

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete	
District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	9/21/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	David Such
Contact Person:	
Address:	1186 Rowell Dr.
City/Zip Code:	Lyons, CO 80540
Phone (Work/Cell):	303-620-1191
Email:	dbsuch@juno.com
Fax:	

Community At Risk Information			
Name of Project:	Haip/Such Property		
Community Name(s):	Spring Gulch		
County:	Boulder	Congressional District:	2 nd
Latitude (decimal degrees):	40.266 N	Longitude (decimal degrees):	105.333 W
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	
Will this Project be conducted as a Pass-Through Grant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>The project area is located in the Spring Gulch community, just west of the Town of Lyons. Access to the project area is through the main drive, off of Rowell Drive. Slope in the project area is generally moderate, with very few areas exceeding 30%. Vegetation types consist of predominately ponderosa pine, with a mix of douglas fir. Understory composition is primarily random clumps of juniper, with a variety of native grasses shrubs throughout. There is one home on the property.</p>	

Scope of Work / Project Timeline

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

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

4 Project funding will be used to execute fuels reduction throughout the project area, with a strong emphasis on improving forest health. Overstory tree density will be reduced to increase the overall crown spacing of the residual trees. Removal of suppressed, ladder fuels/vegetation will also be of a high priority throughout the project area. Bole-wood material will limbed and cut to manageable lengths, whether hauled off site or stacked appropriately for future firewood consumption. Slash will either be piled appropriately for burning, chipped (with new chip depth not to exceed 4"), lopped and scattered (new slash depth not to exceed 18"), or some combination of the three, granted that all slash gets dealt with. All remaining, uncut trees will be limbed to a minimum of six feet from the ground, or up to 25%, whichever is of the lesser. All stumps heights will be below 4" at the uphill side on average.

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

Landowner will continually monitor project area for undesirable encroaching vegetation, and remove upon detection. Also, landowner will monitor for desirable vegetation re-growth, and limb accordingly, as to reduce potential ladder fuels.

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

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

Provide a timeline for the project

Project work will begin as soon as available contractor is ready, and will continue through completion, which is targeted for Fall, 2012.

Interagency Collaboration

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

5 None

Community Wildfire Protection Plan (CWPP)

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

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	5.0	Estimated cost per acre:	\$1,000.00
	Project Type (check all that apply)			
	Defensible Space	<input checked="" type="checkbox"/>	Thinning w/o Product	<input type="checkbox"/>
	Fuelbreak	<input checked="" type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	<input type="checkbox"/>	Other	<input type="checkbox"/>	

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 2,350.00
	TOTAL:	\$2,350.00	\$ 2,350.00

