

Tony Lavender - Carriage Hills HOA natlly
Sept msg home 444-9689
work 247-0140



BOULDER MOUNTAIN FIRE PROTECTION DISTRICT

1905 LINDEN DRIVE • BOULDER, CO 80304 • (303) 440-0235 • FAX (303) 440-5247

September 14, 2007

Bob Bundy
FRFTP Forester
Boulder District
Colorado State Forest Service
5625 Ute Highway
Longmont, Colorado 80503-9130

RE: Grant Extension Request for Grant Number 5-36695.

Dear Mr. Bob Bundy,

Boulder Mountain Fire Protection District (BMFPD) is requesting an extension to the period of performance on our Front Range Fuels Treatment Partnership (FRFTP) grant work (#5-36695). We would like to extend the deadline from September 30, 2007 to March 31, 2008. Amount funded this action was \$25,000 with a cost share match of \$25,000. To date BMFPD has completed approximately half of the work and consumed half of the allocated funds and associated matching. We feel confident that we can complete this project if granted this extension.

If you have any questions or require any more details please do not hesitate to call me at (303) 440-0235.

Sincerely,

A handwritten signature in blue ink that reads "Steve Lynn". The signature is fluid and cursive, with the first name "Steve" and last name "Lynn" clearly distinguishable.

Steve Lynn
Mitigation Coordinator
Boulder Mountain Fire Protection District
1905 Linden Drive
Boulder Colorado 80304
(303) 440-0235
mitigation@bouldermountainfire.org



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Boulder Mountain Fire Protection District
1905 Linden Drive
Boulder Colorado 80304
(303) 440-0235
mitigation@bouldermountainfire.org

FILE COPY

791888

***** FILE COPY NON-NEGOTIABLE *****

Date Requested: 06/12/07

V BOULDER MTN FIRE AUTHORITY
E 1905 LINDEN DR
N BOULDER CO 80304
D
O *Attn: Stephen Lynn*
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 791888
P FORT COLLINS CO 80523-6011

Contact: **BUNDY, BOB**
Phone: (970)491-6303
Department: CO State Frst Svc

cc: FOR YOUR FILES

TO:

FINANCIAL ASSISTANCE PROGRAM Multiple Payments.

Item #	Description	Qty	UOM	Unit Price	Extension	Acct #	Sub	User
1)	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; 536695-001; BOULDER DISTRICT; PROJECT COMPLETION DATE 09-30-07	1	LOT	25000.0000	25000.00	536695	5980	
TOTAL:					\$25,000.00			

NOTIFY THE DEPARTMENT
IMMEDIATELY IF THERE ARE
ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

A791888

Date: June 12, 2007 Requested By: Bob Bundy Resale to: CSFS Invoice #:

Vendor: Boulder Mountain FPD
Attn: Stephen Lynn
1905 Linden Drive
Boulder, CO 80304

(PLEASE PROVIDE COMPLETE ADDRESS)

Ship To: Colorado State Forest Service
C.S.U. 5060 Campus Delivery
Fort Collins, CO 80523-5060
Attn: Bob Bundy
(PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)

Reason for Vendor Selection: ☐ Sole Source (attach completed Sole Source Justification Form)
☐ Previous Supplier
☐ 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	536695	5980	1	Lot	FINANCIAL ASSISTANCE PROGRAM	\$25,000	\$25,000
2					COOPERATIVE MATCH PROJECT;		
3					536695-001; Boulder District		
4					Project Completion Date 09-30-07		
5							
6							
7							
8							
9							
10							

SPECIAL INSTRUCTIONS:

Expenditure Approval:

Authorized Signature:

Date:


6/12/07

Subtotal: \$ 25,000

Discount: \$

TOTAL: \$ 25,000

**Financial Assistance Program
Cooperative Match Project**

To be conducted by:

Boulder Mountain Fire Protection District

Project Number:	5-36695
Estimated Project Cost:	\$50,000
Funding provided by CSFS:	\$25,000
Minimum Recipient Match:	\$25,000
Project to be completed by:	9-30-07

Based on the strength of the application submitted by Boulder Mountain Fire Protection District, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$25,000 to accomplish the project described in the attached scope of work.

As the cooperator, Boulder Mountain Fire Protection District, 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:

CSFS-Boulder District
5625 Ute Highway
Longmont, CO 80503

- _____ 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 September 30, 2007. It may be extended at any time at the discretion of CSFS.

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

Cooperator Signature:

Date:

Mailing Address:

Telephone Number:

Email Address:

Stephen R. Lynn

4/24/07

*1905 Linden Drive
Boulder, CO 80304*

(303) 440-0235

mitigation@boulder mountain fire .org

**EXHIBIT A
TO SUBAWARD G- 536695-001
SCOPE OF WORK**

CSFS 2007 : Boulder Mountain Fire Protection District

Work to be completed: Boulder Mountain Fire Protection District (BMFD) has over 400 homes in the wildland urban interface northwest of Boulder, Colorado. Over the past 6 years, the BMFD has employed a mitigation crew of 3 to 6 people. The crews annually work on CWPP fuel breaks, evacuation routes, general thinning, and defensible space projects within the district. The goal for this year is to link together existing fuel breaks around their communities. The three main communities consist of Pine Brook Hills, Carriage Hills, and Boulder Heights. The work in Pine Brook Hills is estimated at 90% complete with only small isolated acres still needing treatment. This year's goal is to focus on major shaded fuel break work around and between Carriage Hills and Boulder Heights. All grant funds will be used to match landowner payment for treatment on the shaded fuel break crossing their private property parcels. The limit for CSFS matching contribution is set at \$675 per acre. If cost for treatment are above \$1,350 per acre, the landowners will then have to pay the extra costs in excess of 50% of the total cost of the project.

Milestone dates: The BMFD Mitigation crew coordinator now has a majority of the permissions necessary in completing a minimum of 37 acres of fuels mitigation work this year using the subaward reimbursement funds.

Standards and Guidelines: Will meet CSFS shaded fuel break guidelines for all treatments.

Project Period: April 1, 2007 through September 30, 2007

Subaward Amount: \$25,000 **Minimum Cooperator Match:** \$25,000


Deliverables: Three hundred foot wide shaded fuel breaks will be completed on at least 37 acres. The estimated cost per acre is \$1,500. Two large communities consisting of approximately 300 homes will be benefited by the project.

Project Types: Homeowner/Community Action, Information/Education, and Implementation/Treatment

All work completed under this subaward must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the subawardee. Attachment B to the subaward 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.

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

Date: June 12, 2007		Requested By: Bob Bundy		Resale to:		CSFS Invoice #:		
Vendor: Boulder Mountain FPD _____ Attn: Stephen Lynn _____ 1905 Linden Drive _____ Boulder, CO 80304 _____ (PLEASE PROVIDE COMPLETE ADDRESS)				Ship To: Colorado State Forest Service _____ C.S.U. 5060 Campus Delivery _____ Fort Collins, CO 80523-5060 _____ Attn: Bob Bundy _____ (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)				
Reason for Vendor Selection: <input type="checkbox"/> Sole Source (attach completed Sole Source Justification Form) <input type="checkbox"/> Previous Supplier <input type="checkbox"/> Other						Terms:		
Shipping Instructions: <input type="checkbox"/> FOB Fort Collins, Colorado <input type="checkbox"/> FOB			Delivery Date:		Deliver to: Initials _____ Bldg _____ Room _____ Phone _____			
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5								
6								
7								
8								
9								
10								
SPECIAL INSTRUCTIONS: _____				Expenditure Approval: _____ Authorized Signature:  _____ Date: 6/12/07			Subtotal: \$ 25,000 _____ Discount: \$ _____ TOTAL: \$ 25,000 _____	

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Telephone Number:

Email Address:

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4/24/07
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DRAFT: BASED UPON SIGNATURE OF AGREEMENT

To: Boulder Mountain Fire Protection District
From: CSFS – Boulder District
April 9, 2007

The CSFS has recently received grant money to be used on wildfire mitigation. Of the funds we received, **\$45,000** can go for work in the BMFD area (plus \$10,000 for City OSMP, see end of email). This can be used as a combination of "pass-through" reimbursement funds and contract payment (regardless of contractor).

There are a few catches:

#1 All funds are paid at a minimum 50-50 match for money spent by landowners, or FD mitigation time. When paid in the form of a contract, I must show matching efforts to cover the 23% indirect on top of the actual contract cost. This can come from any non-federal funding source (county chipping grant, landowner payments, FD time, etc.)

#2 Up to **\$675** can be spent per acre on average by the CSFS. This isn't to say that the cost for every single acre will have to fall under two times that amount, but I have to claim enough acres and matching funds so that in the end, we get approximately **67 acres** (plus additional OSMP acres) done in your district with the use of these grant funds and not in conjunction with other state/federal grants. If there are demands to complete the acreage to higher standards, that extra cost will have to come from the property owners or the FD.

#3 I outlined work on West Coach, and Roxbury/Lee Hill fuelbreaks as the priority. I mentioned Cutter and Peakview, but did not tie acreage to it. In other words, we should try to maximize the work on West Coach and Roxbury/Lee Hill before moving on to the other areas (I realize permissions will drive this).

#4 This money is not necessarily available for work on scattered D-spaces. If we do a Timber Lane style fuelbreak that runs through many D-spaces, that is okay. I received the money with the upon the agreement that we would not be spending it on micro-managing D-spaces. As usual, we will leave that up to the landowner.

#5 We have to try to make the fuel breaks around 300 feet wide if at all possible.

#6 If there is any opportunity to use cheaper machinery on some of the acres under 40% slope, it would go a long way in helping out to acquire future funds.

#7 All money will have to be spent, not just encumbered, by September 30, 2007. This gives us a pretty short window to get all this set up and completed.

Other info:

Please note that additional funds have been set aside for City of Boulder Open Space in the Mt. Sanitas area with the primary goal of connecting the old PBH fuel break to the Timber Lane work. Timber Lane also has somewhere in the neighborhood of \$10,000 grant dollars remaining, to be spent on a project that is already set up.

I have attached the application I sent in on behalf of BMFD, CSFS, BoCo, and COB OSMP. The description that is outlined in the application must be met, along with the details listed above.

Bob Bundy
Fuels Treatment Partnership & Wildfire Mitigation Forester
Colorado State Forest Service - Boulder District
5625 Ute Highway Longmont, CO 80503
(303) 823-5774
rbundy@lamar.colostate.edu



Boulder District
5625 Ute Highway
Longmont, CO 80503
(303) 823-5774
FAX: (303) 823-5768

MEMORANDUM

Date: January 10, 2007

To: Chuck Dennis

From: Bob Bundy, Allen Owen

Subject: Front Range Fuels Application Revision

I revised the attached applications using the new form you sent out before the holidays. I also added the information you requested in that email.

As far as a timetable for project completion, it is difficult to predict the obstacles we typically encounter in the public review during project setup. With a little time (one to two years) and a lot of negotiation with landowners, I know that we can get these projects done. Our partners are willing to put forth the matching funds and efforts, but the public acceptance as implementation begins is unpredictable even with support of their CWPP. For that reason, I have included a few sub-projects within each of the applications. I can't say for sure which sub-project will run more smoothly, but I can ensure that we can meet the acreage goals outlined on the application.

My initial cost/acre on the applications was aimed to overestimate costs, and I outlined the minimum acreage we could guarantee. Before setting up the initial cost/acre number I reviewed a listing of all Boulder District's projects over the last four years and found a range of costs between \$700 and \$2,100 per acre. For the most part, the overall average cost per acre usually fell between the \$1,000 to \$1,400 range. Since almost all of the identified project areas are on steep slopes with difficult access, complex ownership, and dog-hair stands, I know the cost/acre will be toward the upper end of this rate.

It should be noted that many of the fuel breaks will be created directly adjacent to homes. We are trying to get away from paying for D-space work with Front Range money due to the high cost of micro-managing the project standards. We plan to have the d-space remain a primary responsibility of the homeowner, which will eliminate much of the additional demands on grant funding.

Our goal is to treat all property owners' parcels in the CWPP identified areas to CSFS Fuelbreak Standards, regardless of the size of lots. At times in subdivision settings, this treatment area is less than our minimum standard of 300 feet. In an attempt to maximize or to meet this standard we will contact contiguous landowners and apply the same treatment on all identified properties. When we combine this approach near previously thinned properties, existing roads, utility easements, driveways, and home defensible space footprints, a majority of the time we are able to achieve the minimum standard of 300+ feet in fuelbreak thinning. The project complexity in our WUI landscape in subdivision settings is very high and labor-intensive. Sometimes these aren't textbook "fuelbreaks"; we tend to offset this by applying a more "landscaped/manicured" approach in what Allen refers to as "subdivision forestry". In the end, although the width of the fuelbreak varies, the sum of these different treatments has the same affect as a textbook fuelbreak.

To complete each of the projects we often find the biggest obstacle being the public's demands on standards. Although we work with partners in prioritizing projects based off of their CWPP, we get them to match funds and efforts by negotiating the standards of the project and therefore the price.

In many circumstances we can get the price down below \$1,350 per acre for basic cutting, limbing, and piling. I also like the idea of stating that the CSFS will only pay for up to \$675 per acre of fuel break work. I am basing this primarily from the current LOA standard rate for FLEP and WUI we use for an acre of cutting, limbing, burning. In the past, it has gone up to \$875 if people are hauling or chipping instead of burning (taken from CSFS LOA Fact Sheet #7). There is still a LOA Fact Sheet #10 standard of \$1,000 cost share for fuel breaks, but agree that \$1,000 match is too high in most instances. In typical circumstances \$675 match maximum will work, but at times it will require additional match from the partners and will lower the overall acreage due to the limited available match of our partners.

In the Boulder Mountain FD application, I had to cut the overall total expected acreage when using the \$675 matching rate provided by CSFS. Knowing the standards that will be demanded for work within the communities, the fire department will have to put out more of their matching funds toward fulfilling the standards. Since the amount we are applying for is based on the available cooperator match, we may not be able to get as many acres completed. One way to look at it is: if we increase the available matching funds from our end, even if the expected cost/acre is higher, the overall completed acres will increase because the cooperator match will go further.

I would like to use machinery whenever it is possible. However, the only project areas where this may work are in the Boulder Mountain FD, after a lot of marketing from my end. The issue here is not only the public acceptance, but also the fact that a large majority of the matching funds for the projects come from in-kind work by the FD mitigation crew. Boulder Mountain Fire District doesn't necessarily put aside money to contract mitigation. As stated in the application, I foresee around a third of the work in the district being done via contracting, and two-thirds via pass through or LOA reimbursements. A majority of the match will come from the FD mitigation crew completing a portion of the proposed project areas. The yes/no question in block 3 of the applications are therefore not completely accurate since only a portion of the funds would be contracted. See the first section of block 4 for more details on each application.

Note: We have a copy of the Boulder Mountain CWPP on file at our office and will soon be providing that to the state office. The Fourmile and Gold Hill CWPP's are available online at:

GHFD: <http://goldhillfire.org/cwpp/> (still being updated periodically)

4MFD: <http://bcn.boulder.co.us/emergency/fourmile/cwpp.shtml> (going through a public review)

Please call our office if you have any questions.

