



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA) <i>FY2013</i>	X
Emergency Supplemental Funds (ESF)	

Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Bill and Diana Rexford

Address: 5929 Sand Cherry Land  
Timnath, CO 80547

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

Grant Number: 5385520-02-FC Non-Federal Match: \$ 2562.20

CSFS Account Number: 5385520-6693 Federal Match: \_\_\_\_\_

Approved Funding: \$13377.50 Total Match: \_\_\_\_\_

Amount of Payment: \$ 5837.50 Total Project: \$ <sup>6399.70</sup> 8399.70

Circle one:    **1<sup>st</sup> Payment**    **2<sup>nd</sup> Payment**    **3<sup>rd</sup> Payment**    **Final Payment**

Program Manager Signature *Naomi J. Marcus* Date: \_\_\_\_\_

Program Manager Name Naomi J. Marcus



**EXHIBIT B  
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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

1. Project/Account #: 5385520-02	2. Total Award Amount: 13377.50
3. Project Name: P LAZY 6 ROCKYTOP	4. Reimbursed Amount to Date: 7,540.00
5. Make Payment To: BILL OR DIANNA REXFORD Name: BILL AND DIANNA REXFORD Attn: Address: 5929 SAND CHERRY LANE TIMNATH, CO 80547	6. Period of Performance (Project Period): From: 6/14/2015 To: 3/25/2016

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

We have been cutting down dead trees, removing the branches, and stacking the slash. During the winter when there is enough snow, we obtain a burn permit and burn the slash. In most cases we have to pull the trees to the road with a tractor for removal. We have been using the suitable branched trees to build an addition onto our cabin at the property. The remaining trees we load onto a trailer and sell to a company who sells firewood.

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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				8399.7	32%

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

Reimbursement Request: I request reimbursement in the amount of \$ 5837.50 for the work completed and documented above or attached.

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

Grant Recipient Signature:

*Bill Rexford*

Date: 5-25-16

10. Certification:

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

District Forester Signature:

*[Signature]*

Date: 5/25/16

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

Program Manager Signature:

*[Signature]*

Date: 6/13/16



## Colorado State Forest Service Program Payment Request

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Volunteer or Rural Fire Assistance (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	X
Emergency Supplemental Funds (ESF)	

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Amount of Payment: \$ 5837.50 Total Project: \$ 8399.70

Circle one:    **1<sup>st</sup> Payment**    **2<sup>nd</sup> Payment**    **3<sup>rd</sup> Payment**    **Final Payment**

Program Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Name \_\_\_\_\_



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				8399.7	32%

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Grant Recipient Signature: *Bill Rexford* Date: 5-25-16

10. Certification:

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

District Forester Signature: *[Signature]* Date: 5/25/16

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

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5385520-02  
 Award Amount (obligated from funding source): [Redacted]  
 A. Remaining Award Amount: [Redacted]

Reimbursement Request:  Second  Third  Fourth  Fifth  F

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)**a	Match		E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost* <sup>b</sup>		
	\$1,402.00	\$401.60	\$7,191.10	25%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
6/14/2015	WHIPPLE	REMOVAL OF FIREWOOD	6	\$150.60	Non-recipient donated Labor: non-
6/14/2015	B. REXFORD	STACKING TREES WITH TRACTOR	6	\$180.00	Recipient Labor: reimbursable cost
7/13/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	27	\$500.00	Salaried Staff: reimbursable costs
7/20/2015	REXFORD	TRACTOR DIESEL		\$20.00	Supplies: reimbursable costs
7/21/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	24	\$480.00	Salaried Staff: reimbursable costs
7/29/2015	K. REXFORD	TRIMMING BRANCHES/STACKING SLASH	20	\$400.00	Salaried Staff: reimbursable costs
7/29/2015	B. REXFORD	STACKING TREES WITH TRACTOR	6	\$180.00	Recipient Labor: reimbursable cost
7/29/2015	D. REXFORD	TRIMMING BRANCHES/STACKING SLASH	6	\$150.60	Recipient Labor: reimbursable cost
8/3/2015	T. REXFORD	CUTTING DOWN DEAD TREES/CLEARING FIREBREAK	30.5	\$610.00	Salaried Staff: reimbursable costs
8/3/2015	B. REXFORD	STACKING TREES WITH TRACTOR	6	\$180.00	Recipient Labor: reimbursable cost
8/3/2015	D. REXFORD	DEBRANCHING TREES AND STACKING SLASH	6	\$150.60	Recipient Labor: reimbursable cost
8/12/2015	REXFORD	BAR OIL FOR CHAIN SAW		\$21.99	Supplies: reimbursable costs
8/16/2015	B. REXFORD	LOADING TREES ON TRAILER WITH TRACTOR AND REMOVING	6	\$180.00	Recipient Labor: reimbursable cost
8/16/2015	WHIPPLE	REMOVAL OF FIREWOOD	6	\$150.60	Recipient donated Labor: non-allowab
8/16/2015	B. REXFORD	LOADING TREES ON TRAILER WITH TRACTOR AND REMOVING	6	\$180.00	Recipient Labor: reimbursable cost
8/16/2015	T. REXFORD	CUTTING DOWN DEAD TREES/CLEARING FIREBREAK	13	\$260.00	Salaried Staff: reimbursable costs
8/16/2015	D. REXFORD	DEBRANCHING TREES AND STACKING SLASH	4	\$100.40	Recipient Labor: reimbursable cost
8/31/2015	G. REXFORD	STACKING SLASH	4	\$100.40	Recipient donated Labor: non-allowab

TOTALS: G. Cumulative Recipient Cost= \$3,593.59  
 [Redacted] \$1,402.00  
 I. Non-recipient Cost (Match)= \$401.60

Grant Recipient Signature:

*Bill Rexford* Date: 5-25-16

District Forester Signature:

*[Signature]* Date: 5-25-16



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5385520-02  
 Award Amount (obligated from funding source): [Redacted]  
 A. Remaining Award Amount: [Redacted]

Reimbursement Request:  Second  Third  Fourth  Fifth

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)**a	Match		E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost**b		
	\$1,762.00	\$401.60	\$7,551.10	29%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
		TOTAL PAGE 1 FORWARDED		\$3,593.39	Salaried Staff: reimbursable costs
		TOTAL PAGE 1 FORWARDED		\$401.60	Non-recipient donated Labor: non
		TOTAL PAGE 1 FORWARDED - RECIPIENT COST (MATCH)		\$1,402.00	
8/31/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	24	\$480.00	Salaried Staff: reimbursable costs
9/7/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	19.5	\$390.00	Salaried Staff: reimbursable costs
9/7/2015	K. REXFORD	DEBRANCHING TREES/STACKING SLASH	24	\$240.00	Salaried Staff: reimbursable costs
9/14/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	15.5	\$310.00	Salaried Staff: reimbursable costs
9/20/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	13	\$260.00	Salaried Staff: reimbursable costs
11/1/2015	REXFORD	BAR OIL FOR CHAIN SAW		\$21.99	Materials: reimbursable costs
11/4/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	14	\$280.00	Salaried Staff: reimbursable costs
12/1/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	18	\$360.00	Salaried Staff: reimbursable costs
12/1/2015	K. REXFORD	DEBRANCHING TREES/STACKING SLASH	118	\$216.00	Salaried Staff: reimbursable costs
12/1/2015	B. REXFORD	REMOVING TREES WITH TRACTOR	6	\$180.00	Recipient Labor: reimbursable cost
12/7/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	14	\$280.00	Salaried Staff: reimbursable costs
12/7/2015	K. REXFORD	DEBRANCHING TREES/STACKING SLASH	14	\$168.00	Salaried Staff: reimbursable costs
12/9/2015	T. REXFORD	DEBRANCHING TREES/STACKING SLASH	13	\$260.00	Salaried Staff: reimbursable costs
12/9/2015	K. REXFORD	DEBRANCHING TREES/STACKING SLASH	13	\$156.00	Salaried Staff: reimbursable costs
12/9/2015	B. REXFORD	STACKING TREES WITH TRACTOR	6	\$180.00	Recipient Labor: reimbursable cost