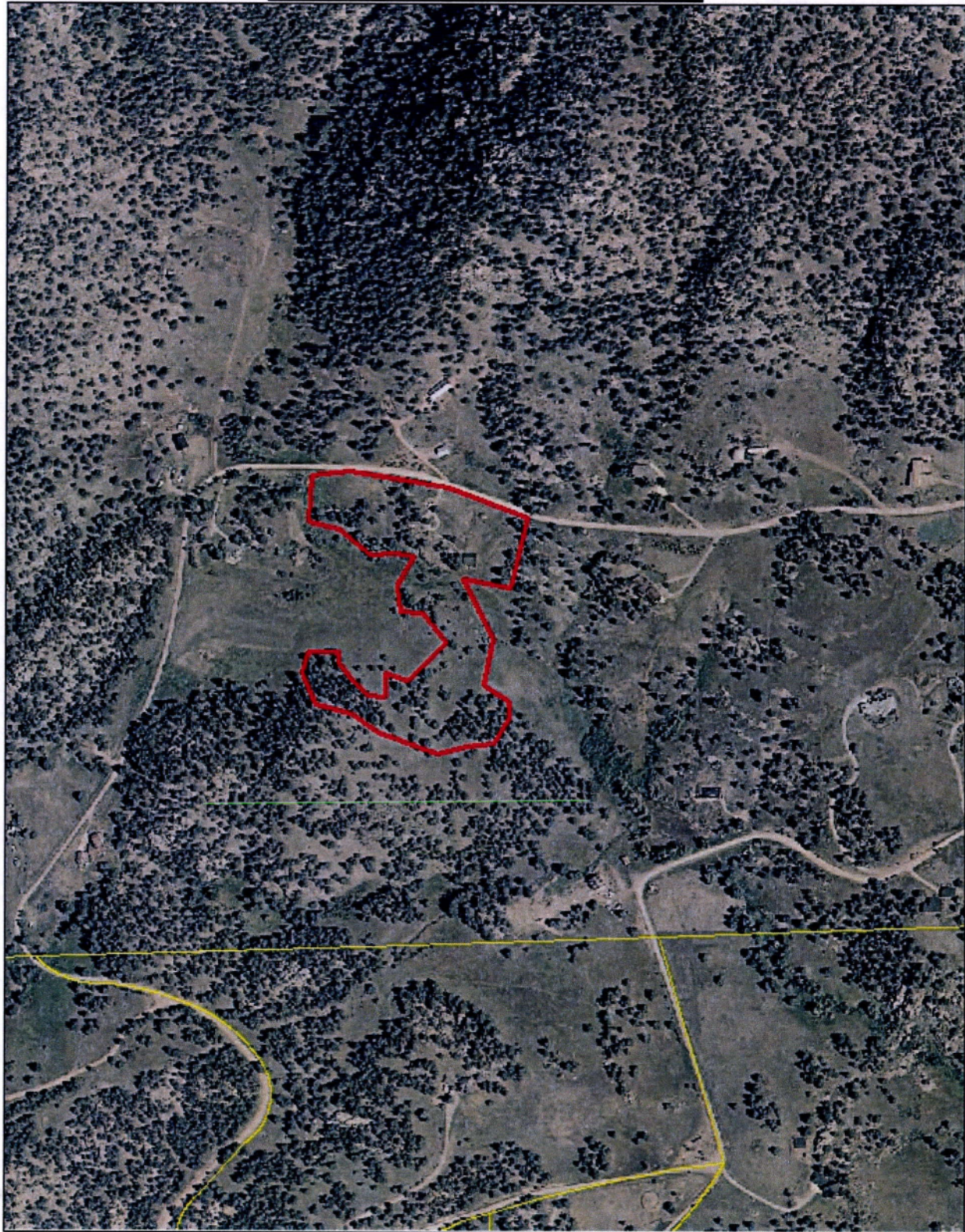
Grant funding may only be used for Contractual Service.

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

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



Attach Project Map Showing Specific Treatment Areas

Haip-Such Proposal



0 187.5 375 750 1,125 1,500 Feet

Haip-Such Proposal: 5 acres

-  Such-Haip_Property
-  BOCO_PARCELS1209



Created By: Bryan Baer
CSFS-Boulder District
September, 2011





Form A-ES

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION****PROJECT NUMBER:** 5308400-80-59
(For Official Use Only)**NAME:** DAVID SUEH
MAILING ADDRESS: 1186 Rowell Dr.
City: Lyons **State:** CO
Zip code: 80540
TELEPHONE NO: 303-823-6084**PROJECT ADDRESS/LEGAL DESCRIPTION:** 1186 Rowell Dr. Lyons, CO 80540**PRACTICES TO BE COMPLETED BY:** FALL 2012
Date*Landowner and CSFS forester:* *CSFS forester:*

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

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

LANDOWNER SIGNATURE: David B. Sueh **DATE:** 5-3-11
*To be completed by CSFS forester:***CSFS FIELD REVIEW SIGNATURE:** _____ **DATE:** _____
(Additional USFWS guidelines addressed)**PROGRAM:****ESF:** _____**Funding Allocated:** Alvin **AMOUNT:** \$2,350.00 **DATE:** 9/6/11
CSFS District Forester

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