

# Colorado State Forest Service

## Emergency Supplemental

### 2010 Grant Application

#### DISTRICT'S: Please Complete

District Submitting Project:	
Forester Submitting Project:	
District Priority Number:	
Date Submitted:	
<b>FOR REVIEWER'S USE ONLY:</b>	
Rating:	

Applicant Information	
Applicant:	Timothy L. Wilkerson
Contact Person:	Same
Address:	468 Brook Circle
City/Zip Code:	Boulder, CO 80302
Phone (Work/Cell):	303.443.4858
Email:	timwilkerson@comcast.net
Fax:	303.443.4858

Community At Risk Information			
Name of Project:			
Community Name(s):			
County:		Congressional District:	
Latitude (decimal degrees): 40.081		Longitude (decimal degrees): -105.332	
Threat Description (check all that apply)			
Homes:	<input type="checkbox"/>	Number of:	( )
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.	
<b>Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment</b>	
Dollar Amount Requested	10 x \$470 = \$4,700
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)	



### 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*)

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

What is the duration of this project? (*check one*) ☐ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years

Is this a continuing project from previous year/s? (*check one*) ☐ Yes ☐ No

Provide a timeline for the project

### 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.*).

### Community Wildfire Protection Plan (CWPP)

Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (*check one*) ☐ yes ☐ no

Is this project part of the plan? (*check one*) ☐ yes ☐ no



6	<b>Project Category</b> (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated: 10.0		Estimated cost per acre:	
	<b>Project Type</b> (check all that apply)			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	<input type="checkbox"/>
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	<input type="checkbox"/>	Other	<input type="checkbox"/>	

7	<b>Total Project Expense (Pass Through)</b>		
	<i>Please fill all fields</i>	<b>Grant Share</b> (\$ Amount Requested)	<b>TOTAL</b>
	<b>Contractual Services:</b>		\$ 0
	<b>TOTAL:</b>	\$0	\$ 0

Grant funding may only be used for Contractual Service.

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

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

*Attach Project Map Showing Specific Treatment Areas*



# Colorado State Forest Service

## Emergency Supplemental

### 2010 Grant Application

#### DISTRICT'S: Please Complete

District Submitting Project:	<b>Boulder</b>
Forester Submitting Project:	<b>Bryan Baer</b>
District Priority Number:	
Date Submitted:	<b>11/30/2010</b>
<b>FOR REVIEWER'S USE ONLY:</b>	
Rating:	

Applicant Information	
<b>Applicant:</b>	Timothy L. Wilfong
<b>Contact Person:</b>	Timothy L. Wilfong
<b>Address:</b>	468 Brook Circle
<b>City/Zip Code:</b>	Boulder, CO 80302
<b>Phone (Work/Cell):</b>	303-443-4858
<b>Email:</b>	<a href="mailto:timwilfong@comcast.net">timwilfong@comcast.net</a>
<b>Fax:</b>	303-443-4858

Community At Risk Information			
<b>Name of Project:</b>	Wilfong Property		
<b>Community Name(s):</b>	Boulder Hts.		
<b>County:</b>	Boulder	<b>Congressional District:</b>	T1N,R71W,Sec#3
<b>Latitude (decimal degrees):</b>	40.081	<b>Longitude (decimal degrees):</b>	-105.332
Threat Description (check all that apply)			
<b>Homes:</b>	<input checked="" type="checkbox"/> X	Number of:	1
<b>Businesses:</b>	<input type="checkbox"/>	Number of:	
<b>Watersheds:</b>	<input type="checkbox"/>	Number of:	
<b>Infrastructure:</b>	<input type="checkbox"/>	Estimated value of:	
<b>Economic Viability:</b>	<input type="checkbox"/>	Estimated value of:	
<b>Historic Structures:</b>	<input type="checkbox"/>	Number of:	
<b>Other (Describe):</b>			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
<b>Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment</b>	
<b>Dollar Amount Requested</b>	\$4,700.00
<b>Will this Project be conducted as a Pass-Through Grant?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)</b>	
<p>The project area is located in the Boulder Heights Community, off of Brook Circle Rd. The area is composed of primarily north facing slopes (~&gt;75%), with some being located on south facing slopes. The forested areas are a mix of Ponderosa Pine and Douglas Fir composition. Juniper and other native grass and shrub species occupy the ground cover. Slopes range from moderate to steep, especially on the north facing slopes.</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 work will be done to reduce the hazardous fuels present throughout the project area. The majority of the project area has forest densities that exceed desirable stocking levels, from a fire management standpoint. Present forest stocking also compromises forest health, as there are several areas where dwarf mistletoe is present, as well as pockets of mountain pine beetle activity. Project work will also aim to improve the forest conditions, as it is related to tree health. All salvageable material will be dealt with accordingly, depending on chosen contractor's management practice. Slash will also be dealt with according to CSFS standards, depending on chosen contractor's management practice.

