September 12, 2005

CSU

Boyd the Wildfire fuels reduction program is Poudre Canyou Fire District is alive and well. Our accomplishments are many and some will be listed herein. The residents are coming together for projects that will be highly visible to all that travel thru Pordre Canyon. We in the volunteer fire department started the year off with a rush by melting the resident slash piles gathered for the "chipping slash " part of the PCFD effort to meet our residents needs. Some slash piles were cleaned up by permitted burning. Word was passed by our PCFPD newsletter, The Riverbank Reporter, and the Connection. Both are mailed and hand delivered to residents of the upper & lower canyon.

Dist Copy

The fire department became visible by helping with fire burning permits and assisting with on scene fire truck and crew while burning slash piles. Safety was our goal. Slash piles grew from fall thru winter and a total of 38 slash piles were cleaned up. My estimate of 735 cu yds of wildfire fuels were removed.

Our efforts moved on to home and business with our 2 small chippers. About a dozen home owners made use of the chippers and new pole saw removing ladder fuels and chipping slash. All in effort to create wildfire defensible zones.

On a larger scope of the mitigation effort contractors are best equipped to do the job. 31 mitigation plads were completed by September 12, with 7 scheduled for completion by the 25th. Our small subdivisions are better protected by the removal of fuels at 30 properties. We removed 32 large trees some insect infested. Lots of brush and dead trees, thinning where needed and most of all clearing junipers from many properties.

I have traveled over 2,000 miles attending to mitigation business for the Poudre Canyon fire district in beautiful Poudre Canyon.

Education will continue to be the Key to success in the future for Urban Wildfire mitigation in LARIMER County. Continued mitigation effort will make our communities safer places to live in.

Buzz Stith PCFPD Volunteer



POUDRE CANYON FIRE PROTECTION DISTRICT P.O. Box 364 LAPORTE, CO 80535

September 13, 2005

Boyd Labeda Colorado State University Sponsored Programs

6.5AC 13 Depuiste

Subject: Request for grant payment Sub # 536738-009

Page A Cover page

- B Subaward Agreement Copy
- C Attachment Copy of prior grant missing matching funds From 8/8/05 Matching Funds \$23,068.00 (see attached).
- D Summary of request
- E Page 1 –plans (3)
- F Page 2– plans (4)
- G Page 3--plans (4)
- H Page 4– plans (4)

Total plans 12 with 1 delete (#3) Request \$10,116.70

Respectively Submitted Buzz Stith Grant coordinator Poudre Canyon Fire Dist.

	Suba	award Agr	reement	
Institution/Org	ganization ("UNIVERSITY")	Institution/Org	ganization ("Collabora	ator")
Name: Address:	Colorado State University Sponsored Programs Fort Collins, CO 80523-2002	Name: Address:	Poudre Canyon 6004 CR 68C Red Feather Lal	Fire Protection District kes, CO 80545
Prime Award No.		Subaward No).	
	04-DG-11020000-010		G-536738-0	09
Awarding Age	ency	CFDA No.		
	U.S.D.A. Forest Service		10.664	
Subaward Period of Performance		Amount Fund	led this Action	Cost Share (Match)
	10/1/03 - 9/30/05		\$45,000	\$50,000
Project Title				

2004 Western States Wildland Urban Interface Grant Program

Reporting Requirements: Final Report and as specified in Attachment A

Terms and Conditions

(1) UNIVERSITY hereby awards a cost reimbursable subaward, as described above, to Collaborator. The statement of work and budget for subaward are (check one): _____ as specified in Collaborator's proposal dated ; or _X___ as shown in Attachment A. In its performance subaward work, Collaborator shall be an independent entity and not an employee or agent of UNIVERSITY.

(2) UNIVERSITY shall reimburse Collaborator not more often than monthly for allowable costs. All invoices shall be submitted using the attached Reimbursement Request form (Attachment B), which shall include current and cumulative costs (including cost sharing), subaward number, and certification as to truth and accuracy of invoice. Invoices must be submitted to District Offices for approval and processing for payment. Invoices that do not reference UNIVERSITY's subaward number shall be returned to Collaborator.

(3) A final statement of costs incurred, including cost sharing, marked "FINAL", must be submitted to UNIVERSITY's Administrative Conta NOT LATER THAN sixty (60) days after subaward end date. The final statement of costs shall constitute Collaborator's final financial report. 1 payment due the Collaborator may be withheld until all the terms and conditions of the subaward have been met.

(4) All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Collaborator.

(5) Matters concerning the technical performance of this subaward should be directed to the appropriate party's Project Director, as shown Attachment C. Technical reports are required as shown above, "Reporting Requirements."

(6) Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement she directed to the appropriate party's Administrative Contact, as shown in Attachment C. Any such changes made to this subaward agreemen require the written approval of each party's Authorized Official, as shown in Attachment C.

(7) Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.

(8) Either party may terminate this agreement with thirty days written notice to the appropriate party's Administrative Contact, as shown in Attachment 3. UNIVERSITY shall pay Collaborator for termination costs as allowable under OMB Circular A-21or A-122, as applicable.

No-cost extensions require the approval of the UNIVERSITY. Any requests for a no-cost extension should be addressed to and received the Administrative Contact, as shown in Attachment C, not less than thirty days prior to the desired effective date of the requested change.
 The Subaward is subject to the terms and conditions of the Prime Award, Attachment D, and other special terms and conditions, as identified in Attachment E.

(11) By signing below Collaborator makes the certilications and assurances shown in Attachments F.

Agreed by Authorized Official of UNIVERSITY:			Agreed by Authorized Official of Collaborator:		
					•
Name	Lynn Johnson	Date	Name	Date	
Title	Director, Sponsored Programs		Title		

	Attach Subaward	
	University Contacts	Collaborator Contacts
Administrative	Contact	Administrative Contact
Name: Address:	Betty Eckert Sponsored Programs Colorado State University Fort Collins, CO 80523-2002	Name: Bette Blinde Address: 6004 CR 68C PCFPD P.O. Box 364 Laporte co 80535
Telephone:	970-491-1554	Telephone: 970.881.2902
Fax:	970-491-6147	Fax:
Email:	betty.eckert@research.colostate.edu	Email:
Principal Inve	stigator	Project Director
Name: Address:	Richard L. Homann Colorado State Forest Service Colorado State University Fort Collins, CO 80523-5060	Name: Buzz Stith Address: 565 Rustic Rd Beliver Co 80512
Telephone:	970-491-6303	Telephone: 970-881-3585
Fax:	970-491-7736	Fax: 970 8813585
Email:	Richard.homann@colostate.edu	Email: 051,Th 2 @ Juno .com
Financial Con	tact	Financial Contact
Name: Address:	Same as Administrative Contact	Name: VIC McLachlan Address: 122 Riverside Dr Bellvue Co 80512
Telephone: Fax: Email:		Telephone: 970 · 881-3425 Eax: officia 970 881-2242 Email:
Authorized Of	ficial	Authorized Official
Name: Address:	Lynn Johnson Director, Sponsored Programs Colorado State University Fort Collins, CO 80523-2002	Name: Address:
Telephone:	970-491-1550	Telephone: Fax: Email:

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adjusted first report ATTACHMENT B $\frac{8}{8} = \frac{1}{2}$ GRANT REPORT/REIMBURSEMENT REQUEST 2003 WSFM COMPETITIVE GRANTS Subaward No. G-536738-009 In order to receive rempluzement, 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. 04 05-11020000 3. Community Protected: frudse Camyon 2. Total Award Amount: 1. Grant Award #: 45000 -010 5. Period of Performance: 4. Make Payment To: From: Name: To: Address: 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.) into only for matching funds for adjusted first Report 8/8/05) 7. Reimbursement Request: 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 to Total Matching Funds amount for the period being billed. Current Period Project to Date Reimbursement Reimbursement Matching Funds Total Costs Matching Funds Total Costs Request Amount Request Amount 00 22852,75 45921,75 2306800 23068 Labor* 72853.73 45921.75 (975 hrs) Material** 2306800 22853.75 45921.75 22853.75 2306800 45921.75 Total Donated time and materials can only be counted towards the matching component. * Use actual costs or \$11.68/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 \$___ 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. Date: 9/12/05 (8/8) Signature: Sta 10. Certification Probe completed by CSFS District): Work meets minimum standards as set forth by CSFS. Date: 1 Signature:

adjusted find	Report OC	over page	D
57 8/8/05	GRANT REPORT/REIMBURSEMENT REQUEST	C 2	
matching frends	2003 WSFM COMPETITIVE GRANTS	Subaward No. G-	

536738-009

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 caunut 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 #: 0000-010 2. Total Award Amount: 45000 - 3. Community Protected: Foudre Canyon 5. Period of Performance: 4. Make Payment To: Name: PC.F.P.D. From: march 1 2005 Address: 122 RIVErside Dr To: august 8 2005 Bellure Co 80512 Atta Vic McLachlan

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

Page # 1 3 plans - 4243, 75 Page # 2 3 plans - 4243, 75 Page # 2 3 plans 1300, 00 Page # 3 6 plans 1465 00 Page # 4 5 plans 9045 00 Page # 5 3 plans. 6800.00 20-Plans 22853, 75 1. Reimbursement Request:

7. Reimbursement Request:

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 to 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*	22853.75	2306800	·	22853,75	23068	45921.73
Material**		(1925 hrs)				
Total	22853.75	2306800	1.5	22853.25	23068 00	45921.75

Donated time and materials can only be counted towards the matching component.

* Use actual costs or \$11.68/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 \$_22,853,75 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: Lynn

Date: august 8 2005

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature:

Date: .

ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST

2003 WSFM COMPETITIVE GRANTS

Subaward No. G-

536738-009

In order to receive reimbursement, you <u>must</u> 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 <u>cannot</u> be used as sources for meeting the cost sharing (matching) provisions. <u>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.</u>

_	04 D G	5 11020000		and a local sector				
1.	Grant Award #:	0102	2. Total Award Amount:	45000	3. Community	Protected:	Poudre	Canyon
4.	Make Payment To:	Poudre Can			<u>1</u> 2	200		,
	Name:	122 River.	yon Fire Dist side Dr	From:	5/1/05			
			6 80512	To:	· · ·			
		ATTN Vie	McLachlan	7	13/05			
	V							

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.)

Page * 1 ~ 2 Plans * 32670 1 - Deleted # 3. Page * 2 4 Plans * 377500 Page * 3 4 Plans * 1715 = Page * 4 4 Plans \$ 4300 = Page * 4 4 Plans \$ 4300 =

7. Reimbursement Request:

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 to Total Matching Funds amount for the period being billed.

		U					
		Current Period		Project to Date			
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	
Labor*	10,116 20	10371.84	20488.54	32970.45	3343984	46410,29	
Material**	, ,	(888 hr:				(
Total	10,116 70	10,371,84	20488,54	32970,45	3343984	66410.29	
** Use actual cos8. Amount Paid to9. I request reimbro	ts or fair market value of CSFS for Products and/ ursement in the amount o	nated or volunteers' time. donated materials, suppli Or Services : \$ f\$C,C is correct and complete a	for the work	completed and docu			
Signature:			Date:				
10. Certification (To be completed by CSF	S District):					
Work meets mit	nimum standards as set fo	orth by CSFS.					
Signature:			Date:				

ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST

2003 WSFM COMPETITIVE GRANTS

Subaward No. G-

536738-009

Page *1

In order to receive reimbursement, you <u>must</u> 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 <u>cannot</u> be used as sources for meeting the cost sharing (matching) provisions. <u>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.</u>

1. Grant Award #: 0102 00002. Total Award Amount:	45,000 3. Community Protected: Poudre Carry on
4. Make Payment To: Poudre Canyon	5. Period of Performance:
Name: 122 River and Side Dr	From: 5/7/05
Address: Bellvine Co 80512	To: 8/31/05
ATTN Vic McLachlan	
	7

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 nlans written. Attach additional sheets as necessary.)

plans written. Attach additional sheets as necessary.) # 1 Jan Hodgson owner Chipper Rental 50/2 Reimbarsonant 18, 90/ # 5945 #2 Carlt Jan Gueswel Fistalled Gutler Guesd \$ 534.50 \$ Contractor Housing Specialist 5/11/05 \$34.50 \$ 267.25 \$ 653.40 5270 \$ 326.70 Deleterd

7. Reimbursement Request:

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 to 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*	32670	327 04 (28hr)	653.74			
Material**						
Total	32670	327 °4 (28hr)	653,74			

** 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 3267° 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: Burg Stitt Date:

10. Certification (To be completed by CSFS District):

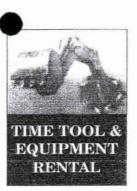
Work meets minimum standards as set forth by CSFS.

Signature:

12/05

We Rent Most Everything

CLEANING • DAMAGE/THEFT • FUEL FLAT TIRES • TIRE DAMAGE • OILS FILTERS • LUBRICATIONS INSURANCE AS SPECIFIED IN TERMS & CONDITIONS OF RENTAL. SEE REVERSE SIDE.



810 N. College Ft. Collins, CO 80524 (970) 221-5515 Fax (970) 221-5517

TERMS: CASH IN ADVANCE

ESTABLISHED OPEN ACCOUNTS ARE DUE AND PAYABLE NET 30 DAYS FROM DATE OF INVOICE. PAST DUE ACCOUNTS BEAR LATE PAYMENT PENALTIES AT 2% PER MON1 \$5.00 MINIMUM.

