Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTR	ICT'S: Please Complete
	District Submitting Project:
	Forester Submitting Project:
	District Priority Number:
	Date Submitted:
FOR	REVIWER'S USE ONLY:
	Rating:

	Applicant Information
Applicant:	Timothy L. Wilsong
Contact Person:	Same
Address:	468 Brook Circle
City/Zip Code:	Boulder, co 80302 303.443.4858
Phone (Work/Cell):	303.443.4858
Email:	timuitions @ comeast, net 303:443:4858
Fax:	303:443:485-8
	Contact Person: Address: City/Zip Code: Phone (Work/Cell): Email:

		Com	munity	At Risk Information		
Name	et:					
Communi	ty Name(s	s):				
	y:		Congressio	nal District:		
Latitude (decim): 40.	081	Longitude (decim	Longitude (decimal degrees): -105.3		
		Threat	Descrip	otion (check all that apply	y)	
Homes:	N	lumber of:	(Infrastructure:		nated ie of:
Businesses:		lumber of:		Economic Viability:		nated ie of:
Watersheds:		lumber of:		Historic Structures:	Num	ber of:
Other (Desc	cribe):					

	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 $10 \times 4470 = 84700$							
3	Will this Project be conducted as a Pass-Through Grant? X Yes 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)						
4							
	Describe all planned long-term maintenance (grant funded or other).						
	What is the duration of this project? (check one)						
	What is the duration of this project? (check one)						
	Is this a continuing project from previous year/s? (check one) Yes No						
	Is this a continuing project from previous year/s? (check one) Yes No Provide a timeline for the project						
5	Is this a continuing project from previous year/s? (check one) Yes No						
5	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						
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	Project Category (check all that apply and answer related questions) Hazard Fuels Reduction Other Forest Management Treatment							
6	Number of acres to be treated:	10.0	Estimated cost per acre:					
	Project Type (check all that apply)							
	Defensible Space	e	Thinning w/o Product					
	Fuelbreak		Mastication					
	Thinning w/ Produc							

		Total Project Expens	se (Pass Through)
	Please fill all fields	Grant Share (\$ Amount Requested)	TOTAL
7	Contractual Services:		\$ 0
	TOTAL:	\$0	\$ 0

Grant funding may only be used for Contractual Service.

	Total Project Expense (Non-Pass Through)								
8	Please fill all fields	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

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRI	CT'S: Please Complete	
	District Submitting Project:	Boulder
	Forester Submitting Project:	Bryan Baer
	District Priority Number:	
	Date Submitted:	11/30/2010
FOR	REVIWER'S USE ONL	Y:
RESE	Rating:	经有关的

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

2			Com	munity A	At Risl	Information				
	Name of Project:			Wilfong Property						
	Community Name(s):			Boulde	Boulder Hts.					
	County:			Boulde	Boulder Congressi		Congression	nal District	T1N,R71W,Sec#3	
	Latitude (decimal degrees):			40.081 I		Longitude (decimal degrees):		-105.332		
-		T	hreat Description (check all that apply)							
	Homes:	X	Numb	per of:	1		Infrastructure:		imated lue of:	
	Businesses:		Numb	per of:		Eco	onomic Viability:		imated lue of:	
	Watersheds:		Numb	per of:		His	toric Structures:	Nu	nber 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						
3	Dollar Amount Requested \$4,700.00						
3	Will this Project be conducted as a Pass-Through Grant? X Yes No						
	Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)						
	The project area is located in the Boulder Heights Community, off of Brook Circle Rd. The area is composed of primarily north facing slopes (~>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.						

	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)			
	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) X 1 Year 2 Years 3Years 4 Years Is this a continuing project from previous year/s? (check one) Yes X No			
	Provide a timeline for the project			
	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.			
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	Project Category (check all that apply and answer related questions) Hazard Fuels Reduction X Other Forest Management Treatment							
5	Number of acres to be treated:	10.0	Estimated cost per acre:	\$1,500.0	00			
	Project Type (check all that apply)							
	Defensible Space	X	Thinning w/o P	roduct	X			
	Fuelbreak	X	Masti	cation				
	Thinning w/ Product	X		Other				

Sign	Total Project Expense (Pass Through)				
	Please fill all fields	Grant Share (\$ Amount Requested)	TOTAL		
7	Contractual Services:	\$4,700.00	\$ 4,700.00		
	TOTAL:	\$4,700.00	\$ 4,700.00		

Grant funding may only be used for Contractual Service.

	国际的基本的	Total Project Expense (Non-Pass Through)
	Please fill all fields	Grant Share (\$ Amount Requested)	TOTAL
8	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

Form A-ES



EMERGENCY SUPPLEMENTAL FUNDS LANDOWNER ASSISTANCE PROGRAMS APPLICATION

PROJE	CT	NUM	BER:	5308400	-BO-	18
	-	0.00			The Dr. Astr.	