TOTALS: G. Cumulative Recipient Cost= \$7,375.38  
 [Redacted] \$1,762.00  
 I. Non-recipient Cost (Match)= \$401.60

Grant Recipient Signature:

*Bill Rexford* Date: 5-25-16

District Forester Signature:

*[Signature]* Date: 3-25-16



COPY

✓



### Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	✓
Emergency Supplemental Funds (ESF)	

Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

12-14-15

ka

Name: Bill Rexford and Diana Rexford

Address: 5929 Sand Cherry Lane  
Timnath, CO 80547

Approved for Payment  
C.S.F.S.

7708444

12-14-15

ka

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

Grant Number: 5385520-02-FC

Non-Federal Match: \$1957.80

Approved Funding: \$13,377.50

Total Project: \$9497.80

CSFS Account Number: 5385520-6693

Amount of Payment: \$7,540.00

2013 Hazardous Fuels (Stevens Funds)

Circle one: 1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Program Manager Signature [Signature]

Date: 12/5/15

Program Manager Name Scott M. Woods



**EXHIBIT B**  
**CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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

1. Project/Account #: 5385520-02 - <b>FC</b>	2. Total Award Amount: 13377.50 -
3. Project Name: P LAZY 6 ROCKYTOP	4. Reimbursed Amount to Date: 0 -
5. Make Payment To: BILL OR DIANNA REXFORD Name: BILL AND DIANNA REXFORD ~ Attn: Address: 5929 SAND CHERRY LANE ✓ TIMNATH, CO 80547 ~	6. Period of Performance (Project Period): From: 8/4/2014 To: 6/30/2015

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Please see attached sheet.

*Total of 6 acres treated (DCS).  
Thinned, removal of dead, haul or utilize large materials & stack slash.*

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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
13,377.50	7,540	1,405.6	552.2	9,497.8	21%

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

Reimbursement Request: I request reimbursement in the amount of \$ 7,540.00 for the work completed and documented above or attached.

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

Grant Recipient Signature: *Bill Rexford Dianna Rexford* ~ Date: 11/20/15

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.  
District Forester Signature: *John Clark* ~ Date: 11/30/15

11. Funding is available and request is approved for reimbursement.  
Program Manager Signature: *Scott Woods* ~ Date: 12/5/15

COPY



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5385520-02  
 Award Amount (obligated from funding source): \$13,377.50  
 A. Remaining Award Amount: \$5,837.50

Reimbursement Request:

First  Second  Third  Fourth  Fifth  F

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	Match			F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost* <sup>b</sup>	E. Total Project Cost = B+C+D	
\$7,540.00	\$1,405.60	\$0.00	\$8,945.60	16%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
8/4/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	35	\$700.00	Salaried Staff; reimbursable costs
9/5/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	26	\$520.00	Salaried Staff; reimbursable costs
9/14/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	28	\$560.00	Salaried Staff; reimbursable costs
9/30/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	12	\$240.00	Salaried Staff; reimbursable costs
3/30/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	20	\$400.00	Salaried Staff; reimbursable costs
4/6/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	25	\$500.00	Salaried Staff; reimbursable costs
4/13/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	29	\$580.00	Salaried Staff; reimbursable costs
4/20/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	18	\$360.00	Salaried Staff; reimbursable costs
4/27/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	12	\$240.00	Salaried Staff; reimbursable costs
5/4/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	37	\$740.00	Salaried Staff; reimbursable costs
5/18/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	27	\$540.00	Salaried Staff; reimbursable costs
5/23/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	22	\$440.00	Salaried Staff; reimbursable costs
6/1/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	17	\$340.00	Salaried Staff; reimbursable costs
6/8/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	30	\$600.00	Salaried Staff; reimbursable costs
6/13/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	10.5	\$210.00	Salaried Staff; reimbursable costs
6/23/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	10	\$200.00	Salaried Staff; reimbursable costs
6/30/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	18.5	\$370.00	Salaried Staff; reimbursable costs

TOTALS: G. Cumulative Recipient Cost= \$7,540.00  
 H. Recipient Cost (Match)= \$1,405.60  
 I. Non-recipient Cost (Match)= \$0.00

Grant Recipient Signature:

*Bill Rexford*  
*Dawn Rexford*

Date: 11/20/15

District Forester Signature:

*[Signature]*

Date: 11/20/15



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5385520-02  
 Award Amount (obligated from funding source): \$13,877.50  
 A. Remaining Award Amount: \$5,837.50

Reimbursement Request:  First  Second  Third  Fourth  Fifth F

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	Match			F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost* <sup>b</sup>	E. Total Project Cost = B+C+D	
\$7,540.00	\$1,405.60	\$552.20	\$9,497.80	21%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
9/18/2013	JONES	FELLING AND REMOVAL OF BRANCHES/STACKING SLASH	4	\$100.40	Non-recipient donated Labor: non-
9/20/2013	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/30/2013	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
4/1/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
7/28/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/10/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/17/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/22/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/22/2014	MARTINKUS	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient donated Labor: non-allowab
9/29/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
1/29/2015	REXFORD	BURN SLASH	4	\$100.40	Recipient Labor: reimbursable cost
2/18/2015	REXFORD	BURN SLASH	4	\$100.40	Recipient Labor: reimbursable cost
3/14/2015	WHIPPLE	REMOVAL OF FIREWOOD	4	\$100.40	Recipient donated Labor: non-allowab
3/21/2015	WHIPPLE	REMOVAL OF FIREWOOD	4	\$100.40	Recipient donated Labor: non-allowab
5/16/2015	JONES	FELLING AND REMOVAL OF BRANCHES/STACKING SLASH	4	\$100.40	Recipient donated Labor: non-allowab
				\$0.00	
				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost= \$1,405.60  
 H. Recipient Cost (Match)= \$1,405.60  
 I. Non-recipient Cost (Match)= \$552.20

Grant Recipient Signature: *Brian Rexford* Date: 11/20/15  
 District Forester Signature: *John C. [unclear]* Date: 11/30/15



### Colorado State Forest Service Program Payment Request

*mail to Scott Woods  
on  
11/30/15*

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	✓
Emergency Supplemental Funds (ESF)	

Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Bill Rexford and Diana Rexford

Address: 5929 Sand Cherry Lane  
Timnath, CO 80547

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

Grant Number: 5385520-02 Non-Federal Match: \$1957.80

Approved Funding: \$13,377.50 Total Project: \$9497.80

CSFS Account Number: 5385520-6693 Amount of Payment: \$7,540.00

Circle one: 1<sup>st</sup> Payment 2<sup>nd</sup> Payment 3<sup>rd</sup> Payment Final Payment

Program Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Name \_\_\_\_\_



**EXHIBIT B**  
**CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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

1. Project/Account #: 5385520-02	2. Total Award Amount: 13377.50
3. Project Name: P LAZY 6 ROCKYTOP	4. Reimbursed Amount to Date: 0
5. Make Payment To: BILL OR DIANNA REXFORD Name: BILL AND DIANNA REXFORD Attn: Address: 5929 SAND CHERRY LANE TIMNATH, CO 80547	6. Period of Performance (Project Period): From: 8/4/2014 To: 6/30/2015

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Please see attached sheet.  
*Total of 6 acres treated (PCS).  
 Thinned, removal of dead, haul or utilize large materials & stack slash.*

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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
13,377.50	7,540	1,405.6	552.2	9,497.8	21%

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

Reimbursement Request: I request reimbursement in the amount of \$ 7,540.00 for the work completed and documented above or attached.