Sincerely,

Robert A. Bundy

Bob Bundy
Fuels Treatment Partnership & Wildfire Mitigation Forester
Colorado State Forest Service - Boulder District
5625 Ute Highway
Longmont, CO 80503
(303) 823-5774
(303) 823-5768 fax
rbundy@lamar.colostate.edu

Colorado State Forest Service
Front Range Fuels Treatment
Partnership
Wildland Urban Interface
Grant Application

FOR CSFS USE ONLY	
District Submitting Project:	Boulder
Forester Submitting Project:	Bob Bundy
District Priority Number:	2 of 2
Date Submitted:	1-10-07
FRFTP Rating:	

1	Applicant Information	
	Applicant:	CSFS – Boulder District
	Contact Person:	Bob Bundy
	Address:	5625 Ute Highway
	City/Zip Code:	Longmont, CO 80503
	Phone (Work/Cell):	(303) 823-5774
	Email:	rbundy@lamar.colostate.edu
	Fax:	(303) 823-5768

2	Community At Risk Information							
	Name of Project:		Boulder Mountain FD CWPP					
	Community Name(s):		Boulder Heights, Pine Brook, Carriage Hills, & others					
	County:		Congressional District:	2nd				
	Latitude (decimal degrees):		Longitude (decimal degrees):	105°20'W				
	Threat Description (check all that apply)							
	Homes:	<input checked="" type="checkbox"/>	Number of:	400+	Infrastructure:	<input checked="" type="checkbox"/>	Estimated value of:	200M+
	Businesses:	<input checked="" type="checkbox"/>	Number of:	1	Economic Viability:	<input type="checkbox"/>	Estimated value of:	
Watersheds:	<input checked="" type="checkbox"/>	Number of:	3	Historic Structures:	<input type="checkbox"/>	Number of:		
Other (Describe):								

3	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 \$ 47,220	Projected Match \$ 62,500
	Will funds be used as Landowner Assistance or a Pass through Grant? (check one) <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, fire regime and condition class)	
	<p>Boulder Mountain Fire Protection District (BMFPD) is located in the Colorado Front Range Red Zone. The fire district contains the county's highest concentration of mountain homes in a relatively small area. In 2005, BMFPD became the first community in the CSFS-Boulder District to complete a CWPP. The CWPP gives highest priority to life safety, public egress and firefighter access. These priorities identified two urgent tasks: mitigation along highest risk egress routes and the creation of shaded fuel breaks in critical areas where a potential fire would threaten large segments of the district population. The critical areas are located within gaps in the existing system of maintained fuel breaks near high density forested regions. A majority of homes are built on steep slopes (over 57% exceed 31% slope). The WHINFOE model classifies potential fire behavior as 41% high hazard and 51% very high and extreme hazard. The fuel model types in the proposed project are open canopy ponderosa with a grass understory (FM2) and mixed conifer (FM9). The project areas' fire regime historically fell within a 0-35 year frequency with a mixture of condition class 2 and 3. The fire district has its own mitigation crew which has been on the "cutting" edge of creating support for and implementation of fuels treatment projects in the WUI.</p>	

Scope of Work / Project Timeline

All information for the project must fit into the space provided below. Attachments will not be considered during the review

4

Provide a brief scope of work that clearly describes how grant funds will be spent. (*This should be more specific than the project description*): The project will install, extend and improve shaded fuel breaks at the most critical locations in the Pine Brook Hills, Boulder Heights, and Carriage Hills communities within the district. The work will be performed using a combination of the BMFPD mitigation crew, City Open Space forestry crew, and contractors. Shaded fuel breaks will be setup by CSFS personnel using CSFS guidelines (at least 300 feet wide fuel breaks adjusted for slope). The proposed locations include areas on or above steep slopes, chimneys, and gullies with heavy forest cover. All new fuel breaks will tie into existing breaks and meadows. In creating the fuel breaks, all ladder fuels will be eliminated, retained trees will have at least 15 feet crown spacing, and standard tree health/size/species diversity will be taken into account during project marking. A majority of the fuel breaks will leave piles to be burned the following winter. The requested funds for this project will be sufficient to create 65 acres of shaded fuel break with an approximate width of 300 feet. Please note, that I am estimating that approximately one-third of the project will be completed via the CSFS contract process, and the remaining two-thirds of the work will be completed by the three mitigation crews listed below. Therefore, approximately two-thirds of the money will be used as a LO Assistance or a Pass Through Grant. This is outlined in block 8 below.

Describe the maintenance plan for this project (*suggested time frame is 10 years*):

BMFPD has a seasonal mitigation crew and a full time mitigation coordinator that are dedicated to maintaining the fuel breaks in the community and monitoring for insect and disease. BMFPD relies on funding from the local home owners associations and a chipping grant from the county to fund the project maintenance. The CSFS district also has an ongoing record of specific fuel break locations and the date of completion. The district will review the project area within 10 years to monitor for maintenance needs.

Will all treatments meet CSFS Standards? (*check one*) ☒ Yes ☐ No

What is the duration for project implementation? (*check one*) ☐ One Year ☒ Two Years

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

Provide a timeline for implementing the project: Upon grant award, a CSFS representative will work with the FD Mit Coord. to organize community meetings, mark project areas, and finalize permissions. Tree cutting will commence immediately following the finalization of project setup, matching fund collection, contract negotiation, and landowner permissions. Project cutting will be completed within a few months of project setup completion. If an obstacle arises in the permissions or contracting step of the process, it could push the project back a few months. Although there are no foreseen issues with the overall project details as outlined in the CWPP, the process could be slower if extra time is needed with landowners.

5a

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.*):

Participants include the BMFPD, CSFS, private landowners, contractors, Boulder County Land Use, Boulder County Parks and Open Space (BCPOS), and City of Boulder Open Space and Mountain Parks (OSMP).

The CSFS and BMFPD will hold public meetings with the affected landowners to provide information on project plans and educate landowners on the rationale behind specific details of the project. The CSFS will do a majority of the project setup with a great deal of landowner coordination being done by the BMFPD. OSMP and BCPOS will assist in project setup on their property/easements. Boulder County Land Use will assist with project setup and will provide the fire department with a chipping grant. The BMFPD, OSMP, and landowners will provide matching hard dollars and in-kind time. The fuels treatment labor will be completed by a mix of contractors, BMFPD mitigation crew, OSMP forestry crew, and BoCo Emergency Services Crew. Initial estimates are that approximately one-third of the project will be completed via the CSFS contract process, and the remaining two-thirds of the work will be completed by the three mitigation crews listed above.

5b	Community Wildfire Protection Plan (CWPP)		
	Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> in development		
	Is this project part of the plan? (check one) <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
	A copy of the plan (final, draft, or proposed outline) must be submitted with this application.		

6	Project Category (check all that apply and answer related questions)		
	Hazard Fuels Reduction <input checked="" type="checkbox"/>		
	Number of acres to be treated:	65 acres	Estimated cost per acre: \$1.500
	Number of communities directly affected by this project:		12
	Information & Education <input checked="" type="checkbox"/>		
	Number of citizens to be reached:	62+	
	Planning <input type="checkbox"/>		
	Number of residences affected:		
	Project Type (check all that apply)		
	Assessment / Scoping:	<input type="checkbox"/>	Implementation / Treatment:
Homeowner / Community Action:	<input checked="" type="checkbox"/>	Monitoring / Evaluation:	<input type="checkbox"/>
	Information / Education:	<input checked="" type="checkbox"/>	

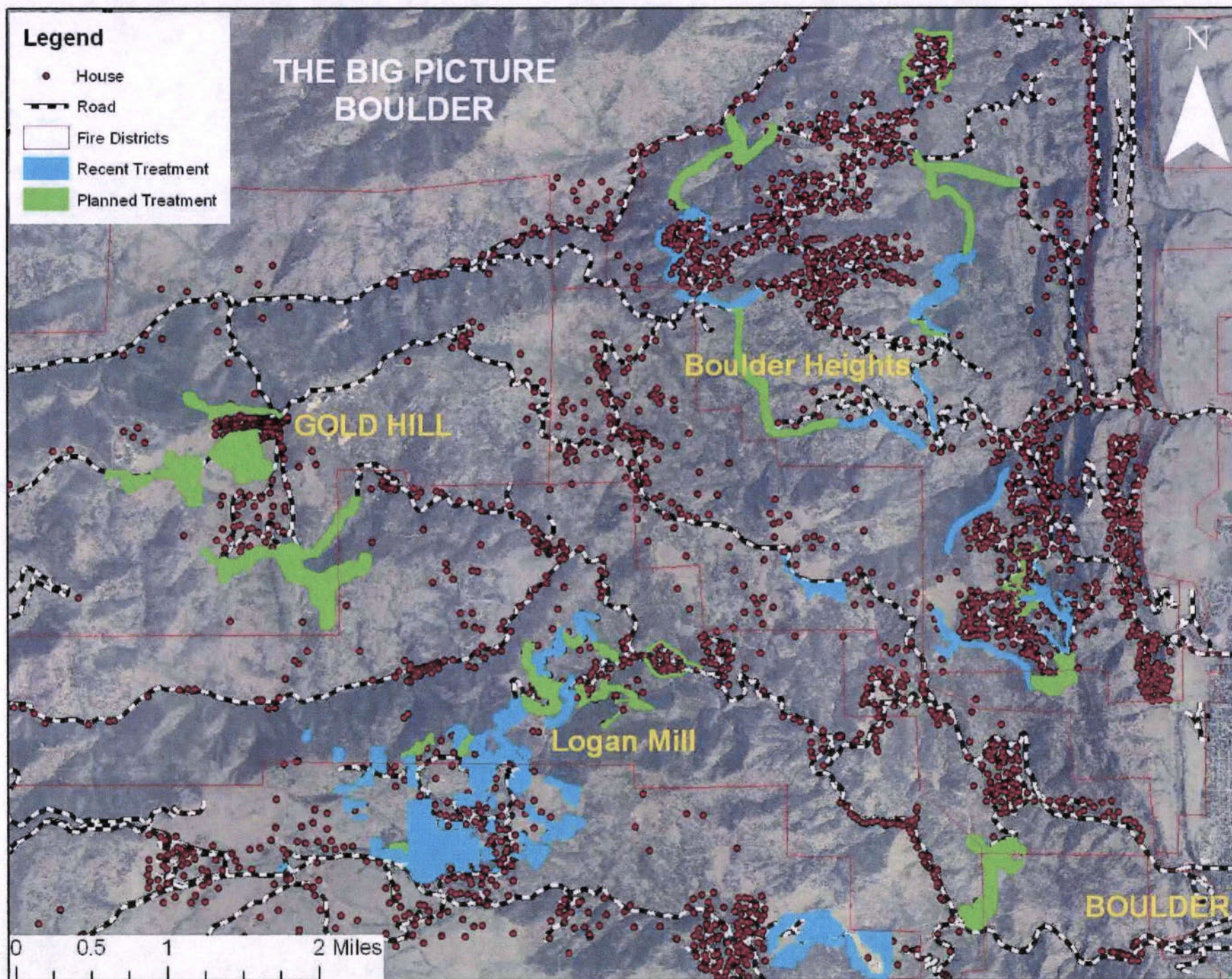
7	Grant Contributors (Matching Share)							
	(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Please specify each match contributor and the dollar amount of each contribution. PLEASE FILL ALL FIELDS							
	Contributors: (Please specify)	BMFPD	Landowners	City OS	BoCo Land Use	Bo Co Emer. Serv.	BoCo Parks Open Space	TOTAL
	Dollars (HardMatch):	0	\$12,000 +	0	\$2,000	0	0	\$14,000
	In-Kind (SoftMatch):	\$40,000	0	\$5,000	\$500 +	\$3,000	0	\$48,500
	TOTAL:	\$40,000	\$12,000	\$5,000	\$2,500	\$ 3,000	\$ 0	\$62,500

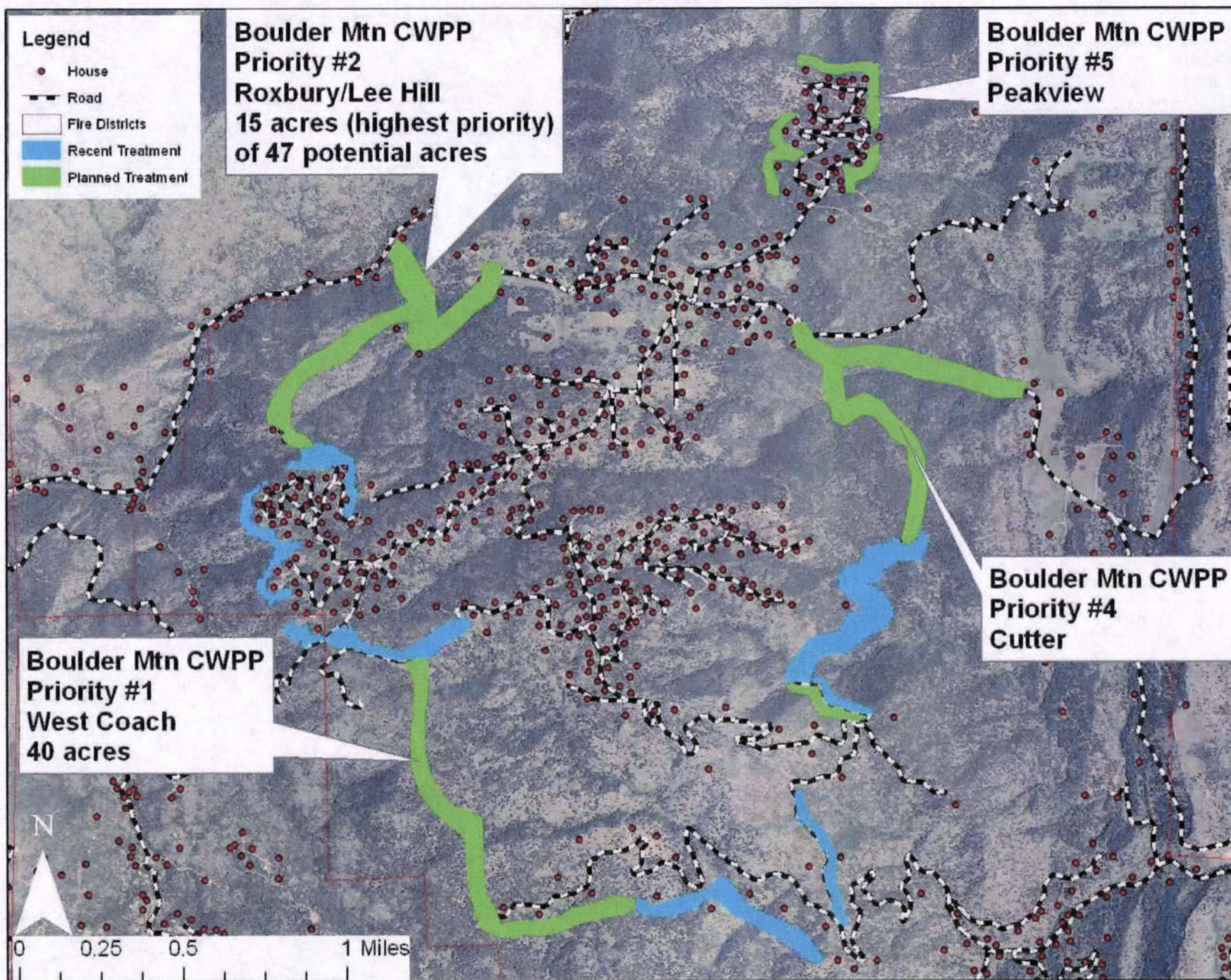
8	Total Project Expense (break down matching share totals from block seven)				
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	Match (from block seven)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:	\$30,000	0	\$40,000	\$ 60,000
	Operating:	0	0	0	\$ 0
	Travel:	0	0	0	\$ 0
	Contractual Services:	\$14,000	\$14,000	0	\$ 28,000
	Equipment:	0	0	0	\$ 0
	Indirect Costs:	\$3,220	0	\$8,500	\$ 11,720
		TOTAL:	\$ 47,220	\$ 14,000	\$ 48,500

