



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (a.k.a.: SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

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

Name: Lady Moon Ranch

Address: PO. Box 151
Red Feather Lakes, CO 80545

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: 5308420-16

Approved Funding: \$27,730

Total Project: \$20,058.⁶⁸

CSFS Account Number: \$5308420-16-6693 Amount of Payment: \$9,400

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

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308420-16
(For Official Use Only-
No. from original application)

Applicant name (please print): Lady Moon Ranch

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	13,882.75		A Labor Cost= 13,882.75
Operating Exp ³ (Actual)	1,348.82	4,827.11	B Oper. Exp.= 6,175.93
Project Cost			C Total Project (A+B)= 20,058.68
			Amount Originally Approved = 830 x 20 acres = 16,600 27,730
			Amount to be Reimbursed not to exceed \$470 Per Acre 470 x 20 acres = 9,400

¹ Any contracted services where payment was made for services.

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

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

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

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: [Signature] for Law Brothers Date: 2-7-2012

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

Mailing Address: P.O. Box 151, Greg Niswender City: Red Feather Lakes

County: Larimer State: CO Zip: 80545 Phone: 970 482-0217

Practice certified by: [Signature]
CSFS forester

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

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

01/19/10

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

Project No. 5308420-16

To be completed by CSFS forester:

PROGRAM:

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

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

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: 20

Accomplishment (Not included above) – LOA Practice Number:

#1 Plan Acres = _____

#5 Acres = _____

#9 Acres treated = _____

#2 Acres tree planting = _____

#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION**

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$20.25/hr. Separate expenses by component (activity). Attach receipts.

Greg/Scott for Law Brothers
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
11/2010	Greg/Scott	Skid steer time	14	458.17
11/2010	Greg/Scott	Labor	58	971.50
11/2010	Fuel	Fuel		193.37
11/2010		Supplies		35.47
12/2010	Greg/Scott	Skid steer time	13.5	441.80
12/2010	Greg/Scott	Labor	102.5	1,646.00
12/2010		Fuel		78.20
12/2010		Supplies		24.87
1/2011	Greg/Scott	Skid steer time	17	556.35
1/2011	Greg/Scott	Labor	50	776.75
1/2011		Fuel		82.18
1/2011		Supplies		11.99
2/2011	Greg/Scott	Skid steer time	10	327.26
2/2011	Greg/Scott	Labor	63	1,049.00
2/2011		Fuel		83.49
2/2011		Supplies		10.98
3/2011	Greg/Scott	Skid steer time (26hrs)	26	850.88
3/2011	Greg/Scott	Labor	144.5	2,596.50
3/2011		Fuel		129.57
3/2011		Supplies		25.98
4/2011	Greg/Scott	Skid steer time	4	130.90
4/2011	Greg/Scott	Labor	49	841.00
6/2011	Greg/Scott	Skid steer time	10	327.26
6/2011	Greg/Scott	Labor	26	312.00
7/2011	Scott	Labor	3.5	42.00
8/2011	Greg/Scott	Skid steer time	12	392.71
8/2011	Greg/Scott	Labor	59	1,076.00
8/2011		Supplies		23.98
9/2011	Greg/Scott	Skid steer time	6	196.36
9/2011	Greg/Scott	Labor	44	781.00

1/2010

By Wm For Law Brothers
Landowner Signature

[illegible]



EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308420-16

(For Official Use Only)

NAME: Lady Moon Ranch

MAILING ADDRESS: P.O. Box 151

City: Red Feather Lakes **State:** CO

Zip code: 80545

FAX TELEPHONE NO: 970-407-8815 **PHONE:** (970) 482-0217

PROJECT ADDRESS/LEGAL DESCRIPTION: Lat. 40.771 Long. -105.514

PRACTICES TO BE COMPLETED BY: 09/30/2012

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
LOA 7&9: Forest Health and Fire Risk Reduction	\$27,730	\$27,730
		Total: \$27,730

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

LANDOWNER SIGNATURE: [Signature] for Ron Law **DATE:** 10/31/2010

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: _____ **DATE:** _____

(Additional USFWS guidelines addressed)

PROGRAM:

ESF:

Funding Allocated: _____ **AMOUNT:** \$ _____ **DATE:** _____

CSFS District Forester

Program eligibility is without regard to race, color, religion, national origin, age, gender, sexual orientation, veteran status or disability. For more information contact your local Colorado State Forest Service District Office.

Lady Moon Ranch

Project Area Boundaries

minus riparian area (in blue)

Total of 59 acres

Legend

Managed Area



Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	Fort Collins
Forester Submitting Project:	Diana Selby
District Priority Number:	1
Date Submitted:	9/30/2010
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Lady Moon Ranch
Contact Person:	Greg Niswender
Address:	P.O. Box 151 411 Ladymoon Drive
City/Zip Code:	Red Feather Lakes, CO 80545
Phone (Work/Cell):	970-482-0217
Email:	greg@glacierviewfire.org
Fax:	970-407-8815