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

Landowner will continually monitor property for new and undesirable re-growth of vegetation, and remove upon detection. Efforts will also be made to detect any new insect and disease infestations, and remove upon detection. New and maturing trees will be limbed to a minimum of six feet above the ground, or up to 25% off the ground if limbing six feet would remove more than that.

**What is the duration of this project? (check one)** ☒ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years

**Is this a continuing project from previous year/s? (check one)** ☐ Yes ☒ No

**Provide a timeline for the project**

Project work will begin as soon as layout is complete and chosen contractor is available. Project work is targeted for completion by 12-31-2011.

### 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)** ☒ yes ☐ no

**Is this project part of the plan? (check one)** ☒ yes ☐ no



6	<b>Project Category</b> (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:	10.0	Estimated cost per acre:	\$1,500.00
	<b>Project Type</b> (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	<b>Total Project Expense (Pass Through)</b>		
	<i>Please fill all fields</i>	<b>Grant Share</b> (\$ Amount Requested)	<b>TOTAL</b>
	<b>Contractual Services:</b>	\$4,700.00	\$ 4,700.00
	<b>TOTAL:</b>	\$4,700.00	\$ 4,700.00

Grant funding may only be used for Contractual Service.

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

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

*Attach Project Map Showing Specific Treatment Areas*





EMERGENCY SUPPLEMENTAL FUNDS  
LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-80-18

(For Official Use Only)

NAME: Timothy Wilton

MAILING ADDRESS: 4168 Brook Circle

City: Boulder State: CO

Zip code: 80302

TELEPHONE NO: 303-443-0811

PROJECT ADDRESS/LEGAL DESCRIPTION: T1N, R71W, Section #3

PRACTICES TO BE COMPLETED BY: 12-31-2011

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: 29 Nov 10

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature]

DATE: 3-17-2011

(Additional USFWS guidelines addressed)

**PROGRAM:**

ESF: X

Funding Allocated: [Signature]

AMOUNT: \$4,700.00 DATE: 12-8-10

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.





COPY

## 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"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<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 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 checked="" type="checkbox"/>

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

03-30-11  
KC

Name: TIMOTHY WILFONG

Address: 468 BROOK CIRCLE

BOULDER, CO 80302  
~

Approved for Payment  
C.S.F.S.

1237222  
03-30-11  
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: 5308400-BO-18 ~

Approved Funding: \$4,700.00 ~

Total Project: \$5,480.16 ~


CSFS Account Number: 5308400 - 6693

'09SUP HAZ FUELS Fr BO

Amount of Payment: \$4,700.00 ~

Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Approved by

  
(Program manager signature)

Date:

3/28/11





## 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"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<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 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 checked="" type="checkbox"/>

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

Name: TIMOTHY WILFONG

Address: 468 BROOK CIRCLE

BOULDER, CO 80302

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-BO-18

Approved Funding: \$4,700.00

Total Project: \$5,480.16

CSFS Account Number: 5308400-6693 Amount of Payment: \$4,700.00

Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Approved by \_\_\_\_\_  
(Program manager signature)

Date: \_\_\_\_\_



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

Project No. 5308400-BO-18

(For Official Use Only-

No. from original application)

Applicant name (please print): TIMOTHY WILFONG

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)	\$ 5,480.16		A Labor Cost= \$ 5,480.16
Operating Exp <sup>3,*</sup> (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$ 5,480.16
			Amount Originally Approved = \$ 4,700.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 4,700.00

<sup>1</sup> Any contracted services where payment was made for services.

<sup>2</sup> Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.

<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

<sup>4</sup> Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.

<sup>5</sup> 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: TIMOTHY WILFONG (BB) Date: 3-17-2011

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

Mailing Address: 468 BROOK CIRCLE City: BOULDER

County: BOULDER State: CO Zip: 80302 Phone: 303-443-4858

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. 5308400-80-18

*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): \_\_\_\_\_

→ 10.0 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 = \_\_\_\_\_



  
Landowner Signature

Each

16<sup>th</sup>