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RENTAL CONTRACT Misc His is a contract. The back of this document contains important terms and conditions, including lessor's disclaimer from all liability for injury or damage indoces of customer's obligations. These terms and conditions are part of this contract - read them! Important terms and contract of this so fails: 118.9 Equipment does not function properly notify lessor within 30 minutes of contract. Or no allowance will be made. If this is a reservation, a reservation is cancellation fee up to 1/2 the total amount may be charged if teservation is cancellation fee up to 1/2 the soft the scheduled "time and date out." Import of the scheduled o	GTY. ITEM NO. MERCHA	NDISE PURCHASED	MOUNT INTES F	ENTAL UB TOTALS	124.00	~2 ⁴ 8, 56
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RENTAL CONTRACT HIS IS A CONTRACT. THE BACK OF THIS DOCUMENT CONTAINS IMPORTANT TERMS AND DONDITIONS, INCLUDING LESSOR'S DISCLAIMER FROM ALL LIABILITY FOR INJURY OR DAMAGE IND DETAILS OF CUSTOMER'S OBLIGATIONS. THESE TERMS AND CONDITIONS ARE PART OF HIS CONTRACT - READ THEM! FEQUIPMENT DOES NOT FUNCTION PROPERLY NOTIFY LESSOR WITHIN 30 MINUTES OF DOCURRENCE OR NO ALLOWANCE WILL BE MADE. IF THIS IS A RESERVATION, A HESERVATION CANCELLATION FEE UP TO 1/2 THE TOTAL AMOUNT MAY BE CHARGED IF RESERVATION IS CANCELLED WITHIN 72 HOURS OF THE SCHEDULED "TIME AND DATE OUT."						
RENTAL CONTRACT THIS IS A CONTRACT. THE BACK OF THIS DOCUMENT CONTAINS IMPORTANT TERMS AND CONDITIONS, INCLUDING LESSOR'S DISCLAIMER FROM ALL LIABILITY FOR INJURY OR DAMAGE IND DETAILS OF CUSTOMER'S OBLIGATIONS. THESE TERMS AND CONDITIONS ARE PART OF HIS CONTRACT - READ THEM! EQUIPMENT DOES NOT FUNCTION PROPERLY NOTIFY LESSOR WITHIN 30 MINUTES OF CCURRENCE OR NO ALLOWANCE WILL BE MADE. IF THIS IS A RESERVATION, A RESERVATION CANCELLATION FEE UP TO 1/2 THE TOTAL AMOUNT MAY BE CHARGED IF RESERVATION IS CANCELLED WITHIN 72 HOURS OF THE SCHEDULED "TIME AND DATE OUT."						
RENTAL CONTRACT THIS IS A CONTRACT. THE BACK OF THIS DOCUMENT CONTAINS IMPORTANT TERMS AND CONDITIONS, INCLUDING LESSOR'S DISCLAIMER FROM ALL LIABILITY FOR INJURY OR DAMAGE IND DETAILS OF CUSTOMER'S OBLIGATIONS. THESE TERMS AND CONDITIONS ARE PART OF HIS CONTRACT - READ THEM! FEQUIPMENT DOES NOT FUNCTION PROPERLY NOTIFY LESSOR WITHIN 30 MINUTES OF CCCURRENCE OR NO ALLOWANCE WILL BE MADE. IF THIS IS A RESERVATION, A RESERVATION CANCELLATION FEE UP TO 1/2 THE TOTAL AMOUNT MAY BE CHARGED IF RESERVATION IS CANCELLED WITHIN 72 HOURS OF THE SCHEDULED "TIME AND DATE OUT."					135,89	-27, 55
HENTAL CONTRACT THIS IS A CONTRACT. THE BACK OF THIS DOCUMENT CONTAINS IMPORTANT TERMS AND CONDITIONS, INCLUDING LESSOR'S DISCLAIMER FROM ALL LIABILITY FOR INJURY OR DAMAGE AND DETAILS OF CUSTOMER'S OBLIGATIONS. THESE TERMS AND CONDITIONS ARE PART OF THIS CONTRACT - READ THEM! EQUIPMENT DOES NOT FUNCTION PROPERLY NOTIFY LESSOR WITHIN 30 MINUTES OF CCURRENCE OR NO ALLOWANCE WILL BE MADE. IF THIS IS A RESERVATION, A RESERVATION CANCELLATION FEE UP TO 1/2 THE TOTAL AMOUNT MAY BE CHARGED IF RESERVATION IS CANCELLED WITHIN 72 HOURS OF THE SCHEDULED "TIME AND DATE OUT."			Т	AX	월, 신식	-1.87
CONDITIONS, INCLUDING LESSOR'S DISCLAIMER FROM ALL LIABILITY FOR INJURY OR DAMAGE IND DETAILS OF CUSTOMER'S OBLIGATIONS. THESE TERMS AND CONDITIONS ARE PART OF HIS CONTRACT - READ THEM! FEQUIPMENT DOES NOT FUNCTION PROPERLY NOTIFY LESSOR WITHIN 30 MINUTES OF DECOURRENCE OR NO ALLOWANCE WILL BE MADE. IF THIS IS A RESERVATION, A RESERVATION CANCELLATION FEE UP TO 1/2 THE TOTAL AMOUNT MAY BE CHARGED IF RESERVATION IS CANCELLED WITHIN 72 HOURS OF THE SCHEDULED "TIME AND DATE OUT."	RENTA	L CONTRACT	Т	OTAL	148, 32	- <u>25</u> , 42
THIS CONTRACT - READ THEM! AMOUNT PAID THIS TRANSACTION PROPERLY NOTIFY LESSOR WITHIN 30 MINUTES OF EQUIPMENT DOES NOT FUNCTION PROPERLY NOTIFY LESSOR WITHIN 30 MINUTES OF AMOUNT PAID THIS TRANSACTION AMOUNT DUE DECOURRENCE OR NO ALLOWANCE WILL BE MADE. IF THIS IS A RESERVATION, A ESERVATION CANCELLATION FEE UP TO 1/2 THE TOTAL AMOUNT MAY BE CHARGED IF RESERVATION IS CANCELLED WITHIN 72 HOURS OF THE SCHEDULED "TIME AND DATE OUT." DEPOSIT RECEIVED	CONDITIONS, INCLUDING LESSOR'S DISCLA	IMER FROM ALL LIABILITY FOR INJURY OR	DAMAGE	GATERCT TOTAL:	118.90 6011	H 118,90
DCCURRENCE OR NO ALLOWANCE WILL BE MADE. IF THIS IS A RESERVATION, A RESERVATION CANCELLATION FEE UP TO 1/2 THE TOTAL AMOUNT MAY BE CHARGED IF RESERVATION IS CANCELLED WITHIN 72 HOURS OF THE SCHEDULED "TIME AND DATE OUT."	THIS CONTRACT - READ THEM!		1	MOUNT PAID THIS TRANS	ACTION AMOUNT DU	æ0,;⊙;;
RESERVATION IS CANCELLED WITHIN 72 HOURS OF THE SCHEDULED "TIME AND DATE OUT."	OCCURRENCE OR NO ALLOWANCE WILL BE	MADE. IF THIS IS A RESERVATION, A	L			
CERTIFY FULL UNIT A CREETO ALL TERMO OF THE CONTRACT	RESERVATION IS CANCELLED WITHIN 72 HO			POSIŢŖECEIVED	DEPOSIT RE	TURNED

I CERTIFY THAT I HAVE DEALEND AGREE TO ALL TERMS OF THIS CONTRACT.

Bug3 OF SIGNATURE

THIS IS YOUR RENTAL AGREEMENT READ BOTH SIDES BEFORE SIGNING

MUST CALL FOR PICK-UF

The Housing Specialist Jeff Alexander 970-532-3369	
HOME IMPROVEMENT AGREEMENT (Non-negotiable Consumer Paper)	
The undersigned <u>9-12 Jan 66 et u.e.</u> ("Purchaser") hereby requests ("Contractor") to furnish all lat materials necessary to model the property located at:	or and
10500 Pard-e Counting Selline to 80	512
Street City State As described below: Install Logf Relief over Existing Gathers.	Zip
1255 Appex. Changetter were needed	
Perident hun pine trees avoud home	
Reduced Fine fuel around frome + installed	
Sutter guard .	
Bur Stith	
The contract price for the above work is \$ST. SO 	their Flor o
CONTRACTS ARE TO BE SECURED BY A MORTGAGE LIEN THE PURCHASER ACKNOWLEDGES: 1. Contractor is not responsible for pets. 2. You are entitled to an exact copy of the contract you sign.	
 Purchaser agrees that he will, immediately upon completion of the work, sign a Contractor's Completion Cert. & Prom. Contractor assumes no responsibility or liability for payments made to its salesmen, employees or sub-contractors unles are made payable to contractor. Purchaser will supply electricity to perform all necessary work. 	ss checks
6. If the purchaser(s) refuse(s) to complete the purchase as agreed, the purchasers) shall be liable for the entire balance of contract price, due and payable immediately. If The Housing Specialist employees seek legal counsel for the purpose of the terms hereof, purchaser(s) agree to pay all costs of collection, including reasonable attorney fees and court costs.	f the enforcing
ACKNOWLEDGEMENT OF RECEIPT OF DISCLOSURES The undersigned Borrower does herewith acknowledge receipt of the Disclosures contained herein. They further acknowledge	dae that at

the time they received a copy of this statement it was complete and blanks were filled in.

No rebate and/or offer to pay value was given to the purchaser as an inducement for the sale in consideration of the purchaser giving to the salesman names of prospective purchasers for the purpose of referral sales.

This Contract is subject to approval by The Housing Specialist. You the buyer may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. See the attached notice of cancellation for an explanation of this light.

The Housing Specialist	2	
By Coldetty	Approved and Countersigned by	
Customer Date S/11/05	Customer	Date

NOTICE OF CANCELLATION

You may cancel this transaction, without any penalty or obligation within 3 business days from the above date. If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instruments executed by you will be returned within 10 business days following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be canceled. If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract of sale: or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk. If you do make the goods available to the seller and the seller does not nick them up within 20 days of the date of your paties of appropriate and the seller does not nick them up within 20 days of the date of your paties of appropriate and the seller does not nick them up within 20 days of the date of your paties of appropriate and the seller does not nick them up within 20 days of the date of your paties of appropriate and the seller does not nick them up within 20 days of the date of your paties of appropriate and the seller does not nick them up within 20 days of the date of your paties of appropriate and the seller does not nick them up within 20 days of the date of your paties of appropriate and the seller does not nick them the within 20 days of the date of your paties of appropriate and the seller does not nick them to within 20 days of the date of your paties of appropriate and the seller does not nick them to within 20 days of the date of your paties of appropriate and the seller does not nick them to within 20 days of the date of your paties of appropriate and the seller date of your paties of your paties of appropriate and the seller does not nick them to within 20 days of the date of your paties of appropriate and the seller dates of your paties of your paties

ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST

2003 WSFM COMPETITIVE GRANTS

Subaward No. G-536738-009

fage 2

In order to receive reimbursement, you <u>must</u> 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 <u>cannot</u> be used as sources for meeting the cost sharing (matching) provisions. <u>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.</u>

. Grant Award #:		2. Total Award Amount:	45,000	3. Community Protected:	Paudre	Carry or
. Make Payment To:	Poudre	Canyon Fire	5. Period of Per			\mathcal{V}
Name:		Conyon Fire rside Dr	From:	8-6-05		
Address:	Bellvne	Co 80512	To:	8-16-05		
	ANNI	Me hach lan		-		

plans written. Attach additional sheets as necessary.) #4 - Bob Zalman Contractor Fire Ready Defensible space Remere deal thear +Trim + Breach removel. # 325.75 #5 Tim Anderson Fire Ready Make Safe driveway lane "/4 mile long Remove dead brush + Thees chip Slash # 1150.00 #6 Dain Dewey Chip Slash piles - Reduce fuel Bad 50. enyd #7 Holly Haynes develope Defensible space # 1000= Remove deal Their thim brush + Chip Slash 1300= 25 enyd.

7. Reimbursement Request:

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 to 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*	377500	384272 329	7617.72			
Material**			(tetters)			
Total	377500	384272 (329)	761772			

Donated time and materials can only be counted towards the matching component.