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

Grant Recipient Signature: *Bill Rexford Dianna Rexford* Date: 11/20/15

10. Certification:  
 Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.  
 District Forester Signature: *Alan C. [Signature]* Date: 11/30/15

11. Funding is available and request is approved for reimbursement.  
 Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We have been cutting down dead trees, removing branches, and stacking the slash. In most cases we have to pull the trees to the road with a tractor for removal. During the winter when there is enough snow, we obtain a burn permit and burn the slash. We have been using the suitable branched trees to build an addition onto our cabin. The remaining trees we load onto a trailer and sell to a company who sells firewood.



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5385520-02  
 Award Amount (obligated from funding source): \$13,377.50  
 A. Remaining Award Amount: \$5,837.50

Reimbursement Request:  First  Second  Third  Fourth  Fifth  F

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	Match		E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost* <sup>b</sup>		
\$7,540.00	\$1,405.60	\$0.00	\$8,945.60	16%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
8/4/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	35	\$700.00	Salaried Staff: reimbursable costs
9/5/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	26	\$520.00	Salaried Staff: reimbursable costs
9/14/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	28	\$560.00	Salaried Staff: reimbursable costs
9/30/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	12	\$240.00	Salaried Staff: reimbursable costs
3/30/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	20	\$400.00	Salaried Staff: reimbursable costs
4/6/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	25	\$500.00	Salaried Staff: reimbursable costs
4/13/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	29	\$580.00	Salaried Staff: reimbursable costs
4/20/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	18	\$360.00	Salaried Staff: reimbursable costs
4/27/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	12	\$240.00	Salaried Staff: reimbursable costs
5/4/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	37	\$740.00	Salaried Staff: reimbursable costs
5/18/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	27	\$540.00	Salaried Staff: reimbursable costs
5/23/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	22	\$440.00	Salaried Staff: reimbursable costs
6/1/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	17	\$340.00	Salaried Staff: reimbursable costs
6/8/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	30	\$600.00	Salaried Staff: reimbursable costs
6/13/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	10.5	\$210.00	Salaried Staff: reimbursable costs
6/23/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	10	\$200.00	Salaried Staff: reimbursable costs
6/30/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	18.5	\$370.00	Salaried Staff: reimbursable costs

TOTALS: G. Cumulative Recipient Cost= \$7,540.00  
 H. Recipient Cost (Match)= \$1,405.60  
 I. Non-recipient Cost (Match)= \$0.00

Grant Recipient Signature: Bill Rexford Date: 11/20/15  
 District Forester Signature: [Signature] Date: 11/20/15



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5385520-02  
 Award Amount (obligated from funding source): \$13,377.50  
 A. Remaining Award Amount: \$5,897.50  
 Reimbursement Request:  First  Second  Third  Fourth  Fifth

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	Match		E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost* <sup>b</sup>		
\$7,540.00	\$1,405.60	\$552.20	\$9,497.80	21%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
9/18/2013	JONES	FELLING AND REMOVAL OF BRANCHES/STACKING SLASH	4	\$100.40	Non-recipient donated Labor; non-
9/20/2013	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cos
9/30/2013	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cos
4/1/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cos
7/28/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/10/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/17/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/22/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/22/2014	MARTINKUS	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient donated Labor: non-allowab
9/29/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
1/29/2015	REXFORD	BURN SLASH	4	\$100.40	Recipient Labor: reimbursable cost
2/18/2015	REXFORD	BURN SLASH	4	\$100.40	Recipient Labor: reimbursable cost
3/14/2015	WHIPPLE	REMOVAL OF FIREWOOD	4	\$100.40	Recipient donated Labor: non-allowab
3/21/2015	WHIPPLE	REMOVAL OF FIREWOOD	4	\$100.40	Recipient donated Labor: non-allowab
5/16/2015	JONES	FELLING AND REMOVAL OF BRANCHES/STACKING SLASH	4	\$100.40	Recipient donated Labor: non-allowab
				\$0.00	
				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost= \$1,405.60  
 H. Recipient Cost (Match)= \$1,405.60  
 I. Non-recipient Cost (Match)= \$552.20

Grant Recipient Signature: *Bruce Rexford* Date: 11/20/15  
 District Forester Signature: *Deanna Rexford* Date: 11/20/15

244502

Jared Segov

CUSTOMER'S ORDER NO.	DEPARTMENT	DATE 8/4/2014
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NAME Bill Bayford
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ADDRESS 1985 Pratt Creek Rd
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CITY, STATE, ZIP Lawrence, GA
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SOLD BY	CASH	C.O.D.	CHARGE	ON. ACCT.	MDSE. RETD.	PAID OUT
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	Fire Mitigation		
2	1985 Pratt Creek Rd		
3			
4			
5	35 hrs x \$20/hr		\$700 ✓
6			
7			
8			
9	Pdck 1413		
10			
11			
12			
13			
14			
15			
16			
17			
18			

RECEIVED BY
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244502

*Bill Beffard*  
*Jared Segs*

CUSTOMER'S ORDER NO.	DEPARTMENT	DATE 9/5/2014
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NAME <i>Bill Beffard</i>
-----------------------------

ADDRESS <i>1985 Pratt Creek Rd</i>
---------------------------------------

CITY, STATE, ZIP <i>Lovings, Co</i>
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SOLD BY	CASH	C.O.D.	CHARGE	ON. ACCT.	MDSE. RETD.	PAID OUT
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QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	<i>Air Mitigation</i>		
2	<i>1985 Pratt Creek Rd</i>		
3			
4			
5	<i>26 hrs + \$20/hr</i>		<i>520</i> ✓
6			
7			
8			
9	<i>Pol ch 1417</i>		
10			
11			
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14			
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17			
18			

RECEIVED BY
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244503

Jared Segs

CUSTOMER'S ORDER NO. DEPARTMENT DATE 9/14/2014

NAME Bill Buford

ADDRESS 1985 Pratt Creek Rd

CITY, STATE, ZIP Livermore, Co

SOLD BY CASH C.O.D. CHARGE ON ACCT. MDSE. RETD. PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	Site Mitigation		
2	1985 Pratt Creek Rd		
3			
4			
5	28 hrs x \$20 =		560 ✓
6			
7			
8	Pdck 1418		
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

RECEIVED BY

244503

Jared Segó

CUSTOMER'S ORDER NO.	DEPARTMENT	DATE
NAME	9/30/2014	
ADDRESS	Bill Regusd	
CITY, STATE, ZIP	1985 Pratt Creek Rd Livermore, Ca	
SOLD BY	CASH	C.O.D.
	CHARGE	ON. ACCT.
	MDSE. RETD.	PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	Fire Mitigation		
2	1985 Pratt Creek Rd		
3			
4			
5	12 hrs x \$20/hr		240 ✓
6			
7			
8	Polck 1420		
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

