed: Work will include general fuels reduction within the community as well as creating and expanding individual defensible spaces following CSFS guidelines. A minimum of 10 acres will be treated.

1. Type of Treatment – hazard fuels reduction

Milestone dates: Project must be completed by 9/30/2011. No extensions.

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

Project Period: 8/10/2010 to 9/30/2011

Funded Amount: $ 2,000 **Minimum cooperator match**: $ 2,000

Deliverables: 10 acres

Project Types: **hazard fuels reduction**

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

Initials: _____