To be conducted by: Boulder Mountain Fire Protection District

**Project Number:** 

5366960

**Estimated Project Cost:** 

\$ 90,000.00

Funding provided by CSFS:

\$ 45,000.00

Minimum Recipient Match:

\$45,000.00

Project to be completed by:

June 30, 2014

Based on the strength of the application submitted by the Boulder Mountain FPD, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$45,000.00 to accomplish the project described in the attached scope of work.

As the cooperator, Boulder Mountain FPD will be reimbursed for actual costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Exhibit A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.

Complete and submit through the CSFS Boulder District Office periodic Grant Report(s)/Reimbursement Request(s) using the forms provided in "Exhibit B, B-1 and Form D", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. The District Forester or designee will then forward Exhibit B to the State Office for payment.

C. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

Date:

1/22/12

This funding will remain available until June 30, 2014. Extension is available for this project if requested prior to June 1, 2014.

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

Steve Lynn

1905 Linden Drive Boulder, CO 80304

**Telephone Number: 303-440-0235** 

Email Address: mitigation@bouldermountainfire.org

Fax: 303-440-5247

#### EXHIBIT A **Financial Assistance Program**

#### Cooperative Match Project

SCOPE OF WORK

Project Number: 5366960

Project Name: Boulder Mountain FPD 2013 Hazardous Fuels Reduction Project

Cooperator: Boulder Mountain Fire Protection District

Work to be completed: The following is an excerpt from the application for this grant and will be used to describe the expected work standards:

The residents with properties located along Reed Ranch, Brook Road and Peakview Road have only one way in and out. These access routes have dense tree canopies on each side, making a dangerous resident evacuation and firefighter ingress during a wildfire event. The priority treatments for this project will install shaded fuel breaks at the critical ingress/egress locations in each of the communities. These treatments will also benefit as shaded fuel breaks. All new fuel breaks will tie into existing meadows and anchored to major roadways. The treatments will extend along the community access roads to the extent that the communities matching funds will cover. The work will be performed through a BMFPD sub-award using our Emergency Response/Mitigation Team. Shaded fuel breaks will be setup by Colorado State Forest Service (CSFS) personnel using CSFS guidelines (at least 300 feet wide fuel breaks adjusted for slope and topography). In creating the fuel breaks, ladder fuels will be eliminated, retained trees will have ten foot or greater spacing between crowns. In addition, standard tree health/size/species and diversity will be taken into account during project marking. The fuel breaks will have a combination of chipping done near the roadways and slash piles created in less accessible areas. The slash piles will be burned the following winter.

The requested funds for this project will be sufficient to create 51.4 or more acres of shaded fuel breaks with an approximate width of 300 feet. The priority mitigation acreage outlined in this grant will cover the highest fuels treatment risks for the communities mentioned. Fuels treatment will need to occur within the communities for multiple years to mitigate all potential fire hazards. The most cost effective techniques will be utilized and includes lopping and scattering of slash and contouring the logs greater than 6 inch diameter when outside the range of winches and our trailer mounted chipper. Where feasible the wood cut into fire wood for utilization by the property owners in the winter. The firewood will then be made available to community residents for pick up, thus removing the fuel from the forest at no cost and reusing the fuel to heat homes.

The defensible space standards for this project will follow those outlined in CSFS's publication "Fire 2012-1".

#### Milestone dates:

- December 2012: Meet with homeowners and start advertising service and program.
- January 2013: Begin marking projects and start implementing individual projects
- October 2013-June 2014: Complete wildland fuels mitigation efforts.

Standards or Guidelines: Will meet CSFS guidelines appropriate for document.

Project Period: XX Date to XX DATE

Funded Amount: \$ 45,000.00 Minimum cooperator match: \$45,000.00

Deliverables: 51.4 acres of fuel reduction or 45 defensible spaces to CSFS standards, or a combination of the

two

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. "Exhibit B, Grant Report/ Reimbursement Request, Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

BB 1/23/2013

Rev. January 2013

975 P

#### Colorado State Forest Service State Fire Assistance Grant Application

FOR OFF	IAL USE ONLY
District Submitting Project:	
District Priority Number:	
Dollar Amount Requested:	
Matching Share:	

For guidance on filling in each box in this application, refer to th	e Criteria a	nd Instructions
--	--------------	-----------------

	Applicant Information					
1	Applicant:	Boulder Mountain Fire Protection District				
	Contact Person:	Steve Lynn				
	Address:	1905 Linden Drive				
	City/Zip Code:	Boulder, CO 80304				
	Phone (Work/Cell):	(303) 440-0235/303 859-4661				
	Email:	mitigation@bouldermountainfire.org				
	Fax:	(303) 440-5247				
	Federal Tax ID\DUNS #:	87-0731940				