RECEIVED BY

*Jerry Redford*

812551

**Invoice**

SOLD TO <i>Bill Redford</i>	SHIP TO
ADDRESS <i>1985 Pratt Creek Rd</i>	ADDRESS
CITY, STATE, ZIP <i>Severnore, Co</i>	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>3/30/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>hrs for fire mitigation</i>			
		<i>1985 Pratt Creek Rd</i>			
<i>3/28</i>		<i>9:00 A.M. - 4:00 P.M.</i>	<i>7 hrs</i>		
<i>3/29</i>		<i>9:00 A.M. - 5:00 P.M.</i>	<i>8 hrs</i>		
<i>3/30</i>		<i>9:45 A.M. - 2:45 P.M.</i>	<i>5 hrs</i>		
		<i>pd ch 1445</i>	<i>\$20/hr x</i>	<i>20 hrs</i>	<i>400 ✓</i>

*Servy Rufford*

812551

**Invoice**

SOLD TO <i>Bill Rufford</i>	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>4/6/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>Wro for fire Mitigation</i>			
		<i>1985 Prall Creek Rd</i>			
<i>4/3</i>		<i>8:30 - 4:30 (1hr lunch) = "</i>	<i>7</i>	<i>hrs</i>	
<i>4/4</i>		<i>9:00 - 5:30</i>	<i>8 1/2</i>	<i>hrs</i>	
<i>4/5</i>		<i>9:00 - 3:00</i>	<i>6</i>		
<i>4/6</i>		<i>8:30 - 12:00</i>	<i>3 1/2</i>		
		<i>Pal Ch 1446</i>			
		<i>\$20/hr</i>		<i>25 hrs</i>	<i>500 ✓</i>

Sury Bedford

812552

Invoice

SOLD TO <i>Bill Bedford</i>	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>4/13/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>hrs for fire mitigation</i>			
		<i>1985 Pratt Creek Rd</i>			
<i>4/10</i>		<i>8:30 A.M - 4:30 P.M. - 2 hrs lunch</i>	<i>6</i>		
<i>4/11</i>		<i>8:30 A.M - 4:30 P.M.</i>	<i>8</i>		
<i>4/12</i>		<i>8:30 A.M - 5:00 P.M 1 hr lunch</i>	<i>7 1/2</i>		
<i>4/13</i>		<i>8:00 A.M - 4:30 - 1/2 hr lunch</i>	<i>8</i>		
		<i>pd ch, 1448</i>	<i>\$20/hr =</i>	<i>29 1/2</i>	<i>580 ✓</i>

Sunny Rufford

812552

Invoice

SOLD TO <i>Bill Rufford</i>	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>4/20/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>fire mitigation - 1985 Pratt Creek Road</i>			
<i>4/18</i>		<i>8 - <del>45</del> = 9 hrs</i>			
<i>4/19</i>		<i>10:30 - 3:00 = 4 1/2 hrs</i>			
<i>4/20</i>		<i>8:30 - 2:00 = 5 1/2</i>			
		<i>18 hrs x \$20/hr = \$ 360</i>			<i>360.00</i>
		<i>pd ck 1454</i>			

Jerry Biffard

812553

Invoice

SOLD TO <i>Bill Biffard</i>	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>4/27/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>fire mitigation @ 1985 Pratt Creek Road</i>			
<i>4/25</i>		<i>9:00 - 3:00 = 6 hrs</i>			
<i>4/26</i>		<i>10:00 - 2:30 - 1 1/2 2:30 - 4 = 1/2 hr lunch 3 hrs</i>			
<i>4/27</i>		<i>11:00 - 2 = 3</i>			
		<i>12 hrs x \$20/hr = \$240</i>			<i>240 ✓</i>
		<i>pd ck 1457</i>			

Jerry Bedford

812553

Invoice

SOLD TO <i>Bill Bedford</i>	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>5/24/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>Air mitigation at 1985 Pratt Creek Road</i>			
<i>5/1</i>		<i>9:30 - 4:30 = 7 hrs</i>			
<i>5/2</i>		<i>7:00 - 3:30 = 8 1/2</i>			
<i>5/3</i>		<i>8:30 - 4:00 = 7 1/2</i>			
<i>5/4</i>		<i>8:30 - 3:30 = 7</i>			
<i>5/5</i>		<i>8:30 - 3:30 = 7</i>			
		<i>37 hrs x \$20/hr = \$740</i>			<i>740 -</i>
		<i>Pd CR 1459</i>			

Jerry Bedford

812554

Invoice

SOLD TO <i>Bill Bedford</i>	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>5/18/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>Site mitigation @ 1985 Pratt Creek Rd</i>			
	<i>5/15</i>	<i>8:00 - 2:30 = 6 1/2 hrs</i>			
	<i>5/16</i>	<i>8:00 - 6:30 = 10 1/2 hrs</i>			
	<i>5/17</i>	<i>9:00 - 4:00 7 hrs</i>			
	<i>5/18</i>	<i>10:00 - 7:00 = 3 hrs</i>			
		<i>27 hrs @ \$20/hr = \$540</i>			
		<i>Polck 1460</i>			<i>540</i>

Jerry Bedford

244501

CUSTOMER'S ORDER NO.	DEPARTMENT	DATE				
NAME		5/23/2015				
ADDRESS						
CITY, STATE/ZIP						
SOLD BY	CASH	C.O.D.	CHARGE	ON. ACCT.	MDSE. RETD.	PAID OUT

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	Fire Mitigation		
2	1985 Pratt Creek Rd		
3			
4	5/23 8 hours		
5	5/24 7 hours		
6	5/25 7 hours		
7	22 hours x \$20/hr		440 ✓
8			
9			
10			
11	Perch 1462		
12			
13			
14			
15			
16			
17			
18			

RECEIVED BY
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Serry Beffard

812555

Invoice

SOLD TO <i>Bill Beffard</i>	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>6/1/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>fire Mitigation - 1985 Pratt Creek Rd</i>			
<i>5/30</i>		<i>3:30 - 5:30 - 2 hrs</i>			
<i>5/31</i>		<i>8:30 - 5:30 - 1 hr lunch = 8 hrs</i>			
<i>6/1</i>		<i>8:00 - 3:00 - 7 hrs</i>			
		<i>17 hrs x \$20/hr =</i>			<i>340 ✓</i>
		<i>pd ch 1463</i>			

Larry Ruffard

812555

Invoice

SOLD TO <i>Bill Ruffard</i>	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>6/8/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
	<i>4/5</i>	<i>Fire Mitigation - 1985 Pratt Creek Rd 8:30 - 4:30 = 8 hrs</i>			
	<i>4/6</i>	<i>8:30 - 5:00 <sup>1/2</sup> hr lunch = 8 hrs</i>			
	<i>4/7</i>	<i>9:00 - 4:00 = 7 hrs</i>			
	<i>4/8</i>	<i>9:00 - 4:00 = 7 hrs</i>			
		<i>30 hrs x \$20/hr pd ch 1466</i>			<i>\$600 ✓</i>

*52*

*Jerry Bayford*

812556

**Invoice**

SOLD TO <i>Bill Bayford</i>	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>4/13/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>Sir Mitigation - 1985 Pratt Creek Rd</i>			
<i>4/12</i>		<i>8:30-4:30 (1 hr lunch) 7 hrs</i>			
<i>4/13</i>		<i>8:30-12 - 3 1/2 hrs</i>			
		<i>10.5 hrs x \$20/hr</i>			<i>210 ✓</i>
		<i>pdck</i>			
		<i>147</i>			