Community At Risk Information			
Name of Project:	Lady Moon Ranch Fuels Reduction/Forest Health		
Community Name(s):	Lady Moon Ranch		
County:	Larimer	Congressional District:	4th
Latitude (decimal degrees):	40.771	Longitude (decimal degrees):	-105.514
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	3
Infrastructure:	<input checked="" type="checkbox"/>	Estimated value of:	1 million
Businesses:	<input checked="" type="checkbox"/>	Number of:	1
Economic Viability:	<input type="checkbox"/>	Estimated value of:	
Watersheds:	<input checked="" type="checkbox"/>	Number of:	1
Historic Structures:	<input checked="" type="checkbox"/>	Number of:	1
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	\$27,730
Will this Project be conducted as a Pass-Through Grant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>Lady Moon Ranch (LMR) is a 450 acre property in northern Larimer County. The property has historic value and is a working horse and cattle ranch. The property is primarily forested by ponderosa pine with Douglas-fir, aspen and Rocky Mountain juniper. Natural openings and rocky outcrops exist throughout the property; however, where trees are growing they tend to be in dense stands with dog-hair stands of regeneration. Basal area in these dense stands ranges from 80-120 square foot per acre or more. Currently mountain pine beetle have infested many "pockets" and stands of trees throughout the property. The project location is fairly flat and easily accessed by ranch staff with a skid steer.</p> <p>LMR staff has been working on a small scale to reduce fuels and improve forest health for 10 years. With the pine beetle infestation, small scale projects will not keep up. If funded, this project will treat 59 acres within three units that will tie into previous fuel reduction projects. A riparian area within the largest unit will be left untreated. These efforts will result in thinning completed on half the forested portion of the ranch.</p>	

Scope of Work / Project Timeline

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

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

4

Where mountain pine beetle is present, patch-cuts will be created among the dead and infested ponderosa pine, leaving small understory shrubs and trees as well as non-pine tree species. All other areas will be thinned to a 10-15-foot crown spacing. In all stands poor formed trees, suppressed trees, and dog-hair regeneration will be cut and removed. Slash, limbs and small diameter logs will be stacked for winter burning. Larger logs will be used by ranch managers as firewood or will be milled and utilized for fence poles, and other products on the ranch. Burning will take place once fuels have cured and smoke permit conditions are met (snow cover, etc.).

Grant money will be used to hire additional employees to assist the ranch manager in the cutting, piling, and burning of the slash. Project is anticipated to cost approximately \$830/acre with the amount beyond \$470/acre made up by Lady Moon Ranch.

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

Treated acres will be maintained by the Ranch management on a rotating schedule. Each year the manager will assess mountain pine beetle on the ranch and remove dead and dying trees within treated areas and near ranch infrastructure.

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

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

Provide a timeline for the project

Cutting and piling will begin in the fall of 2010 and will be complete within 1.5 years. Burning will take place in the winter of 2011 or 2012, based on burning conditions.

Interagency Collaboration

Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).

5

Colorado State Forest Service will administer the grant and provide guidance on project prescription
United States Forest Service has completed adjacent fuel reduction projects and prescribed burning which complements the project outlined here
Lady Moon Ranch owners will provide funding (approximately \$360/acre) to complete the project
Lady Moon Ranch manager will do the cutting, slash piling, and burning along with 1-3 hired employees

Community Wildfire Protection Plan (CWPP)

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

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	59	Estimated cost per acre:	\$830
	Project Type (check all that apply)			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	<input type="checkbox"/>
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
	Thinning w/ Product	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:	\$27,730	\$ 27,730
	TOTAL:	\$27,730	\$ 27,730

Grant funding may only be used for Contractual Service.

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

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

Attach Project Map Showing Specific Treatment Areas



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input checked="" type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

☒ Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/> 02-13-15 (K)

Name: Lady Moon Ranch

Address: Attn: Greg Niswender
P.O. Box 151

Red Feather Lakes, CO 80545

Approved for Payment
C.S.F.S.

5347490
02-13-15

(K)

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service.

Grant Number: 5308122-02-FC

Non-Federal Match: \$6,273⁵⁴

Approved Funding: \$36,000

Total Project: \$22,473⁵⁴

CSFS Account Number: 5308122-6693

Amount of Payment: \$16,200

HAZARD MITIGATION TREATMENT ON NON-FEDERAL

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

Program Manager Signature [Signature]

Date: 2/3/15

Program Manager Name Scott M. Woods

COPY



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you must provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and you must show corresponding match.

1. Project/Account #: 5308/22-02	2. Total Award Amount: 36,000
3. Project Name: Lady Moon Ranch	4. Reimbursed Amount to Date: 0
5. Make Payment To: Name: Lady moon Ranch Attn: Greg Riewender Address: PO Box 151, Red Feather Lakes, CO 80545	6. Period of Performance (Project Period): From: 11/1/14 To: 12/31/14

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary. 18 acres completed of thinning with a 60% reduction in green trees, 100% reduction in standing dead, 100% removal of dead and down, limbed all remaining green trees to 6 feet and/or removed ladder fuels. Action produced about 560 cubic yards of slash and 40 cords of firewood to be used on the ranch.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
\$36,000	\$16,200 DS	\$6,273.54 DS	0	22,473.54	28% DS

* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to complete table above. Include Form D, and other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$16,200 for the work completed and documented above or attached.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: [Signature] L.M.R.

Date: 1-27-2015

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: [Signature]

Date: 1/29/15

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: [Signature]

Date: 2/3/15

SCOTT WOODS

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COPY