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):

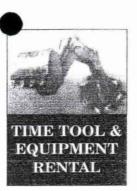
Work meets minimum standards as set forth by CSFS.

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

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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: .



アート・ロール



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





15

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 | | |
| | 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 | blan for their area at are difficult or ls and lanes that vered that reside lent itself to prov ties to achieve o | a. We will continue to r dangerous for indivi- t we have determine ents prefer to chip the viding good times to objectives. | | |
| | 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 | blan for their area at are difficult or ls and lanes that vered that reside lent itself to prov ties to achieve of mplementation of | a. We will continue to dangerous for indivi- t we have determine ents prefer to chip the viding good times to objectives. | | |
| | 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 | blan for their area at are difficult or ls and lanes that vered that reside lent itself to prov ties to achieve of mplementation of t. 3. Order two cl | 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 | | |
| | 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 | 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 | 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 nation and fire mitigati | | |
| | 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 assistance | 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 | | |
| | 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 | | |
| | 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 or t. 3. Order two ch 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. If grant. 2. Send out hippers and do main nation 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. 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

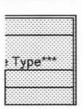
This is the second year of our mitigation work. It is an on-going process for homeowners and v found that because of limited space, chipping works better for most of the homeowner than tak slash to a community slash pile. Thus we want to expand the chipping program. We will continu provide assistance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

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Grant

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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 |

• •

| | 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.

 10

. ...

 Orolitatis (Hand Match)
 \$0,000

 852.000
 8.400

12

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

• j+

#5

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 | | |
| 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 bot Client is responsible for any permits or author Fire Ready is insured. Please contact our officiant | 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, izations for work if required (with Homeowner's Associations, etc), ce for certificates of insurance. | Client as "preventative measures." Fire Ready | | |
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| 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 bot Client is responsible for any permits or author Fire Ready is insured. Please contact our officiant | of your home surviving a wildfire, it is no guarantee. This work is known to the d 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). ce for certificates of insurance. e let us know as soon as possible if you want this work done. | Client as "preventative measures." Fire Ready | | |

Plan Remone dead Trees, Chip limbs, " Cheating podditional Defenine space



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#10

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 |
| | 3 | Total Price: |
| SUpulations | | #30-0 |
| While miligation work increases the chances o assumes no responsibility for losses associate Should Fire Ready be unable to complete the j | of your home surviving a wildfire, it is no guarantee. This work is known to the C ed with wildfire. iob due to conditions beyond our control, to include acts of God. Client agrees t | lient as "preventative measures." Fire Ready |
| While mitigation work increases the chances o assumes no responsibility for losses associate | ed with wildfire. Job due to conditions beyond our control, to include acts of God. Client agrees t | lient as "preventative measures." Fire Ready |
| While miligation work increases the chances o assumes no responsibility for losses associate Should Fire Ready be unable to complete the j performed to time of work stoppage. Payment is due upon completion of job. Late of | ed with wildfire. Job due to conditions beyond our control, to include acts of God. Client agrees t | lient as "preventative measures." Fire Ready |
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| While miligation work increases the chances o assumes no responsibility for losses associate Should Fire Ready be unable to complete the j performed to time of work stoppage. Payment is due upon completion of job. Late o Client is responsible for marking property bour | ed with wildfire. job due to conditions beyond our control, to include acts of God. Client agrees t charges are 18% per annum. ndaries, septic systems, and any other special areas of concern. zations for work if required (with Homeowner's Associations, etc). | lient as "preventative measures." Fire Ready |
| While milligation work increases the chances o assumes no responsibility for tosses associate Should Fire Ready be unable to complete the j performed to time of work stoppage. Payment is due upon completion of job. Late o Client is responsible for marking property bour Client is responsible for any permits or authoriz Fire Ready is insured. Please contact our office | ed with wildfire. job due to conditions beyond our control, to include acts of God. Client agrees t charges are 18% per annum. ndaries, septic systems, and any other special areas of concern. zations for work if required (with Homeowner's Associations, etc). | lient as "preventative measures." Fire Ready |
| While milligation work increases the chances o assumes no responsibility for tosses associate Should Fire Ready be unable to complete the j performed to time of work stoppage. Payment is due upon completion of job. Late o Client is responsible for marking property bour Client is responsible for any permits or authoriz Fire Ready is insured. Please contact our office | ed with wildfire. job due to conditions beyond our control, to include acts of God. Client agrees to charges are 18% per annum. Indaries, septic systems, and any other special areas of concern. zations for work if required (with Homeowner's Associations, etc). the for certificates of insurance. Het us know as soon as possible if you want this work done. | lient as "preventative measures." Fire Ready |
| While miligation work increases the chances of assumes no responsibility for losses associate Should Fire Ready be unable to complete the j performed to time of work stoppage. Payment is due upon completion of job. Late of Client is responsible for marking property bour Client is responsible for any permits or authoric Fire Ready is insured. Please contact our office This quote is good for ninety (90) days. Please Each Branch Office is independently owned and | ed with wildfire. job due to conditions beyond our control, to include acts of God. Client agrees to charges are 18% per annum. Indaries, septic systems, and any other special areas of concern. zations for work if required (with Homeowner's Associations, etc). the for certificates of insurance. Het us know as soon as possible if you want this work done. | lient as "preventative measures." Fire Ready |

Plan Remone Ludder fuels TRim Lorser Limbra Remone 3. Trees close to house Chiff Stash.



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 |
| | assumes no responsibility for losses associated wi Should Fire Ready be unable to complete the job of performed to time of work stoppage. Payment Is due upon completion of job. Late char, Client is responsible for marking property boundar 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 opping | ive to conditions beyond our control, to include acts of God, Client agrees ges are 18% per annum. ies, septic systems, and any other special areas of concern, 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. | to pay mobilization costs and all work |
| | 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 |
| Stipulations While mitigation work increases the chances 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 | ited with wildfire. e job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work e charges are 18% per annum. |
| Stipulations While mitigation work Increases the chances assumes no responsibility for losses associa Should Fire Ready be unable to complete th performed to time of work stoppage. Payment is due upon completion of job. Lat Client is responsible for marking property be | ited with wildfire. e job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work |
| Stipulations While mitigation work Increases the chances assumes no responsibility for losses associa Should Fire Ready be unable to complete th performed to time of work stoppage. Payment is due upon completion of job. Lat Client is responsible for marking property be | ited with wildfire. e job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work e charges are 18% per annum nundaries, septic systems, and any other special areas of concern prizations for work if required (with Homeowner's Associations, etc). |
| Stipulations While mitigation work increases the chances 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. Please | ited with wildfire. a job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work a charges are 18% per annum. bundaries, septic systems, and any other special areas of concern. brizations for work if required (with Homeowner's Associations, etc). fice for certificates of insurance. se let us know as soon as possible if you want this work done. |
| Stipulations While mitigation work increases the chances 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 it | ited with wildfire. a job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work a charges are 18% per annum. bundaries, septic systems, and any other special areas of concern brizations for work if required (with Homeowner's Associations, etc). fice for certificates of insurance. se let us know as soon as possible if you want this work done. |



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 | | | |



N. 18 N. 18

#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) | |
| pt il | Work to be Performed | contract Ages | ne an Jun | the to be not and | |
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| 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 | |
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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: | | |
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| 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 -

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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 |



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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 -