Larry Buford

812556

Invoice

SOLD TO <i>Bill Buford</i>	SHIP TO
ADDRESS	ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE <i>6/23/15</i>
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ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		<i>Fire Mitigation - 1985 Pratt Creek Rd</i>			
<i>6/19</i>		<i>9:30 - 3:30 - 6 hrs</i>			
		<i>pd</i>			
<i>6/20</i>		<i>7:30 - 11:30 - 4 hrs</i>			
		<i>10 hrs x \$20/hr = \$200</i>			<i>370</i>
		<i>chk 1474</i>			<i>200</i>

Jerry Befford

812557

Invoice

SOLD TO	Bill Befford	SHIP TO	
ADDRESS	1985 Pratt Creek Rd	ADDRESS	
CITY, STATE, ZIP	Lawrence, Co	CITY, STATE, ZIP	

CUSTOMER ORDER NO.	SOLD BY	TERMS	F.O.B.	DATE
				6/30/15

ORDERED	SHIPPED	DESCRIPTION	PRICE	UNIT	AMOUNT
		Fire Mitigation - 1985 Pratt Creek Rd			
6/27		8:30 - 4:30 - 8 hrs			
6/28		8:00 - 4:00 - 8 hrs			
6/29		8:30 - 11:00 - 2.5 hr			
		18.5 hrs x \$20/hr = \$370			370 /
		Ch 1415			



**EXHIBIT B**  
**CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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

1. Project/Account #: 5385520-02	2. Total Award Amount: 13377.50
3. Project Name: P LAZY 6 ROCKYTOP	4. Reimbursed Amount to Date: 0
5. Make Payment To: BILL OR DIANNA REXFORD Name: BILL AND DIANNA REXFORD Attn: Address: 5929 SAND CHERRY LANE TIMNATH, CO 80547	6. Period of Performance (Project Period): From: 8/4/2014 To: 6/30/2015

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

we have been cutting down dead trees, removing branches, then stacking the slash. During the winter when there is enough snow we obtain a burn permit and

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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
13,377.50	7450	1495.6	662.2	9497.8	21%
	7510	1405.60	552.20		

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

Reimbursement Request: I request reimbursement in the amount of \$ 7,540.00 for the work completed and documented above or attached.

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

Grant Recipient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

10. Certification:

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

District Forester Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Program Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5385520-02  
 Award Amount (obligated from funding source): \$13,377.50  
 A. Remaining Award Amount: \$5,837.50

Reimbursement Request:  Second  Third  Fourth  Fifth  F

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)**a	Match		E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost**b		
\$7,540.00	\$1,405.60	\$552.20	\$9,497.80	21%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
9/18/2013	JONES	FELLING AND REMOVAL OF BRANCHES/STACKING SLASH	4	\$100.40	Non-recipient donated Labor: non-
9/20/2013	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/30/2013	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
4/1/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
7/28/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/10/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/17/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/22/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
9/22/2014	MARTINKUS	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient donated Labor: non-allowab
9/29/2014	REXFORD	LOADING TREES ON TRAILER AND REMOVING	6	\$150.60	Recipient Labor: reimbursable cost
1/29/2015	REXFORD	BURN SLASH	4	\$100.40	Recipient Labor: reimbursable cost
2/18/2015	REXFORD	BURN SLASH	4	\$100.40	Recipient Labor: reimbursable cost
3/14/2015	WHIPPLE	REMOVAL OF FIREWOOD	4	\$100.40	Recipient donated Labor: non-allowab
3/21/2015	WHIPPLE	REMOVAL OF FIREWOOD	4	\$100.40	Recipient donated Labor: non-allowab
5/16/2015	JONES	FELLING AND REMOVAL OF BRANCHES/STACKING SLASH	4	\$100.40	Recipient donated Labor: non-allowab
				\$0.00	
				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost= \$1,405.60  
 H. Recipient Cost (Match)= \$1,405.60  
 I. Non-recipient Cost (Match)= \$552.20

1957.40

Grant Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 District Forester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*<sup>a</sup> **Recipient Cost to be reimbursed** includes: contracted services with receipts; recipients's own labor (i.e. landowner labor) to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental with receipts, use of recipient-owned equipment to valued at current market rental rate; cost of supplies with receipts, including consumable items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.; materials with receipts; materials, if provided by recipient is to be valued at current market price; meeting room rental with receipts; meeting room provided by recipient to be valued at current market price; printing with receipts

*Current volunteer labor rate is the current rate at the time of reimbursement request. **Reimbursement for these costs cannot exceed the obligated amount and must meet the cost share rate. Any recipient costs categorized as "reimbursable" that exceed the obligated award amount can be used as match to an award.***

\*\*<sup>a</sup> **Recipient Cost designated as match** includes all items list for \*<sup>a</sup>: contracted services with receipts; recipients s own labor to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental with receipts, use of recipient-owned equipment to valued at current market rental rate; cost of supplies with receipts, including items such as bar oil and two cycle fuel; materials with receipts; materials, if provided to valued at current market price; meeting room rental with receipts; meeting room provided by recipient to be valued at current market price; printing with receipts. Additionally, recipient cost designated as match includes items not eligible for reimbursement such as supplies and repairs or other parts (i.e. chains, sparkplugs, etc.)

**Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient costs can be used as match to an award, including recipient costs categorized as "reimbursable" that exceed the obligated award amount, and supplies, materials and equipment categorized as "non-allowable" can be used as match to an award**

\*<sup>b</sup> This includes: volunteers' labor to be valued at current volunteer labor rate; donated materials/supplies to be valued at market value; donated use of equipment to be valued at rental rate; meeting room provided by a third party to be valued at market price.

Non-recipient costs can be used as match to an award and the recipient will not be reimbursed for these costs



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5385520-02  
 Award Amount (obligated from funding source): \$13,377.50  
 A. Remaining Award Amount: \$5,837.50

Reimbursement Request:  First  Second  Third  Fourth  Fifth

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	Match		E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost*b		
\$7,540.00	\$1,495.60	\$0.00	\$9,035.60	17%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
8/4/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	35	\$700.00	Salaried Staff: reimbursable costs
9/5/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	26	\$520.00	Salaried Staff: reimbursable costs
9/14/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	28	\$560.00	Salaried Staff: reimbursable costs
9/30/2014	SEGO	CUTTING DEAD TREES/CLEARING FIREBREAK	12	\$240.00	Salaried Staff: reimbursable costs
3/30/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	20	\$400.00	Salaried Staff: reimbursable costs
4/6/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	25	\$500.00	Salaried Staff: reimbursable costs
4/13/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	29	\$580.00	Salaried Staff: reimbursable costs
4/13/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	18	\$360.00	Salaried Staff: reimbursable costs
4/27/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	12	\$240.00	Salaried Staff: reimbursable costs
5/4/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	37	\$740.00	Salaried Staff: reimbursable costs
5/18/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	27	\$540.00	Salaried Staff: reimbursable costs
5/18/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	22	\$440.00	Salaried Staff: reimbursable costs
5/26/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	17	\$340.00	Salaried Staff: reimbursable costs
6/1/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	30	\$600.00	Salaried Staff: reimbursable costs
6/11/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	10.5	\$210.00	Salaried Staff: reimbursable costs
6/23/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	10	\$200.00	Salaried Staff: reimbursable costs
6/30/2015	T. REXFORD	CUTTING DEAD TREES/CLEARING FIREBREAK	18.5	\$370.00	Salaried Staff: reimbursable costs

TOTALS: G. Cumulative Recipient Cost= \$7,540.00  
 H. Recipient Cost (Match)= \$1,495.60  
 I. Non-recipient Cost (Match)= \$0.00