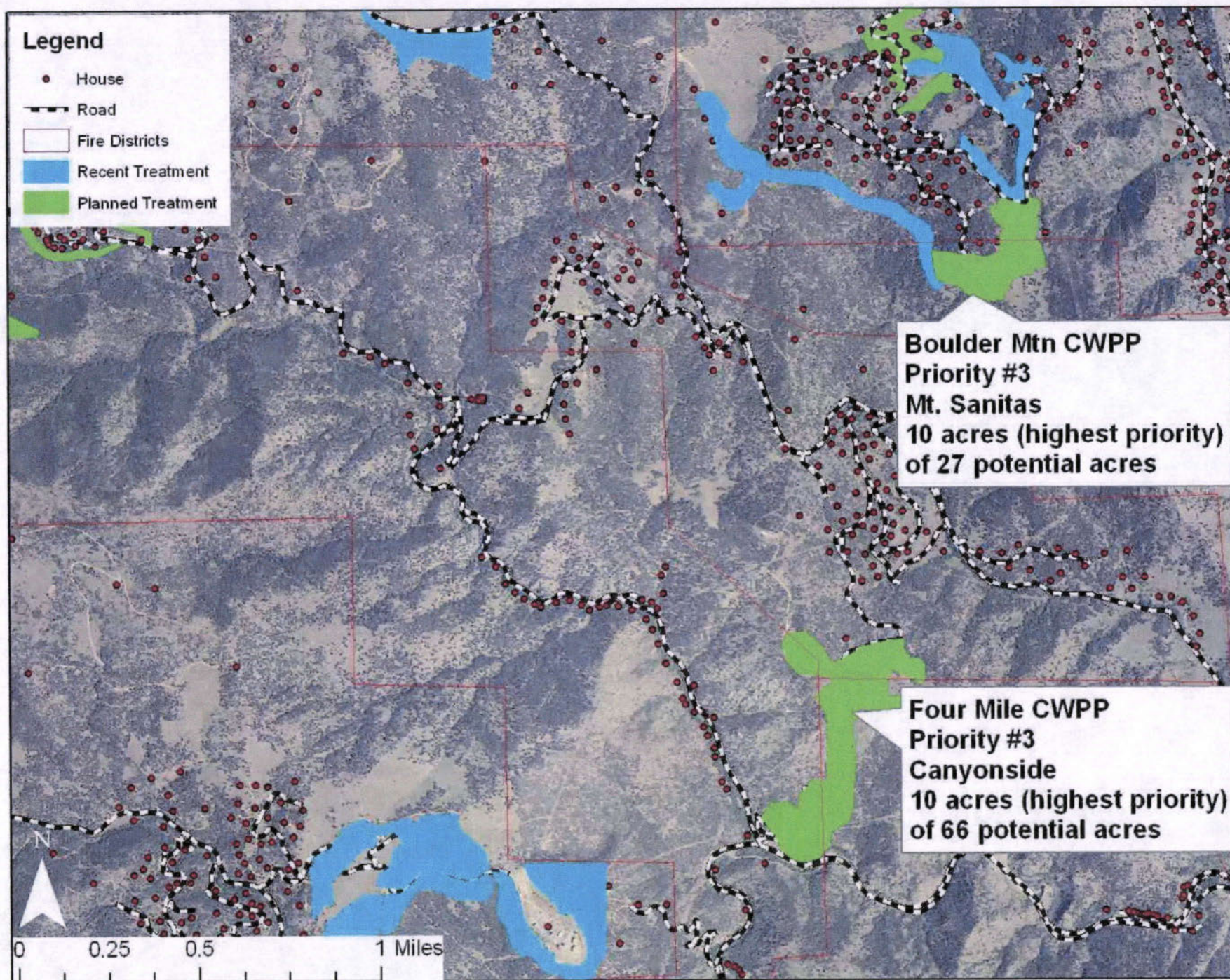
Legend

- House
- Road
- Fire Districts
- Recent Treatment
- Planned Treatment

THE BIG PICTURE BOULDER









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)	X ~
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>
09-09-08
KCName: Boulder Mountain FPD ~Address: 1905 Linden Drive ~Boulder, CO 80304 ~Approved for Payment
C.S.F.S.

A 4/3/33

09-09-08

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: 536695-001-B0 ~ Cooperator Match: \$2,451.63 ~Approved Funding: \$25,000 ~ Total Project: 50,000.00CSFS Account Number: 5-36695-5980 Amount of Payment: \$2,451.63 ~Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment ~Approved by Roberta A. Bury Date: 9/4/08
(Program manager signature)

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

NOTE: Final payment will zero out encumbrances and
Balance available for 536695

COPY

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

Project No. 536695-001-B0 ✓
(For Official Use Only-
No. from original application)

Applicant name (please print): Boulder Mountain FPO

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)		\$4,903.26	A Labor Cost= \$4,903.26
Operating Exp ³ (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ⁴			D Revenue=
Project Cost			E Total Project (A+B+C-D)= \$4,903.26
			Amount Originally Approved = \$25,000 ✓
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$2,451.63 ✓

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Robert A. Bury for Steve Lynn Date: 9/4/08
Mailing Address: 1905 Linden Drive City: Boulder
County: Boulder State: CO Zip: 80304 Phone: (303)440-0235

Practice certified by: Robert A. Bury
CSFS forester

Payment Approval: Robert A. Bury Amount: \$2,451.63 Date: 9/4/08 ✓
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.

5/23/07

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 536695-001-B0

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: X STEVENS' Fund: _____ SFA: _____

3.6 acres FRFTP, 40 acres to date

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: _____

COPY

FLEP Accomplishment (Not included above):

#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 = _____

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

COPY

Subaward No. G5-36695 - 001 - 80

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. Grant Award #:	2. Total Award Amount: 25,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 8/1/2008 To: 8/28/2008																																			
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.) For this portion of the project a total 3.6 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season.																																					
7. Reimbursement Request: \$2,451.63 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>2,451.63</td> <td>2,451.63</td> <td>4,903.26</td> <td>25,000.00</td> <td>25,000.00</td> <td>50,000.00</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>2,451.63</td> <td>2,451.63</td> <td>4,903.26</td> <td>25,000.00</td> <td>25,000.00</td> <td>50,000.00</td> </tr> </tbody> </table>			Current Period			Project to Date				Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	2,451.63	2,451.63	4,903.26	25,000.00	25,000.00	50,000.00	Material**							Total	2,451.63	2,451.63	4,903.26	25,000.00	25,000.00	50,000.00
	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	2,451.63	2,451.63	4,903.26	25,000.00	25,000.00	50,000.00																															
Material**																																					
Total	2,451.63	2,451.63	4,903.26	25,000.00	25,000.00	50,000.00																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/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 \$ 2,451.63 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 grant award documents.																																					
Signature: <i>Stephen M. Lynn</i> Date: 8/29/08																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS.																																					
Signature: <i>Ralph</i> Date: 9/4/08																																					

8/29/2008

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Witter	
(5) FIRE NUMBER 1577 West Coast			

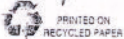
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Palamara	08/21/08	8:30	15:30		
	Davis		8:30	15:30		
	Total		14 hrs			
	Palamara	08/27/08	13:00	15:30		
	Davis		13:00	15:30		
	Lynn		14:00	15:00		
	Total		6 hrs			
	Palamara	08/26/08	8:30	15:30		
	Davis		8:30	15:30		
	Lynn		12:30	15:30		
	Total		17 hrs			
	Palamara	08/27/08	8:30	15:30		
	Lynn		8:30	15:30		
	Total		14 hrs			
	Palamara	08/28/08	8:30	16:00		
	Davis		8:30	16:00		
	Total		15 hrs			

(11) REMARKS

GRAND TOTAL = 66 hrs.

(12) OFFICER-IN-CHARGE (Signature) Stephen M. Lynn	(13) TITLE (Officer-in-Charge) Mit Coord
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn	(15) DATE 8/29/08

251-101



PRINTED ON RECYCLED PAPER

STANDARD FORM 261 (5/73)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Witter	
(5) FIRE NUMBER 1577 West Coast			

RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Palamara	08/21/08	8:30	16:00		
	Davis		8:30	16:00		
	Lynn		12:30	15:30		
	Total		18 hrs			
	Palamara	08/17/08	8:30	11:30		
	Davis		8:30	11:30		
	Total		6 hrs			
	Palamara		8:30	15:30		
	Davis	08/14/08	8:30	15:30		
	Lynn		10:30	15:00		
	Total		18.5 hrs			
	Palamara	08/12/08	8:45	15:45		
	Davis		8:45	15:45		
	Total		19 hrs			

(11) REMARKS

GRAND TOTAL = 56.5 hrs.

(12) OFFICER-IN-CHARGE (Signature) Stephen M. Lynn	(13) TITLE (Officer-in-Charge) Mit Coord
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn	(15) DATE 8/29/08

251-101



PRINTED ON RECYCLED PAPER

STANDARD FORM 261 (5/73)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

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 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"/>

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

Name: Boulder Mountain FPD

Address: 1905 Linden Drive

Boulder, CO 80304

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: 536695-001-B0 Cooperator Match: \$2,451.63

Approved Funding: \$25,000 Total Project: 50,000.00

CSFS Account Number: 5-36695 Amount of Payment: \$2,451.63

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

Approved by Roberta A. Bury Date: 9/4/08
(Program manager signature)

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

NOTE: Final payment will zero out encumbrances and
Balance available for 536695

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

Project No. 536695-001-B0
(For Official Use Only-
No. from original application)

Applicant name (please print): Boulder Mountain FPO

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)		\$4,903.26	A Labor Cost= \$4,903.26
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost			E Total Project (A+B+C-D)= \$4,903.26
			Amount Originally Approved = \$25,000
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$2,451.63

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Robert A. Bury for Steve Lynn Date: 9/4/08

Mailing Address: 1905 Linden Drive City: Boulder

County: Boulder State: CO Zip: 80304 Phone: (303) 440-0235

Practice certified by: Robert A. Bury
CSFS forester

Payment Approval: Robert A. Bury Amount: \$2,451.63 Date: 9/4/08
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.

5/23/07

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 536695-001-20

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: X STEVENS' Fund: _____ SFA: _____

3.6 acres FRFTP, 40 acres to dle

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: _____

FLEP Accomplishment (Not included above):

#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 = _____

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3 6695 - 001- 80

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. Grant Award #:	2. Total Award Amount: 25,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 8/1/2008 To: 8/28/2008																																			
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.) For this portion of the project a total 3.6 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season.																																					
7. Reimbursement Request: \$2,451.63 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
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	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	2,451.63	2,451.63	4,903.26	25,000.00	25,000.00	50,000.00																															
Material**																																					
Total	2,451.63	2,451.63	4,903.26	25,000.00	25,000.00	50,000.00																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/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 \$ <u>2,451.63</u> 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 grant award documents. Signature: <u>[Signature]</u> Date: <u>8/29/08</u>																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature: <u>[Signature]</u> Date: <u>9/4/08</u>																																					

8/29/2008

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME Witter		(5) FIRE NUMBER 1577 West Coach	
(6)	(7)	(8)	(9)		(10)		
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIFI- CATION	DATE		DATE		
			Military Time ON OFF	Military Time ON OFF			
	Palamara	08/26/08	8:30	15:30			
	Davis		8:30	15:30			
	Total		14 hrs				
	Palamara	08/27/08	13:00	15:30			
	Davis		13:00	15:30			
	Lynn		14:00	15:00			
	Total		6 hrs.				
	Palamara	08/28/08	8:30	15:30			
	Davis		8:30	15:30			
	Lynn		12:30	15:30			
	Total		17 hrs.				
	Palamara	08/29/08	8:30	15:30			
	Lynn		8:30	15:30			
	Total		14 hrs.				
	Palamara	08/28/08	8:30	16:00			
	Davis		8:30	16:00			
	Total		15 hrs				

(11) REMARKS

GRAND
TOTAL = 66 hrs.

(12) OFFICER IN CHARGE (Signature) <i>Stephen M. Lynn</i>	(13) TITLE (Officer-in-Charge) M.F. Coord
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn	(15) DATE 8/29/08

261-101

PRINTED ON
RECYCLED PAPERSTANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME Witter		(5) FIRE NUMBER 1577 West Coach	
(6)	(7)	(8)	(9)		(10)		
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIFI- CATION	DATE		DATE		
			Military Time ON OFF	Military Time ON OFF			
	Palamara	08/26/08	8:30	16:00			
	Davis		8:30	16:00			
	Lynn		12:30	15:30			
	Total		18 hrs.				
	Palamara	08/17/08	8:30	11:30			
	Davis		8:30	11:30			
	Total		6 hrs.				
	Palamara		8:30	15:30			
	Davis	08/14/08	8:30	15:30			
	Lynn		10:30	15:00			
	Total		18.5 hrs.				
	Palamara	08/18/08	8:45	15:45			
	Davis		8:45	15:45			
	Total		14 hrs.				

(11) REMARKS

GRAND
TOTAL = 56.5 hrs.

(12) OFFICER IN CHARGE (Signature) <i>Stephen M. Lynn</i>	(13) TITLE (Officer-in-Charge) M.F. Coord
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn	(15) DATE 8/29/08

261-101

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Prescribed by USDA-USDI (NWCG Handbook No. 2)



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 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"/>

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

Name: Boulder Mountain FPO

Address: 1905 Linden Drive

Boulder, CO 80304

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: 536695-001-130 Cooperator Match: \$2,760.00

Approved Funding: \$25,000 Total Project: \$45,095.14

CSFS Account Number: 5-36695 Amount of Payment: \$2,760.00

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

7th payment

Approved by: Robert A. Bandy
(Program manager signature)

Date: 8/4/08

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

NOTE: Amount should be taken from

Encumbrance AFE 413193

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 536695-001-80

(For Official Use Only-

No. from original application)

Applicant name (please print): Boulder Mountain FPO

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)		\$5,520	A Labor Cost= \$5,520.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost			E Total Project (A+B+C-D) = \$5,520.00
			Amount Originally Approved = \$25,000
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$2,760.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Robert A. Bury for Steve Lynn Date: 8/4/08

Mailing Address: 1905 Linden Drive City: Boulder

County: Boulder State: CO Zip: 80304 Phone: (303) 440-0235

Practice certified by: Robert A. Bury
CSFS forester

Payment Approval: Robert A. Bury Amount: \$2,760.00 Date: 8/4/08
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.

5/23/07

NOTE: Amount should be taken from
 Encumbrance AFE 413133

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 536695-001-B0

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: X STEVENS' Fund: _____ SFA: _____

4 acres FRFTP, 36.5 acres to date

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: _____

FLEP Accomplishment (Not included above):

#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 = _____

ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST

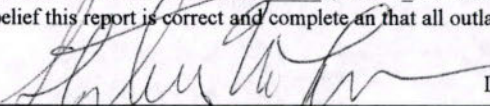
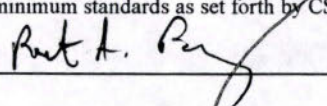
WSFM COMPETITIVE GRANTS

NOTE: 2 attachment B's
included on this reimbursement

Subaward No. G5-36695-001-80

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. Grant Award #:	2. Total Award Amount:	25,000	3. Community Protected:	BMFPD		
4. Make Payment To:		5. Period of Performance:				
Name: Boudier Mountain Fire Protection District		From: 7/3/2008				
Address: 1905 Linden Drive		To: 7/31/2008				
Boulder, Colorado 80304						
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.)						
For this portion of the project a total 2 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. A small portion of the slash was chipped (1.0 Cubic Yard) and the remainder (16 Cubic Yard) was stacked for slash pile burning during the winter season.						
7. Reimbursement Request: \$1,426.00						
Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.						
	Current Period			Project to Date		
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs
Labor*	1,426.00	1,426.00	2,852.00	22,548.37	22,548.37	45,096.74
Material**						
Total	1,426.00	1,426.00	2,852.00	22,548.37	22,548.37	45,096.74
Donated time and materials can only be counted towards the matching component.						
* Use actual costs or \$17.55/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 \$ 1,426.00 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 grant award documents.						
Signature: 			Date: 8/1/08			
10. Certification (To be completed by CSFS District):						
Work meets minimum standards as set forth by CSFS.						
Signature: 			Date: 8/4/08			

CREW TIME REPORT

(1) CREW NAME BMFPD Mit crew			(2) CREW NUMBER 1		
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Witter		(5) FIRE NUMBER 1577 West Coach	
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		(10) DATE
			Military Time		Military Time
			ON	OFF	ON
	Palamara	07/16/08	8:30	16:00	
	Davis		8:30	16:00	
	Lynn		13:30	16:00	
	Total		17.5 hrs.		
	Palamara	6/13/08	12:00	15:00	
	Davis		12:00	15:00	
	Total		6 hrs.		