* Use actual costs or \$11.68/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 \$ 377.5 ²²² 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: Buy Stith

Date: 9/9/05

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature:





Fire Ready of Fort Collins 5201 Greenvlew Drive Fort Collins, CO 80525 481 Telephone: 970-**328**-0814 Email: fortcollins@fireready.com

Maintenance

Consultant:	Quotation for W	ork 8/6/0	5
Client Information	How did Client hear of Fire Ready	?	
Name Boly Zalman PCFPD	Property Address 42251 Pc Hwy	Ť	elephone 402 462-9550
Deposit Amount/Check Number	Mailing Address 565 Rugtic Rol		
Work to be Performed Trim Trim up conifies diad Aspin be roses in from t	along drive + hind shell as w outhouse.	around sh ell. Clean	out wild
Rate Fixed D 2-21/2 high	275-325	Climbing Fees 🗆	Total Price: 8325
assumes no responsibility for losses associa Should Fire Ready be unable to complete the performed to time of work stoppage. Payment is due upon completion of job. Lat Client is responsible for marking property bo Client is responsible for any permits or author Fire Ready is insured. Please contact our off This quote is good for ninety (90) days. Plea Each Branch Office is independently owned i Client holds harmless Fire Ready of Fort Coll	e job due to conditions beyond our control, to include e charges are 18% per annum. undaries, septic systems, and any other special area rizations for work if required (with Homeowner's Ass- ice for certificates of insurance. se let us know as soon as possible If you want this wo and operated. Ins and Fire Ready, Inc. from all bodily injuries and p	e acts of God, Client agrees to pay mo is of concern. ociations, etc). ork done.	bbilization costs and all work
Ready office use only	Printed Name	Service Dates	Date
Directions		Reaso	D Spraying When Ons Quantity
TimePlace		Discounts Total Price	
Equipment/Notes		Less Deposit	Off-schedule

Total Invoice -



Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 481 Telephone: 970-**418**-0814 Email: fortcollins@fireready.com

□ Maintenance

Belvue,	Telep	
Deposit Amount/Check Number Mailing Address 565	12-stir 12d Sched	
Belvue,		
Work to be Reformed		uling Date(s) 8 - 14 - 05
Work to be Bertormed Clean Up says of along dissure and clean aut doud clump	- 1 advie (5. 1 12a.)	file viek
Rate × Fixed □	Climbing Fees 🗆	Total Price:
Stipulations • While mitigation work increases the chances of your home surviving a wildfire, it is no guarant assumes no responsibility for losses associated with wildfire. • Should Fire Ready be unable to complete the job due to conditions beyond our control, to incle performed to time of work stoppage. • Payment is due upon completion of job. Late charges are 18% per annum. • Client is responsible for marking property boundaries, septic systems, and any other special a • Client is responsible for any permits or authorizations for work if required (with Homeowner's J • Fire Ready is insured. Please contact our office for certificates of insurance. • This quote is good for ninety (90) days. Please let us know as soon as possible if you want this • Each Branch Office is independently owned and operated. • Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and the second secon	ude acts of God, Client agrees to pay mobilizat reas of concern. Associations, etc). work done.	
re Ready office use only ed Directions	Service Dates	Future Work
ng TimePlace	D Total Price	More Mitigation Needed Crew Days

Total Invoice -



Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 48/ Telephone: 970-996-0814 Email: fortcollins@fireready.com

Consultant:	Quotation for Work	K 8-16 -	05
Client Information	How did Client hear of Fire Ready?		
Name Den Dewoy P.C.F.P.D.	Property Address (6627 67 686		Telephone
Deposit Amount/Check Number	Mailing Address 565 Ros Brill ve	10 80512	Scheduling Date(s) 8 - 1 5
Work to be Performed Chiplange	slash piles	5 6100-	I property
Rate x Fixed D AllOO an hour	10 his	Climbing Fees 🗔	Total Price:
 While mitigation work increases the chances of you assumes no responsibility for losses associated with Should Fire Ready be unable to complete the job duperformed to time of work stoppage. Payment is due upon completion of job. Late charge Client is responsible for marking property boundari Client is responsible for any permits or authorizatio Fire Ready is insured. Please contact our office for This quote is good for ninety (90) days. Please let u Each Branch Office is independently owned and opper Client holds harmless Fire Ready of Fort Collins and 	ch wildfire. ue to conditions beyond our control, to include act tes are 18% per annum. es, septic-systems, and any other special areas of ns for work if required (with Homeowner's Associa certificates of insurance. Is know as soon as possible if you want this work d erated. I Fire Ready, Inc. from all bodily injuries and prope	ts of God, Client agrees to pay i concern. tions, etc). ione.	
e Ready office use only d Directions g TimePlace Equipment/Notes		rvice Dates Rea Added Charges Discounts tal Price ss Deposit	More Mitigation Needed Crew Days Off-schedule
	То	tal Invoice	Maintenance



Special Equipment/Notes



Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

481 Telephone: 970-448-0814 Email: fortcollins@fireready.com

□ Off-schedule

□ Maintenance

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Consultant:	Quotation fo	r Work Date: 5-16-0	5
Client Information	How did Client hear of Fire Ri	eady?	
Name Holly Haynes Jim Olson DCFRD	Property Address 42125 Pc H	wy	Telephone
Deposit Amount/Check Number	Mailing Address 4 6 5	10 80512	Scheduling Date(s)
Work to be Performed Masse 1: Multing died 1: Multing died 1: Multing pilles 0: Multing died 0: Multing	from around hop and scrap wo	et building marchip. H ad tu dump	Remains and Across of a taul 2 loads
Rate Fixed D 1 day plug 2	Junping	Climbing Fees 🗆	Total Price: 1300
 assumes no responsibility for losses assoc Should Fire Ready be unable to complete the performed to time of work stoppage. Payment is due upon completion of job. La Client is responsible for marking property I Client is responsible for any permits or autoria Fire Ready is insured. Please contact our of This quote is good for ninety (90) days. Pie Each Branch Office is independently owned 	he job due to conditions beyond our control, to it ate changes are 18% per annum. boundaries, septic systems, and any other specia horizations for work if required (with Homeowner office for certificates of insurance. ase let us know as soon as possible if you want t d and operated. Illins and Fire Ready, tnc. from all bodily injuries	nclude acts of God, Client agrees to pay m al areas of concern. 's Associations, etc). this work done. and property loss.	
Ready office use only d Directions		Service Dates	Future Work
TimePlace		Reas Added Charges Discounts Discounts	Quantity
Equipment (Notes		Total Price	

Less Deposit -

Total Invoice -

ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST

2003 WSFM COMPETITIVE GRANTS

536738-009

Page 3

Subaward No. G-

In order to receive reimbursement, you <u>must</u> 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 <u>cannot</u> be used as sources for meeting the cost sharing (matching) provisions. <u>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.</u>

04-DE-11020000-0102

 1. Grant Award #:
 2. Total Award Amount: 45,000
 3. Community Protected: Poudre Canyon

 4. Make Payment To: Poudre Canyon Fire Dist
 5. Period of Performance:
 2005

 Name:
 122 Riverside Dr
 From:
 8/22/2005

 Address:
 Bellivine Co
 80512
 To:
 8/31/2005

 ATTN Vic Meladdan 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

numbers such as acres treated, numbers of detensible spaces, tons of cubic feet of yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.) # B Jim Schroeder Renove 1- dead insect infected P-Pine. (control Insect) # G marvin mager Reduce fuel load along drive would \$25000 Remove 7- hayand ynees # 10 Troding Post out dead aspen + created Slash Pilet 18002 15-18 cup # 11 Jerry Adking Remove 16 Junifler These Reduce fuel load for defensible ypare

7. Reimbursement Request:

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 to Total Matching Funds amount for the period being billed.

				•	and the second se	
		Current Period		Project to Date		
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs
Labor*	171500	1798 12 (154)	3513-72			
Material**						
Total	171500	17.9872 (154)	3513,72			
* Use actual cos	sts or \$11.68/hour for do	inted towards the matching nated or volunteers' time. donated materials, supplie		ĉ.		
Amount Paid to	CSFS for Products and/	Or Services : \$				
9. I request reimbu pest of my knowled locuments.	ursement in the amount o dge and belief this report	is correct and complete an	that all outlays rep	ported are for the pur	umented above. I ce poses set forth in the	
Signature:	Burg Hith		Date: 9/12/0	25		

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature:

Date:



4



Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

Telephone: 970-418-0814 Email: fortcollins@fireready.com

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Consultant:	Tom Quotation for Work Date:	8-5
Client Information	How did Client hear of Fire Ready?	
Name Jimi Nancy Schroeder	Property Address 154 Crawn Pt DV.	Telephone 881-2766
DCFPD Deposit Amount/Check Number	Mailing Address	Scheduling Date(s)
Work to be Performed Prover this large with	Pordirosis along back	of property and the river.
Rate X Fixed = Ginard C h	Climbing Fi	Total Price:
 assumes no responsibility for losses associa Should Fire Ready be unable to complete the performed to time of work stoppage. Payment is due upon completion of job. Late Client is responsible for marking property bo Client is responsible for any permits or author Fire Ready is insured. Please contact our off This quote is good for ninety (90) days. Please Each Branch Office is independently owned a Client holds harmless Fire Ready of Fort Colli 	e job due to conditions beyond our control, to include acts of God, Cli e charges are 18% per annum. undaries, septic systems, and any other special areas of concern. rizations for work if required (with Homeowner's Associations, etc). ice for certificates of insurance. se let us know as soon as possible if you want this work done. and operated. ns and Fire Ready, Inc. from all bodily injuries and property loss.	ent agrees to pay mobilization costs and all work
Client Signature 33 Shite	Printed Name	Date
Fire Ready office use only iled Directions		es Future Work □ Spraying When Reasons Quantity
ting TimePlace		More Mitigation Needed
ial Equipment/Notes		Crew Days
a symptony notos	Less Depo	sit Off-schedule
	Total Invoi	

FIRE READY

9

Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 481 Telephone: 970,418-0814 Email: fortcollins@fireready.com

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Consultant: Tony	Quotation for Work	2/28
Client Information	How did Client hear of Fire Ready?	
Name Marvin Magee PCFDD	Property Address 42088 Pc Hwy	Telephone BBJ2364
Deposit Amount/Check Number	Mailing Address 565 Rustic Red Belluw, 10 80512	Scheduling Date(s)
Work to be Performed Bring down Cutup Fire wood	5-7 hozarduus tr and stack for Maru	and Heles.
Rate Fixed	Climbing Fees	Total Price: 250
 assumes no responsibility for losses associated with Should Fire Ready be unable to complete the job du performed to time of work stoppage. Payment is due upon completion of job. Late charg Client is responsible for marking property boundarie Client is responsible for any permits or authorization Fire Ready is insured. Please contact our office for This quote is good for ninety (90) days. Please let u Each Branch Office Is independently owned and opendential of the second second	e to conditions beyond our control, to include acts of God, Client a es are 18% per annum. es, septic systems, and any other special areas of concern. ns for work if required (with Homeowner's Associations, etc). certificates of insurance. s know as soon as possible if you want this work done.	agrees to pay mobilization costs and all work
e Ready office use only and a second se	□ Added Charge □ Discounts → □ → Total Price → Less Deposit	More Mitigation Needed Crew Days Off-schedule



Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 Telephone: 970-918-0814 Email: fortcollins@fireready.com

Quotation for Work Date: 08/28/05 100 Consultant: **Client Information** How did Client hear of Fire Ready? Name PCFPD Telephone **Property Address** Tradins Post SUSON BROWN Mailing Address 565 Rustic Rel Deposit Amount/Check Number Scheduling Date(s) Belluve, 10 80512 Work to be Performed Chip slash piles along road. Rate 🗙 Fixed Climbing Fees **Total Price:** Zhrse \$ 100 an hour 80 Stipulations . While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire. . Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage. Payment is due upon completion of job. Late charges are 18% per annum. Client is responsible for marking property boundaries, septic systems, and any other special areas of concern. Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc). Fire Ready is insured. Please contact our office for certificates of Insurance. This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done. Each Branch Office is independently owned and operated. Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss. Burn Still Date 8/31/05 suth Client Signature Printed Name For Fire Ready office use only Service Dates **Future Work** Detailed Directions □ Spraying When Reasons Quantity Added Charges Discounts _ Ο. □ More Mitigation Needed Meeting Time ____ _Place Crew Days Total Price Special Equipment/Notes □ Off-schedule Less Deposit _ □ Maintenance Total Invoice -



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FIRE READY

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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

48 Telephone: 970-**4**8-0814 Email: fortcollins@fireready.com

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Maintenance

Consultant: 10~	Quotation for Wo	Date: 8-25	
Client Information	How did Client hear of Fire Ready		
Name Jerry Atking	Property Address 144 Rustic Rd	×* .	Telephone 970 522 -0981
BCFPP_ Deposit Amount/Check Number PCVFIP -	Mailing Address J 565 Rustic Re J Beilve, CD 804	?.d 5 1 Z	Scheduling Date(s)
Work to be Performed Removal of (15) a front of proper- home owners to		into pile perty	
Rate + Fixed D 3/4 day		Climbing Fees 🗆	Total Price: 960
 assumes no responsibility for losses associated Should Fire Ready be unable to complete the jor performed to time of work stoppage. Payment is due upon completion of job. Late c Client is responsible for marking property boun Client is responsible for any permits or authoriz Fire Ready is insured. Please contact our office This quote is good for ninety (90) days. Please Each Branch Office is independently owned and 	bb due to conditions beyond our control, to include harges are 18% per annum. daries, septic systems, and any other special area ations for work if required (with Homeowner's Asso for certificates of insurance. let us know as soon as possible if you want this wo d operated. and Fire Ready, Inc. from all bodily injuries and pr	acts of God, Client agrees to pay a of concern. clations, etc), k done.	
Ready office use only		Service Dates	Future Work
d Directions		Added Charges Discounts	
g TimePlace			Crew Days
Equipment/Notes	1	Total Price	Off-schedule

Total Invoice -

ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST

2003 WSFM COMPETITIVE GRANTS

Subaward No. G-536738-009

Page 7

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 #: 09	0102 2. Total Award Amount:	45,000-	3. Community Protected:	Poudre	Canyon
4. Make Payment To:	Poudre Canyon Fine 122 Riverside Dr	5. Period of Perfo	ormance:		/
Name:	122 Riverside Dr	From: 9/	1.105		
Address:	Bellune Co 80512	To: 9/	13/05		
	ATTN Vic MeLachten				

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

numbers such as acres treated, numbers of defensible space, while the or parts of dead them \$3450° plans written. Attach additional sheets as necessary.) #12 Mary Biggers Make defensible space on lot konne dead them \$3450° Cat Brust. Chips Stock lot size 1.5 acets... #13 Charlie morgon - make defensible space for home building on 35 acets. #14 Jane abh: H. Remove dead these chips tack \$2300.00 Cabin on 200 acets. Jim Sell make defensible space around home on 2 aren \$207500 %

7. Reimbursement Request:

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 to 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*	4300	440336	8703.36				
Material**		(377 hrs)					
Total	4300	440336	8703.36				
* Use actual cost	ts or \$11.68/hour for don	ated towards the matching ated or volunteers' time. donated materials, supplie		e.	8. 1.		
Amount Paid to	CSFS for Products and/C	r Services : \$					
. I request reimbu	rsement in the amount of	s 4300-	for the worl	k completed and doci	umented above. I cer	rtify 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: 9/12/05

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature:

Date: .