Grant Recipient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

District Forester Signature: \_\_\_\_\_

Date: \_\_\_\_\_

7540

\*<sup>a</sup> **Recipient Cost to be reimbursed** includes: contracted services with receipts; recipients's own labor (i.e. landowner labor) to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental with receipts, use of recipient-owned equipment to be valued at current market rental rate; cost of supplies with receipts, including consumable items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.; materials with receipts; materials, if provided by recipient is to be valued at current market price; meeting room rental with receipts; meeting room provided by recipient to be valued at current market price; printing with receipts

*Current volunteer labor rate is the current rate at the time of reimbursement request. **Reimbursement for these costs cannot exceed the obligated amount and must meet the cost share rate. Any recipient costs categorized as "reimbursable" that exceed the obligated award amount can be used as match to an award.***

\*<sup>a</sup> **Recipient Cost designated as match** includes all items list for \*<sup>a</sup>: contracted services with receipts; recipients's own labor to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental with receipts, use of recipient-owned equipment to be valued at current market rental rate; cost of supplies with receipts, including items such as bar oil and two cycle fuel; materials with receipts; materials, if provided to be valued at current market price; meeting room rental with receipts; meeting room provided by recipient to be valued at current market price; printing with receipts. Additionally, recipient cost designated as match includes items not eligible for reimbursement such as supplies and repairs or other parts (i.e. chains, sparkplugs, etc.)

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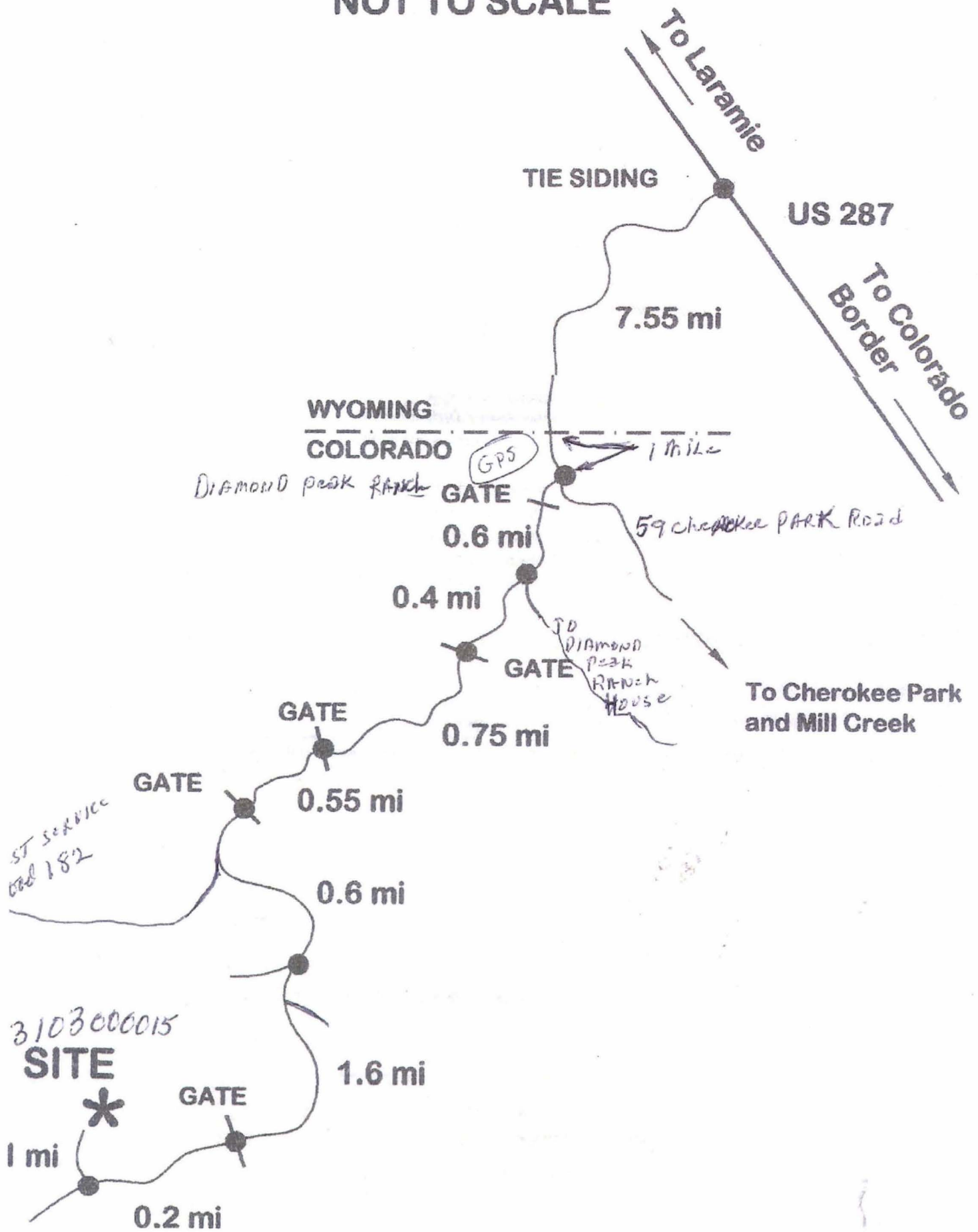
\*<sup>b</sup> This includes: volunteers' labor to be valued at current volunteer labor rate; donated materials/supplies to be valued at market value; donated use of equipment to be valued at rental rate; meeting room provided by a third party to be valued at market price.

Non-recipient costs can be used as match to an award and the recipient will not be reimbursed for these costs

# VICINITY MAP

## Rexford

NOT TO SCALE





2013 HB12-1032  
Colorado Forest  
Restoration Grant  
Program

FOR OFFICIAL USE ONLY	
Entity Submitting Project:	
County:	
Date:	
Dollar Amount Requested:	\$21,000
Matching Share:	\$24,000

Applicant Information	
1	<b>Name of Project:</b> P LAZY 6 ROCKYTOP
	<b>Applicant:</b> BILL AND DIANNA REXFORD
	<b>Contact Person:</b> BILL OR DIANNA REXFORD
	<b>Address:</b> 11316 COUNTY ROAD 70
	<b>City/Zip Code:</b> WINDSOR, CO.60550
	<b>Phone (Work/Cell):</b> 970-481-0230 OR 970-686-5377
	<b>Email:</b> REXFORD.BILL@GMAIL.COM
	<b>Fax:</b>

Community-at-Risk Information	
2	<b>Community Name:</b> LIVERMORE
	<b>County:</b> LARIMER
	<b>Name of CWPP</b> UPPER CHEROKEE PARK CWPP
	<b>Location to obtain/review</b> 1985 PRATT CREEK ROAD, LIVERMORE, CO 80536

Grant Contributors (Matching Share)								
<i>(Applications will be disqualified if sufficient match is not identified.) Please specify the name of each match contributor and the dollar amount of each contribution. Please DO NOT show grant -requested funds in this table. This is for matching share only, which is a minimum of 40 percent of total project cost.</i>								
3	Contributors: (Please specify)	LANDOWNER	YOUTH CORE	BOY SCOUT TROOP				TOTAL
	<b>Dollars (Hard Match):</b>	\$0	\$1,500	\$0	\$0	\$0	\$0	<b>\$1,500</b>
	<b>In-Kind (Soft Match):</b>	\$20,000	\$0	\$2,500	\$0	\$0	\$0	<b>\$22,500</b>
	<b>TOTAL:</b>	<b>\$20,000</b>	<b>\$1,500</b>	<b>\$2,500</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$24,000</b>