(11) REMARKS
Grand total 23.5
7/16 - 7/31/08

(12) OFFICER IN CHARGE (Signature)
(13) TITLE (Officer-in-Charge)
Mitigation Coordinator
(14) NAME (Person Posting to Emergency Time Report)
Stephen M Lynn
(15) DATE
7/31/08

261-101



Prescribed by USDA-USDI (NWCG Handbook No. 2)

STANDARD FORM 261 (5/78)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit crew			(2) CREW NUMBER 1		
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Witter		(5) FIRE NUMBER 1577 West Coach	
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		(10) DATE
			Military Time		Military Time
			ON	OFF	ON
	Palamara	07/16/08	12:00	15:15	
	Lynn		12:00	15:15	
	Total		6.5 hrs.		
	Palamara	07/13/08	9:30	12:30	
	Lynn		9:30	12:30	
	Total		6 hrs.		
	Palamara	09/16/08	8:45	14:15	
	Davis		8:45	14:15	
	Total		11 hrs.		
	Palamara	07/14/08	8:30	16:00	
	Davis		8:30	16:00	
	Total		15 hrs.		

(11) REMARKS
GRAND TOTAL = 38.5 hrs.
7/16 - 7/31/08

(12) OFFICER IN CHARGE (Signature)
(13) TITLE (Officer-in-Charge)
Mit Coord
(14) NAME (Person Posting to Emergency Time Report)
Stephen M Lynn
(15) DATE
7/31/08

261-101



Prescribed by USDA-USDI (NWCG Handbook No. 2)

STANDARD FORM 261 (5/78)

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3 6695 - 001-30

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. Grant Award #:	2. Total Award Amount: 25,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 6/2/2008 To: 7/2/2008																																			
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.) For this portion of the project a total 2 acres of forest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. A small portion of the slash was chipped (1.0 Cubic Yard) and the remainder (16 Cubic Yard) was stacked for slash pile burning during the winter season.																																					
7. Reimbursement Request: \$1,334.00 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td style="text-align: right;">1,334.00</td> <td style="text-align: right;">1,334.00</td> <td style="text-align: right;">2,668.00</td> <td style="text-align: right;">21,122.37</td> <td style="text-align: right;">21,122.37</td> <td style="text-align: right;">42,244.74</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td style="text-align: right;">1,334.00</td> <td style="text-align: right;">1,334.00</td> <td style="text-align: right;">2,668.00</td> <td style="text-align: right;">21,122.37</td> <td style="text-align: right;">21,122.37</td> <td style="text-align: right;">42,244.74</td> </tr> </tbody> </table>			Current Period			Project to Date				Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	1,334.00	1,334.00	2,668.00	21,122.37	21,122.37	42,244.74	Material**							Total	1,334.00	1,334.00	2,668.00	21,122.37	21,122.37	42,244.74
	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	1,334.00	1,334.00	2,668.00	21,122.37	21,122.37	42,244.74																															
Material**																																					
Total	1,334.00	1,334.00	2,668.00	21,122.37	21,122.37	42,244.74																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/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 \$ <u>1,334.00</u> 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 grant award documents. Signature: <u>[Signature]</u> Date: <u>7/2/08</u>																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature: <u>[Signature]</u> Date: <u>8/4/08</u>																																					

(1) CREW NAME BMFPD MIT Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Witter	
(5) FIRE NUMBER 1577 West Loch			

(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Palamara	06/04/08	9:00	13:00		
	Davis		9:00	13:00		
	Dibble		9:00	13:00		
	Total		12	hrs.		
	Palamara	06/05/08	8:45	16:00		
	Dibble		8:45	16:00		
	Bozeman		9:45	16:00		
	Total		20	75 hrs.		
	Palamara	06/11/08	8:30	14:15		
	Davis		8:30	14:15		
	Bozeman		8:30	14:15		
	Dibble		13:15	14:15		
	Total		18	25		
	Palamara	07/02/08	8:30	12:00		
	Davis		8:30	12:00		
	Total		7	hrs.		

(11) REMARKS

Grand Total = 58 hrs.

(12) OFFICER-IN-CHARGE (Signature) *S + edlen hynn*

(13) TITLE (Officer-in-Charge) *M. F. Coordinator*

(14) NAME (Person Submitting to Emergency Time Report) *Edlen Hynn*

(15) DATE *7/2/08*

261-101

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FILE COPY

***** FILE COPY NON-NEGOTIABLE *****

413133

Date Requested: 06/24/08

V BOULDER MTN FIRE PROTECT DIST
E 1905 LINDEN DR
N BOULDER CO 80304
D
O
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 413133
P FORT COLLINS CO 80523-6011

Contact: BUNDY, BOB
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program
Original encumbrance on AFE 791888

Item #	Description	Qty	UOM	Unit Price	Extension	Acct #	Sub	User
1)	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; 04 HAZ FUELS RED; PROJECT # <u>536695-001-BO</u>	1	LOT	5211.6300	5211.63	536695	5980	
TOTAL:					\$5,211.63			

ENCUMBERED

NOTIFY THE DEPARTMENT
IMMEDIATELY IF THERE ARE
ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

Date: <u>6-22-08</u>		Requested By: <u>Bob Bundy</u>		Resale to:		CSFS Invoice #:	
Vendor: <u>Boulder Mtn FPD</u> <u>1905 Linden Drive</u> <u>Boulder, CO 80304</u> (PLEASE PROVIDE COMPLETE ADDRESS)				Ship To: <u>CSFS</u> <u>Boulder District</u> <u>5625 Vte Highway</u> <u>Longmont, CO 80503</u> (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)			
Reason for Vendor Selection: <input type="checkbox"/> Sole Source (attach completed Sole Source Justification Form) <input type="checkbox"/> Previous Supplier <input type="checkbox"/> Other						ENCUMBERED	
Shipping Instructions: <input type="checkbox"/> FOB Fort Collins, Colorado <input type="checkbox"/> FOB							
Delivery Date:				Deliver to:			
Initials <u> </u> Bldg <u> </u> Room <u> </u> Phone <u> </u>							

#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	5-36695	4550			BMPD Subaward letterer funds		\$5,211.63
2							
3							
4							
5							
6							
7							
8							
9							
10							

SPECIAL INSTRUCTIONS: Contact Bob Bundy (303) 823-5774 with any questions.	Expenditure Approval: Authorized Signature: <u>Robert A. Bundy</u> Date: <u>6-22-08</u>	Subtotal: \$ <u>5,211.63</u> Discount: \$ <u> </u> TOTAL: \$ <u>5,211.63</u>
--	---	--



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 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"/>

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

Name: Boulder Mountain FPD

Address: 1905 Linden Drive

Boulder, CO 80304

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: 5-36695-001

Cooperator Match: \$ 1,707.75

Approved Funding: \$ 25,000

Total Project: \$ 39,576.74

CSFS Account Number: 5-36695

Amount of Payment: \$ 1,707.75

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

6th Payment

Approved by _____
(Program manager signature)

Date: _____

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 536695-001
 (For Official Use Only-
 No. from original application)

Applicant name (please print): Boulder Mountain FPD

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)		\$3,415.50	A Labor Cost= \$3,415.50
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost			E Total Project (A+B+C-D)= \$3,415.50
			Amount Originally Approved = \$25,000
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs \$1,707.75

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Robert A. Binky for Steve Lynn Date: 6/5/08

Mailing Address: 1905 Linden Drive City: Boulder

County: Boulder State: CO Zip: 80304 Phone: (303)440-0235

Practice certified by: Robert A. Binky
 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.

5/23/07

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 5-36695-001

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ *FRFTP:* X *STEVENS' Fund:* _____ *SFA:* _____

2.5 acres FRFTP, 32.5 acres to date

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: _____

FLEP Accomplishment (Not included above):

#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 = _____

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3 6695

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. Grant Award #:	2. Total Award Amount: 25,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 5/1/2008 To: 5/30/2008																																			
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.) For this portion of the project a total 2.5 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. A small portion of the slash was chipped (1.0 Cubic Yard) and the remainder (16 Cubic Yard) was stacked for slash pile burning during the winter season.																																					
7. Reimbursement Request: \$1,707.75 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>1,707.75</td> <td>1,707.75</td> <td>3,415.50</td> <td>19,788.37</td> <td>19,788.37</td> <td>39,576.74</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>1,707.75</td> <td>1,707.75</td> <td>3,415.50</td> <td>19,788.37</td> <td>19,788.37</td> <td>39,576.74</td> </tr> </tbody> </table>			Current Period			Project to Date				Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	1,707.75	1,707.75	3,415.50	19,788.37	19,788.37	39,576.74	Material**							Total	1,707.75	1,707.75	3,415.50	19,788.37	19,788.37	39,576.74
	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	1,707.75	1,707.75	3,415.50	19,788.37	19,788.37	39,576.74																															
Material**																																					
Total	1,707.75	1,707.75	3,415.50	19,788.37	19,788.37	39,576.74																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/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 \$ <u>1,707.75</u> 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 grant award documents. Signature: <u>[Signature]</u> Date: <u>5/30/08</u>																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature: <u>Robert A. Bundy</u> Date: <u>6/5/08</u> <small>5/30/2008</small>																																					

CREW TIME REPORT										
CREW NAME BMFPD Mit Crew					CREW NUMBER 1					
OFFICE RESPONSIBLE FOR FIRE BMFPD			FIRE NAME Witter		FIRE NUMBER 1577 West Coehn					
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE					
			Military Time		Military Time					
			ON	OFF	ON	OFF				
	Palamara	05/19/08	8:30	14:30						
	Bozeman		8:30	14:30						
	Davis		8:30	14:30						
	Total		18 hrs.							
	Palamara	05/20/08	8:15	16:00						
	Dibble		8:15	16:00						
	Davis		8:15	16:00						
	Total		23.25 hrs.							
	Palamara	05/21/08	9:00	16:00						
	Dibble		9:00	16:00						
	Davis		9:00	16:00						
	Total		21 hrs.							
	Bozeman	05/22/08	11:15	16:00						
	Dibble		11:15	16:00						
	Palamara		14:45	16:00						
	Davis		14:45	16:00						
	Total		12 hrs.							
(11) REMARKS										
<div style="border: 2px solid black; padding: 10px; text-align: center;"> <h1 style="margin: 0;">GRAND TOTAL = 74.25 hrs.</h1> </div>										
(12) OFFICER IN-CHARGE (Signature) <i>Stephen Lynn</i>					(13) TITLE (Officer in-Charge) Mit Coord					
(14) NAME (Person Posting to Emergency Time Report) Stephen Lynn					(15) DATE 5/30/08					

261-101

PRINTED ON
RECYCLED PAPER

STANDARD FORM 261 (5/73)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

$$\$3,415.50 \div 74.25 \text{ hrs} = \$46 / \text{hr}$$

this includes
cost for
materials/chipping

2.5 Fuel Break acres on Witter property

May 12, 2008

Chuck,

I have included reimbursement documentation for the fifth payment to Boulder Mountain FD (BMFD) as part of the 536695 ('04 Haz Fuels) pass through sub-award. I have asked Boulder Mountain to start waiting until they have a higher request amount before submitting paperwork. Since they have had great difficulty in the past receiving SFA reimbursements in a timely manner, their board is a little gun shy in waiting over a month to invoice. Unfortunately that means more paperwork on our end. However, they will send in one or two additional reimbursement packages over the next six weeks to close out this grant agreement.

I realize that Dave Hessel and Desir'e would like to ensure that this '04 grant is spent by September. With that in mind, I have asked Boulder Mountain to make this Front Range project the priority. The fire district has \$6,919.38 remaining in this sub-award agreement after this request is paid, and should complete all work by the end of June.

536695 Account Breakdown:

\$10,417.26 (left as of 5/12/08)

- 811.00 (the attached reimbursement)
- 6,919.38 ("encumbered" for the BMFD sub-award agreement)
- \$ 2,686.88 ("encumbered" for defensible space work)

I am currently working with four landowners to create defensible spaces adjacent to one of the grant's projects. The plan is to use the leftover funds from this account and our '06 CPG grant to cover cost share for these. All four of the defensible spaces have a completion deadline in mid-June.

The issue I've run into with the 53 project accounts is that the sub-award and individual landowner reimbursement agreements do not show up in the encumbrances for these accounts. So, we are not working off the same set of information regarding these accounts. I have informed Desir'e of this, and I'm hoping there won't be any problems. In any case, I plan to have this '04 grant zeroed out by the end of June.

Please let me know if you have any questions or comments. And as an FYI, I will be sending in an application for a new Front Range project soon. I have multiple projects still in progress, but I hope to have most of them wrapped up by early summer.

Sincerely,

Robert A. Bundy

Bob Bundy
Colorado State Forest Service
Front Range Fuels Treatment Partnership



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 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"/>

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

Name: Boulder Mountain FPD

Address: 1905 Linden Drive

Boulder, CO 80304

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: 5-36695-001

Cooperator Match: \$811.00

Approved Funding: \$25,000

Total Project: \$36,161.24

CSFS Account Number: 5-36695

Amount of Payment: \$811.00

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

5th Payment

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 536695-001
 (For Official Use Only-
 No. from original application)

Applicant name (please print): Boulder Mountain FD

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)		\$1,622.00	A Labor Cost= \$1,622.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost			E Total Project (A+B+C-D)= \$1,622.00
			Amount Originally Approved = \$25,000
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs \$811.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Roberta By for Steve Lynn

Date: 5/12/08

Mailing Address: 1905 Linden Drive

City: Boulder

County: Boulder State: CO Zip: 80304

Phone: (303) 440-0235

Practice certified by: Roberta By
 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.