		Community At Risk Information					
2	Name of Project:	Boulder Mountain Fire Mitigation Project					
	Community Name:	Carriage Hills, Reed Ranch, Pine Brook Hills, and Boulder Heights					
	County(ies):	Boulder					
111	<b>Congressional District:</b>	2					
	Latitude: N 40 05' 35	" Longitude: W 105 19'00"					

	fied if insufficien Specify each	t match is iden match contribu	tified; federal doll tor and the dollar	atching Share) ars DO NOT qualify- see cr amount of each contributio . This is for matching share	
Contributors Name:	Pine Brook	Reed Ranch	Carriage Hills		TOTAL

3	Contributors Name:	Pine Brook	Reed Ranch	Carriage Hills		TOTAL
	Dollars (Hard Match):	\$30,000	\$24,000	\$16,000		\$70,000
	In-Kind (Soft Match):			W.	The state of the s	
	TOTAL:	\$30,000	\$24,000	\$16,000	<b>一种原始</b>	\$70,000

### Total Project Expense (break down matching share totals from block #3)

4	Budget Detail (Provide additional information in Block 7)	Grant Share (\$ Amount	Match (fro	TOTAL	
		Requested)	Dollars	In-Kind	The state of the s
	Personnel / Labor:	\$70,000	\$70000		\$140,000
	Fringe Benefits:				
	Travel:				
	Equipment:				
	Supplies:				
	Contractual:				
	Construction:				
	Other:	3/12			
	Indirect Costs:				
-	TOTAL:	\$70,000	\$70,000		\$140,000
		Bud	get Narrative		

All work on this project will be performed by BMFPD's Emergency Response/Mitigation Team. All funds will be used to mitigate emergency evacuation routes and isolate unmitigated areas in BMFPD's district. If BMFPD receives the funding from this grant it will be used to offset the costs of mitigating acres to the property owners, thus allowing BMFPD to increase the total amount of acres mitigated in the district. Boulder Mountain Fire's mitigation rates are charged on an hourly basis.

BMFPD's 2013 rates are: \$63 per hour per sawyer, \$95 per hour for a brush chipper/haul truck, and \$35 per hour for each chip crew member, and \$35 per hour for each slash pile burning crew member.

BMFPD supplement's the mitigation program from the general operations budget annually at a rate of \$60,000 per year, to decrease the hourly rates and increase the amount of mitigated areas in the district every year.

#### **Project Area Description**

Boulder Mountain Fire Protection District (BMFPD) is located in the Colorado Front Range's Red Zone. The fire district contains the county's highest concentration of mountain homes in a relatively small area. In 2005, BMFPD became the first community in the Colorado State Forest (Boulder District) to complete a Community Wildfire Protection Plan (CWPP).

6

7

BMFPD's CWPP gives highest priority to life safety, public ingress/egress and firefighter access. These priorities identified two urgent tasks; mitigation along highest risk ingress/egress routes and the creation of shaded fuel breaks in critical areas where a potential fire would threaten large segments of the district population. The critical areas are located within gaps in the existing system of maintained fuel breaks near high density forested regions. A majority of homes are built on steep slopes (over 57% exceed 31% slope).

#### Scope of Work

The residents with properties located along Reed Ranch, Brook Road and Peakview Road have only one way in and out. These access routes have dense tree canopies on each side, making a dangerous resident evacuation and firefighter ingress during a wildfire event. The priority treatments for this project will install shaded fuel breaks at the critical ingress/egress locations in each of the communities. These treatments will also benefit as shaded fuel breaks. All new fuel breaks will tie into existing meadows and anchored to major roadways. The treatments will extend along the community access roads to the extent that the communities matching funds will cover. The work will be performed through a BMFPD sub-award using our Emergency Response/Mitigation Team. Shaded fuel breaks will be setup by Colorado State Forest Service (CSFS) personnel using CSFS guidelines (at least 300 feet wide fuel breaks adjusted for slope and topography). In creating the fuel breaks, ladder fuels will be eliminated, retained trees will have ten foot or greater spacing between crowns. In addition, standard tree health/size/species and diversity will be taken into account during project marking. The fuel breaks will have a combination of chipping done near the roadways and slash piles created in less accessible areas. The slash piles will be burned the following winter.

The requested funds for this project will be sufficient to create 93.3 or more acres of shaded fuel breaks with an approximate width of 300 feet. The priority mitigation acreage outlined in this grant will cover the highest fuels treatment risks for the communities mentioned. Fuels treatment will need to occur within the communities for multiple years to mitigate all potential fire hazards. The most cost effective techniques will be utilized and includes lopping and scattering of slash and contouring the logs greater than 6 inch diameter when outside the range of winches and our trailer mounted chipper. Where feasible the wood cut into fire wood for utilization by the property owners in the winter. The firewood will then be made available to community residents for pick up, thus removing the fuel from the forest at no cost and reusing the fuel to heat homes.