		PROJEC	T NUMBER: 53	108400-80-18
	# 111	(F	for Official Use Only,	
NAME: //me	SS: 4/6 & Brook			
	Boulder	State: CO		
	le: 80302			
TELEPHONE NO:	303.443-0	811		
		T1 .	171	2
PROJECT ADDRE	SS/LEGAL DESCRIPT	ION: TIN,	R 11 W, Section	on # 3
		12-31-		
PRACTICES TO B	BE COMPLETED BY:_	12-31-20	()	
		Date		
	Landowner and CSFS for		CSFS forester:	
	Practice No. &	Quantity	Quantity	
	Component Title	Requested	Approved	
		122		
		7	Total:	
	San	Table of the Control of	The second second	
objective stated in the I understand that I w	ssistance under the Emerger management plan. I will no rill not be reimbursed for a st be completed according to	t receive more th	an the actual cost u urred prior to app	p to \$470 per acre.
	omponent. Practices must b			
	be approved on a case by case			
			1	
LANDOWNER SIG	GNATURE:	y anding	DAT	TE: 29 NOV /
To be completed by (CSFS forester:	///		
		60		
CSFS FIELD REVI	IEW SIGNATURE:	To Ken	— DAT	TE: 3-17-2011
(Additional USFWS guid				
		0		
PROGRAM:				
ESF: X				
	AN (()			
Funding Allocated:	I WILLIAM /	AMOU	NT-\$4 7M.00 DAT	re. 17-8-17

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.





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)	
ame:	Checked for Federal suspension and debarment (State Office) http://www.epis.gov/	03-30-11 Ke
ddress:		
		d for Payment
		237222
		03-30-11 kc
approv	above named has submitted a project application that has been reviewed yed by the Colorado State Forest Service for funding from Federal Assistance. mber: 5308400-80-18 ~	and
proved	Funding: # 4, 700.00 / Total Project: # 5, 480.16	_
FS Acco	ount Number: 5308400 - 6693 Amount of Payment: \$4 4,700	.00 ,
rcle one	e: 1 st Payment 2 nd Payment 3 rd Payment Final Payment	
oproved	by	_



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)				
	☐ Checked for Federal suspension and debarment (State Office) http://www.epls.gov/				
me:	TIMOTHY WILFONG				
dress:	468 BROOK CIRCLE				
	BOULDER, CO 80302				
approv	above named has submitted a project application that has been reviewed yed by the Colorado State Forest Service for funding from Federal Assistance. The Desirate # 4 200,000 Total Desirate # 5 1/90 1/6	aı			
approved	wed by the Colorado State Forest Service for funding from Federal Assistance. mber: 5308400- Bo- /8 Funding: \$4,700.00 Total Project: \$5,480.16				
approved	wed by the Colorado State Forest Service for funding from Federal Assistance. mber: 5308400-80-18				
approved	wed by the Colorado State Forest Service for funding from Federal Assistance. mber: 5308400- Bo- /8 Funding: \$4,700.00 Total Project: \$5,480.16				
approvant Numberoved	wed by the Colorado State Forest Service for funding from Federal Assistance. mber: 5308400 - 80 - /8 Funding: \$\frac{\pmathfrak{4}}{4},700.00 Total Project: \$\frac{\pmathfrak{4}}{5},480.16 Total Number: \$\frac{\pmathfrak{4}}{5},480.16 Total Project: \$\frac{\pmathfrak{4}}{4},700.00 Total Project: \$\pmathf				

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

Project No. 5308400- Bo-18
(For Official Use OnlyNo. from original application)

Applicant name (please print): _	TIMOTHY	WILFONG	
applicant name (picase print).			

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

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.

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

Landowner Signature: TIMOTHY WILFORG (BR) Date: 3-17-201

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

Mailing Address: 468 BROOK CIRCLE City: Boulder

County: Boulder State: 60 Zip: 80302 Phone: 303-443-4858

Practice certified by: BRAN BAEK

CSFS forester

Payment Approval: Amount: Date: Date: SFS program manager

Return this form, along with your completed Cost Documentation Form to your local <u>Colorado State Forest Service District Office</u>. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

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 I FRFTP: STEVENS' Fund: Restoration Grant (SB71 and HB1199):			-> 10.0 Acres HAZ. FUELS RED.
WUI D-space Accomplishment:			
No. of D-spaces = Acres slash dia	sposal =	Acres fuel break	cs =
Acres thinned = Acres pruned			
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 =			



EMERGENCY SUPPLEMENTAL FUNDS 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

1/2010

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TOTAL -> \$5,480.16)			The state of the s		
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