5/23/07

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 5-36695-001

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ **FRFTP:** X **STEVENS' Fund:** _____ **SFA:** _____

1.2 acres FRFTP, ≈ 30 total acres to date

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: _____

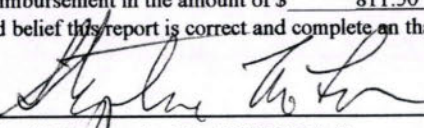
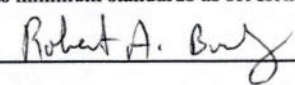
FLEP Accomplishment (Not included above):

- | | | |
|-------------------------------------|--------------------------|----------------------------------|
| #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 = _____ | | |

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3 _____

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. Grant Award #:	2. Total Award Amount: 25,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 3/25/2008 To: 4/30/2008																																			
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.) For this portion of the project a total 1.2 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. A small portion of the slash was chipped (1.0 Cubic Yard) and the remainder (16 Cubic Yard) was stacked for slash pile burning during the winter season.																																					
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	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	811.00	811.00	1,622.00	18,080.62	18,080.62	36,161.24																															
Material**																																					
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8. Amount Paid to CSFS for Products and/Or Services : \$																																					
9. I request reimbursement in the amount of \$ 811.50 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete on that all outlays reported are for the purposes set forth in the grant award documents. Signature:  Date: 5/1/08																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature:  Date: 5/12/08																																					

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICER RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Witter	
(5) LOCATION 1977 West Conch		(6) DATE	
(8) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(9) CLASSIFICATION	(10) DATE
			(11) DATE
			Military Time
			ON OFF
	Palamara	04/02/08	8:30 13:30
	Davis		8:30 13:30
	Bozeman		8:30 12:30
	Total		14 hrs.
	Palamara	04/09/08	8:30 16:00
	Davis		8:30 16:00
	Total		
	Lynn		12:30 15:30
	Total		18 hrs.
(11) REMARKS			
Grand Total 4/2/08 - 4/30/08			
= 32 hours			
(12) OFFICER-IN-CHARGE (Signature)		(13) TITLE (Officer-in-Charge)	
Stephen M. Lynn		Mit Coord	
(14) NAME (Person Posting to Emergency Time Report)		(15) DATE	
Stephen M. Lynn		5/1/08	

261-101


 STANDARD FORM 261 (5/78)
 Prescribed by USDA-USDI (NWCG Handbook No. 2)

2007 BMFPD Chipping Form

Client Information

Date: 04/02/08

Name: Witter

Address: 1577 West Coach

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	04/02/08	04/25/08		
Start Time:	13:30	11:30		
Stop Time:	15:00	12:00		
Total Time:	1.5 hrs.	.5 hrs.		2.0



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 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"/>

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

Name: Boulder Mountain FPD

Address: 1905 Linden Drive

Boulder, CO 80304

Approved for Payment
C.S.F.S.

A 791888

04-21-08
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: 5-36695-001-80

Cooperator Match: \$3,073.50

Approved Funding: \$25,000

Total Project: \$34,539.24

CSFS Account Number: 5-36695-5980

Amount of Payment: \$3,073.50

Circle one: 1st Payment 2nd Payment 3rd Payment 4th Payment Final Payment

Approved by FC Danni
(Program manager signature)

Date: 4/17/08



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 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"/>

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

Name: Boulder Mountain FPD

Address: 1905 Linden Drive

Boulder, CO 80304

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: 5-36695-001

Cooperator Match: \$3,073.50

Approved Funding: \$25,000

Total Project: \$34,539.24

CSFS Account Number: 5-36695

Amount of Payment: \$3,073.50

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

4th Payment

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 536695-001

(For Official Use Only-

No. from original application)

Applicant name (please print): Boulder Mountain FPD

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)		\$6,147.00	A Labor Cost= \$6,147.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost			E Total Project (A+B+C-D)= \$6,147.00
			Amount Originally Approved = \$25,000
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs \$3073.50

¹ Any contracted services where payment was made for services.² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Any revenue generated from the sale of wood products is deducted from total project cost.⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Robert A. Bury for Steve LynnDate: 4/9/08Mailing Address: 1905 Linden DriveCity: BoulderCounty: Boulder State: CO Zip: 80304Phone: (303) 440-0235Practice certified by: Robert A. Bury
CSFS foresterPayment Approval: _____ Amount: _____ Date: _____
CSFS program managerReturn 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.

5/23/07

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5-36695-001

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: X STEVENS' Fund: _____ SFA: _____

3.3 acres FRFTP, 29_{ac} total thus far, 13 more acres expected in '08

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: _____

FLEP Accomplishment (Not included above):

#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 = _____

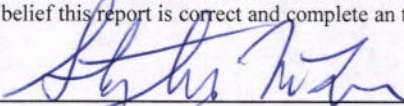
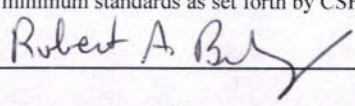
#4 Acres planted/ renovated = _____

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3 6695-001

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. Grant Award #:	2. Total Award Amount: 25,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 10/19/2007 To: 3/11/2008																																			
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.) For this portion of the project a total 3.3 acres of forrest was mitigated. At 5044 Lee Hill Drive in Boulder Colorado 2.4 acres of land were mitigated. At 1577 West Coach in Boulder Colorado 0.9 acres of land were mitigated. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. Chipping all slash material. It is estimated that 40 cubic yards of slash where chipped and broadcast on site.																																					
7. Reimbursement Request: \$3,073.50 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
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8. Amount Paid to CSFS for Products and/Or Services : \$																																					
9. I request reimbursement in the amount of \$ <u>3073.50</u> 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 grant award documents. Signature:  Date: <u>3/29/08</u>																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature:  Date: <u>4/9/08</u>																																					

CREW TIME REPORT

CREW NAME BMFPD Mit Crew		CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Storrie	(5) FIRE NUMBER 5044 Lee Hill
(7)	(8)	(9)	(10)
NAME OF EMPLOYEE	CLASSIFICATION	DATE	DATE
		Military Time ON OFF	Military Time ON OFF
Palamara	11/29/07	8:30	10:30
Bozeman	1	9:30	10:30
Total	1	2 hrs	
Palamara	12/03/07	8:00	11:00
Bozeman	1	8:00	12:30
Lynn	1	8:30	11:00
Total	1	11.5 hrs	

REMARKS

Grand total 11/9/08 - 11/9/08 =
13.5 hrs

(1) OFFICER IN CHARGE (Signature)
Stephen Lynn

(13) TITLE (Officer-in-Charge)

Mit Coord

(15) DATE
11/9/08

STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Storrie	(5) FIRE NUMBER 5044 Lee Hill
(6)	(7)	(8)	(9)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			Military Time ON OFF
	Palamara	11/29/07	8:30 9:30
	Shier	1	8:30 9:30
	Total	1	2 hrs
	Palamara	12/03/07	8:30 13:30
	Bozeman	1	8:30 13:30
	Lynn	1	8:30 10:30
	Total	1	12 hrs

(11) REMARKS

Grand total 11/29/07 - 12/3/07 =
14 hrs

(12) OFFICER IN CHARGE (Signature)
Stephen Lynn

(13) TITLE (Officer-in-Charge)

Mit Coord

(15) DATE
12/3/07

STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

2007 BMFPD Chipping Form

Client Information

Date:

10/24/07

Name:

Scott Storie

Address:

5044 Lee Hill

Phone:

Broadcast



Pile



Downhill



Uphill



Special Instructions:

Onsite Chipping

Shift 1

Shift 2

Shift 3

Grand Total

Date:	10/24/07	11/14/07	12/4/07	
Start Time:	14:00	10:30	9:00	
Stop Time:	15:00	12:30	10:00	
Total Time:	1 hr	1 hr	1 hr	3 hrs

Scott Storie
12/4/07

2007 BMFPD Chipping Form

Client Information

Date: 10/25/07.

Name: _____

Address: 5044 Lee Hill

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	10/25/07			
Start Time:	10:30			
Stop Time:	12:00			
Total Time:	1.5 hrs			1.5 hrs

Blair M. L.
10/25/07

2007 BMFPD Chipping Form

Client Information

Date:

12/03/07

Name:

Address:

5044 Lee Hill

Phone:

Broadcast



Pile



Downhill



Uphill



Special Instructions:

Onsite Chipping

Shift 1

Shift 2

Shift 3

Grand Total

Date:	12/03/07	12/04/07	
Start Time:	13:30	10:00	
Stop Time:	15:00	10:30	
Total Time:	1.5 hrs.	.5 hrs.	2.0 hrs.

John L. L.

2007 BMFPD Chipping Form

Client Information

Date:

01/09/08

Name:

Address:

5044 Lee Hill

Phone:

Broadcast



Pile



Downhill



Uphill



Special Instructions:

Onsite Chipping

Shift 1

Shift 2

Shift 3

Grand Total

Date:

01/09/08

Start Time:

12:30

Stop Time:

14:30

Total Time:

2 hrs.

2 hrs

Shy White
11/9/08

~~Rob's House Today~~

SL 11/9/08

CREW TIME REPORT

CREW TIME REPORT

(1) CREW NAME BMFPD Mt Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME Witter			
(5) FIRE NUMBER 1578 West Creek							
(6)	(7)	(8)	(9)	(10)			
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE		
			Military Time		Military Time		
			ON	OFF	ON	OFF	
	Palamara	01/23/08	9:30	14:00			
	Lynn		9:30	14:00			
	Total	↓	9 hrs.				
	Palamara	01/26/08	9:00	15:00			
	Bozeman		9:00	15:00			
	Total	↓	12 hrs.				
	Palamara	01/26/08	10:30	16:30			
	Total	↓	6 hrs.				
	Palamara	01/30/08	9:00	15:00			
	Bozeman		9:00	15:00			
	Total	↓	12 hrs.				

(11) REMARKS

Total
1/23/08 → 1/30/08 = 34 hrs

(12) OFFICER-IN-CHARGE (Signature) *Stephen Lynn* (13) TITLE (Officer-in-Charge) *M.T. Coord.*

(14) NAME (Person Posting to Emergency Time Report) *Stephen Lynn* (15) DATE *1/30/08*

(1) CREW NAME BMFPD Mt Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME 1577 W. Creek			
(5) FIRE NUMBER							
(6)	(7)	(8)	(9)	(10)			
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE		
			Military Time		Military Time		
			ON	OFF	ON	OFF	
	Palamara	01/23/08	8:30	9:30			
	Bozeman		8:30	9:30			
	Total		2 hrs.				
	Palamara	02/09/08	9:30	15:30			
	Lynn		9:30	15:30			
	Total		12 hrs.				
	Palamara	02/16/08	8:00	9:00			
	Total		1 hr.				

(11) REMARKS Burning

Total = 15 hrs @ 25¢/hr
2/5/08 - 2/6/08

(12) OFFICER-IN-CHARGE (Signature) *Stephen Lynn* (13) TITLE (Officer-in-Charge) *M.T. Coord.*

(14) NAME (Person Posting to Emergency Time Report) *Stephen Lynn* (15) DATE *2/6/08*

[illegible]

440158

INVOICE

SOLD TO <i>SCOTT STORRIE</i>		SHIP TO <i>Tim Farrell</i>	
ADDRESS <i>5044 Lee Hill RD</i>		ADDRESS <i>20 Nugent Dr</i>	
CITY, STATE, ZIP <i>BOULDER CO 80302</i>		CITY, STATE, ZIP <i>BOULDER CO 80302</i>	
CUSTOMER ORDER NO. <i>Tia</i>	SOLD BY <i>Tim</i>	TERMS	F.O.B.
		DATE <i>9/28/07</i>	

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>September Hours</i>			
		<i>Sept 12</i>	<i>\$40</i>	<i>4</i>	<i>160 -</i>
		<i>13</i>	<i>\$40</i>	<i>3</i>	<i>120 -</i>
		<i>15</i>	<i>\$40</i>	<i>3</i>	<i>120 -</i>
		<i>20</i>	<i>\$40</i>	<i>3</i>	<i>120 -</i>
		<i>25</i>	<i>\$40</i>	<i>2.5</i>	<i>100 -</i>
		<i>27</i>	<i>\$40</i>	<i>3.5</i>	<i>140</i>
		<i>28</i>	<i>\$40</i>	<i>2.5</i>	<i>100 -</i>
			<i>\$40</i>	<i>21.5</i>	<i>(860)</i>

2061
10-3-07
860.00

52
3/29/08

37995

Chg
Al's

customer's order no.	phone	date
	303-440-8010	10-13-07
name Scott storrie		
address 5044 Lee Hill Dr		
city, state, zip Boulder Co		
sold by	cash <input type="checkbox"/> c.o.d. <input type="checkbox"/>	charge <input type="checkbox"/> on acct. <input type="checkbox"/> shipping information

quantity	description	price	amount
1	Wood Removal + Hauling		865. ⁰⁰
2	Clean up Branches		
3			
4			
5			
6			
7			
8			
9			
10	3-775-9729		
11	Alfaro C.		
12	Al's Landscape		
13	7928 Elmwood Dr		
14	Denver Co 80221		865. ⁰⁰

received by

adams

keep this slip for reference

DC6808UV

COPY

11-7-07

Colorado
State
FOREST
SERVICE

Hi, Allen.

Copy for your files. This
Program Payment Request form
has been submitted to CSU's
Accts. Payable Dept. for processing.

Let me know if you have any
questions. Best regards,

(970) 491-3006 Kara Carter SO



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 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"/>

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

 11-7-07
KC
Name: Boulder Mountain FPDAddress: 1905 Linden DriveBoulder, CO 80304
**Approved for Payment
C.S.F.S.**

A 791888

 11-7-07
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: 5-36695-001 ✓Cooperator Match: \$4,068.50Approved Funding: \$25,000 ✓Total Project: \$28,408.50CSFS Account Number: 5-36695-5980Amount of Payment: \$4,068.50
 Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

 Approved by F.P. Dennis
 (Program manager signature)

 Date: 11/5/07



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 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"/>

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

Name: Boulder Mountain FPD

Address: 1905 Linden Drive

Boulder, CO 80304

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: 5-36695-001

Cooperator Match: \$4,068.50

Approved Funding: \$25,000

Total Project: \$28,408.50

CSFS Account Number: 5-36695

Amount of Payment: \$4,068.50

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

Approved by _____
(Program manager signature)

Date: _____

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 536695-001

(For Official Use Only-
No. from original application)

Applicant name (please print): Boulder Mountain FPD

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)		\$8,137.00	A Labor Cost= \$8,137.00
Operating Exp ³ (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost			E Total Project (A+B+C-D)= \$8,137.00
			Amount Originally Approved = \$25,000
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs \$4,068.50

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Rubby for Steve Lynn

Date: 11/1/07

Mailing Address: 1905 Linden Drive

City: Boulder

County: Boulder State: CO Zip: 80304

Phone: (303) 440-0235

Practice certified by: Ruby
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.

5/23/07

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5-36695-001

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: X STEVENS' Fund: _____ SFA: _____

6 acres FRFTP

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: _____

FLEP Accomplishment (Not included above):

#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 = _____

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-36695

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.

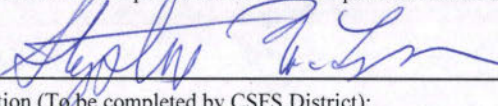
Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.

1. Grant Award #: 5-36695	2. Total Award Amount: 25,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 8/21/2007 To: 10/18/2007																																			
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.) For this portion of the project a total 6.02 acres of forest was mitigated. At 2800 Carriage Hill Drive in Boulder Colorado 2.9 acres of land were mitigated. At 506 Cutter Lane in Boulder Colorado 1.75 acres of land were mitigated. At 2221 Carriage Hill Drive in Boulder Colorado 1.33 acres of land were mitigated. All work was completed to Colorado State Forest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. Chipping all slash material. It is estimated that 40 cubic yards of slash were chipped and broadcast on site.																																					
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ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3 _____

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.**

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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.) For this portion of the project a total 6.02 acres of forest was mitigated. At 2800 Carriage Hill Drive in Boulder Colorado 2.9 acres of land were mitigated. At 506 Cutter Lane in Boulder Colorado 1.75 acres of land were mitigated. At 2221 Carriage Hill Drive in Boulder Colorado 1.33 acres of land were mitigated. All work was completed to Colorado State Forest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. Chipping all slash material. It is estimated that 40 cubic yards of slash were chipped and broadcast on site.																																					
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	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>4,068.50</td> <td>4,068.50</td> <td>8,137.00</td> <td>14,196.12</td> <td>14,212.38</td> <td>28,408.50</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>4,068.50</td> <td>4,068.50</td> <td>8,137.00</td> <td>14,196.12</td> <td>14,212.38</td> <td>28,408.50</td> </tr> </tbody> </table>			Current Period			Project to Date				Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	4,068.50	4,068.50	8,137.00	14,196.12	14,212.38	28,408.50	Material**							Total	4,068.50	4,068.50	8,137.00	14,196.12	14,212.38	28,408.50
	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	4,068.50	4,068.50	8,137.00	14,196.12	14,212.38	28,408.50																															
Material**																																					
Total	4,068.50	4,068.50	8,137.00	14,196.12	14,212.38	28,408.50																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/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 \$ 4068.50 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 grant award documents. Signature:  Date: 10/26/07																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature: _____ Date: _____																																					

2007 BMFPD Chipping Form

Client Information

Date: 8/21/07

Name: Aldred

Address: 2800 Carriage Hills.