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

Project Category 1: Hazard Fuels Reduction / Fire Adapted Ecosystem Restoration

8	Number of acres to be treated: 93	3.3	Estimat	ed cost per acre:	\$1,500.00
	Number of communities directly a	ffected by t	his project:	4	And Annual Control of the Control of
	Project Category 2: Information & E	ducation		Mark	- Harry Wall
	Number of citizens to be reached:	375			
	<b>Project Category 3: Planning</b>				
	Number of residences affected: 25	50			

#### **Interagency Collaboration**

Participants include the BMFPD, CSFS, private landowners, Home Owners Associations (HOAs), and the Boulder County Land Use Department. The CSFS and BMFPD will hold public meetings with the affected landowners to provide information on project plans and educate landowners on the rationale behind specific details of the project. The CSFS will do a majority of the project setup with landowner coordination being done by BMFPD's full time Emergency Response/Mitigation Coordinator. The Boulder County Land Use Department will assist with project setup and could possibly provide the fire department with a chipping grant. The fuels treatment labor will be completed by the BMFPD Emergency Response/Mitigation Crew. The BMFPD crew will be paid through landowner/HOA funds and reimbursed through a CSFS sub award. BMFPD subsidizes one third of the Mitigation Service's annual budget through money collected by property taxes.

Near the Peakview community, the USFS has identified adjacent land for potential treatment. The community hopes their efforts will assist in influencing the USFS to have treatment occur on their nearby lands and allow for additional evacuation routes to create safer access for residents and visitors to the forest. BMFPD's Emergency Response/Mitigation Services has worked with mitigation crews from neighboring districts and private contractors on projects of opportunity that fall along district boundary lines.

#### Community Wildfire Protection Plan (CWPP)

Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) in development Is this project part of the plan? (check one) X yes no Where would we http://csfs.colostate.edu/pages/documents/BoulderMountainFPD CWPP 2006.pdf Is this project identified in your Statewide Forest Resource Assessment and Strategy? X ves no

#### **Project Timeline**

Upon grant award, the BMFPD Emergency Response/Mitigation Coordinator will work with a CSFS representative to organize community meetings, mark project areas, and finalize permissions. Tree cutting will commence in the fall of 2013 following the finalization of project setup, matching fund collection, contract negotiation, and obtaining necessary landowner permissions. Project cutting will continue for two years from the date of award.

BMFPD will assign four seasonal employees to complete work on the proposed mitigation projects for two, 6 month periods during the fall of 2013 and spring/summer 2014.

10

BMFPD will take advantage of the winter weather and dedicate two of its full time employees to burning slash piles generated during the winter months that is located in areas inaccessible to a chipper.

#### Maintenance / Sustainability

BMFPD has an Emergency Response/Mitigation team consisting of eight employees, two full time, three seasonal and three part time employees as well as a full time Emergency Response/Mitigation Coordinator, which are dedicated to maintaining the fuel breaks in the community and monitoring for the signs of insect and disease.

BMFPD relies on funding from the local homeowners associations and a chipping grant from the county to fund the project maintenance.

The CSFS district has a record of all fuel break locations and the dates of completion. BMFPD will review the project area within 10 years to monitor for maintenance needs. BMFPD Emergency Response/Mitigation Services has maintained hundreds of acres of fuel breaks installed of the last 15 years and will commit to maintaining the ones proposed in this grant.

#### Landscape Scale

The mitigation projects listed above encompasses three water drainages; The Left Hand Creek, Four Mile Canyon Creek, and Two Mile Canyon Creek. These drainages supply water to The Left Hand Water District, Pine Brook Hills Water District, City of Boulder, as well as Boulder County in general. The landscape along BMFPD district roads is heavily wooded with evergreens and is in the wildland urban interface. The majority of defensible spaces in the district have been mitigated successfully but this has left areas along property lines and outside the Zone 1 Defensible Space areas mostly untreated and require extensive mitigation to reduce the threat of uncontrollable fire along evacuation routes and driveways.

BMFPD's plan is to utilize the funds provided by the State Foresters Association Grant to take advantage of areas already cleared for defensible space and connect them together, to create continuous mitigated acreage along major evacuation routes. By tying together, existing mitigated acreage the effective area of the fuel breaks installed is increased substantially.

BMFPD has been installing fuel breaks since 1997 with funds provided by various grants including the State Foresters Association Grant. The central location of the fuel breaks proposed in this year's application will help connect past mitigation efforts and make the existing and proposed fuel breaks more continuous and comprehensive across the district and beyond district boundaries. The mitigation projects proposed in this application will allow for the improved health of the forest by the preferentially eliminating weakened, diseased, and damaged trees within the fuel break areas. By removing the diseased, beetle infected, broken and weak trees within the fuel break area the cycle of diseased trees infecting the remaining nearby healthy trees will be broken. Finally by removing the firewood and using it to heat district homes the amount of fuel on the forest floor is reduced and the wood is economically recycled.

ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.

## BMFPD SFA 2012

## REIMBURSEMENT LOG

REINBURSEMENT #	*AMT	TOTAL REIMBURS	E TO DATE
1	\$ 6,406.25	\$ 6,406.25	7.5ac 16
2	\$ 7,468.75	\$ 13,875.00	8,56 AL
3	# 7,852.50	\$ 21,727.50	10,25ac
Roberto 4 3600TE	# 9,318.75	\$ 31,046.25	10.65ac
Reported 5	\$ 9563.75	\$ 40,610.00	11.35 AC 48.31 AC
1/23/14 6	\$4390.00	\$ 45,000 - END -	53.33AC TOTAL

\$3.33 AC TOTAL \$45,000 TOTAL \$843.80/AC/Aug.





#### Colorado State Forest Service Program Payment Request

	GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):						
	Forest Restoration Grant (SB71 and HB1199)						
	Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)						
	Insect and Disease Prevention and Suppression Program						
	State Fire Assistance (a.k.a.: SFA)	X					
	Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)						
	Stevens Fuels Treatment Funds						
	Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)						
	Emergency Supplemental Funds (a.k.a.: ESF)	Language and					
	Checked for Federal suspension and debarment (State Office) http://www.epls	.gov/ 02-03-14					
Name:	Boulder Mountain Fire Protection District	(Ko					
Address:	1905 Linden Dr						
Addi C33.		and for Doumans					
	Boulder, CO 80304	c.s.r.s.					
	~	2810591					
		02-04-14					
		ORO					
appro Grant Nu	above named has submitted a project application that has been used by the Colorado State Forest Service for funding from Federal Assistance: 5366960-BO-BMFPD Cooperator Match:\$6199.00  Funding: \$45,000  Total Project: \$10,589.00	ance.					
Approved	Total Floject. \$10,369.00 %						
CSFS Acc	ount Number: 5366960-6693   ✓ Amount of Payment: \$4390	.00 ~					
'12 CPG S Circle one	FA CG4 Projects Under SFA Boulder 2st Payment 2st Payment 2st Payment 3st Payment Final Payment	nt N					
Approved	by Open Manager signature)  Scott Woods  Date: 1/29/14						

## EXHIBIT B CSFS GRANT REPORT/REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> 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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

. Project/A	ccount #:	5366960			2. Total Award Amo	ount: \$45,000.
	ame: Boulder Mountain		ject		4. Reimbursement Ar	4.0,000
Name: Attn: Address:	ment To: Boulder Mountain Fire Steve Lynn 1905 Linden Drive Boulder, Co 80304	Protection District	/	6. Period of Perfo From: To:	ormance (Project Period 11/1/2013 12/31/2013	i):
lease be spe resentations or this porti bute. All we harked to Co	cific and report numbers, number of plans written on of the project 5.02 acork was completed to Co	such as acres treat n, etc., for which the res wer mitigated a lorado State Forest ices standards. Sta	ted, numbers of defen te award was granted. t 4847 Lee Hill Drive Service recommende	sible spaces, tons o Attach additional s (Figure 1) which c d standards for sha	of cubic feet or yards of sheets as necessary. created shaded fuel breaded fuel breaded fuel breaks. This	the project Scope of Work. Slash collected, number of aks along the Lee Hill evacuat includes cutting down all trees All slash less than 6 inches wa
eimburseme		ot exceed the total p	project award obligati	✓ on as identified in t	the project award notifi	eted and documented above.
	t costs to recipient.	appropriate cost-sl  B. Recipient	C. Non-recipient	he period being bil	led. The reimbursemen	F. Total Match
	A. Award Amount	Contribution	Contribution	Contributions	Requested Amount	Ratio %
	45000	4,390.00		B + C 4390	4390	E/D
	* Use results from Exhibit B <sub>1</sub> F	CARTA VOSCOLOGIO			1	100
Grant Reci  O. Certificat  Work mee	e. award notification, sco pient Signature:	Sight	All expenses and all of	cost-share are true a	Date:	1/22/14
	is available and request i	s approved for rein	nbursement.		Date:	No la
					Date.	1/01/19

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
11/11/13	Palamara Boersma Donovan	Installing fuel break at 4847 Lee Hill Drive to CSFS guidelines.	15	945.00
11/12/13	Palamara Boersma Donovan Farrell Slack	Installing fuel break at 4847 Lee Hill Drive to CSFS guidelines.	27.5	1,732.50
11/13/13	Palamara Boersma Donovan Farrell Slack McGrew	Installing fuel break at 4847 Lee Hill Drive to CSFS guidelines.	25.5	1,606.50
11/13/13	Palamara McGrew Slack	Chipping and hauling of slash at 4847 Lee Hill Drive.	2.5	500.00

