

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

| | |
|---------------------------------|-------------------|
| District Submitting Project: | Boulder |
| Forester Submitting Project: | Bryan Baer |
| District Priority Number: | |
| Date Submitted: | 7/14/2011 |
| FOR REVIEWER'S USE ONLY: | |
| Rating: | |

| Applicant Information | |
|---------------------------|------------------------------|
| Applicant: | Tom and Sydney Macy |
| Contact Person: | Tom |
| Address: | 3367 Sunshine Canyon Drive |
| City/Zip Code: | Boulder, CO 80302 |
| Phone (Work/Cell): | 303-444-4369 or 303-898-8519 |
| Email: | Tmetcf-colorado.org |
| Fax: | 303-938-3763 |

| Community At Risk Information | | | |
|---|---------------------------------------|-------------------------------------|-----------|
| Name of Project: | Macy Residence | | |
| Community Name(s): | Sunshine Canyon | | |
| County: | Boulder | Congressional District: | 2nd |
| Latitude (decimal degrees): | 40.042 N | Longitude (decimal degrees): | 105.333 W |
| Threat Description (check all that apply) | | | |
| Homes: | <input checked="" type="checkbox"/> X | Number of: | 1 |
| Businesses: | <input type="checkbox"/> | Number of: | |
| Watersheds: | <input type="checkbox"/> | Number of: | |
| Other (Describe): | | | |

| 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 | |
| Dollar Amount Requested | \$1,222.00 |
| Will this Project be conducted as a Pass-Through Grant? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types) | |
| <p>The project area is located off Sunshine Canyon Drive. Vegetation consists largely of ponderosa pine and douglas fir in the overstory, with random native grasses and juniper in the understory. Slope in the area is quite steep, with much of the project area having a slope greater than 30%. Access to the property is from Sunshine Canyon Drive.</p> | |

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.

Provide a brief scope of work that clearly describes how grant funds will be spent. (This should be more specific than the project description)

4

Project funding will be used to conduct hazardous fuels reduction along the access road to the residence. Creating a healthy shaded fuel break will be the objective of project work. Using a "thin from below" approach, small diameter and suppressed vegetation will be targeted for removal, to increase the residual crown spacing. Mountain pine beetle infested trees, trees with excessive dwarf mistletoe infestations, and trees displaying obvious poor growth characteristics may be prioritized for removal to enhance forest health. All slash will be dealt with in an approvable fashion. All stumps will be cut to 4" on the uphill side on average throughout the project area. All trees left uncut throughout the project area will be limbed to a minimum of six feet above ground level, or up to 25% of the bottom limbs (whichever is of the lesser). All work will reflect CSFS standards of approvable forest stewardship.

Describe all planned long-term maintenance (grant funded or other).

Landowner will continually monitor property for any new undesirable re-growth of trees, and remove upon detection. Landowner will also monitor maturing, growing vegetation, and continually remove limbs and other ladder fuels as they become present.

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 available contractor is ready, and will continue through completion, which is targeted for Summer 2012.

Interagency Collaboration

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.).

5

None

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) X yes ☐ no

| | | | | |
|---|---|-------------------------------------|--------------------------|-------------------------------------|
| 6 | Project Category (check all that apply and answer related questions) | | | |
| | Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/> | | | |
| | Number of acres to be treated: | 2.6 | Estimated cost per acre: | \$1,500.00 |
| | Project Type (check all that apply) | | | |
| | Defensible Space | <input checked="" type="checkbox"/> | Thinning w/o Product | <input checked="" type="checkbox"/> |
| | Fuelbreak | <input checked="" type="checkbox"/> | Mastication | <input type="checkbox"/> |
| | Thinning w/ Product | <input checked="" type="checkbox"/> | Other | <input type="checkbox"/> |

| | | | |
|---|---|---|--------------|
| 7 | Total Project Expense (Pass Through) | | |
| | <i>Please fill all fields</i> | Grant Share (\$ Amount Requested) | TOTAL |
| | | | |
| | Contractual Services: | | \$ 1,222.00 |
| | TOTAL: | \$1,222.00 | \$ 1,222.00 |

Grant funding may only be used for Contractual Service.

| | | | |
|---|---|---|--------------|
| 8 | Total Project Expense (Non-Pass Through) | | |
| | <i>Please fill all fields</i> | Grant Share (\$ Amount Requested) | TOTAL |
| | | | |
| | 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

ESF-Macy Proposal



Macy Property: 2.6 acres



Macy



Boulder County Roads

0 125 250 500 750 1,000 Feet

Created by Bryan Blair
CSFS Boulder District
July 2011



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 (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) | <input checked="" type="checkbox"/> |

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

08-15-11

Name:

Tom MACY

Address:

3367 Sunshine Canyon Drive
Boulder, CO 80302

Approved for Payment
C.S.F.S.