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	8/21/07	8/28/07	9/4/07	
Start Time:	15:00	14:15	14:45	
Stop Time:	16:00	16:00	15:45	
Total Time:	1 hr.	1.75 hrs.	1 hr.	3.75 hrs.
	9/5/07	9/6/07	9/11/07	
	13:45	14:30	15:00	
	15:00	16:00	17:00	
	1.25 hrs.	1.5 hrs.	2 hrs.	4.75 hrs.
	9/12/07	9/13/07	9/18/07	
	13:30	13:00	16:00	
	15:30	15:30	17:00	
	2 hrs.	2.5 hrs.	1 hr.	5.5 hrs.

Laura Stahl
(970) 491-8743

2007 BMFPD Chipping Form

Client Information

Date: 9/20/07

Name: Aldred + Kelly

Address: 2800 Carriage Hills + Cutter

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1 Aldred	Shift 2 Kelly → 506 Cutter →	Shift 3 506 Cutter →	Grand Total
Date:	9/19/07	9/25/07	9/25/07	← Kelly 506 Cutter
Start Time:	14:00	14:00	16:00	
Stop Time:	15:00	15:00	17:00	
Total Time:	1 hr.	1 hr.	1 hr.	3 hrs.
	10/03/07	10/04/07	10/18/07	← Diamond 2221 Carriage Hills
	14:00	15:30	9:00	
	15:00	16:30	15:00	
	1 hr.	1 hr.	6 hrs.	8 hrs.

506 Cutter →

CREW TIME REPORT

(1) CREW NAME BMEPD Mit Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMEPD				(4) FIRE NAME Alared		(5) FIRE NUMBER 2800 Carriage Hills	
(6)	(7)	(8)	(9)		(10)		
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE		
			Military Time		Military Time		
			ON	OFF	ON	OFF	
(cont.)	Palamara	9/12/07	8:15	13:30			
	Lynn		8:15	13:30			
	Total		10.5 hrs.				
	Palamara	9/13/07	8:15	13:00			
	Lynn		8:15	13:00			
	Total		9.5 hrs.				
50% Cut	Palamara	9/18/07	13:00	16:00			
	Lynn		13:00	16:00			
	Total		6 hrs.				
50% Cut	Palamara	9/19/07	9:00	14:00			
	Lynn		9:00	14:00			
	Total		10 hrs.				
	Palamara						
	Lynn						
50% Cut	Palamara	9/25/07	9:30	14:00			
	Shier		9:30	14:00			
(11) REMARKS	Total		9 hrs.				
Total 9/12 - 9/25/07 = 45 hrs							
(12) OFFICER-IN-CHARGE (Signature)				(13) TITLE (Officer-in-Charge)			
(14) NAME (Person Posting to Emergency Time Report)				(15) DATE			



CREW TIME REPORT

(1) CREW NAME BMEPD Mit Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMEPD				(4) FIRE NAME Alared		(5) FIRE NUMBER 2800 Carriage Hills	
(6)	(7)	(8)	(9)		(10)		
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE		
			Military Time		Military Time		
			ON	OFF	ON	OFF	
	Benson	8/21/07	9:00	15:00			
	Lynn		9:00	15:00			
	Palamara		9:00	15:00			
	Total		14 hrs.				
	Palamara	9/4/07	9:45	14:45			
	Lynn		9:45	14:45			
	Total		10 hrs.				
	Palamara	9/5/07	9:00	13:45			
	Lynn		9:00	13:45			
	Total		9.5 hrs.				
	Palamara	9/6/07	12:30	14:30			
	Lynn		12:30	14:30			
	Total		4 hrs.				
	Palamara	9/11/07	9:45	15:00			
	Lynn		9:45	15:00			
	Total		10.5 hrs.				
(11) REMARKS	Total 8/21/07 - 9/11/07 = 48 hrs						
(12) OFFICER-IN-CHARGE (Signature)				(13) TITLE (Officer-in-Charge)			
(14) NAME (Person Posting to Emergency Time Report)				(15) DATE			



CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME Alameda Kelly		(5) FIRE NUMBER 2500 Carriage Mills	
(6)	(7)	(8)	(9) DATE 10/25/07				
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	Military Time		Military Time		
			ON	OFF	ON	OFF	
	Palamara	9/25/07	15:00	16:00			
	Total		1 hr				
	Palamara	10/05/07	9:30	14:00			
	Shier		9:30	14:00			
	Total		9 hrs				
	Palamara	10/10/07	9:00	15:30			
	Shier		9:00	15:30			
	Total		13 hrs				
2221 Carriage Mills							
	Palamara	10/08/07	8:30	15:30			
	Bozeman		8:30	15:30			
	Total		14 hrs				
	Palamara	10/15/07	8:30	12:30			
	Bozeman		8:30	12:30			
	Total		8 hrs				
	Palamara	10/19/07	8:30	11:00	12:30	15:00	
	Shier		8:30	11:00	12:30	15:00	
(11) REMARKS	Total		10 hrs				
<div style="border: 1px solid black; padding: 10px; display: inline-block;"> GRAND TOTAL = 55 hrs. </div>							
(12) OFFICER-IN-CHARGE (Signature)				(13) TITLE (Officer-in-Charge)			
(14) NAME (Person Posting to Emergency Time Report)				(15) DATE			





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 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"/>

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

09-13-07
KC

Name: Boulder Mountain FPD

Address: 1905 Linden Drive ~
Boulder, CO 80304 ~

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

A 791888

09-13-07
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: 5-36695-001 Cooperator Match: \$1,320.75 ~

Approved Funding: \$25,000 ~ Total Project: \$20,271.50

CSFS Account Number: 5-36695-5980 Amount of Payment: \$1,304.50 ~

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

Approved by F.P. Dennis
(Program manager signature)

Date: 9/10/07

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

Project No. 536695-001
 (For Official Use Only-
 No. from original application)

Applicant name (please print): Boulder Mountain FPD

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)		\$ 2,625.25	A Labor Cost= \$ 2,625.25
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost			E Total Project (A+B+C-D)= \$ 2,625.25
			Amount Originally Approved = \$25,000
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$1,304.50

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Robbly for Steve Lynn (see attach) Date: 8/30/07

Mailing Address: 1905 Linden Drive City: Boulder

County: Boulder State: CO Zip: 80304 Phone: (303) 440-0235

Practice certified by: [Signature]
CSFS forester

Payment Approval: [Signature] Amount: \$1304.50 Date: 9/10/07
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.

5/23/07

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 5-36695-001

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ *FRFTP:* X *STEVENS' Fund:* _____ *SFA:* _____

2 acres FRFTP

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: _____

FLEP Accomplishment (Not included above):

#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 = _____

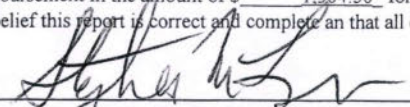
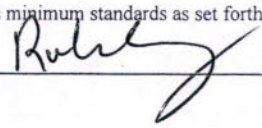
#8 Acres treated = _____

#4 Acres planted/ renovated = _____

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3 _____

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. Grant Award #:	2. Total Award Amount: 25,000	3. Community Protected: Boudier Mountain Fire Protection District																																			
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 6/29/2007 To: 8/10/2007																																			
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.) A total of 2 acres of forest was mitigated located at 11 Mine Lane, Boulder, Colorado. All work was completed to Colorado State Forest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. Chipping all slash material. It is estimated that 7.5 cubic yards of slash were chipped and broadcast on site.																																					
7. Reimbursement Request: \$1,321 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>1,304.50</td> <td>1,320.75</td> <td>2,625.25</td> <td>10,127.62</td> <td>10,143.88</td> <td>20,271.50</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>1,304.50</td> <td>1,320.75</td> <td>2,625.25</td> <td>10,127.62</td> <td>10,143.88</td> <td>20,271.50</td> </tr> </tbody> </table>			Current Period			Project to Date				Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	1,304.50	1,320.75	2,625.25	10,127.62	10,143.88	20,271.50	Material**							Total	1,304.50	1,320.75	2,625.25	10,127.62	10,143.88	20,271.50
	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	1,304.50	1,320.75	2,625.25	10,127.62	10,143.88	20,271.50																															
Material**																																					
Total	1,304.50	1,320.75	2,625.25	10,127.62	10,143.88	20,271.50																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/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 \$ 1,304.50 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 grant award documents.																																					
Signature:  Date: 8/10/07																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS.																																					
Signature:  Date: August 30, 2007																																					

2007 BMFPD Chipping Form

Client Information

Date: 7/31/07

Name: Dortley Miller

Address: 111 Mine

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions:

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	7/31/07	8/2/07	8/2/07 8/8/07	8/1/07
Start Time:	13:15	11:30	14:45 9:00	10:30
Stop Time:	15:00	12:30	15:45 12:00	13:00
Total Time:	1.75 hrs.	1 hr.	1 hr. 3 hrs.	2.5 hrs.

= 9.25 hrs

CREW TIME REPORT

(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Hiller		(5) FIRE NUMBER 111 Mine		
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Palamara	9/23/07	10:45	11:00		
	Lynn		10:45	11:00		
	Total		6.5 hrs.			
	Palamara	7/24/07	11:00	11:45		
	Lynn		11:00	11:45		
	Total		4.5 hrs.			
	Palamara	8/1/07	8:30	12:30		
	Lynn		8:30	12:30		
	Total		8 hrs.			
	Palamara	8/2/07	8:15	11:30		
	Lynn		8:15	11:30		
	Total		6.5 hrs.			
	Palamara	8/6/07	8:15	16:00		
	Lynn		8:15	16:00		
	Total		15.5 hrs.			
(11) REMARKS GRAND TOTAL = 46 hrs.						
(12) OFFICER-IN-CHARGE (Signature) Stephen Lynn						
(13) TITLE (Officer-in-Charge) Met Coord						
(14) NAME (Person Posting to Emergency Time Report) Stephen Lynn						
(15) DATE 8/10/07						

261-101

PRINTED ON
RECYCLED PAPERSTANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)



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"/>
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect Disease and 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"/>
Stewardship Incentives Program (SIP)	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>

Name: Boulder Mountain FPD

Address: 1905 Linden Drive

Boulder, CO 80304

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: 5-36695 Cooperator Match: \$8,823.13

Approved Funding: \$25,000 Total Project: \$17,646.25

CSFS Account Number: 5-36695 Amount of Payment: \$8,823.12

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

Approved by _____ Date: _____
(Program manager signature)



**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. 5-36695-001
(For Official Use Only-
No. from original application)

Applicant name (please print): Boulder Mountain FPD

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost	\$17,646.25		A Labor Cost= \$17,646.25
Operating Exp ^{3,*}			B Oper. Exp.=
Revenue Generated (from sale of wood products only) ^{4,*}			C Revenue=
Project Cost			D Total Project (A+B-C) = \$17,646.25
			Amount Originally Approved =
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed ⁵ (.5XD) \$8,823.12

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/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 Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature: Robert A. By for Steve Lynn (see Attachment B) Date: 7/30/07
Mailing Address: 1905 Linden Drive City: Boulder
County: Boulder State: CO Zip: 80304 Phone: (303) 440-0235
Practice certified by: Robert A. By
CSFS Service Representative

Payment Approval: _____ Amount: _____ Date: _____
CSFS

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.
Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. S-36695-001

To be completed by CSFS:

PROGRAM: FRFTP
From application and Form E

Record Accomplishment:

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: _____

FLEP Accomplishment:

#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 = _____		

FRFTP Accomplishment:

No. of D-spaces= _____ Acres slash disposal= 13.1 Acres fuel breaks = _____
Acres thinned= 13.1 Acres pruned= 13.1

ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3 _____

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. Grant Award #:	2. Total Award Amount:	3. Community Protected: Boulder Mountain Fire Protection District																																			
4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 3/22/2007 To: 6/28/2007																																			
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.) A total of 13.1 acres of forest was mitigated in the Boulder Mountain Fire Protection District using these grant funds. Four acres were treated at 333 Roxbury Lane, 1.38 acres at 328 Overlook Lane, 1.4 acres at 1624 Deer Trail Road, 3.22 acres at 1486 Deer Trail Road, and 3.1 acres at 1577 West Coach Road in Boulder Colorado. All work was completed to Colorado State Forest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. Chipping or piling all slash material. It is estimated that 73.5 cubic yards of slash were chipped and broadcast on site. An additional 17.5 cubic yards of slash material was stacked into burn piles for disposal in the winter time via slash pile burning.																																					
7. Reimbursement Request: \$8,823 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td align="right">8,823.12</td> <td align="right">8,823.13</td> <td align="right">17,646.25</td> <td align="right">8,823.12</td> <td align="right">8,823.13</td> <td align="right">17,646.25</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td align="right">8,823.12</td> <td align="right">8,823.13</td> <td align="right">17,646.25</td> <td align="right">8,823.12</td> <td align="right">8,823.13</td> <td align="right">17,646.25</td> </tr> </tbody> </table>				Current Period			Project to Date				Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	8,823.12	8,823.13	17,646.25	8,823.12	8,823.13	17,646.25	Material**							Total	8,823.12	8,823.13	17,646.25	8,823.12	8,823.13	17,646.25
	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	8,823.12	8,823.13	17,646.25	8,823.12	8,823.13	17,646.25																															
Material**																																					
Total	8,823.12	8,823.13	17,646.25	8,823.12	8,823.13	17,646.25																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/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 \$ <u>8,823.12</u> 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 grant award documents.																																					
Signature: Date: <u>7/25/07</u>																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS.																																					
Signature: Date: <u>7/30/07</u>																																					

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME 353 Roxbury			
(5) FIRE NUMBER 353 Roxbury							
(6)	(7)	(8)	(9)	(10)			
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIF- ICATION	DATE		DATE		
			Military Time		Military Time		
			ON	OFF	ON	OFF	
	Palamara	7/3/07	9:00	15:00			
	Bozema	7/3/07	9:00	15:00			
	Total	7/3/07	= 12 hrs x 44¢/hr				
			= \$528.00				
(11) REMARKS							
(12) OFFICER IN CHARGE (Signature) Steve Lynn							
(13) TITLE (Officer-in-Charge) Mit Crew							
(14) NAME (Person Posting in Emergency Time Report) Steve Lynn							
(15) DATE 7/3/07							

261-101

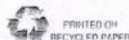


STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME 353 Roxbury			
(5) FIRE NUMBER 353 Roxbury							
(6)	(7)	(8)	(9)	(10)			
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIF- ICATION	DATE		DATE		
			Military Time		Military Time		
			ON	OFF	ON	OFF	
	Palamara	7/19/07	9:00	11:15			
	Lynn	7/19/07	9:00	11:15			
	Total		4.5 hrs				
			7/19/07 = 4.5 hrs x 44¢/hr				
			= \$198.00				
(11) REMARKS							
(12) OFFICER IN CHARGE (Signature) Steve Lynn							
(13) TITLE (Officer-in-Charge) Mit Crew							
(14) NAME (Person Posting to Emergency Time Report) Steve Lynn							
(15) DATE 7/19/07							