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date /

District Forester Signature

1/22/14 Date

Revised 7/2012

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
11/19/13	Palamara Boersma Farrell Slack McGrew	Chipping and hauling of slash at 4847 Lee Hill Drive.	5	1,485.00
11/20/13	Boersma Farrell	Chipping and hauling of slash at 4847 Lee Hill Drive.	5.5	907.50
12/03/13	Palamara Boersma Farrell	Chipping and hauling of slash at 4847 Lee Hill Drive.	4	800.00
12/16/13	Palamara Boersma Farrell	Chipping and hauling of slash at 4847 Lee Hill Drive.	4	400.00
12/18/13	Palamara Boersma Donovan	Chipping and hauling of slash at 4847 Lee Hill Drive.	3.5	300.00

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date '

**District Forester Signature** 

Date

Project/Account #	5366960

#### Form D

Page 3 of 3

#### CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM **COST DOCUMENTATION**

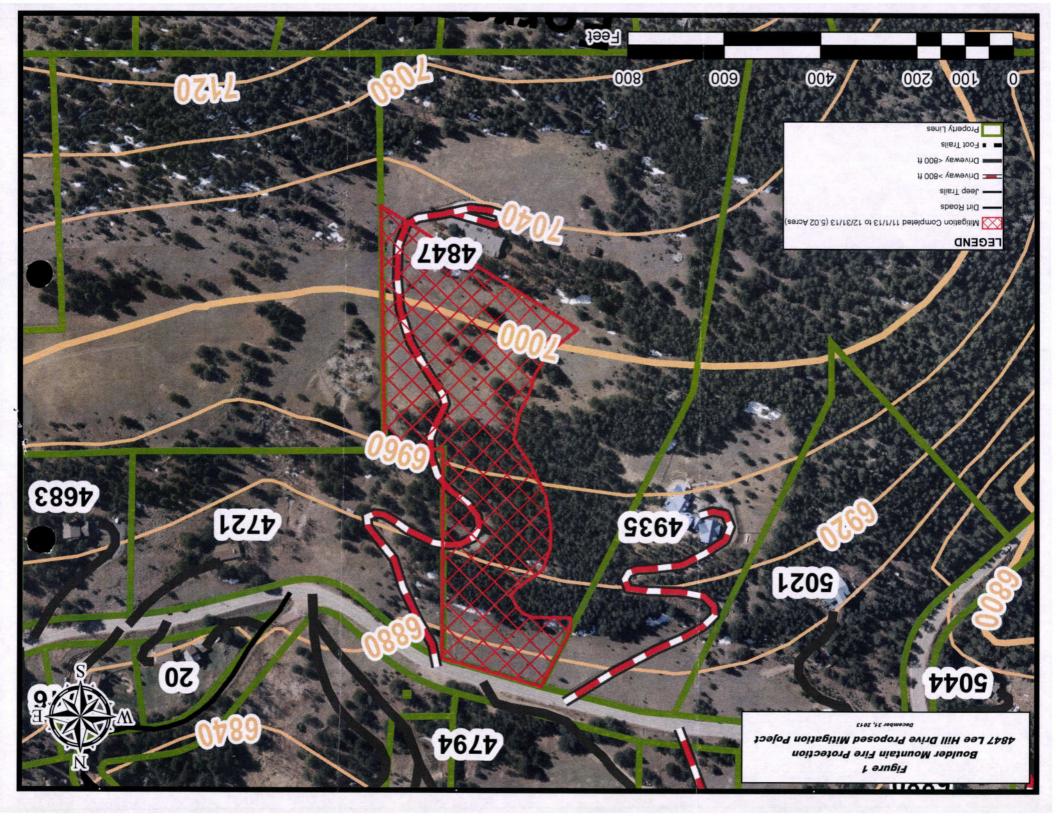
The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
12/19/13	Palamara Boersma Farrell Donovan	Chipping and hauling of slash at 4847 Lee Hill Drive.	2.5	587.5
12/19/13	Boersma Farrell Donovan	Chipping and hauling of slash at 4847 Lee Hill Drive.	2.5	500.00
12/26/13	Donovan Boersma	Chipping and hauling of slash at 4847 Lee Hill Drive.	5	825.00
	100			
			102.5	E E Karea
deflect	B1 Financial Asother contribution	ssistance Programs Reimbursement Calculation Worksheet to be sure you account for to some provided to complete project, or phase of project.  District Forester Signature	he type of ac	etivities,

## Boulder Mountain Fire Protection District SFA Grant - Project Number 5366960-BO

Award \$45,000

Total	Current Payment	5th Payment	4th Payment	3rd Payment	2nd Payment	1st Payment	Payment History:
\$45,000.00	\$4,390.00	\$9,563.75	\$9,318.75	\$7,852.50	\$7,468.75	\$6,406.25	Amount
	Doc Nbr 2810591	Doc Nbr 2742695	Doc Nbr 2586609	Doc Nbr 2521800	Doc Nbr 2388059	Doc Nbr 2316877	Reference
	2/4/2014	12/12/2013	8/29/2013	7/19/2013	5/2/2013	3/15/2013	Date



Hi, Allen.