1456962

08-15-11

ke

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: 5308400-130-54 ~

Approved Funding: \$1,222.00 -

Total Project: \$2,965.00 ~

CSFS Account Number: 5308400-6693
'09SUP HAZ FUELS Fr BO

Amount of Payment: \$1,222.00 ~

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

Approved by


(Program manager signature)

Date:

8/10/11

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

Project No. 5308400-130-54(For Official Use Only-
No. from original application)

Applicant name (please print):

TOM MACY

| | Total Contracted Services ¹ | Total Landowner Services ² | Totals |
|--|--|---|---|
| Labor Cost (Actual) | \$2,965.00 | | A Labor Cost= \$2,965.00 |
| Operating Exp ³ (Actual) | | | B Oper. Exp.= |
| Project Cost | | | C Total Project (A+B) = \$2,965.00 |
| | | | Amount Originally Approved = \$1,222.00 |
| | | | Amount to be Reimbursed not to exceed \$470 Per Acre \$1,222.00 |

¹ Any contracted services where payment was made for services.² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: T. Macy

Date:

7/7/11

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

Mailing Address: 3367 SUNSHINE CANYON DRIVECity: BOULDERCounty: BOULDER State: CO Zip: 80302Phone: 303 444 4369 (W)
303 898 8519 cell

Practice certified by:

BRYAN BAER
CSFS forester

Payment Approval:

[Signature]
CSFS program managerAmount: \$1,222.00Date: 8/10/11

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

COPY

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

Project No. 5308400-BO-54

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ I & D Prevention and Suppression - Bark Beetle: _____

FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: X Forest
Restoration Grant (SB71 and HB1199): _____

2.6 Acres
Haz. Fuels Red.

WUI D-space Accomplishment:

No. of D-spaces = _____ Acres slash disposal = _____ Acres fuel breaks = _____

Acres thinned = _____ 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 = _____ |
| Acres treated = _____ | #7 Acres treated = _____ | #11 Acres = _____ |
| #3 Acres treated = _____ | #8 Acres treated = _____ | |
| #4 Acres planted/ renovated = _____ | | |



01/19/10



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 (a.k.a.: VFA/RFA) | <input type="checkbox"/> |
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| Insect and Disease Prevention and Suppression Program | <input type="checkbox"/> |
| State Fire Assistance (a.k.a.: SFA) | <input type="checkbox"/> |
| Front Range Fuels Treatment Partnership (a.k.a.: FRFTP) | <input type="checkbox"/> |
| Stevens Fuels Treatment Funds | <input type="checkbox"/> |
| Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01) | <input type="checkbox"/> |
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☐ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>

Name: Tom MACY

Address: 3367 Sunshine Canyon Drive
Boulder, CO 80302

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Total Project: \$2,965.00

CSFS Account Number: 5308400-6693

Amount of Payment: \$1,222.00

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

Approved by _____
 (Program manager signature)

Date: _____



EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-B0-54
(For Official Use Only)

NAME: TOM MALLY
MAILING ADDRESS: 3367 SUNSHINE CANYON DRIVE
City: BOULDER State: CO
Zip code: 80302
TELEPHONE NO: 303 444 4369 (W) 303 898-8514 (CELL)
PROJECT ADDRESS/LEGAL DESCRIPTION: 3367 Sunshine Canyon Dr.
PRACTICES TO BE COMPLETED BY: FALL 2012
Date

Landowner and CSFS forester:

CSFS forester:

| Practice No. & Component Title | Quantity Requested | Quantity Approved |
|-----------------------------------|-----------------------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | Total: |

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre. I understand that I will not be reimbursed for any expenses incurred prior to approval of my application. Work must be completed according to approved plan and application, and must meet the standard set for each component. Practices must be maintained for a minimum of 10 years. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: [Signature] DATE: 7/7/11
To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature] DATE: 8/5/11
(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: [Signature] AMOUNT: \$1,222.00 DATE: 8/2/11
CSFS District Forester

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.

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

Project No. 5308400-130-54
(For Official Use Only-
No. from original application)

Applicant name (please print): TOM MACY

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|--|--|---|--|
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| Project Cost | | | C Total Project (A+B) = \$ 2,965.00 |
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All expenses are true and accurate and all cost share is true and accurate.

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City: BOULDER

County: BOULDER State: CO Zip: 80302

Phone: 303 444 4369 (W)
303 898 8519 cell

Practice certified by: BRYAN BAER
CSFS forester

Payment Approval: _____ Amount: _____ Date: _____
CSFS program manager

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. 5308400-80-54

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ I & D Prevention and Suppression - Bark Beetle: _____

FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: X Forest
Restoration Grant (SB71 and HB1199): _____

2.6 Acres
Haz. Fuels Red.

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#1 Plan Acres = _____

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#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____

Colorado
State
FOREST
SERVICE

01/19/10

BOC

BOULDER OUTDOOR CENTER

Boulder Outdoor Center
2525 Arapahoe Ave, Suite E4-228
Boulder, CO 80302
303-444-8420
www.BOC123.com

Invoice# 117211 6/28/2011
Cust# 65937

Salesperson EB

Macy, Tom

3367 Sunshine Canyon

Boulder CO 80302

Home Phone 3034444369

Work Phone

Ship Phone

Notes

| | | | |
|------|-------------------------------------|----------|------------|
| 57.5 | Hours of cutting, hauling, chipping | 9 | \$50.00 |
| | | Extended | \$2,875.00 |
| 0.75 | Chipper charge | 9 | \$120.00 |
| | | Extended | \$90.00 |

Terms

Check

| | |
|-----------|------------|
| Subtotal | \$2,965.00 |
| City Tax | \$0.00 |
| State Tax | \$0.00 |
| SHIPPING | \$0.00 |
| | \$0.00 |
| Total Due | \$2,965.00 |
| Paid | \$0.00 |
| Balance | \$2,965.00 |

Thank You!

Ship to:

- ☐ Commercial Address
☐ Ok to send mailings
☐ Ok to send emails

tm@tcf-colorado.org