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STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

TIME REPORT									
(1) CREW NAME					(2) CREW NUMBER				
(3) OFFICE RESPONSIBLE FOR FIRE					(4) FIRE NAME		(5) FIRE NUMBER		
(6)	(7)	(8)	(9)		(10)				
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSI- FICATION	DATE		DATE				
			Military Time		Military Time				
			ON	OFF	ON	OFF			
	Urban	5/23/07	10:30	15:00					
	Price	5/23/07	05:30	15:00					
	Benson	5/23/07	08:30	15:00					
	Bozeman	5/23/07	08:30	15:00					
	Palamara	5/23/07	08:30	12:00					
Total =			29.5 hrs		5/23/07				
	Urban	5/24/07	10:00	13:30					
Total =			3.5 hrs		5/24/07				
	Palamara	5/24/07	14:30	14:45					
	Price	5/24/07	14:30	14:45					
Total =			.5 hrs		5/24/07				
	Palamara	5/30/07	9:00	16:00					
	Price	5/30/07	9:00	16:00					
	Urban	5/30/07	9:00	16:00					
Total =			21 hrs		5/30/07				
(11) REMARKS									
	Palamara	5/31/07	10:30	11:00					
	Price	5/31/07	10:30	11:00					
	Urban	5/31/07	10:30	11:00					
Total =			3 hrs		5/31/07				
5/23/07 - 5/31/07 = 66 hrs * 44% = \$2904.00									
(12) OFFICER IN CHARGE (Signature)					(13) TITLE (Officer in Charge)				
Steve Lynn					M. C. Co. 1				
(14) NAME (Person Posting in Emergency Time Report)					(15) DATE				
Steve Lynn					5/31/07				

CREW									
(1) CREW NAME BMFPD Mt. L.					CREW NUMBER 333 Roxbury				
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME Jorman		(5) FIRE NUMBER 333 Roxbury			
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		DATE		(10)		
			Military Time		Military Time				
			ON	OFF	ON	OFF			
	Palamara	6/01/07	8:30	14:45					
	Price	↓	8:30	12:15					
	Bozeman	↓	8:30	12:15					
	Total		15.25 hrs.		6/1/07				
	Palamara	6/5/07	9:15	15:30					
	Price	↓	9:15	15:30					
	Total		12.50 hrs.		6/5/07				
	Bozeman	6/6/07	8:30	16:00					
	Total		7.50 hrs.		6/6/07				
<p>5/23/07 → 6/6/07 = 91.25 hrs * 44 \$/hr</p> <p style="font-size: 1.5em; text-align: center;">= \$4015.00</p>									
(11) REMARKS									
(12) OFFICER-IN-CHARGE (Signature) <i>Steve Lynn</i>					(13) TITLE (Officer in Charge) Mt. L. Fire				
(14) NAME (Person Posting to Emergency Time Report) Steve Lynn					(15) DATE 6/6/07				

2007 BMFA Chipping Request Form

Client Information

Date:

5/24/07

Name:

Address:

333 Roxbury

Phone:

Special Instructions

On-site Chipping

Date:

5/24/07 6/4/07 6/6/07

Start Time:

10:00 13:15 8:30

Stop Time:

13:30 14:45 16:00

Total Time:

3.5 hr 1.5 hrs 7.5 hrs

5/24/07 → 6/6/07 = 12.5 hrs * 44 \$/hr

= \$512.5

Lee Lynn
6/6/07

2007 BMFPD Chipping Form

Client Information

Date: 7/9/07

Name: _____

Address: 333 Roxbury

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	7/9/07	7/9/07		
Start Time:		11:15		
Stop Time:		12:00		
Total Time:		.75 hrs.		.75 hrs.

7/9/07 $0.75 * 65 \$/hr = \48.75

Alan Ler
7/9/07

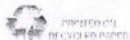
CREW TIME REPORT

(1) CREW NAME **BMF PD Mit Crew** (2) CREW NUMBER **1**
 (3) OFFICE RESPONSIBLE FOR FIRE **BMF PD** (4) FIRE NAME **328 Overlook** (5) FIRE NUMBER

(6) RE- MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIF- ICATION	(9) DATE		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Palamara	6/12/07	13:00	15:00		
	Lynn	↓	13:00	15:00		
	Total:		4 hrs.			
	Palamara	6/13/07	8:30	12:00	13:00	16:00
	Price	↓	8:30	12:00	13:00	16:00
	Bozeman	↓	8:30	12:00	13:00	17:00
	Total:		20.5 hrs.			
	Palamara	6/14/07	10:00	10:30		
	Price	↓	10:00	10:30		
	Total:		1 hr.			
	Lynn	6/14/07	11:15	13:15		
			2 hrs			

(11) REMARKS **6/12/07-7 6/14/07 = 27.5 hrs = \$1210**

(12) OFFICER-IN-CHARGE (Signature) *Steve Lynn* (13) TITLE (Officer-in-Charge) **Mit Coordinator**
 (14) NAME (Person Posting in Emergency Time Report) **Steve Lynn** (15) DATE **6/14/07**



2007 BMFA Chipping Request Form

Client Information

Date: 6/13/07

Name: Bailey

Address: 328 Overlook

Phone:

Special Instructions

On-site Chipping

Date:	6/13/07	6/14/07	6/14/07
Start Time:	16:00	10:30	12:00
Stop Time:	17:00	11:30	13:30
Total Time:	1 hr.	1 hr.	1.5 hrs

6/13/07 → 6/14/07 = 3.5 hrs * 65 \$/hr = \$227.5

Steve Lyr

6/14/07

CREW TIME REPORT

(1) CREW NAME B.M.F.P.D. Mit		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE B.M.F.P.D.		(4) FIRE NAME Mastung	
(5) FIRE NUMBER 1624 Deer Trail		(6) DATE 6/25/07	
(7) RE-MARKS NO.	(8) NAME OF EMPLOYEE	(9) CLASSIFICATION	(10) DATE
	Palamara	6/25/07	9:00 14:15
	Bozeman		9:00 14:15
	Lynn		10:00 12:00
	Total		12.5 hrs.
	Palamara		9:15 11:00 12:15 15:30
	Lynn		9:15 11:00 12:15 15:30
	Total		10 hrs.
	Palamara	6/26/07	12:15 3:45
	Bozeman		12:15 3:45
	Total		7 hrs.
	Palamara	7/2/07	8:30 11:45
	Bozeman		8:30 11:45
	Total		6.5 hrs.
(11) REMARKS			
6/25/07 7/2/07 = 36 hrs * 44 \$/hr			
= \$1584.00			
(12) OFFICER-IN-CHARGE (Signature)		(13) TITLE (Officer-in-Charge)	
Steve Lynn		Mit Coord	
(14) NAME (Person Posting to Emergency Time Report)		(15) DATE	
Steve Lynn		7/2/07	

261-101



PRINTED ON RECYCLED PAPER

STANDARD FORM 251 (5/79)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

200⁷ BMFA Chipping Request Form

Client Information

Date: 07/02/07

Name: Martyny

Address: 1624 Deer Trail

Phone:

Special Instructions

On-site Chipping

Date: 07/02/07

Start Time: 11:45

Stop Time: 15:15

Total Time: 3.5 hrs. \times 65 \$/hr = \$227.50

Start Time
7/2/07

CREW TIME REPORT

(1) CREW NAME **BMFPD Mit Crew** (2) CREW NUMBER **1**
 (3) OFFICE RESPONSIBLE FOR FIRE **BMFPD** (4) FIRE NAME **Witter** (5) FIRE NUMBER **1577 West Coast**

RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE (9)		DATE (10)	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Lynn	4/2/07	0900	1600		
	Shier	4/2/07	0900	1600		
	Benson	4/2/07	0900	1600		
	4/2/07 total = 21 hrs					
	Lynn	4/3/07	0900	1600		
	Benson	4/3/07	0900	1600		
	4/3/07 total = 14 hrs					
	4/2 - 4/3 = 35 hrs * 44¢/hr					
	= \$1540.00					

(11) REMARKS

(12) OFFICER IN CHARGE (Signature) *Steve Lynn* (13) TITLE (Officer in Charge) **Mit Coord**
 (14) NAME (Person Posting to Emergency Time Report) **Steve Lynn** (15) DATE **4/3/07**

261-101



STANDARD FORM 261 (5/78)
 Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME (2) CREW NUMBER
 (3) OFFICE RESPONSIBLE FOR FIRE (4) FIRE NAME **1577 Garage Hills West Coast** (5) FIRE NUMBER

RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE (9)		DATE (10)	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	SHIER	3/22/07	0800	1100	1230	1500
	LYNN	3/22/07	0800	1100		
	BENSON	3/22/07			1230	1500
				5.5		
	3/22/07			3		
				2.5		
				total = 11.0		
	SHIER	3/22/07	0900	1430	5.5	
	LYNN	3/22/07	0900	1430		
				total = 11.0		
				3/22/07		
	SHIER	3/27/07	0900	1530	6.5	
	LYNN	3/27/07	0900	1530	6.5	
				total = 13 hrs		
				3/22/07 - 3/27/07 = 35 hrs * 44¢/hr		
				= \$1540.00		

(11) REMARKS

(12) OFFICER IN CHARGE (Signature) *Steve Lynn* (13) TITLE (Officer in Charge) **Mit Coord**
 (14) NAME (Person Posting to Emergency Time Report) (15) DATE **3/27/07**

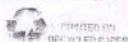
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STANDARD FORM 261 (5/78)
 Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mt Crew		(2) CREW NUMBER 1		
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Ford		
(5) FIRE NUMBER 1486		(6) FIRE NAME Deer Tail		
(7) RE-MARKS NO.	(8) NAME OF EMPLOYEE	(9) CLASSIFICATION	DATE	DATE
			(10) Military Time	(11) Military Time
			ON	OFF
	Palamara	6/18/07	8:30	16:00
	Price	↓	8:30	16:00
	Bozeman	↓	8:30	16:00
	Lynn	↓	8:30	12:00
	Total		26 hrs.	
	Palamara	6/19/07	8:45	15:00
	Price	↓	8:45	15:00
	Total		12.5 hrs.	
	Palamara	6/20/07	8:45	12:00
	Price	↓	8:45	12:00
	Bozeman	↓	8:45	12:00
	Lynn	↓	8:45	12:00
	Total		18 hrs.	
6/18/07 → 6/20/07 = 56.5 hrs @ 44 \$/hr				
(11) REMARKS = \$2,486.00				
(12) OFFICE IN CHARGE (Signature) Steve Lynn		(13) TITLE (Office in Charge) Mt Crew		
(14) NAME (Person Posting to Emergency Time Report) Steve Lynn		(15) DATE 6/20/07		



2007 BMFA Chipping Request Form

Client Information

Date: 6/20/07

Name: Ford

Address: 1486 Overview

Phone:

Special Instructions

On-site Chipping

Date:	6/19/07	6/20/07
Start Time:	15:00	13:00
Stop Time:	17:00	16:00
Total Time:	2 hrs.	3 hrs

6/19 → 6/20 = 5 hrs @ 65¢/hr = \$325.00

Steven 6/20/07

Done before ^{\$25k} agreement was signed
(extra money > 25k)

REQUEST FOR PAYMENT

CSFS #820

INSTRUCTIONS: Make all purchases in the name of COLORADO STATE FOREST SERVICE. Attach this completed form to each invoice for payment and forward to the State Office for processing. Payment will be mailed to address on vendor invoice, unless otherwise noted. Include Social Security Number if requesting payment to an individual. Authorized signature must be completed before payment can be processed.

Payment To: Boulder Mountain Fire Protection District

Prepared By: Bob Bundy

Date Prepared: 4/17/07

Comments:

Resale to Cooperator:

CSFS Invoice #:

Description	Amount	Account	Subcode	Other
Defensible Space/Fuel Break Forest Treatment	\$2,992.00	5-36695	4550	-
Invoice # 4 dated 3/30/07				

Payment Authorization:

\$2,992.00

Account Manager or Designee Signature

Date

FILE COPY

788265

BO

***** FILE COPY NON-NEGOTIABLE *****

Date Requested: 04/20/07

V BOULDER MTN FIRE AUTHORITY
E ATTN JOHN BENSON
N 1905 LINDEN DR
D BOULDER CO 80304
O
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 788265
P FORT COLLINS CO 80523-6011

Contact: **BOB BUNDY**
Phone: (970)491-6303
Department: CO State Frst Svc

TO:

Item #	Description	Qty	UOM	Unit Price	Extension	Acct #	Sub	User
1)	PAYMENT FOR DEFENSIBLE SPACE/FUEL BREAK FOREST TREATMENT PER INVOICE #4 DATED 3/30/07	1	LOT	2992.0000	2992.00	536695	4550	
TOTAL:					\$2,992.00			

NOTIFY THE DEPARTMENT
IMMEDIATELY IF THERE ARE
ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE

















1-4















3-4



3-4



4-1



4-1



4-2



4-2



4-3



4-3



4-4



4-4





Sample Plot # 3

Coordinates: N 40 04 978 W 105 21 423 GPS 004

Location: South of road ~50 up hill
Flagged tree near main road

Photo points: #1 South 3 rocks 5feet from plot
#2 East 2 rocks
#3 North see road
#4 West

(Used compass points)

Species: Douglas fir

Slope: 6%

Average DBH: 3 to 5

Trees per plot: (11' 9") 14 No trees were marked to stay

BAF: 18 in trees x 20 BAF = 360

20 trees
35kg

Sample Plot # 4

Coordinates: N 40 04 772 W 105 21 565 GPS 005

Location: 225 Deer Trail Circle
South down drainage near shed right of house
2 stay trees were marked

Photo points: #1 East big rock
#2 North
#3 West bent down to take picture
#4 South Caught flag in picture

(Used compass points)

Species: Douglas fir, Juniper, Ponderosa

Slope: 4% Greater

Average DBH: 10

Trees per plot: (11' 9") 9 (3 were marked to stay)

BAF: 9 in trees x 20 BAF = 180

4 left

Sample Plot # 1

Coordinates: N 40 04 919 W 105 21 278 GPS 002

Location: 1865 Falcon Crest

Pole off road go down hill below house

Next to fallen rotten log. Fairly open area. Two drainages

Photo points: #1 West toward house

#2 South

26

#3 East

#4 North

(Used compass points)

Species: Douglas fir, Juniper

Slope: 20%

Average DBH: 9

Trees per plot: 4

BAF: 8 in trees x 20 BAF = 160

No trees were marked to stay or go

Sample Plot # 2

Coordinates: N 40 04 991 W 105 21 373 GPS 003

Location: 5-10 feet off two track road north of road. East of road split

2 additional stay trees were flagged

Photo points: #1 South (caught pink flag)

#2 East

#3 North (Flagged broken stump)

#4 West

(Used compass points)

Species: Douglas fir

Slope: 8%

Average DBH: 5 to 9

Trees per plot: (11' 9") 8 (3 marked to stay)

BAF: 15 in trees x 20 BAF = 300

NOT DONE
12-15-06

2nd Meeting

2/28/06

Name

Address

- | | |
|-----------------------------|-----------------------|
| (1) Ling + Carol Ford | 1486 Deer Trail Rd |
| (2) Grant & Chris Blue | 243 Deer Trail Circle |
| (3) John Benson | 1905 Linden Drive |
| (4) Kathleen Kennedy | 11 Deer Trail Circle |
| (5) Harriet & Wayne Fleener | 225 DEER TR CIRCLE |
| (6) Susann Bee Foster | 333 Roxbury Dr |
| (7) Dan & Mary Beth Hunter | 213 Deer Trail Cir. |
| (8) Steve Lynn | 1074 Lee Hill Drive |