This copy is for your Boulder District Office

files.

Best regards. Karen Carlin (970) 491-3006





#### Colorado State Forest Service Program Payment Request

Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)  Stevens Fuels Treatment Funds  Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)  Emergency Supplemental Funds (a.k.a.: ESF)  Checked for Federal suspension and debarment (State Office) http://www.epls.gov,  BOULDER MOUNTAIN FPID  1905 Linder St.  Boulder CO 80304  Approve  Approve  bove named has submitted a project application that has been reviewed by the Colorado State Forest Service for funding from Federal Assistance  mber: 5366960-B0-BmFPD Cooperator Match: \$12,431  Funding: \$45,000 Total Project: \$21,995  count Number: 536990-693  Amount of Payment: \$956  SFA CG4 Projects Under SFA Boulder  1st Payment 2nd Payment Payment Final Payment  by Abbards Date: 12/11/13		GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Insect and Disease Prevention and Suppression Program  State Fire Assistance (a.k.a.: SFA)  Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)  Stevens Fuels Treatment Funds  Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)  Emergency Supplemental Funds (a.k.a.: ESF)  Checked for Federal suspension and debarment (State Office) http://www.epls.gov,  Boulder Mountain FPI  1905 Linder St.  Boulder CO 80304  Approvement Approvement State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Service for funding from Federal Assistance and the Colorado State Forest Servi		Forest Restoration Grant (SB71 and HB1199)	
State Fire Assistance (a.k.a.: SFA)  Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)  Stevens Fuels Treatment Funds  Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)  Emergency Supplemental Funds (a.k.a.: ESF)  Checked for Federal suspension and debarment (State Office) http://www.epls.gov.  BOULDER MOUNTAIN FPID  1905 Linden Dr.  BOULDER, CO 80304  Approve  Approve  Approve  Approve  Approve  Dove named has submitted a project application that has been reviewed by the Colorado State Forest Service for funding from Federal Assistance  The Cooperator Match: \$ 12,431  Funding: \$ 45,000 ~ Total Project: \$ 21,995  Count Number: \$ 366960-663  Cooperator Match: \$ 21,995  Count Number: \$ 366960-663  Amount of Payment: \$ 956  SFA CG4 Projects Under FA Boulder  End Payment  Total Payment  Final Payment  Date: \$ 12/11/13	,	Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)  Stevens Fuels Treatment Funds  Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)  Emergency Supplemental Funds (a.k.a.: ESF)  Checked for Federal suspension and debarment (State Office) http://www.epls.gov,  Boulder Mountain FPI  1905 Linden Dr.  Boulder CO 80304  Approvement Approvement Approvement State Office) http://www.epls.gov,  Cooperator Match: \$12,431  Funding: \$45,000 Total Project: \$21,995  Dount Number: 5366960-6673  Amount of Payment: \$956  SFA CG4 Projects Under SFA Boulder  1st Payment 2nd Payment Payment Final Payment  by Abbards  Date: 12/11/13	1	Insect and Disease Prevention and Suppression Program	
Stevens Fuels Treatment Funds  Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)  Emergency Supplemental Funds (a.k.a.: ESF)  Checked for Federal suspension and debarment (State Office) http://www.epls.gov,  BOULDER MOUNTAIN FPI  1905 Linden Dr.  BOULDER, CO 80304  Approve  Approve  Approve  Approve  Approve  Approve  Cooperator Match: \$ 12,431  Funding: \$ 45,000 ~ Total Project: \$ 21,995  BOULDER STA CGH Projects Under STA Boulder  STA CGH Projects Under STA Boulder  STA Payment 2nd Payment  By May May Date: 12/11/13	1	State Fire Assistance (a.k.a.: SFA)	X
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)  Emergency Supplemental Funds (a.k.a.: ESF)  Checked for Federal suspension and debarment (State Office) http://www.epls.gov,  Boulder Mountain FPD  1905 Linden Dr.  Boulder, CO \$0304  Approve  Approve  bove named has submitted a project application that has been reviewed by the Colorado State Forest Service for funding from Federal Assistance  mber: 536690-BO-BMFPD Cooperator Match: \$12,431  Funding: \$45,000 Total Project: \$21,995  count Number: 536696-6693 Amount of Payment: \$956  SFA CG4 Projects Under SFA Boulder  1st Payment 2nd Payment Final Payment  by Abburnel Date: 12/11/13	1	Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Emergency Supplemental Funds (a.k.a.: ESF)  Checked for Federal suspension and debarment (State Office) http://www.epls.gov/ Boulder Mountain FPD  1905 Linden Dr.  Boulder CO \$0304  Approved by the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado State Forest Service for funding from Federal Assistance of the Colorado Service for funding from Federal Assistance of the Colorado Service for funding from Federal Assistance of the Colorado Service for funding from Federal Assistance of the Colorado Service for funding from Federal Assistance of the Colorado Service for funding from Federal Assistance of the Colorado Service for funding from Federal Assistance of the Colorado Service for funding	,	Stevens Fuels Treatment Funds	
Checked for Federal suspension and debarment (State Office) http://www.epls.gov,  Boulder Mountain FPID  1905 Linden Dr.  Boulder, CO 80304 Approv  bove named has submitted a project application that has been reviewed by the Colorado State Forest Service for funding from Federal Assistance in the state of the state			
Bourse Mountain FPD  1905 Linsen Dr.  Bourser, CO 80304  Approve Development of the project application that has been revised by the Colorado State Forest Service for funding from Federal Assistance on the state of the project of t	-	Emergency Supplemental Funds (a.k.a.: ESF)	
Boulder, CO 80304  Approve Dove named has submitted a project application that has been revised by the Colorado State Forest Service for funding from Federal Assistance of the Following from Federal Assistance of the Federal A		THE RESERVE WAS A STREET OF THE RESERVE OF THE RESE	
runt Number: 5366960-80-807 Total Project: \$21,995  STA CG4 Projects Under STA Bounder  1st Payment 2nd Payment Payment Final Payment  Date: 12/11/13		Boulder, CO 80304 Appr	oved 27
bunt Number: 5366960-6693 Amount of Payment: \$956  SFA CG4 Prosects Under SFA Boulder  1st Payment 2nd Payment Final Payment  by About Start Date: 12/11/13	m	ber: 5366960-Bo-BMFPD Cooperator Match: 4 12,4	31.2
by Strands Date: 12/11/13	0	unt Number: 5366960-6693 Amount of Payment: 995	
by St mpl Date: 12/11/13	ne:	1 <sup>st</sup> Payment 2 <sup>nd</sup> Payment Final Paymen	t
(Program manager signature) Scott Woods	<b>1</b> Ł	(Program manager signature)	

