



EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-Bo-57

(For Official Use Only)

NAME: Helle Sorensen and Michael McGuire

MAILING ADDRESS: 1648 Gross Dam Rd

City: golden State: co

Zip code: 80403

TELEPHONE NO: 363 642 0805

PROJECT ADDRESS/LEGAL DESCRIPTION: same

PRACTICES TO BE COMPLETED BY: FALL 2012

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
		Total:

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre.

I understand that I will not be reimbursed for any expenses incurred prior to approval of my application. Work must be completed according to approved plan and application, and must meet the standard set for each component. Practices must be maintained for a minimum of 10 years. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: Helle Sorensen DATE: 7/16/11

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature] DATE: 1/29/2013

(Additional USFWS guidelines addressed)

PROGRAM:

ESF: ☒

Funding Allocated: [Signature] AMOUNT: \$940.00 DATE: 9/6/11

CSFS District Forester

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



COPY

Colorado State Forest Service Program Payment Request

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

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 02-05-13

Name: HELLE SORENSEN

Address: 1648 GROSS DAM ROAD

GOLDEN, CO 80403

Approved for Payment

C.S.F.S.

2257994

02-06-13

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

Grant Number: 5308400-BO-57 ~

Approved Funding: \$ 940.00 ~

Total Project: \$ 3,442.50 ~

CSFS Account Number: 5308400-6693

'09SUP HAZ FUELS FR.80

Amount of Payment: \$ 940.00 ~

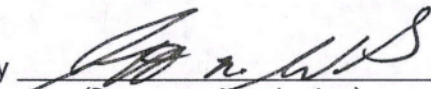
Circle one: 1st Payment

2nd Payment

3rd Payment

Final Payment ~

Approved by


(Program manager signature)

Date:

2/1/13

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

Project No. 5308400-BD-57

(For Official Use Only-

No. from original application)

Applicant name (please print): HELLE SORENSEN

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$3,442.50	A Labor Cost= \$ 3,442.50
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B) = \$ 3,442.50
			Amount Originally Approved = \$ 940.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 940.00

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: Helle SorensenDate: 1/29/13

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

Mailing Address: 1648 Gross Dam Rd City: GoldenCounty: Boulder State: CO Zip: 80403 Phone: 303 642 0805Practice certified by: BRYAN BAER (B.B.)
CSFS foresterPayment Approval: [Signature] Amount: \$940.00 Date: 2/1/13
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

COPY

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

Project No. 5308400-BO-57

To be completed by CSFS forester:

PROGRAM:

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

FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: X Forest

Restoration Grant (SB71 and HB1199): _____

2.0 ACRES
HAZ. FUELS RED.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

- | | | |
|-------------------------------------|--------------------------|----------------------------------|
| #1 Plan Acres = _____ | #5 Acres = _____ | #9 Acres treated = _____ |
| #2 Acres tree planting = _____ | #6 Acres treated = _____ | #10 Acres of restoration = _____ |
| Acres treated = _____ | #7 Acres treated = _____ | #11 Acres = _____ |
| #3 Acres treated = _____ | #8 Acres treated = _____ | |
| #4 Acres planted/ renovated = _____ | | |



Colorado State Forest Service Program Payment Request

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GOLDEN, CO 80403

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CSFS Account Number: 5308400-6693 Amount of Payment: \$ 940.00

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

Approved by _____
(Program manager signature)

Date: _____

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Practice certified by: BRYAN BAER (BB)
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EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION

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

Landowner Signature

[illegible]