



COPY

Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
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 checked="" 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"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input type="checkbox"/>

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

11-22-10
KC

Name: Buckskin Heights Road Association

Address: P.O. Box 352

Masonville, CO 80541-0352

~

**Approved for Payment
C.S.F.S.**

1064403

11-22-10

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: 5308940-FC

Cooperator Match: \$6,854⁰⁰ ~

Approved Funding: \$12,000 ~

Total Project: \$11,854⁰⁰ ~

CSFS Account Number: 53089401-6693

'09CPG SFA CGI FRFT

Amount of Payment: \$5,000⁰⁰ ~

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

Approved by: [Signature]
(Program manager signature)

Date: 11/18/10

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: 5308940

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 #: 5308940	2. Project Funding Amount: 12000 -	3. Community Protected: BUCKSKIN HEIGHTS
4. Make Payment To: Name: BUCKSKIN HEIGHTS ROAD ASSOCIATION Address: PO BOX 352 MASONVILLE, CO 80541-0352		5. Period of Performance: From: JUNE 2 2010 To: OCT 29 2010

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.)

COMMUNITY CONTINUED THINNING, REMOVING MPB BROAD TREES, AND WORKED ON REDUCING FUELS AND FOREST DENSITY NEAR HOMES AND ROADSIDES. ABSENTEE OWNERS WERE ALSO ASSISTED IN REDUCING FOREST FUELS AND REMOVING MPB TREES FROM PROPERTIES. 16 HOMEOWNERS PARTICIPATED IN THE 2ND HALF OF THE GRANT PROJECT.

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 6/2/10 - 10/29/10				Project to Date 12/4/09 - 10/29/10		
	Reimbursement Amount Requested	Matching Funds		Total Costs	Reimbursement Amount Requested	Matching Funds	Total Costs
	For Out of Pocket Expenses	Cash (hard match)	Donated (Inkind match)		For Out of Pocket Expenses	Cash (hard match)	Donated (Inkind match)
Labor*	5000.00		6854.00				19354.33
Material**					447.51		
Total	5000.00		6854.00		447.51		19354.33
							19801.84

Donated time and materials can only be counted towards the matching component.

* Use actual costs or \$10.77/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 \$ 5000.00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the project documents.

Signature: 

Date: 10/4/10

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: 11/10/2010



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Name: Buckskin Heights Road Association

Address: P.O. Box 352
Masonville, CO 80541-0352

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: 5308940 Cooperator Match: \$6,854.⁰⁰

Approved Funding: \$12,000 Total Project: \$11,854.⁰⁰

CSFS Account Number: 53089400 - 6693 Amount of Payment: \$5,000.⁰⁰

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

Approved by _____ Date: _____
 (Program manager signature)

Summit Forestry
5201 Greenview Dr.
Fort Collins CO 80525

PAID

Invoice

Date	Invoice #
11/4/2010	1289

Bill To
Buckskin Heights c/o Dan Glanz PO Box 370 Masonville CO 80541

Item	Quantity	Description	Rate	Amount
Active Forest Management	2	Work performed 10/27, 10/28/10. Active Forest Management and forest thinning. Removal of trees along roadside. Broadcast chipping of slash. 2 days at \$1600/day with 4 man crew.	1,600.00	3,200.00
Active Forest Management	1	Work performed 10/29/10. Active Forest Management and forest thinning. Removal of trees along roadside. Broadcast chipping of slash. 1 day at \$1800/day with 5 man crew.	1,800.00	1,800.00

We appreciate your business. Thank you!

Total \$5,000.00

Terms

Subject to 1.25% after 30 days

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 Sigi

[illegible]

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.

Ed Croteau
Kathy Merlo
Landowner Sign

Date	By Whom:	Activity/Expense	Hours
2/6/2010	Croteau	Wood Clearing for fire mitigation	2
2/24/2010	Merlo	Update fire meeting materials	2
2/28/2010	Croteau		
	Williams	Wood Clearing for fire mitigation	2 @ = 4
3/4/2010	Williams	Wood Clearing for fire mitigation	2
3/16/2010	Merlo	Fire Sub-committee Meeting - Steve's	2
3/23/2010	Merlo	Update phone tree file	1
3/30/2010	Merlo	Update phone tree file	3
4/1/2010	Merlo	Fire Sub-committee Meeting - Steve's	2
4/3/2010	Williams	Wood Clearing for fire mitigation	2
4/5/2010	Merlo	Phone tree follow-up & contact residents	1
4/14/2010	Merlo	Update phone tree & cost document files	1
		REPORTED TO STEVE ON 4/14/10	
7/15/2010	Ed Croteau Dave Croteau Phil Croteau	Wood clearing for fire mitigation and beetle-kill trees	3@ = 15
10/23/2010 to 10/27/2019	Andrew Michler	wood clearing for fire mitigation and beetle-kill trees	25 hours @ \$20.00 per hour
		REPORTED TO STEVE ON 10/27/10	
			62 HRS
			47

LANDOWNER ASSISTANCE PROGRAMS COST DOCUMENTATION

From: chuckandpenny@lpbroadband.net

To: bstvnkbrwn@aol.com

Subject: Hours thinning trees

Date: Wed, Oct 20, 2010 8:17 pm

Hi Steve, we worked 1 hour on Oct 9 and 3.5 hours on Oct 12. Do I need to fill out a form?

Chuck

Sent via BlackBerry by AT&T

ASSISTANCE PROGRAMS 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.

Paul Hesson
Landowner Signature

[illegible]

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.

Greg Nelson
Landowner Signature

Date	By Whom:	Activity/Expense	Hours	Expenses
Sep-Oct		Removing Beetle Kill, Limbing trees, hauling slash to road	160	
TOTAL			160	

From: Greg Nelson <g_nelson@ix.netcom.com>

To: bstvnkbrwn@aol.com

Subject: Hours

Date: Mon, Nov 1, 2010 6:03 pm

Steve,

162 hours

If you need details, let me know.

Greg Nelson

H: 207-9388

C: 481-9617