## EXHIBIT B CSFS GRANT REPORT/REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> 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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

	Account #:	5366960			2. Total Award Amo	ount: \$45,000
3. Project N	Name: Boulder Mountain	Fire Mitigation Pro	oject		4. Reimbursement A	
5. Make Pay Name: Attn: Address:	yment To: Boulder Mountain Fire Steve Lynn 1905 Linden Drive Boulder, Co 80304	Protection District	,	6. Period of Perform: To:	ormance (Project Period 8/1/2013 10/30/2013	i):
Please be spepresentation: For this port were mitigat (Figure 5), 1 shaded fuel I	s, number of plans writter tion of the project 1 acre vited at 228 Wildwood (Fig75 acres were mitigated breaks along these evacuations.)	s such as acres treat, etc., for which the was mitigated at 22 ure 3), and 1 acre at 772 North Cedation routes. All w	ted, numbers of defence award was granted.  High View (Figure was mitigated at 5044) Brook (Figure 6), and order was completed to	asible spaces, tons of Attach additional states.  1), 1.6 acres were received the Hill Drive (Figure 2) acres were miting Colorado State Formalis (Figure 2).	of cubic feet or yards of sheets as necessary.  mitigated at 101 Meadogure 4), 0.5 acres were gated at 276 Forrest Lirest Service recommen	the project Scope of Work.  slash collected, number of    (350)  whook Way (Figure 2), 3.5 ac mitigated at 508 Peakview ane (Figure 7) which created ded standards for shaded fuel ag all logs greater than 6 inches
Reimbursem equest amou	nent request amount cannount must comply with the ct costs to recipient.	ot exceed the total appropriate cost-s	project award obligati	on as identified in	the project award notif	ication. The reimbursement at amount cannot exceed the
	A. Award Amount	B. Recipient				
	A. Award Amount	Contribution	Contribution	Contributions	Requested Amount	Ratio %
	45000 * Use results from Exhibit B <sub>1</sub> F	Contribution 9,563.75 inancial Assistance Pro	Contribution \$12,431,25	Contributions B+C 421,905	Requested Amount	Ratio % E/D 43%
locuments (i	45000  * Use results from Exhibit B <sub>1</sub> F Cost Documentation or other a	9,563.75 inancial Assistance Propproved documentation	Contribution  \$12,431,25  grams Reimbursement Calcon with Exhibit B to request reliable to the complete section of the complete sectin section of the complete section of the complete section of the	Contributions  B+C  \$ 21,995  culation Worksheet to concimbursement.	9563.75 mplete table above. Include E	Ratio % E/D 43%
ocuments (i Grant Reci	45000  A Use results from Exhibit Bi F Cost Documentation or other a that to the best of my knoi.e. award notification, scolipient Signature:	9,563.75 inancial Assistance Propproved documentation	Contribution  \$12,431,25  grams Reimbursement Calcon with Exhibit B to request reliable to the complete section of the complete sectin section of the complete section of the complete section of the	Contributions  B+C  \$ 21,995  culation Worksheet to concimbursement.	9563.75 Implete table above. Include Easys reported are for the and accurate.	Ratio % E/D 43% xhibit B <sub>1</sub> and Form D
Grant Reci  O. Certifica  Work mee	45000  A Use results from Exhibit Bi F Cost Documentation or other a that to the best of my knoi.e. award notification, scolipient Signature:	9,563.75 inancial Assistance Propproved documentation wheeledge this report ope of work, etc.).	Contribution  \$12,431,25  grams Reimbursement Calc with Exhibit B to request r  is correct and comple All expenses and all	Contributions  B+C  \$ 21,905  culation Worksheet to consimbursement.	Requested Amount  9563.75  Implete table above. Include Examples and accurate are for the land accurate.  Date:	Ratio % E/D 43% xhibit B <sub>1</sub> and Form D
Grant Reci  O. Certifica  Work mee	45000  * Use results from Exhibit Bi F Cost Documentation or other a that to the best of my knoi.e. award notification, scoipient Signature:	9,563.75 inancial Assistance Propproved documentation  welledge this report ope of work, etc.).	grams Reimbursement Calcon with Exhibit B to request residue to the complex of th	Contributions  B+C  Sulation Worksheet to combursement.  ete, and that all outloost-share are true and the Scope of W	Requested Amount  9563.75  mplete table above. Include E  ays reported are for the and accurate.  Date:	Ratio % E/D 43% xhibit B <sub>1</sub> and Form D