(9) Bob Bandy

~~Mark~~

(10) ~~Bulge~~

(11) ~~Steve~~

~~Wp~~
~~Wp~~

(12)

Third Group Meeting

4/4/06


Name

Address

This wk	①	David & Cheryl Bailey	328 Overlook Lane
This wk	②	Becky Annandale	335 "
5/4	③	Doreen & Carol Ford	1486 Deer Trail Rd.
Ad.	4.	Grant & Chris Blue	243 Deer Trail Circle
Pa.	5.	Harriette & Wayne Flueck	225 Deer Tr Cir Rd.
This wk.	⑥	Carrie & John Marigny	1624 DEER TRAIL
Pa.	⑦	DUKE SNYDER	289 DEER TRAIL Cir
This wk.	8	Gallie & Jim Smith	347 Overlook Ln.
5/4	9	ERICK MUELLER	219 OVERLOOK
This wk.	⑩	Robb Wallen	1643 Deer Trail
5/4	⑪	Dave Clark	199 Deer Trail
This wk.	12	Philip and Tonya Alspach	433 Deer Trail circle
Pa.	⑬	Don & M. B. Hinkle	213 " " Cir
Pa.	14	Ellie Reed Lewis	301 Overlook La
5/4	15	John Hart	189 Mine Ln.
5/4	⑭	John Taylor	76 Overlook La
5/4	17	Dora Robinson	189 Overlook Ln.
5/4	⑮	Bruce & Nicole Siegel	133 Mine Lane
	19		
	20		
	21		
	22		
	23		
	24		
	25		
	26		
	27		
	28		

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

Date: June 12, 2007		Requested By: Bob Bundy		Resale to:		CSFS Invoice #:	
Vendor: Boulder Mountain FPD Attn: Stephen Lynn 1905 Linden Drive Boulder, CO 80304 (PLEASE PROVIDE COMPLETE ADDRESS)				Ship To: Colorado State Forest Service C.S.U. 5060 Campus Delivery Fort Collins, CO 80523-5060 Attn: Bob Bundy (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)			
Reason for Vendor Selection: <input type="checkbox"/> Sole Source (attach completed Sole Source Justification Form) <input type="checkbox"/> Previous Supplier <input type="checkbox"/> Other						Terms:	
Shipping Instructions: <input type="checkbox"/> FOB Fort Collins, Colorado <input type="checkbox"/> FOB			Delivery Date:		Deliver to: Initials ___ Bldg ___ Room ___ Phone ___		
#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	536695	5980	1	Lot	FINANCIAL ASSISTANCE PROGRAM	\$25,000	\$25,000
2					COOPERATIVE MATCH PROJECT;		
3					536695-001; Boulder District		
4					Project Completion Date 09-30-07		
5							
6							
7							
8							
9							
10							
SPECIAL INSTRUCTIONS:				Expenditure Approval: Authorized Signature:  Date: 6/12/07			Subtotal: \$ 25,000 Discount: \$ TOTAL: \$ 25,000

Financial Assistance Program

Cooperative Match Project

To be conducted by:

Boulder Mountain Fire Protection District

Project Number:	5-36695
Estimated Project Cost:	\$50,000
Funding provided by CSFS:	\$25,000
Minimum Recipient Match:	\$25,000
Project to be completed by:	9-30-07

Based on the strength of the application submitted by Boulder Mountain Fire Protection District, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$25,000 to accomplish the project described in the attached scope of work.

As the cooperator, Boulder Mountain Fire Protection District, 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:

CSFS-Boulder District
5625 Ute Highway
Longmont, CO 80503

- 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 September 30, 2007. It may be extended at any time at the discretion of CSFS.

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

Cooperator Signature:

Date:

Mailing Address:

Telephone Number:

Email Address:

Stephen K. Lynn
4/24/07
1905 Linden Drive
Boulder, CO 80304
(303) 440-0235
mitigation@boulder mountain fire.org

EXHIBIT A
TO SUBAWARD G- 536695-001
SCOPE OF WORK

CSFS 2007 : Boulder Mountain Fire Protection District

Work to be completed: Boulder Mountain Fire Protection District (BMFD) has over 400 homes in the wildland urban interface northwest of Boulder, Colorado. Over the past 6 years, the BMFD has employed a mitigation crew of 3 to 6 people. The crews annually work on CWPP fuel breaks, evacuation routes, general thinnings, and defensible space projects within the district. The goal for this year is to link together existing fuel breaks around their communities. The three main communities consist of Pine Brook Hills, Carriage Hills, and Boulder Heights. The work in Pine Brook Hills is estimated at 90% complete with only small isolated acres still needing treatment. This year's goal is to focus on major shaded fuel break work around and between Carriage Hills and Boulder Heights. All grant funds will be used to match landowner payment for treatment on the shaded fuel break crossing their private property parcels. The limit for CSFS matching contribution is set at \$675 per acre. If cost for treatment are above \$1,350 per acre, the landowners will then have to pay the extra costs in excess of 50% of the total cost of the project.

Milestone dates: The BMFD Mitigation crew coordinator now has a majority of the permissions necessary in completing a minimum of 37 acres of fuels mitigation work this year using the subaward reimbursement funds.

Standards and Guidelines: Will meet CSFS shaded fuel break guidelines for all treatments.

Project Period: April 1, 2007 through September 30, 2007

Subaward Amount: \$25,000 **Minimum Cooperator Match:** \$25,000

Deliverables: Three hundred foot wide shaded fuel breaks will be completed on at least 37 acres. The estimated cost per acre is \$1,500. Two large communities consisting of approximately 300 homes will be benefited by the project.

Project Types: Homeowner/Community Action, Information/Education, and Implementation/Treatment

All work completed under this subaward must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the subawardee. Attachment B to the subaward 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.

DRAFT: BASED UPON SIGNATURE OF AGREEMENT

To: Boulder Mountain Fire Protection District
From: CSFS – Boulder District
April 9, 2007

*Outdated
email from me
to BMFD about
subaward*

The CSFS has recently received grant money to be used on wildfire mitigation. Of the funds we received, **\$45,000** can go for work in the BMFD area (plus \$10,000 for City OSMP, see end of email). This can be used as a combination of "pass-through" reimbursement funds and contract payment (regardless of contractor).

There are a few catches:

#1 All funds are paid at a minimum 50-50 match for money spent by landowners, or FD mitigation time. When paid in the form of a contract, I must show matching efforts to cover the 23% indirect on top of the actual contract cost. This can come from any non-federal funding source (county chipping grant, landowner payments, FD time, etc.)

#2 Up to **\$675** can be spent per acre on average by the CSFS. This isn't to say that the cost for every single acre will have to fall under two times that amount, but I have to claim enough acres and matching funds so that in the end, we get approximately **67 acres** (plus additional OSMP acres) done in your district with the use of these grant funds and not in conjunction with other state/federal grants. If there are demands to complete the acreage to higher standards, that extra cost will have to come from the property owners or the FD.

#3 I outlined work on West Coach, and Roxbury/Lee Hill fuelbreaks as the priority. I mentioned Cutter and Peakview, but did not tie acreage to it. In other words, we should try to maximize the work on West Coach and Roxbury/Lee Hill before moving on to the other areas (I realize permissions will drive this).

#4 This money is not necessarily available for work on scattered D-spaces. If we do a Timber Lane style fuelbreak that runs through many D-spaces, that is okay. I received the money with the upon the agreement that we would not be spending it on micro-managing D-spaces. As usual, we will leave that up to the landowner.

#5 We have to try to make the fuel breaks around 300 feet wide if at all possible.

#6 If there is any opportunity to use cheaper machinery on some of the acres under 40% slope, it would go a long way in helping out to acquire future funds.

#7 All money will have to be spent, not just encumbered, by September 30, 2007. This gives us a pretty short window to get all this set up and completed.

Other info:

Please note that additional funds have been set aside for City of Boulder Open Space in the Mt. Sanitas area with the primary goal of connecting the old PBH fuel break to the Timber Lane work. Timber Lane also has somewhere in the neighborhood of \$10,000 grant dollars remaining, to be spent on a project that is already set up.

I have attached the application I sent in on behalf of BMFD, CSFS, BoCo, and COB OSMP. The description that is outlined in the application must be met, along with the details listed above.

Bob Bundy
Fuels Treatment Partnership & Wildfire Mitigation Forester
Colorado State Forest Service - Boulder District
5625 Ute Highway Longmont, CO 80503
(303) 823-5774
rbundy@lamar.colostate.edu



BMFPD ROSTER

Nov '07

Name - Position	Telephone no.			ID#	Ratings <small>bold = higher rating</small>				
	Home	Work	Cell		Structure	Wildland	Red Card	Medical	Command
Akins, Tom - Operations Captain	444-9369			4364	FF-II	ENGB	♦ 06		IC
Anderson, Greg	449-5538	385-8031	827-4436	4369	FF-II	FFT1	♦ 07		IC
Bach, Kirk - Logistics Captain	440-1055	444-3602		4363	FF-II	FFT1 (T)	♦ 07	NREMT-B	IC
Baris, Matthew	817-2594	447-3188	817-2594	4399-Name	Rookie	Rookie			
Benson, John - Chief	665-1476	440-0235	817-5156	4361	FF-II	ENGB	♦ 07	EMT-B	IC
Binns, Barry - Communications <small>TM: 4303</small>	484-8739	362-1216	806-2180	4389	FF-II	FFT1 (T)	♦ 07		
Blue, Grant - Assistant Chief	440-5485	939-6930	20-427-3253	4362	FF-I	Support	♦ 07		IC
Bozeman, Rob	413-0931			4393	Support	CRWB/FOBS	♦ 07		
Churnside, Andrew - Training Lieutenant	546-0395	494-5550 x105	879-0554	4366	FF-II	FFT2	♦ 07	NREMT-B	IC
Covele, John	517-8317	546-6200	817-8317	4371	FF-II	FFT1	♦ 07	EMT-B	IC
de Haas, Bob	447-1728	443-5394	817-8153	4368	FF-I	FFT2	♦ 07		IC
Eyster, Jim	786-7586			4399-Name	FF-II	Support			
Farrell, Tim - PPE/SCBA <small>TM: 4322</small>	440-8994		810-0899	4388	FF-II	FFT1	♦ 07		
Fassett, Katy	442-3258		818-4259	4399-Name	Rookie	FFT2			
Greene, Dale	443-5334	441-4655	898-0757	4375	Support	FFT2	♦ 07	EMT-B	
Griffin, Nina	938-8855	492-2081	20-352-2659	4377	FF-II	FFT2	♦ 07	EMT-IV	
Hassler, Don <small>TM: 4344</small>	545-6995	546-0683	889-3550	4399-Name	FF-I	FFT2	♦ 07		
Hertelendy, Bruce - Emergency Coord	955-7966		808-7700	4384	FF-II	Support	♦ 07		IC (T)
Huckabee, Greg <small>TM: 4334</small>	443-7409	386-1182	887-9480	4399-Name	Support	FFT1 (T)	♦ 07		
Johansen, Bert	443-5414	440-8080	20-436-7110	4399-Name	Support	FFT2	♦ 07		
Kabal, David	459-2832	720-684-1088	847-0750	4399-Name	Support	FFT2	♦ 07		
Kohla, Scott - Medical & Safety Captain	448-0678	492-1478	20-938-1592	4365	FF-II	FFT1	♦ 07	NREMT-IV	IC
Korevaar, Elizabeth	720-565-9923		818-2700	4399-Name	Support	FFT2	♦ 07		
Loveman, Gail	926-0204		896-8520	4399-Name	Support	FFT2	♦ 07		
Loven, Carl <small>TM: 4304</small>	449-1148	249-9652	849-9652	4399-Name	FF-I	FFT2	♦ 07		
Lynn, Steve - Wildland <small>TM: 4331</small>	447-9549	440-0235	859-4661	4391	FF-II	ENGB	♦ 07	NREMT-B	IC
McConnell, Laura - Public Info Officer	823-5845	775-9132	875-9132	4385				EMT-IV	
McHaffie, Marcia	444-4001	443-7500 x258	888-6902	4378	FF-I	Support		EMT-B	IC
McHaffie, Matt	444-4001		888-5152	4381	FF-I	Support			IC
Moritz, Ian <small>TM: 4321</small>	444-1542	544-1360	817-7789	4399-Name	FF-I	FFT2	♦ 07		
Mundinger, Paul <small>TM: 4301</small>	447-0578	218-5409	841-3235	4399-Name	FF-I	FFT1 (T)	♦ 07		
Noyes, Tom	449-2595	443-3591	817-3479	4399-Name	Support	FFT2	♦ 07		
Olliver, Bob - Stations	415-9553	449-7448	817-4354	4386	FF-II	FFT1 (T)	♦ 06		
Palamara, Mike - Mit Crew Leader		440-0235	720-253-8768	4392		FFT2	♦ 07		
Perry, Earl	233-3110			4399-Name	Support	FFT2	♦ 07		
Pray, Melanie (Lilly)	442-0782		898-8646	4372	FF-I	FFT1 (T)	♦ 07	NREMT-IV	IC-M
Ramberg, Eric	443-8084	379-3224	801-1346	4399-Name	RR	RR	♦ 07		IC
Ramberg, Kathy	443-8084	651-8311	720-201-9866	4399-Name	RR	RR			
Rancis, Sue	443-4321	800-733-3116	817-7400	4379-Name				FR	
Reed, Kevin	684-0530		775-9805	4399-Name	Cadet	Cadet			
Richmond, Robin	449-1560	720-849-9387	720-849-9387	4399-Name	Support	FFT2	♦ 06		
Roberts, Shawn <small>TM: 4341</small>	444-8996	444-0048	324-8996	4399-Name	Support	FFT1 (T)	♦ 07		
Scherber, Elizabeth	554-0564	335-6364	335-6364	4399-Name	Rookie	Rookie		NREMT-IV	
Shoenfeld, Greg	443-5415	888-732-7373 x136	970-988-1015	4399-Name	Rookie	Rookie			
Singh, Param	417-0373	417-0373	720-635-4720	4374	Support	Support		FR	
Smith, Elliot	499-1743		579-3972	4399-Name	FF-I	FFT1 (T)	♦ 07		
Smith, R.J. - Apparatus	440-8856		211-8774	4367	FF-I	FFT2			
Waddell, Diana	440-8543	440-8543	720-641-3662	4373	FF-II	FFT2		FR	
Wade, Stacy <small>TM: 4302</small>	444-7483	720-562-2329		4399-Name	FF-I	FFT1 (T)	♦ 07		
Witt, Josh	206-802-8282		216-802-8282	4399-Name		FFT2	♦ 07		

Officers are listed in Bold Italics

Communications (Dispatch)

Emergency: 441-4444

(Non-emergency: 441-3374)

Pagers: 441-3851, then ID# (does not work for 4399 IDs)

GATE CODES

Boulder Heights	Carriage Hills	Pine Brook Hills
Buckingham Hills #6463	Carriage Hills Lower #8989	Bristlecone - Sunshine 1234
Church Camp - Sky Trail 6463	Carriage Hills Upper 8989	PB / Pipeline Road 6905
Church Camp - Mine Lane 6463		
Reed Ranch Road #6463		
7 Surrey Ridge #6463-Open #5432-Close		

Key: CRWB - Crew Boss
ENGB - Engine Boss
FOBS - Field Observer
RR - Retired Reserve
FR - First Responder
NREMT - National Registry EMT
IC-M - Medical Incident Command
(T) - Trainee

STATION INFORMATION

1 - Pine Brook Hills	440-0235	251 / 2544 Stairs
2 - Boulder Heights	442-6463	251
3 - Carriage Hills	no phone	251

Rev'd 11/7/07