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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

Quotation for Work

Telephone: 970-448-0814 Email: fortcollins@fireready.com

Consultant: Date: **Client Information** How did Client hear of Fire Ready? Name PCFPD Property Address Telephone 6641 8 C Hay 1.11-1.170 Mary B'sgirs Mailing Address Deposit Amount/Check Number Scheduling Date(s) Set Eurore Rol 10 90510 Work to be Performed PRINE AND Miligation Ground show sold and here at frame Costinue Harry Brooking. fill wood Rate Fixed 🗆 Climbing Fees Total Price: 3 dain (01100 3450 Stipulations . While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire. . Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage. . Payment is due upon completion of job. Late charges are 18% per annum. . Client is responsible for marking property boundaries, septic systems, and any other special areas of concern. . Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc). . Fire Ready is insured. Please contact our office for certificates of insurance. . This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done. . Each Branch Office is independently owned and operated. Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss. 5472 StiTh -32-Acres Date 1/1 **Client Signature** Printed Name For Fire Ready office use only Service Dates **Future Work Detailed Directions** □ Spraying

When Reasons Ouantity Added Charges . Discounts . More Mitigation Needed Meeting Time Place Crew Days ____ Total Price -Special Equipment/Notes Off-schedule Less Deposit _ Maintenance Total Invoice ____



Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 Telephone: 970.418-0814 Email: fortcollins@fireready.com

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Consultant:	Quotation for Work	- 2 5
Client Information	How did Client hear of Fire Ready?	
Name PCFPD	Property Address	Telephone
Charlie Maryon	min 14 and Dar & cope	881 - 24/80
Deposit Amount/Check Number	Mailing Address	Scheduling Date(s)
	Sing Roma 28	
Work to be Performed Re Fire al deud tries be stacked by	moradina projekt 5 Rom fire, coace fire Libila fragila roman	ing during wordt with wing staaks
Rate & Fixed D Z. du/G	Climbing Fees D	Total Price:
 assumes no responsibility for losses associated Should Fire Ready be unable to complete the joperformed to time of work stoppage. Payment is due upon completion of job. Late click click is responsible for marking property boun Client is responsible for any permits or authoriz Fire Ready is insured. Please contact our office This quote is good for ninety (90) days. Please 	b due to conditions beyond our control, to include acts of God, Client agrees to pay r harges are 18% per annum. daries, septic systems, and any other special areas of concern, ations for work if required (with Homeowner's Associations, etc). for certificates of insurance. let us know as soon as possible If you want this work done.	
Each Branch Office Is independently owned and Client holds harmless Fire Ready of Fort Collins	l operated. and Fire Ready, Inc. from all bodily injuries and property loss.	
Sug 3 Storm.	Printed Name	
e Ready office use only d Directions	Service Dates	Future Work
	Reas Added Charges	Sons Quantity
g TimePlace	¤	More Mitigation Need
Equipment/Notes	Total Price	Crew Days
	Less Deposit	Off-schedule
	Total Invoice	Maintenance

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Special Equipment/Notes

Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

481 Telephone: 970-4/8-0814 Email: fortcollins@fireready.com

Consultant:	Quotation for Work Date:	-7-05
Client Information	How did Client hear of Fire Ready?	
Name Jane Abbott DOPFD	Property Address 33501 PCH-V	Telephone
Deposit Amount/Check Number	Mailing Address PCUFD 565 Rustic Rd	Scheduling Date(s)
This cholds ch This remaining Weed where King, + Rate X Fixed D Shrg Stipulations	evices from around how druct from trans o thirring - Sood yarc Climbing Fees	l clean up.
 While mitigation work increases the chances in assumes no responsibility for losses associate Should Fire Ready be unable to complete the performed to time of work stoppage. Payment is due upon completion of job. Late Client is responsible for marking property bout Client is responsible for any permits or author Fire Ready is insured. Please contact our offic This quote is good for ninety (90) days. Please Each Branch Office is independently owned and 	job due to conditions beyond our control, to include acts of God, Client i charges are 18% per annum. ndaries, septic systems, and any other special areas of concern. izations for work if required (with Homeowner's Associations, etc). se for certificates of insurance. e let us know as soon as possible if you want this work done.	agrees to pay mobilization costs and all work
Ready office use only Directions	Service Dates	Future Work

Less Deposit _

Total Invoice -

Off-schedule

Maintenance





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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 457 -Telephone: 970-**448**-0814 Email: fortcollins@fireready.com

□ Maintenance

Quotation for Work 13 Date: Consultant: **Client Information** How did Client hear of Fire Ready? Property Address 504 Rustic Rd Name Telephone 266-9147 Jim Sell Mailing Address 565 R-stic Red to 80512 Scheduling Date(s) Deposit Amount/Check Number Work to be Performed Prune large cotton would & front and side of home. Chip large glash piles on property. Clear choke charries around Aspins on back of home. 13/4-2 days whelinding fees Rate J- Fixed 🗆 Climbing Fees **Total Price:** Stipulations . While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire. Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage. Payment is due upon completion of job. Late charges are 18% per annum. Client is responsible for marking property boundaries, septic systems, and any other special areas of concern. Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc). Fire Ready is insured. Please contact our office for certificates of insurance. This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done. Each Branch Office is independently owned and operated. Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss. Juzz Still Juz Atoth 91,3/05 Client Signature Printed Name For Fire Ready office use only Service Dates **Future Work Detailed Directions** □ Spraying When Reasons Ouantity Added Charges -Discounts _ Π. □ More Mitigation Needed Meeting Time Place Crew Days Total Price -Special Equipment/Notes □ Off-schedule Less Deposit ____

Total Invoice -----

2004 Western States Wildland Urban Interface Program

	State information for: CSFS District or Unit:				
	State Contact:	District/Unit priority for this application:	1		
	Name:	Da∨e Farmer	C		
	Address:	Colorado State Forest Service			
1		Foothills Campus, Building 1052			
		Ft. Collins, CO 80523			
	Phone:	970 491-8660			
	E-Mail:	dfarmer@lamar.colostate.edu			

FILE

		Applicant Information		
	Applicant Name:	Poudre Canyon Fire Protection District		
	Contact Person:	Bette Blinde		
2	Address:	6004 CR 68C		
2		Red Feather Lakes, CO 80545		
	Phone:	970 881-2902		
	Fax:	970 881-2587 call first		
	E-Mail:	bjb333@aol.com		

	Community Inform	ation
	Community Name: Poudre Canyon - Poudre Park, Rusti	
	County: Larimer C	ongressional District:
	Impacted Population: 1500 No	. of Homes Impacted:
	What organization in the community is providing leadership f	or the project
	Homeowners Association	
	Fire Department or Protection District Poudre Cany	on Fire Protection District
	Local Government	
	County Government:	
3	Corporation	
	Private Individual	
	Threat Description	
	Homes: 590	
	Businesses: 35	
	Watersheds (community drinking water): 2	
	Infrastructure: 6	
	Economic Viability: x	
	(Check what is threatened)	

	TO BE FILLED IN BY S	TATE OFFICE
1001.0		
Condition Clas		isk** Interface
4 Condition Clas		Interface

In succession of the second	
Condition Class 3 Moderate *10 year Strategy Definitions **State Assessment	Occluded Rural ***WSFM I

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	Project Su	ummary	nmary		
	Primary Project Type	Un	its of Measure		
	Y or N	Number	Unit		
	Assessment/Scoping: x	75	miles		
	Planning: x	75	miles		
	Information/Education: x	1500			
	Implementation/Treatment: x	35	residences		
	Monitoring/Evaluation: x	35	residences		
			(To Report)		
			L		
	Is this a continuing project from previous y	/ear/s:	Yes N		
How will you mitigate the threats checked in Block 3? We will provide information to residences living in the area via newletter and community me encourage them to develop and implement mitigation plan for their area. We will continue to financial assistance to help residents remove trees that are difficult or dangerous for individ remove. We will also contract to mitigate access roads and lanes that we have determined hazardous from assessment done in 2003. We discovered that residents prefer to chip their because over the last few years the weather has not lent itself to providing good times to b					
	We will provide information to residences living in the encourage them to develop and implement mitigation p financial assistance to help residents remove trees th remove. We will also contract to mitigate access road hazardous from assessment done in 2003. We discov because over the last few years the weather has not	blan for their area at are difficult or Is and lanes that vered that reside	a. We will continue to dangerous for indiv t we have determine ents prefer to chip the		
	We will provide information to residences living in the encourage them to develop and implement mitigation p financial assistance to help residents remove trees th remove. We will also contract to mitigate access road hazardous from assessment done in 2003. We discov because over the last few years the weather has not are encouraging residents to chip slash.	blan for their area at are difficult or Is and lanes that vered that reside lent itself to prov	a. We will continue to r dangerous for indiv t we have determine ents prefer to chip the viding good times to		
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	We will provide information to residences living in the encourage them to develop and implement mitigation p financial assistance to help residents remove trees th remove. We will also contract to mitigate access road hazardous from assessment done in 2003. We discov because over the last few years the weather has not are encouraging residents to chip slash. Give a brief description of the project steps and activi 1. Outline steps and establish who is responsible for in inform residents of program and encourage enrollment current chippers. 4. Develop on-going educational effor with volunteers to help neighbors who need assistanc Time-line for meeting the steps listed above. Include n	blan for their area at are difficult or is and lanes that vered that reside lent itself to prov ties to achieve of mplementation of t. 3. Order two cl ort on fire preven e. 6. Saw, saw,	a. We will continue to r dangerous for indivi- t we have determine ents prefer to chip the viding good times to objectives. In grant. 2. Send out hippers and do main nation and fire mitigati saw. 7. Chip, chip, c		
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	We will provide information to residences living in the encourage them to develop and implement mitigation p financial assistance to help residents remove trees th remove. We will also contract to mitigate access road hazardous from assessment done in 2003. We discov because over the last few years the weather has not are encouraging residents to chip slash. Give a brief description of the project steps and activi 1. Outline steps and establish who is responsible for in inform residents of program and encourage enrollment current chippers. 4. Develop on-going educational effor with volunteers to help neighbors who need assistanc Time-line for meeting the steps listed above. Include n date. Month 1 - outline steps and establish who is responsib	blan for their area at are difficult or is and lanes that vered that reside lent itself to prov ties to achieve of mplementation or t. 3. Order two cl ort on fire preven e. 6. Saw, saw, major milestones,	a. We will continue to r dangerous for indivi- t we have determine ents prefer to chip the viding good times to objectives. of grant. 2. Send out hippers and do main hition and fire mitigati saw. 7. Chip, chip, c , accomplishments a		
	We will provide information to residences living in the encourage them to develop and implement mitigation p financial assistance to help residents remove trees th remove. We will also contract to mitigate access road hazardous from assessment done in 2003. We discov because over the last few years the weather has not are encouraging residents to chip slash. Give a brief description of the project steps and activi 1. Outline steps and establish who is responsible for in inform residents of program and encourage enrollment current chippers. 4. Develop on-going educational effor with volunteers to help neighbors who need assistanc Time-line for meeting the steps listed above. Include n date.	blan for their area at are difficult or is and lanes that vered that reside lent itself to prov ties to achieve of mplementation of t. 3. Order two cl ort on fire preven e. 6. Saw, saw, major milestones, ole for implement sletter and find c	a. We will continue to r dangerous for indivi- t we have determine ents prefer to chip the viding good times to objectives. If grant. 2. Send out hippers and do main nation and fire mitigati saw. 7. Chip, chip, co , accomplishments a tation of grant; order contractors to work w		

	Contributors
	Name the private, local, tribal, state, and/or federal organizations that are contributing or partic
6	getting the project done.
0	Poudre Canyon Fire Protection District, Larimer County Sheriff, Poudre Fire Authority, Larime
	Wildland Fire Coordinator, ColoraodState Forest Service

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	Estimated Total Project Cost				
	Estimate the total cost of completing the project. Include all funds (federal, state, local, priv				
7	actual dollars and the value of gifts, supplies, materials, volunteered services, or in-kind match				
	\$_\$105,000				

	Project Revenue (How will be project be funded?)					
	Grant Request (List Below)	Other Funds (List Source in columns to right)	1			
		Dollars (Hard Match)	\$5,000			
8	\$50,000					
		In-Kind (Soft Match)	\$50,000			
		Total Match	\$55,000			
	Application	will be disqualified with insufficient match	identified (Federal do	llars do not qualify)		

	Project Expense (How will funds be spent?)					
	(List Source in columns to right)	Grant	Residents	District	Volunteers	
9	Cooperators Salary/ Wages/Benefits					
	Operating Expenses					
	Contractual Services	\$50,000	\$39,000	\$8,000	\$8,000	
	Capital Expenses					
	Indirect Costs					
	Total	\$50,000	\$39,000	\$8,000	\$8,000	

Additional Comments

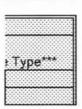
This is the second year of our mitigation work. It is an on-going process for homeowners and v found that because of limited space, chipping works better for most of the homeowner than tak slash to a community slash pile. Thus we want to expand the chipping program. We will continu provide assistance to the elderly residents of our community and assist them to do mitigation.