Total Project Expense (break down matching share totals from block three)					
4		Grant Share (\$ Amount Requested)	Match (carry from block three above)		TOTAL
			Dollars	In-Kind	
			<b>Personnel / Labor:</b>	\$7,500	\$0
	<b>Operating:</b>	\$8,000	\$0	\$0	<b>\$8,000</b>
	<b>Travel:</b>	\$0	\$0	\$0	<b>\$ 0</b>
	<b>Contractual Services:</b>	\$1,500	\$0	\$0	<b>\$1,500</b>
	<b>Equipment:</b>	\$4,000	\$2,500	\$0	<b>\$6,500</b>
	<b>Indirect Costs:</b>	\$0	\$1,500	\$0	<b>\$1,500</b>
	<b>TOTAL:</b>	<b>\$21,000</b>	<b>\$4,000</b>	<b>\$23,500</b>	<b>\$48,500</b>

**Project Summary (check all that apply and answer related questions)**

Does this project address the protection of water supplies?  Yes  No

Is this project based on an ecological assessment of current conditions?  Yes  No

Is this project identified through a CWPP?  Yes  No

Is this project located within a Firewise Community/USA?  Yes  No

Identify the community(ies). **UPPER CHEROKEE PK, CWPP, LIVERMORE, LARIMER CTY**

Is this project's concept identified in Colorado's State Forest Action Plan (Statewide Forest Resource Assessment & Strategy)?  Yes  No

**Project Objectives (check all that apply) Any box checked needs to be further explained in proposal, and documented and implemented to receive grant reimbursement. See request for proposal-application instructions.**

Reducing threat of large, high-intensity wildfires and the negative effects of excessive competition between trees by restoring ecosystem functions, structures, and species composition, including the reduction of non-native species.

Yes  No

Preserving old and large trees to the extent consistent with ecological values and science.

Yes  No

Replanting trees in deforested areas, if such areas exist in the project area.

Yes  No

Improving the use of, or adding value to, small diameter trees.

Yes  No

Number of acres to be treated: 10

Estimated cost/acre: \$3,500.00

Will the implementation of this project involve a contract with the Colorado Youth Corps Association or another accredited Colorado youth corps?

Yes  No

List the communities directly affected by this project:

**Diamond Creek landowners, Poudre River Ranch, Routt Natl Forest**

Project location (latitude/longitude or legal description):

**100- 300 yards each side of Pratt Creek Rd: 40.9471976 -105.562495 & E along N property boundary**

5

## Project Area Description

All information for the project must fit into the allotted character space provided below.  
Attachments will not be considered by the review committee. **Characters include letters, numbers, spaces and punctuation.**

**Provide a brief overview of the project, project area and concept relevant to Colorado's State Forest Action Plan. Specify size of project and land ownerships involved (e.g. private, county, state, federal, etc.). Include information on the relevant watershed. Submit a single one-page map of the project area (view instructions on request for proposal). 1,750 characters**

- 6 Diamond Creek is a Section (3-11-73) enclosing 16 35+/- AC lots, most with structures, & an Association maintained access road. Neighboring Sections are USFS land, Diamond Peak Ranch & other rural subdivisions. Communities are identified in the Upper Cherokee Park CWPP. Land in Diamond Creek feeds the Pratt Creek/Trail Creek drainage, part of the greater North Fork Poudre watershed. Land is heavily forested with mixed conifer, single-storied stands of Lodgepole pine & aspen groves which hold snowpack for Pratt Creek. Pine beetles have infected 60-70% of all pine stands, & are in red attack phase. Healthy trees are younger (<6"). This project will reduce the impact of insect damage, & the potential impacts of wildfire on private property in Diamond Creek Subd. The project extends work completed in years 2008-2012 toward construction of a fuel break along property lines with adjacent owners on the upwind/downslope boundaries. Proposed project would treat a minimum of 10 acres of private land over 2 summer seasons. Fuel break construction will be extended to the southern property boundary, shared with the USFS (sec 10-11-73). This will assist with planning & implementation of FS treatment projects, currently in development. (per Nehalem Clark, Dick Edwards, USFS). The project addresses concerns relevant to the Colorado State Forest Action Plan by reducing potential wildfire intensity, slowing the spread of insect damage, & helping to restore fire-adapted lands to their expected reference state (CSFS Resource Assessment, 2008). The goals of the CWPP are addressed by reducing the risk & hazard of fire risk around structures & communities & encourages thinning of hazardous fuels in surrounding land.

## Scientific Foundation/Practice Standards

All information for the project must fit into the allotted character space provided below.  
Attachments will not be considered by the review committee. **Characters include letters, numbers, spaces and punctuation.**

**Briefly describe the scientific foundation for the project, specifically the practice standards (e.g. forest management plan, CWPP, professional publications, other professional technical resources, professional foresters or other natural resources professionals) that will be applied to achieve the desired outcome of the project. 1,000 characters**

- 7 Conifer stands to be treated can use a system such as Grey: Characterizing Wildfire Hazard & Risk in Mountain Pine Beetle-Affected Stands. Stands in the NE area are similar to Type 1: Mature Single-Storied Stands of Lodgepole Pine with Low Accumulations of surface fuels: The SW area is similar to Type 3: Mature Multi-Storied Stands of Mixed Conifers with High Accumulations of Surface Fuels. All stands are at the Beetle Infestation/Red Attack Phase, indicating high risk/high hazard. This project will create a fuel break on the N (upwind) boundary on level to shallow sloped land. This project builds a 200' break accommodating the wind & terrain (Fuelbreak Guidelines for Forested Subdivisions & Communities, F. Dennis).  
Harvesting will be done following Landowner Guide To Thinning CSFS, with changes for the heavy beetle damage. Most standing dead trees will be taken; large dead trees will be left at several stems/acre as wildlife trees to help prevent blowdown of remaining trees.

## Protection of Water Supplies

All information for the project must fit into the allotted character space provided below.  
Attachments will not be considered by the review committee. **Characters include letters, numbers, spaces and punctuation.**

**Describe how the proposed project will contribute to the protection of water supplies, such as water quality, water quantity, and/or associated infrastructure. 700 characters**

8

Project will protect part of the watershed of North Fork Poudre River by reducing risk and hazard of catastrophic wildfire in the Diamond Creek Subdivision. Construction of the NE portion of the fuel break clears insect damaged trees away from neighboring properties. Improving health of the aspen stand and reducing fire fuel hazard.

## Scope of Work/Project Timeline

All information for the project must fit into the allotted character space provided below.  
Attachments will not be considered by the review committee. **Characters include letters, numbers, spaces and punctuation.**

**Provide a brief scope of work that clearly describes how grant funds will be spent. Describe what will be accomplished and measurements to define project completion. (This should be more specific than the project description.) 1,500 characters**

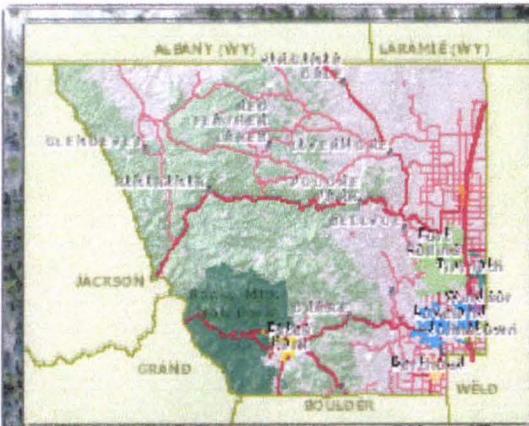
9

A 200' wide fuel break will be constructed along the N and E property boundaries. The project will continue work completed in years 2008-2012 performed by landowner at his expense. Project compliments work done by neighbors and adjacent USFS. Beetle damaged trees <14" diameter will be harvested by applicant's sawyers & limbs will be stacked. Logs will be skidded by landowner's equipment to be delivered to Rocks and Pines in LaPorte, CO. Completion of this part of the project requires about 100 hrs/acre, including skidding & hauling & is proposed as 'in-kind' match. Grant funds will be used to complete the treatment by hiring Larimer Youth Conservation Corp to stack debris at about 2-3 acres/day, (\$1,500/day). Grant funds will also be used to masticate/and remove stumps in areas critical to access for project completion., equipment expense, operating costs & seedlings for replanting.