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	Total
\$1	05,000
\$1	05,000

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2004 Western States Wildland Urban Interface

Grant Program

ATTACHMENT A

_		State information for: Fort Collins	and the second
	State Contact:	CO-7-FC-2	
	Name:	Dave Farmer Project # - 009	
	Address:	Colorado State Forest Service	
1		Foothills Campus, Building 1052	
		Ft. Collins, CO 80523	
	Phone:	970 491-8660	
	E-Mail:	dfarmer@lamar.colostate.edu	

		Applicant Information	
	Applicant Name:	Poudre Canyon Fire Protection District	
	Contact Person:	Bette Blinde	
2	Address:	6004 CR 68C	
2		Red Feather Lakes, CO 80545	
	Phone:	970 881-2902	
	Fax:	970 881-2587 call first	
	E-Mail:	bjb333@aol.com	

	Community Info	rmation
	Community Name: Poudre Canyon - Poudre Park, F	Rustic, Poudre City
	County: Larimer	Congressional District: 4
	Impacted Population: 1500	lo. of Homes Impacted: 590
	What organization in the community is providing leader	ship for the project
	Homeowners Association	
	Fire Department or Protection District Poudre C	anyon Fire Protection District
	Local Government	
	County Government:	
3	Corporation	
	Private Individual	
	Threat Description	
	Homes: 590	
	Businesses: 35	5
	Watersheds (community drinking water):	2
	Infrastructure:	3
	Economic Viability: x]
100 A 40	(Check what is threatened)	

	TOBEFIL	LED IN BY STATE OFFICE	
	Wildland Condition	Risk	Interface Type ***
	Condition Class 1	Very High	Intermix and the second
	Condition Class 2	High	Interface interface
	Condition Class 3	Moderate	Occluded
			Rural
运行在国际的 任	*10 year Strategy Definitions	**State Assessment	***WSFM Definitions

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	Primary Project Type Y or N Assessment/Scoping: x Planning: x Information/Education: x Implementation/Treatment: x	Units Number 75 75 1500	of Measure Unit miles miles	1
	Assessment/Scoping: x Planning: x Information/Education: x Implementation/Treatment: x	75 75	miles]
	Planning: x Information/Education: x Implementation/Treatment: x	75		
	Information/Education: x Implementation/Treatment: x			1
	Implementation/Treatment: x		people	1
100 (100 - 100) 		35	residences	1
	Monitoring/Evaluation: x	35	residences	1
		(T	o Report)	
	Project Description: Continuation of mitigation we	ork in the Poudre Ca	anyon area.	,
5 25 5	Is this a continuing project from previou	s year/s:	es N]
5	How will you mitigate the threats checked in Block We will provide information to residences living in t and encourage them to develop and implement mit provide financial assistance to help residents remo individuals to remove. We will also contract to mitig determined were hazardous from assessment done chip their slash and because over the last few year	he area via newlette tigation plan for their ve trees that are diff ate access roads ar e in 2003. We disco	r area. We will contin ficult or dangerous f nd lanes that we hav vered that residents	nue to or ve prefer
	times to burn slash, we are encouraging residents			
	Give a brief description of the project steps and act			
	1. Outline steps and establish who is responsible for		-	newlette
	and inform residents of program and encourage en			
	maintenance of current chippers. 4. Develop on-go			
	mitigation. 5. Work with volunteers to help neighbor Time-line for meeting the steps listed above. Includ			
	completion date.	e major miestories,	accomplishments a	DIR
	Month 1 - outline steps and establish who is respor	sible for implement	ation of grant: order	chipper
	do maintenance on old chippers. Month 2 - send ou			
	residents. Month 3-8 - mitigation work and hold edu			
	help residents. Month 9 - evaluation and reporting.			

Name the private, local, tribal, state, and/or federal organizations that are contributing or participating in getting the project done.
 Poudre Canyon Fire Protection District, Larimer County Sheriff, Poudre Fire Authority, Larimer County Wildland Fire Coordinator, ColoraodState Forest Service

7	Estimated Total Project Cost
	Estimate the total cost of completing the project. Include all funds (federal, state, local, private, both
	actual dollars and the value of gifts, supplies, materials, volunteered services, or in-kind match):
	\$_\$105,000

			Project Revenue (How will be	project be funded	1?)	
Maria		Grant Request (List Below)	Other Funds (List Source in columns to right)			
	1.2.2.		Dollars (Hard Match)	\$5,000		
	8	\$50,000			-	
A. C.	1.12		In-Kind (Soft Match)	\$50,000		
	<i>*</i> .		Total Match	\$55,000		
		Application wi	I be disqualified with insufficient match	identified (Federal d	Iollars do not qualify)	

	ent?)						
	(List Source in columns to right)	Grant	Residents	District	Volunteers		Total
	Cooperators Salary/ Wages/Benefits						
	Operating Expenses						
9	Contractual Services	\$50,000	\$39,000	\$8,000	\$8,000		\$105,000
		45000	RH 6/22	(a)			
	Capital Expenses						
	Indirect Costs						
	Total	\$50,000	\$39,000	\$8,000	\$8,000		\$105,000

45000 RH 6/23/04

 Additional Comments

 This is the second year of our mitigation work. It is an on-going process for homeowners and we have found that because of limited space, chipping works better for most of the homeowner than take the slash to a community slash pile. Thus we want to expand the chipping program. We will continue to provide assistance to the elderly residents of our community and assist them to do mitigation.

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 Orolitatis (Hand Match)
 \$0,000

 852.000
 8.400

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Emergency Medical & Fire

Dist Copy 8/15/05

POUDRE CANYON FIRE PROTECTION DISTRICT P.O. Box 364 LAPORTE, CO 80535

> total Ac = 20.25 18 05 (9Ac) 11.25 Thraning Acres

August 8, 2005

Kathy Frasier Colorado State University Sponsored Programs

Subject: Request for grant payment Sub # 536738-009

Page # A Cover page # B Subaward A gr

B Subaward Agreement copy

#C Attach,ment C copy

#D Summary Request Attachment B copy

- #1 Attachment B 3 plans
- # 2 Attachment B 3 plans
- # 3 Attachment B 6 plans
- # 4 Attachment B 5 plans
- # 5 Attachment B 3 plans

Total Plans 20 Request \$ 22,853.75

Respectively Subbmitted:

Buzz Stith

P.C.F.P.D. Grant mitigation coordinator.

	Suba	ward Agre	ement	
Institution/Organ	ization ("UNIVERSITY")	Institution/Organ	nization ("Collaborator")	
Name: Address:	Colorado State University Sponsored Programs Fort Collins, CO 80523-2002	Name: Address:	Poudre Canyon Fire F 6004 CR 68C Red Feather Lakes, C	
Prime Award No		Subaward No.		
	04-DG-11020000-010		G-536738-009	
Awarding Agenc	ý	CFDA No.		
	U.S.D.A. Forest Service		10.664	
Subaward Period	of Performance	Amount Funded this Action		Cost Share (Match)
	10/1/03 – 9/30/05	S	45,000	\$50,000
Project Title				

2004 Western States Wildland Urban Interface Grant Program

Reporting Requirements: Final Report and as specified in Attachment A

Terms and Conditions

(1) UNIVERSITY hereby awards a cost reimbursable subaward, as described above, to Collaborator. The statement of work and budget for the subaward are (check one): _____ as specified in Collaborator's proposal dated _____; or _X___ as shown in Attachment A. In its performance of subaward work, Collaborator shall be an independent entity and not an employee or agent of UNIVERSITY.

(2) UNIVERSITY shall reimburse Collaborator not more often than monthly for allowable costs. All involces shall be submitted using the attached Reimbursement Request form (Attachment B), which shall include current and cumulative costs (including cost sharing), subaward number, and certification as to truth and accuracy of invoice. Invoices must be submitted to District Offices for approval and processing for payment. *Invoices that do not reference UNIVERSITY's subaward number shall be returned to Collaborator.*

(3) A final statement of costs incurred, including cost sharing, marked "FINAL ", must be submitted to UNIVERSITY's Administrative Contact NOT LATER THAN sixty (60) days after subaward end date. The final statement of costs shall constitute Collaborator's final financial report. Fin payment due the Collaborator may be withheld until all the terms and conditions of the subaward have been met.

(4) All payments shall be considered provisional and subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Collaborator.

(5) Matters concerning the technical performance of this subaward should be directed to the appropriate party's Project Director, as shown in Attachment C. Technical reports are required as shown above, "Reporting Requirements."

(6) Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this subaward agreement shou be directed to the appropriate party's Administrative Contact, as shown in Attachment C. Any such changes made to this subaward agreement require the written approval of each party's Authorized Official, as shown in Attachment C.

(7) Each party shall be responsible for its negligent acts or omissions and the negligent acts or omissions of its employees, officers, or directors, to the extent allowed by law.

(8) Either party may terminate this agreement with thirty days written notice to the appropriate party's Administrative Contact, as shown in Attachment 3. UNIVERSITY shall pay Collaborator for termination costs as allowable under OMB Circular A-21or A-122, as applicable.

No-cost extensions require the approval of the UNIVERSITY. Any requests for a no-cost extension should be addressed to and received t the Administrative Contact, as shown in Attachment C, not less than thirty days prior to the desired effective date of the requested change.
 The Subaward is subject to the terms and conditions of the Prime Award, Attachment D, and other special terms and conditions, as identified in Attachment E.

(11) By signing below Collaborator makes the certifications and assurances shown in Attachments F.

Agreed	by Authorized Official of UNIVERSITY:		Agreed by Authorized Official of Collaborator:		
Name	Lynn Johnson	Date	Name	Date	
Title	Director, Sponsored Programs		Title		

	Attachn Subaward A	
	University Contacts	Collaborator Contacts
Administrative	Contact	Administrative Contact
Name: Address:	Betty Eckert Sponsored Programs Colorado State University Fort Collins, CO 80523-2002	Name: Bette Blinde Address: 6004 CR 68C PCFPD PO. Box 364 Laporte co 80535
Telephone:	970-491-1554	Telephone: 970.881.2902
Fax:	970-491-6147	Fax:
Email:	betty.eckert@research.colostate.edu	Email:
Principal Inve	stigator	Project Director
Name: Address:	Richard L. Homann Colorado State Forest Service Colorado State University Fort Collins, CO 80523-5060	Name: Buzz Stith Address: 565 Rustic Rd Beliver cu 80512
Telephone:	970-491-6303	Telephone: 970-881-3585
Fax:	970-491-7736	Fax: 970 8813585
Email:	Richard.homann@colostate.edu	Email: 051,Th 2 @ Juno .com
Financial Con	tact	Financial Contact
Name: Address:	Same as Administrative Contact	Name: VIC McLachlan Address: 122 Riverside Dr Bellvue co 80512
Telephone:		
Fax:		Telephone: 970-881-3425 Eex: office: 970 881-2242
Email:	2 5	Email:
Authorized Of	ficial	Authorized Official
Name: Address:	Lynn Johnson Director, Sponsored Programs Colorado State University Fort Collins, CO 80523-2002	Name: Address:
Telephone:	970-491-1550	Telephone: Fax: Email:

over page

ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST 2003 WSFM COMPETITIVE GRANTS

Subaward No. G-

536738-009

In order to receive reimbursement, you <u>must</u> 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 <u>cannot</u> be used as sources for meeting the cost sharing (matching) provisions. <u>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.</u>

1. Grant Award #: 04-06-1102 2. Total Award Amount: 45000 - 3. Community Protected: Foudre Camyon 4. Make Payment To: Name: PC.F.P.D. Address: 122 RIVERSIDE DV Bellive Co 80512 Att Nic McLachlan 1. Grant Award Amount: 4500 - 3. Community Protected: Foudre Camyon 5. Period of Performance: From: March 1 2005 To: august 8 2005 To: august 8 2005

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.)

fage # 1 3 plans - 4243,75 Page # 2 3 Plans 1300.00 Page # 3 6 Plans 1465 00 Page # 4 5 Plans 9045 00 Page # 5 3 Plans. 6800.00 20-PIANS 22853,75

7. Reimbursement Request:

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 to 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*	22853.75		2285325	22853.75		22853.75
Material**						
Total	22853,75		2285375	22853.25		22853.75
* Use actual co	materials can only be cour sts or \$11.68/hour for don sts or fair market value of 6	ated or volunteers' time			÷	

8. Amount Paid to CSFS for Products and/Or Services : \$

9. I request reimbursement in the amount of \$_______ 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.

Date: August 8 2005

Signature: Sun Stit

Signature:

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Date: \$115/05

ATTACHMENT B

Page # 1

GRANT REPORT/REIMBURSEMENT REQUEST

2003 WSFM COMPETITIVE GRANTS

Subaward No. G- 536738-009

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 #:04-D6 - 110 20000-0102. Total Award Amount:	45,000.	3. Community Protected: Bud use Canyour
4. Make Payment To: Name: Poudre Canyon fire Dist. Name: 122 Riversid. Dr Address: Bellvue Co 80512 ATTN Vic McLachlan	5. Period of Peri From: <i>51</i> To: 7/2	formance: $ 21 \circ 5$

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

numbers such as acres treated, numbers of detensible spaces, tons of cubic feet or yards of slash collected, number of plans written. Attach additional sheets as necessary.) 5/21/05 # 1 Jan Hamilton - 350 00 Contractor Helping ARMES 1 Plan attached 7/6/05 #2 Donovan fooTE 393 5 Contractor Helping ARMES 1 Plan attached 7/28 # 3 Pontes Chapter, old Poudre Cuty Inc (owner) \$3500 00 1 plan Ciggers School 3- Plans Total \$ 4243,75

7. Reimbursement Request:

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 to 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* 1-2-3	4243.75		4243,75	424335	Υ	4255
Material**						
Total	4243,75		4243.25			
. I request reimbur	CSFS for Products and/C rsement in the amount of ge and belief this report	\$ 4243,75	for the worl an that all outlays rep	k completed and docu ported are for the pur		
Signature Burg	Stitt		Date: All alla	\$ 8,200	5	
101	o be completed by CSFS	District):	quigat			
Work meets mini	mum standards as set fo	rth by CSFS.		1		

Helping ARMES P. D. BOX 186 BELLVUE, CO 80512 970- 881-2360 EIN 74-3112733 **Customer's** Date Order No. JAN HAMILION PEPPD Name 35386 POUDRE CANVON Address BELIVUE SOLD BY ON ACCT MDSE RETO PAID OUT DESCRIPTION QUAN PRICE FIRE MITIGATION! REMOVAL OF JUNIPERS COTTON WOODS (DEAD) AND BLOG Floor & FOUNDATTON OLD

AMOUNT

280

ġ

ALL claims and returned goods MUST be accompanied by this bili.

Clear Legensable space Zone# 1

1 Juniper lange + 1 Fir tree

Rec'd By

BRUSH DISPOSAL

Trin

TA Renove 2 Cange Junipers

toudation + porch

Rensue 3 med Cottonwood

- Renone I Rotten gloor + fondation

"HELPING ARITES" P.O. BOX 186 BEILVIE, CO 80.572

*2

1

Customer's Order No	Date7/6		20	15
Name Do	NOVAN FOOTE			-
Address	CABIN - POUDRE CANYON			
SOLD BY	CASH C.O.D. CHARGE ON ACCT MDSE. RETD.	PAID OUT		
QUAN	DESCRIPTION	PRICE	AMOU	NT
5 HRS	(UT & SPLIT ASPEN WOOD (STACK IN SHEED)	22.5C	2/3	7.5
	(STACK IN SHED)			
	LET DOWN DEAD SDRULE TREE		180	00
			1	
	and the second			
	THANK YOU, Aug			
	Haugh Jour aine			
				/
		L.	/	
	ALL claims and returned goods MUST be accompanied by	7L 1	393	75

Rec'd By

Cut down I dead large Spruce thee + Romove Brushtwood out down I split, Stack 'Several as pare. dead Twee war a hay and for fire. Created defenseable Apare avoid home.

Buzz Stills

HELPTNG ARMES 970- 881-2360

EIN 74-3112733



Customer's GNA/ Billing Date 7/28 2005 Name PCKPD - FOR POUDRE CANYON CHAPE, Ebbs Address SCHOOL, COMMUNITY CENTER, BELLUE, CO FIRE MITICATION ON ACCT MOSE RETD. PAID OUT QUAN. DESCRIPTION PRICE AMOUNT Billing FOR WORK AS PROPOSAL OF 10 MAY 05 PER WORK PERFORMED FROM PLAY CROWND AREA (EAST, 100' EAST OF SCHOO TO 3500 FO RIVERBED AND SOUTH DC 3500 OD ALL claims and returned goods MUST be accompanied by this bill

Rec'd By

Removed Several dead CoThonwood, pine, Fine, + Junipers in an 100'X 150' area around Eggeve school Historie building. Created a denfensable space Bugg Stath ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST

2003 WSFM COMPETITIVE GRANTS

Subaward No. G-536738-00 9

Page # 2

In order to receive reimbursement, you <u>must</u> 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 <u>cannot</u> be used as sources for meeting the cost sharing (matching) provisions. <u>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.</u>

1. Grant Award #04-06-11020000 2. Total Award Amount:	45,000 3. Community Protected: Poudre Caryon
4. Make Payment To: Name: Poudre Conyon Fire Dist Address! Belluce Cr 80512 ATTN Vic McLachlan	5. Period of Performance: From: $03 - 29 - 05$ To: $03 - 29 - 05$

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.)

14 -	3/14/05	Jim Set Schhoede	in Contractor Fire Loady	\$ 25000
#5	3/83/02	Bob Hill	Contractor Five Ready	300.00
#6	3/14/05	Gerald Isaacson	Connecto Fire Ready	150.00
#7		3472 5tith	Contractor 7. ve Ready	300.00
#8	3/24/05	Brett Ridger	Costulation 7. 5 - Ready	300-000
			S plans total	\$ 130000

7. Reimbursement Request:

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 to 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*	130000		130000				
Material**							
Total	1300 20		1300=				
 Amount Paid to I request reimb 	sts or fair market value of 0 CSFS for Products and/(ursement in the amount of dge and belief this report	Dr Services : \$ ()	o en for the wor	k completed and doc			
	To be completed by CSFS	S District):	Date: Quy	ust 82	005		
Work meets mi	injmum standards as set for 24,60 Lebe	orth by CSFS	Date: S	de			



*4

Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

481-0814 Telephone: 970-001 Email: fortcollins@fireready.com

Consultant: Jon / **Quotation for Work** Date: **Client Information** How did Client hear of Fire Ready? Name Jun Schloe for Property Address 134 Crown 24 Dr Telephone 881-2766 PEFPD Mailing Address 565 Rostic R.V. Bellvue, C. Scheduling Date(s) Deposit Amount/Check Number 3/13 80512 Work to be Performed Remove Colomps and times flagged along siller beak Tilk win numer while limbing lorg. Porlering's along back of property. Tilkann Jin about setting chipper to back of property. Climbing Fees Rate Fixed D Total Price: Stipulations While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wiidfire. Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work ned to time of work stoppage. Payment is due upon completion of job. Late charges are 18% per a Client is responsible for marking property boundaries, septic systems, and any other special areas of Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc) Fire Ready is insured. Please contact our office for certificates of insura -This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work do Each Branch Office is independently owned and operated. Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodity injuries and property loss. _Printed Name 1410 12:63 Client Signature Kemore dead chumper of Brush at Rear of home Remove Lower branches 2 large pine Theer & chips all. Remove Ladder facts within so feet of home.

FIRE READY

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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 Telephone: 970 49 Email: fortcollins@fireready.com

	Date: 3-8-	
Client Information	How did Client hear of Fire Ready?	1
Name PCFPD	Property Address	Telephone
Bob H.II	296 CIOWN POLAt Dr	981-3791
Deposit Amount/Check Number	Mailing Address PEFPO Hiller F.	Scheduling Date(s)
PCFPD	565 Rustic Rd Brilling Co	3/13
Work to be Performed	1	
Take South tree		
Phone line INN.	s through tree, Sa	me bronches
Will pour to DE.	1 5 + 10 3 prate 1 + 2 - 10	1
Permove slagh le	ove fire wood	
Rate Fixed	Climbing Fees 🗆	Total Price:
	1	200
Stipulations		
While mitigation work increases the chances of you	ur home surviving a wildfire, it is no guarantee. This work is known to the Client	t as "preventative measures." Fire Ready
	Ith wildfire. due to conditions beyond our control, to include acts of God, Client agrees to pa	ay mobilization costs and all work
 performed to time of work stoppage. Payment is due upon completion of job. Late char 	ges are 18% per annum.	
rayment is due apon dempication of juby Law and		
 Client is responsible for marking property boundar 	ies, septic systems, and any other special areas of concern.	
	ies, septic systems, and any other special areas of concern. ons for work If required (with Homeowner's Associations, etc).	
	ons for work If required (with Homeowner's Associations, etc).	
 Client is responsible for any permits or authorization Fire Ready is insured. Please contact our office for 	ons for work If required (with Homeowner's Associations, etc).	
 Client is responsible for any permits or authorization Fire Ready is insured. Please contact our office for 	ons for work If required (with Homeowner's Associations, etc). r certificates of insurance. us know as soon as possible if you want this work done.	
 Client is responsible for any permits or authorization Fire Ready is insured. Please contact our office for This quote is good for ninety (90) days. Please let Each Branch Office is independently owned and op 	ons for work If required (with Homeowner's Associations, etc). r certificates of insurance. us know as soon as possible if you want this work done.	
 Client is responsible for any permits or authorization Fire Ready is insured. Please contact our office for This quote is good for ninety (90) days. Please let Each Branch Office is independently owned and op 	ons for work If required (with Homeowner's Associations, etc). r certificates of insurance. us know as soon as possible if you want this work done. berated.	Date
 Client is responsible for any permits or authorization Fire Ready is insured. Please contact our office for This quote is good for ninety (90) days. Please let Each Branch Office is independently owned and op Client holds harmless Fire Ready of Fort Collins and 	ons for work If required (with Homeowner's Associations, etc). r certificates of insurance. us know as soon as possible if you want this work done. perated. d Fire Ready, Inc. from all bodily injuries and property loss.	Date
Client is responsible for any permits or authorizatio Fire Ready is insured. Please contact our office for This quote is good for ninety (90) days. Please let Each Branch Office is independently owned and op Client holds harmless Fire Ready of Fort Collins an	ons for work If required (with Homeowner's Associations, etc). r certificates of insurance. us know as soon as possible if you want this work done. perated. d Fire Ready, Inc. from all bodily injuries and property loss. Printed Name	
Client is responsible for any permits or authorization Fire Ready is insured. Please contact our office for This quote is good for ninety (90) days. Please let Each Branch Office is independently owned and op Client holds harmless Fire Ready of Fort Collins an Ilernt Signature	ons for work If required (with Homeowner's Associations, etc). r certificates of insurance. us know as soon as possible if you want this work done. perated. d Fire Ready, Inc. from all bodily injuries and property loss. Printed Name Printed Name	+ hour
Client is responsible for any permits or authorizatio Fire Ready is insured. Please contact our office for This quote is good for ninety (90) days. Please let Each Branch Office is independently owned and op Client holds harmless Fire Ready of Fort Collins an Ilent Signature Remove one Deco Remove J Chippp St	ons for work If required (with Homeowner's Associations, etc). r certificates of insurance. us know as soon as possible if you want this work done. perated. d Fire Ready, Inc. from all bodily injuries and property loss. Printed Name	+ hour



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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

481-0814 Telephone: 9 Email: fortcollins@fireready.com

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Slient Information	How did Client hear of Fire Ready?	
lame Gerall ISACSON PCFPD	Property Address 608 Rowing RJ	Telephone 831-2263
Peposit Amount/Check Number \$755 CK # 4779	Mailing Address 565 Rossie Rad Ballove 60 80512	Scheduling Date(s) 3/1 3
Nork to be Performed Civily 2 Move Land Civily 2 Move Land Civily 2 Move Land Civily 2	to upper pile and	Chip 12
Rate Fixed 2	Climbing Fees 🗆	Total Price: 4150
Stipulations		as "preventative measures." Fire Ready

Cheate defensiable space Chip owner stash piles aprox 10 cm yds.

FIRE READY

3.25 acres .