**Provide a timeline for the project, including significant accomplishment milestones during the project period. 500 characters**

Project timing will have harvesting, log removal completed on 1/2 of project acreage during May - October of each project year. Youth Corp will be contracted in August. Partial reimbursement for Youth Corp may be requested in August 2013, with project completion at summer's end of 2014.

	<b>Collaboration</b>
	<p><b>Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that participated in the design of this project, and describe how such partners will contribute to, or participate in, the project's implementation. Specify the role of any Youth Conservation Corps that will participate in project implementation. 1,000 characters</b></p> <p>This is a private project addressing the goals of CWPP &amp; safety of individual properties &amp; USFS lands.</p> <p>CSFS has made on-site visits (2008) , developed the CWPP, &amp; will administer the grant. The Livermore FPD visited in 2010 &amp; made recommendations for fuel reduction &amp; fire response incorporated into the CWPP.</p> <p>Land owners in Diamond Creek have begun fuel breaks &amp; defensible space.</p> <p>USFS has performed beetle remediation on the N boundary.</p> <p>Phase I Project to be completed fall of 2014.</p>
11	<b>Project Longevity/Maintenance</b>
	<p><b>Identify the long-term benefits of the project and clearly specify the plans to sustain the long-term benefits of the project. 500 characters</b></p> <p>Project will help fulfill the goals of the CWPP by reducing wildfire hazard &amp; risk, while improving access for future projects &amp; returning the forest to a long-term reference state. Treated areas will be reforested using fir, spruce &amp; suitable Christmas Tree stock. Propose using local Boy Scout Troops to assist in replanting.</p> <p>Likely time frame for additional harvest and construction is 3-5 years.</p>




**1985 Pratt Creek Road**  
Created by Laramie County using data from multiple sources. Laramie County makes no warranty as to the accuracy of this product. This map may not reflect recent updates prior to the date of printing.  
Printed: 2/26/13



1985



 County Offices, Courts, and the Landfill will all be closed on Monday, May 30, 2016 for the Memorial Day Holiday.  
Critical services at Larimer County are not disrupted by closures.

## Assessor Property Information

### General Information

**Parcel Number:** 31030-00-015  
**Tax District:** 1914  
**Property Tax Year:** 2016

**Schedule Number:** R1155563  
**Current Mill Levy:** 86.217

**Owner Name & Address**  
REXFORD WILLIAM H  
DIANA L  
5929 SAND CHERRY LN  
TIMNATH, CO 80547

**Property Address**  
1985 PRATT CREEK RD  
LIVERMORE 80536-0000

**Subdivision #:** /031173 - S3 T11 R73  
**Neighborhood #:** 43028

**Legal Description:**  
BEG AT NE COR 3-11-73, TH W S 88 9' 7" W 2618.26 FT TO N 1/4 COR, S 88 7' 59" W 220.73 FT, S 0 21' 34" W 1594.58 FT, S 5 32' 10" W 1896.85 FT TPOB, S 5 32' 10" W 150 FT, E 760 FT, S 5 23' 51" W 220 FT, S 53 43' 57" W 2330.62 FT TO S LN SW 1/4, N 7 21' 12" E 1431.8 FT, N 71 23' 18" E 1024.58 FT TPOB (SPLIT FROM 31030 00 002); ALSO BEG AT NE COR 3-11-73, S 88 9' 7" W 2618.26 FT TO N 1/4 COR, S 88 7' 59" W 220.73 FT, S 0 21' 34" W 1594.58 FT, S 5 32' 10" W 2046.85 FT, E 760 FT, S 5 23' 51" W 220 FT TPOB, S 53 43' 57" W 2330.62 FT, S 89 59' 3" E 980.79 FT TO S 1/4 COR, S 89 33' 1" E 606.51 FT, N 37 23' 53" E 1435.01 FT, N 67 12' W 628.88 FT M/L TPOB (SPLIT FROM 31030 00 002)

### Sales Information

Click a Sale Date to recorded document details or Reception No. to view the document.

Sale Date	Reception No.	Sale Price	Deed Type
08/01/1983	<a href="#">22311567</a>	\$27,800	Warranty Deed

### Value Information

Abstract Code/Description	Value Type	Actual Value	Assessed Value	Net Acres	Net Sq Ft	
1219 Single Family Residence	Improvement		\$70,800	\$5,636	0.00	0
1219L Single Family Residence	Land		\$150,000	\$11,940	70.00	3,049,200
<b>Totals:</b>			\$220,800	\$17,576	70.00	3,049,200

### Building Improvements

<b>Building ID:</b>	001
<b>Property Type:</b>	Residential
<b>Built As:</b>	Ranch
<b>Occupancy:</b>	Single Family Residential
<b>Year Built:</b>	1987
<b>Year Remodel:</b>	
<b>Quality:</b>	Average
<b>Condition:</b>	Average
<b>Class Descr:</b>	
<b>Exterior:</b>	Frame Rustic Log
<b>Interior:</b>	
<b>Heat</b>	None
<b>Roof Type:</b>	Gable
<b>Roof Cover:</b>	Preformed Metal
<b>Foundation:</b>	Block
<b>Rooms:</b>	4
<b>Bedrooms:</b>	1
<b>Baths:</b>	1.00
<b>Units:</b>	1.00
<b>Unit Type:</b>	
<b>Stories:</b>	1.00
<b>Total Sq Ft:</b>	805
<b>Condo Sq Ft:</b>	
<b>Bsmt. Sq Ft:</b>	805
<b>Bsmt. Fin. Sq Ft:</b>	

### Property Attributes & Descriptions

Attribute	Attribute Description
Main Fuel Source	Stove/Wood LC
Power Source	Generator LC
Sewer	Septic LC
Water	Well LC

### Building Detail Type & Description

Detail	Description	Units
Add On	Wood Stove	1
Balcony	Wood Wood Fin	873
Basement	Bsmnt Block 8 ft	805
Basement	Garden Level	805
Basement	Walkout	1
Fixture	Laundry Hook Up	1
Fixture	Shower	1
Fixture	Sink Bathroom	1
Fixture	Sink Standard	1
Fixture	Toilet	1
Fixture	Water Heater	1
Rough In	Rough In	1

### Property Map

[GIS Land Information Locator](#) [GIS Web Maps Portal](#)

This Google map below shows an approximate location of the property based on the address or coordinates where available.  
Note: Larimer County has no control of the content, operation or display of this map.

For parcel maps use one of the following links:  
[GIS Land Information Locator](#) [GIS Web Maps Portal](#)

# Larimer County Land Inform

Created by Larimer County using data sources. Larimer County makes no w accuracy of this product. This map m recent updates prior to the date of pr