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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 481-0814 Telephone: 979419-0914 Email: fortcollins@fireready.com

lient Information	How did Client hear of Fire Ready?
PCFPD	Property Address Bustic 12d Telephone 565 Rustic 12d 581-3585
Peposit Amount/Check Number 150 ¹¹¹¹ H G913	Mailing Address Red Red Britove, Scheduling Date(s) 565 Revenue 8051260 3/13
	large berthe intented tree. J Buzz's trailer louve firewood
Because of poten and pull	that populy demage we will cope tree tim Statignated Surrow
Rate Fixed	Climbing Fees D Total Price: 300
assumes no responsibility for losses associated	your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready d with wildfire. bb due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work
 Payment is due upon completion of job. Late ch 	harges are 18% per annum.
	daries, septic systems, and any other special areas of concern.
	ations for work if required (with Homeowner's Associations, etc).
 Fire Ready is insured. Please contact our office i This pupte is good for pipety (90) days. Please is 	: for certificates of insurance. let us know as soon as possible if you want this work done.
Each Branch Office is independently owned and	
	and Fire Ready, Inc. from all bodity injuries and property loss.
Client holds harmless Fire Ready of Fort Collins a	





Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

Telephone: 970-418-0814 Email: fortcollins@fireready.com

:

Client Information	How did Client hear of Fire Ready?	
Name	Property Address	Telephone
Prest Ruges	41-521 86244	881 2356
Deposit Amount/Check Number	Mailing Address	Scheduling Date(s)
50 01, +16982	565 Rughe 188 elle	26/2 3/24
Work to be Performed	-1	
Con 2 1	and pile ing	1. 2. 2. 2. 1. ²
110 g ¹⁴	196 - 290	al ample
tan a	2. Elementer	
Rate Fixed 🖸	Climbing Fe	es D
		Total Price:
		Total Price:
		Total Price:
assumes no responsibility for losses associat Should Fire Ready be unable to complete the performed to time of work stoppage. Payment is due upon completion of job. Late Client is responsible for marking property bou Client is responsible for any permits or author Fire Ready is insured. Please contact our offi This quote is good for ninety (90) days. Pleas	Job due to conditions beyond our control, to include acts of God, Clie charges are 18% per annum. Indaries, septic systems, and any other special areas of concern. rizations for work if required (with Homeowner's Associations, etc). ce for certificates of insurance. e let us know as soon as possible if you want this work done.	m to the Client as "preventative measures." Fire Re
 While mitigation work increases the chances assumes no responsibility for losses associat Shouid Fire Ready be unable to complete the performed to time of work stoppage. Payment is due upon completion of job. Late Client is responsible for marking property boi. Client is responsible for any permits or author Fire Ready is insured. Please contact our offii This quote is good for ninety (90) days. Pleas Each Branch Office is Independently owned a 	ed with wildfire. Job due to conditions beyond our control, to include acts of God, Clie charges are 18% per annum. Indaries, septic systems, and any other special areas of concern. fizations for work if required (with Homeowner's Associations, etc). ce for certificates of insurance. e let us know as soon as possible if you want this work done.	m to the Client as "preventative measures." Fire Rea

Chip to Remove 2 stach piles created making defensioned Apace avoid home

Page # 3

ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST 2003 WSFM COMPETITIVE GRANTS

Subaward No. G-

536738-009

In order to receive reimbursement, you <u>must</u> 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 <u>cannot</u> be used as sources for meeting the cost sharing (matching) provisions. <u>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.</u>

1. Grant Award #: 04-06-1102000 2. Total Award Amount:	45000-	3. Community Protected: Poudre	Cany m
4. Make Payment To: Name: PCFPD 122 Riverside Dr Address: Bellvine Co 80512	5. Period of Perfe From: $5/2$ To: $6/1$	ormance:	1
ATTN Vie McLachlan		*	

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.)

9 5/24/05 RowLonnemen Contractor Fire Ready # 10 5/24/05 Daniel Vonfeldt Contractor Fire Ready #11 5/24/05 Dave Platt Convector Fire Ready #12 Spulos Dick Brown Contrator Fire Ready #13 6/14/05 Connie Archey Contractor Fire Ready 300 300 = #14 6/14/05 Glenn Daniels Contractor fire Leady Daniels total

7. Reimbursement Request:

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 to 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*	1465,00		1465 00			•
Material**						
Total	1465,00		146500			

Donated time and materials can only be counted towards the matching component.

* Use actual costs or \$11.68/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 $\frac{1465}{1465}$ 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: Sun

10. Certification to be completed by CSFS District):

Work meets minimum standards as set forth by CSFS Signature:

Date: 08/09/05



* a

Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 4/8/ Telephone: 970-448-0814 Email: fortcollins@fireready.com :

Client Information	How did Client hear of Fire Ready?			
Name PLFPD ROW LONNIE MONT	Property Address	Telephone リアリー 3 411		
Deposit Amount/Check Number	Mailing Address SGB RUMAN ROBERS SOSTZ	Scheduling Date(s) $5 - 24$		
Nork to be Performed Remove and freed	" elite along river, and homeowners, chip slag	op formiciek		
	2	Total Price:		
assumes no responsibility for losses associat	of your home surviving a wildfire, it is no guarantee. This work is known to the (Client as "preventative measures." Fire Ready		
 While mitigation work increases the chances assumes no responsibility for losses associat Should Fire Ready be unable to complete the performed to time of work stoppage. Payment is due upon completion of job. Late 	of your home surviving a wildfire, it is no guarantee. This work is known to the (ed with wildfire. job due to conditions beyond our control, to include acts of God, Client agrees charges are 18% per annum.	Client as "preventative measures." Fire Ready		
 While mitigation work increases the chances assumes no responsibility for losses associat Should Fire Ready be unable to complete the performed to time of work stoppage. Payment is due upon completion of job. Late Client is responsible for marking property box 	of your home surviving a wildfire, it is no guarantee. This work is known to the G ed with wildfire. job due to conditions beyond our control, to include acts of God, Client agrees charges are 18% per annum. indaries, septic systems, and any other special areas of concern.	Client as "preventative measures." Fire Ready		
 While mitigation work increases the chances assumes no responsibility for losses associat Should Fire Ready be unable to complete the performed to time of work stoppage. Payment is due upon completion of job, Late Client is responsible for marking property boo Client is responsible for any permits or author 	of your home surviving a wildfire, it is no guarantee. This work is known to the 6 ed with wildfire. job due to conditions beyond our control, to include acts of God, Client agrees charges are 18% per annum, indaries, septic systems, and any other special areas of concern, izations for work if required (with Homeowner's Associations, etc).	Client as "preventative measures." Fire Ready		
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Plan Remone dead Trees, Chip limbs, " Cheating podditional Defenine space



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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins. CO 80525

Quotation for Work

Telephone: 970-418-0814 Email: fortcollins@fireready.com

	How did Client hear of Fire Ready?	
Name Devialet Bacherin Von Feler REFED	Property Address H2094 	Telephone
Deposit Amount/Check Number	Mailing Address	1 1 1 1
Acheve fame of t and the up to an Ehden the	anga di se antara kanan di dingga para ka kana di sa kana di di sa kana ang kana ka kana di sa kana di sa kana di di sa kana kana di sa kana kana kana ka kana kana di sa kana kana kana kana kana kana kana k	innal Airpen 19. – Floribusy Ethiologick bu
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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

Telephone: 970 28-0814 Email: fortcollins@fireready.com

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	Consultant: To-	Quotation for Work	24
	Client Information	How did Client hear of Fire Ready?	
	Name Dave Platt PEFPD	Property Address 31625 PCHWY	Telephone 881 - 2224
1/1	Deposit Amount/Check Number	Mailing Address Bellove, CO SG5 Rustic Red BOSIZ	Scheduling Date(s) 5-24
7	Work to be Performed Remove 1	moor pine and dead Asy	Dr. from East
	Side of house . Lim Clion pine Needles	bup Ponderosa by of offoldsarage roof.	l garage and
01			
Flan		ig Fees]
Komore	1-pine + Lead aspen from	moff Rost headler chip start	Total Price:
Remore	Limbs on large pine - Clea	molt kost here	1300
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	Chem Signamine (Jew)		Dane
	For Fire Ready office use only Detailed Directions	Service Dates	
	Meeting TimePlace		More Mitigation Needed
÷.	Special Equipment/Notes	Total Price	Crew Days Off-schedule
		Less Deposit Total Invoice	Maintenance

FIRE READY

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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

48/ Telephone: 970-116-0814 Email: fortcollins@fireready.com

	How did Client hear of Fire Ready?
Name Dick Brown PCFPD	Property Address 35201 PCHWY 881-3770
Deposit Amount/Check Number	Mailing Address 565 Rustic Rel Bellow, CD Scheduling Date(s) 565 Rustic Rel 80512 5/24
	down large Spruce Next to house. Lines, Lut Firewood up for Dick,
chip and HAUL	slash offsite, Ctake chips to Vic leave
firewood for Dick	eenest to home Total Price:
	a bocation \$300
Stipulations	
Stipulations While mitigation work increases the chances assumes no responsibility for losses associa Should Fire Ready be unable to complete th	s of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready ted with wildfire. e job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work
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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

Telephone: 970-448-6814 Email: fortcollins@fireready.com :

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0	Consultant: TON	Quotation for Work	5			
2415	Client Information	How did Client hear of Fire Ready?				
	Name PCFPD	Property Address	Telephone			
	Deposit Amount/Check Number	Mailing Address 565 Ratic Dr.	Scheduling Date(s)			
Plan - 1	Rate Fixed & Chip Owner Stach pil	Climbing Fees -	Total Price:			
GU22 (145 (4.5)	assumes no responsibility for losses associated w Should Fire Ready be unable to complete the job performed to time of work stoppage. Payment is due upon completion of job. Late cha Client is responsible for marking property bounda Client is responsible for any permits or authorizati Fire Ready is insured. Please contact our office for This quote is good for ninety (90) days. Please let Each Branch Office is independently owned and o	due to conditions beyond our control, to include acts of God, Client agrees to pay rges are 18% per annum. ries, septic systems, and any other special areas of concern. ions for work if required (with Homeowner's Associations, etc). or certificates of insurance. us know as soon as possible if you want this work done.				
	For Fire Ready office use only Detailed Directions Meeting Time Place Special Equipment/Notes	Service Dates	Future Work Spraying When asons Quantity Output Output Output Output			



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#14

Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

Telephone: 970-418-0814 Email: fortcollins@fireready.com

Quotation for Work Date: 4/14/05 Consultant: TONY **Client Information** How did Client hear of Fire Ready? Name R # 1210 **Property Address** Telephone # 19 Ulton U Lowe Carl & Galy . 3. Deposit Amount/Check Number, Mailing Address Scheduling Date(s) 12 d Work to be Performed Climbing Fees Rate .4 Fixed [] Total Price: 165 Stipulations . While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire. Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage. Payment is due upon completion of job. Late charges are 18% per annum 1322. 1 2 2 -Client is responsible for marking property boundaries, septic systems, and any other special areas of concern Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc). Fire Ready is insured. Please contact our office for certificates of insurance. This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done State of Each Branch Office is independently owned and operated. Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss. Client Signature Ug AUL Printed Name Buzz JiTh Date 6/14/05 Plan - assist owner with Removal of Alash pikes To Create defensable space

ATTACHMENT B

GRANT REPORT/REIMBURSEMENT REQUEST

2003 WSFM COMPETITIVE GRANTS

Subaward No. G-

Page 4

536738-009

In order to receive reimbursement, you <u>must</u> 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 <u>cannot</u> be used as sources for meeting the cost sharing (matching) provisions. <u>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.</u>

1. Grant Award #: -0000 - 010 2. Total Award Amount: 0	45,00- 3. Community Protected: Poudre Canyon
4. Make Payment To: PCFPD Name: Att Nic McLachlen Address: 122 River Side DNive Bellvine Co 80512	5. Period of Performance: From: June 2D- 2005 To: July 30 - 2005

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.)

Ipians with			10 M		0.1
#15	Wendall Franks.	Connail	to fore Ready	6-20-05	2795.
#16	Paulicia Larsen	()	Five Ready	6-(21-24)05	1725.
417	Donavan Foste	r	Fire Read	7-1-05	575,00
	Bruce Smith	10	Dive Read.	7-12-05	11 50.00
# 19	Connie Hornor			4 7-(21-22)05	2700 00
#20	Commin Hormon # 2	n n	Fine Read	7-30-05	150,00
	1			total.	904500

7. Reimbursement Request:

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 to 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*	9045.00		9045 02			
Material**						
Total	904500		9045.00			
** Use actual cos	osts or \$11.68/hour for dor sts or fair market value of c CSFS for Products and/0	donated materials, suppl				
). I request reimb	ursement in the amount of dge and belief this report	s 9045,00	for the work to that all outlays rep		umented above. I ce poses set forth in the	and the second second second second
0	rz Stith		Date: Ququ	ut 8, 2	005	

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set, forth by CSFS. Signature:

5/05 Date:



Consultant:

Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 Telephone: 970-416-0814 Email: fortcollins@fireready.com

Quotation for Work ______ Date: _____ 6- 20-05

Client Information How did Client hear of Fire Ready? Name Undal Fronks Property Address Telephone 15 224-5858 PC Hisy 2CFPD Mailing Address 3, 1000, CD Scheduling Date(s) 565 Russicial 80512 6/21, 22, 23 Deposit Amount/Check Number Thinking and change along N S. J. EF home. Work to be Performed Climbing Fees Plan - Create defensable space 200 to 300' around Ridge top home site est 150 Trees Removed **Total Price:** 2795 Stipulations hile mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire. Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage. Payment is due upon completion of job. Late charges are 18% per annum. Client is responsible for marking property boundaries, septic systems, and any other special areas of concern. . Client is responsible for any permits or authorizations for work If required (with Homeowner's Associations, etc). Fire Ready is insured. Please contact our office for certificates of insurance. This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work do Each Branch Office is independently owned and operated. Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss. June 26, 2005 Printed Name Buzz Stith Client Signature Sunn Stith



14

Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 L/B/ Telephone: 970-4/8-0814 Email: fortcollins@fireready.com

Quotation for Work

Consultant: Date: **Client Information** How did Client hear of Fire Ready? Property Address PC Huy Name Paulicia Lorgen Telephone 493-0363 PEFPD Mailing Address BellVvc, CO Scheduling Date(s) 565 Rustic Rol BOSIZ 6/23+6/24 Deposit Amount/Check Number Mailing Address This wind removal of daw dead wood from back of hours Work to be Performed start this wine after charlinged is out. Clear fire weather A rosts + drek. Wood whereking along roact and around home. Starting w/11/2 + 2 recommended days. will work with Paulicia to finish project in Ausus Fixed Rate : Climbing Fees Total Price: 11/2 days 6#11 50 a day Stipulations . While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire. Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work . performed to time of work stoppage. Payment is due upon completion of job. Late charges are 18% per annum Client is responsible for marking property boundaries, septic systems, and any other special areas of concern . Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc). Fire Ready is insured. Please contact our office for certificates of insurance This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done. Each Branch Office is independently owned and operated Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss. Jupe 26 2005 Client Signature Bugg Stud Printed Name Juzz StiTh Plan Remove dead insect Trees Thin thees to create denter space Renove needles from Roof + Dech Open the Tree canspe to Reduce five danger



Fire Ready of Fort Collins 5201. Greenview Drive Fort Collins, CO 80525 4/5/ Telephone: 970-418-0814 Email: fortcollins@fireready.com ;

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		and the second s	Date:		
	Client Information	How did Client hear of Fire Ready	How did Client hear of Fire Ready?		
	Name Liby Ande Versig	Property Address PL -10	×	ephone 201-2035 ₁₀ 6020	
1	Deposit Amount/Check Number	Mailing Address	90512 se	eduling Date(s)	
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	prome, is, .	germ and Asy	21-5 0.45	ber K	
in flemon addits	 assumes no responsibility for losses associ Should Fire Ready be unable to camplete to performed to time of work stoppage. 	es of your home surviving a wildfire, it is no guarantee.			
	 Payment is due upon completion of job. La Client is responsible for marking property b 	ale charges are 18% per annum. nondaries, septic systems, and any other special and			
	Fire Ready is insured. Please contact our o This quote is good for minety (90) days. Ple Each Branch Office is independently owned	ase let us know as soon as possible if you want this w	orix dane.	2	
	Fire Ready is insured. Please contact our o This quote is good for ninety (90) days. Ple Each Branch Office is independently owned	lifice for certificates of Insurance. ase let us know as soon as possible if you want this w I and operated. Mins and Fire Ready, Inc. from all bodily injuries and p	orix dane.	Daty -1 - 0.5	
	Fire Ready is insured. Please contact our o This quote is good for ninety (90) days. Ple Each Branch Office is independently owned Cilent holds harmless Fire Ready of Fort Co	lifice for certificates of Insurance. ase let us know as soon as possible if you want this w I and operated. Mins and Fire Ready, Inc. from all bodily injuries and p	noverty less. BUTT ATA Service Dates	Future Work	
	Fire Ready is insured. Please contact our o This quote is good for ninety (90) days. Ple Each Branch Office is independently owned Cilent holds harmless Fire Ready of Fort Ce Cilent Signature Bagg Add Tre Ready office use only	lifice for certificates of Insurance. ase let us know as soon as possible if you want this w I and operated. Mins and Fire Ready, Inc. from all bodily injuries and p	ork dome. Noperty less. Surr Stiff Service Dates Reason Added Charges		
Detai	Fire Ready is insured. Please contact our o This quote is good for ninety (90) days. Ple Each Branch Office is independently owned Cilent holds harmless Fire Ready of Fort Co Cilent Signature Galage Galage Galage Galage Tre Ready office use only iled Directions	dice for certificates of insurance. ase let us inner as soon as possible if you want this w A and operated. A and preated. A source of the ready, luc. from all bodily injuries and p A source of the ready. Printed Name	ork done. Noperty loss. Surr Stith Service Dates Reason Added Charges Discounts		
Detai	Fire Ready is insured. Please contact our o This quote is good for ninety (90) days. Ple Each Branch Office is independently owned Cilent holds harmless Fire Ready of Fort Ce Cilent Signature Aug. Aug.	dice for certificates of insurance. ase let us inner as soon as possible if you want this w A and operated. A and preated. A source of the ready, luc. from all bodily injuries and p A source of the ready. Printed Name	ork dome. Noperty less. Surr Stiff Service Dates Reason Added Charges		

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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

Telephone: 970-418-0814 Email: fortcollins@fireready.com

	Consultant:	Quotation for Work 7/13/05				
	Client Information	How did Client hear of Fire Ready?				
	Name PEFPD Burg Smith	Property Address 3/603 PC	Telepho 717 3	598 49 41		
x f	Deposit Amount/Check Number	Mailing Address	512 Schedul	ing Date(s)		
celd limb up.	Work to be Performed	Work to be Performed				
edle F	Rate Fixed	Climbing F	To	tal Price:		
flån - Remore Lad Remove Denaral Dur	assumes no responsibility for losses associated Shouid Fire Ready be unable to complete the job performed to time of work stoppage. Payment is due upon completion of job. Late ch Client is responsible for marking property bound Client is responsible for any permits or authoriza Fire Ready is insured. Please contact our office f This quote is good for ninety (90) days. Please le Each Branch Office is independently owned and	o due to conditions beyond our control, to include acts of God, Cl arges are 18% per annum. aries, septic systems, and any other special areas of concern. tions for work if required (with Homeowner's Associations, etc). for certificates of insurance. et us know as soon as possible If you want this work done. operated. and Fire Ready, Inc. from all bodily injuries and property loss.	ient agrees to pay mobilization			
r	Client Signature Burg Aut	Printed Name Buzz	Still	Date5		
	For Fire Ready office use only Detailed Directions		Reasons	Future Work Spraying When Quantity		
	Meeting TimePlace Special Equipment/Notes	Total Price	e osit ce	More Mitigation Needed Crew Days Off-schedule Maintenance		



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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

Telephone: 970-416-0814 Email: fortcollins@fireready.com

Quotation for Work Consultant: Date **Client Information** How did Client hear of Fire Ready? SBI-2131 & cabin Name Property Address 42126 PE Hard Connie Holme 505 881-1953 hm NM Deposit Amount/Check Number Mailing Address Scheduling Date(s) 7/21 Work to be Performed Space ground home. This down 2 large beetle trees D Next to home. Proving al remaining tracs hard dead to existing skiph piles + chip, claw weaths off root and around home. Had off beetle wood - stack firewood. Take 2 dump runs to landfill at old wood + metal junk. Rate X Climbing Fees Fixed [] Total Price: 2 days @ 1150 plus additional dimbing theoring Stipulations While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready . assumes no responsibility for losses associated with wildfire. Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage. . Payment is due upon completion of job. Late charges are 18% per annum . Client is responsible for marking property boundaries, septic systems, and any other special areas of concern. Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc) Fire Ready is insured. Please contact our office for certificates of insurance. This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done. Each Branch Office is independently owned and operated. Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss aith Printed Name En. 7.2-Client Signature Date For Fire Ready office use only Service Dates Future Work **Detailed Directions** □ Spraving When Reasons Quantity Added Charges -Discounts . More Mitigation Needed Meeting Time _Place Crew Days ____ Total Price Special Equipment/Notes □ Off-schedule Less Deposit -□ Maintenance Total Invoice -



Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 Telephone: 970-448-0814 Email: fortcollins@fireready.com

Maintenance

Total Invoice -

Ouotation for Work 105 Consultant: Date: **Client Information** How did Client hear of Fire Ready? 42126 PEHLy Name **Property Address** Telephone CONNIL ¥Z Deposit Amount/Check Number Scheduling Date(s) Mailing Address 1130 Additional Bralis tire from privious Work to be Performed 100 Climbing Fees Rate Fixed [] **Total Price:** 200 Stipulations While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready . assumes no responsibility for losses associated with wildfire. Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work . performed to time of work stoppage. Payment is due upon completion of job. Late charges are 18% per annum. . Client is responsible for marking property boundaries, septic systems, and any other special areas of concern. Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc). . Fire Ready is insured. Please contact our office for certificates of insurance. . This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done. . Each Branch Office is independently owned and operated. Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss. 05/01/05 Barne St. 74. Client Signature 3 Start **Printed Name** Date For Fire Ready office use only Future Work Service Dates **Detailed Directions** □ Spraying When Reasons Quantity ____ Added Charges _ Discounts -□ -More Mitigation Needed __Place Meeting Time ____ Crew Days _ Total Price -Special Equipment/Notes Off-schedule Less Deposit -

Enoral of I additional insect infected pine large of

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Page 5

GRANT REPORT/REIMBURSEMENT REQUEST 2003 WSFM COMPETITIVE GRANTS

ATTACHMENT B

Subaward No. G-

536738-009

In order to receive reimbursement, you <u>must</u> 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 <u>cannot</u> be used as sources for meeting the cost sharing (matching) provisions. <u>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.</u>

1. Grant Award #: 04-06 1102 Poudre Canyon 2. Total Award Amount: 4500000 3. Community Protected: 5. Period of Performance: 4. Make Payment To: PCFP.D. From: 8-01-2005 Name: Address: # 122 River Side Dr. Bellvue Co 85\$2 Attn Vic McLachlan Name: To: 8-06-2005

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.)

#22	Mile Pickett - 8-1-05 Contractor FireReady Dave Ammons 8-5-05 11 Fire Ready Of Poudre City Inc Poudre chapped, Community Bldg (8-1-Thru 8-6-)	12 2 5 00 5175 00
	3plans - Jota	6

7. Reimbursement Request:

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 to 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*	6800-		6800-			
Material**						
Total	6800		6800-			
. Amount Paid to . I request reimbr	ts or fair market value of CSFS for Products and/C ursement in the amount of dge and belief this report	or Services : \$	O for the wor	k completed and doci		
Signature: Bu	73 Stith To be completed by CSFS	District):	Date: Aug o	ist 8 2	2065	
Work meets mi Signature:	nimu m s tandards as set to	rth by CSFS.	Date:	15/05		

FIRE READY

Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525 4**91** Telephone: 970-**446**-0814 Email: fortcollins@fireready.com

Consultant:/	Quotation for Wo	Date:	
Client Information	How did Client hear of Fire Ready	•	
Name PEFDD Mike P.K.++	Property Address 130.Crown P+ 30.VV	e. 10	Telephone
Deposit Amount/Check Number	Mailing Address PCFPD 565 Costic R	Be love	Scheduling Date(s) $7/30$
Burk up E	arge break area Frided to Mil Dout olong tra	a make	hip sloth
Rate Fixed □ #3-400		Climbing Fees 🗀	Tøtal Price: 教父のの
performed to time of work stoppage. Payment is due upon completion of job. Lat Client is responsible for marking property bo Client is responsible for any permits or author Fire Ready is insured. Please contact our off This quote is good for ninety (90) days. Plea Each Branch Office is independently owned : Client holds hamless Fire Ready of Fort Coll Client Signature Buy Stutt	oundaries, septic systems, and any other special area orizations for work if required (with Homeowner's Asso fice for certificates of insurance. se let us know as soon as possible if you want this wo and operated. lins and Fire Ready, Inc. from all bodily injuries and pr	: of concern. ciations, etc). 1k done.	Date_08/bi1/os
ی بور بر Ready office use only d Directions		Service Dates Rei Added Charges Discounts	
g TimePlace Equipment/Notes		Total Price Less Deposit	More Mitigation Nee Crew Days Off-schedule
		Total Invoice	Maintenance

Man - Remove me large pine Tree est injusted: Bloch & Cover Wood . is limbs & Some bruch.

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Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

Telephone: 970-418-0814 Email: fortcollins@fireready.com

	Consultant: 10Mg	Quotation for Work Date: 08/06/0	5
	Client Information	How did Client hear of Fire Ready?	
\$23	Name old Ruder (11 Corp	Property Address Ponder Chapel + Community Blilly	Telephone
¥.	Deposit Amount/Check Number	Mailing Address	Scheduling Date(s)
	Work to be Performed Thrank of a	- Johnson concern	the liver
	Rate K Fixed D 4.5 days @ 113	Climbing Fees	Total Price: 5/75
	 assumes no responsibility for losses associated w Should Fire Ready be unable to complete the job performed to time of work stoppage. Payment is due upon completion of job. Late cha Client is responsible for marking property bounda Client is responsible for any permits or authorizat Fire Ready Is insured. Please contact our office for This quote is good for ninety (90) days. Please let Each Branch Office is independently owned and o Client holds harmless Fire Ready of Fort Collins and 	due to conditions beyond our control, to include acts of God, Client agrees to pa arges are 18% per annum. aries, septic systems, and any other special areas of concern. tions for work if required (with Homeowner's Associations, etc). or certificates of insurance. t us know as soon as possible if you want this work done.	
flan	Client Signature CReate a total	Printed Name	B/6/05 Date 3.3 on 370 4 acres.
-	Remove dead Trees in project anea	under the Bruch, This , kenome lower dead . Bldg + fridse chapel	limks on all Trees



eres take limber + Chip

Tung

mine

Then bruck + trees

Fire Ready of Fort Collins 5201 Greenview Drive Fort Collins, CO 80525

ن بن بن بن Telephone: 970-448-0814 Email: fortcollins@fireready.com

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	Consultant: 101	Quotation for Work 8-6-0	5	
	Client Information	How did Client hear of Fire Ready?		
# 22	Name Dive Ammons	Property Address 42127 P2HW-1	Telephone	
	Deposit Amount/Check Number	Mailing Address	Scheduling Date(s) $8/5$	
the drave around	Rate Fixed D	Bunkhouse and shed. K of house, World w/ 12 on E Side of proper- out Gurbage to the dum Climbing Fees D	ſ	
make defensed Burk House	Stipulations 41225 Stipulations • While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire. • Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage. • Payment is due upon completion of job. Late charges are 18% per annum. • Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc). • Fire Ready is insured. Please contact our office tor certificates of insurance. • This quote is good for ninety (90) days. Please let us know as soos possible if you want this work done. • Each Branch Office is independently owned and operated. • Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodlly injuries and property loss. Stent Signature Burger H. Burger			
Detaile	e Ready office use only ed Directions g TimePlace I Equipment/Notes	Added Charges Discounts Total Price	More Mitigation Needed Crew Days	
		Less Deposit	Maintenance	

Total Invoice -