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
7(18/13	Palamara Boersma Donavan	Installing fuel break at 276 Forrest to CSFS guidelines.	10	630.00
	McGrew Slack			
7/22/13	Bozeman Slack	Installing fuel break at 772 North Cedar Brook to CSFS guidelines.	11	693.00
7/22/13	Palamara Farrell McGrew	Chipping slash at 772 North Cedar Brook.	1.5	300.00
7/24/13	Palamara Farrell McGrew Slack	Chipping slash at 5044 Lee Hill Drive.	2.5	587.50
7/25/13	Boersma Farrell	Installing fuel break at 772 North Cedar Brook to CSFS guidelines.	6	1,134.00
7/25/13	Palamara McGrew Slack	Chipping slash at 772 North Cedar Brook.	6.5	409.5

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

3754

Grant Recipient Signature

Project/Account #

11 30 13 Date

District Forester Signature

11/30/13 Date

Revised 7/2012

Project/Account # 5366960\_

## CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM COST DOCUMENTATION

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
8/8/13	Boersma Farrell Donovan	Chipping slash at 276 Forrest Lane.	3	400.00
8/12/13	Palamara Boersma Farrell Donovan	Chipping slash at 276 Forrest Lane.	1	235.00
8/13/13	Boersma Donovan	Installing fuel break at 508 Peakview to CSFS guidelines.	8	504.00
8/13/13	Palamara Farrell Slack	Chipping slash at 508 Peakview.	4	800.00
8/14/13	Palamara Boersma Farrell Donovan Slack	Chipping slash at 508 Peakview.	3.75	1,012.50

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

2951,50

Grant Recipient Signature

Date

**District Forester Signature** 

ate

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
29/13	Palamara Farrell McGrew Slack	Chipping slash at 276 Forrest Lane.	1	235.00
7/29/13	Palamara Farrell McGrew Slack	Chipping slash at 772 North Cedar Brook.	11	117.50
8/1/13	Palamara Boersma	Installing fuel break at 772 North Cedar Brook to CSFS guidelines.	10	630.00
8/5/13	Palamara Farrell Donovan	Chipping slash at 772 North Cedar Brook.	3	600.00
8/6/13	Boersma McGrew Slack	Chipping slash at 276 Forrest Lane.	6	1,134.00
8/8/13	Slack	Installing fuel break at 276 Forrest Lane to CSFS guidelines.	126	409.5

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

11 30 13 Date

**District Forester Signature** 

11/30/13 Date

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
19/13	Boersma Farrell Donovan	Chipping slash at 5044 Lee Hill Drive	.25	58.75
8/20/13	Slack Palamara Slack	Installing fuel break at 222 High View to CSFS guidelines.	10.5	661.50
8/20/13	McGrew Boersma Donovan	Chipping slash at 222 High View.	1	165.00
8/21/13	Palamara Donovan Farrell Slack	Chipping slash at 220 High View.	1.25	293.75
2/21/13	Palamara Farrell Donovan Slack	Installing fuel break at 228 Wildwood to CSFS guidelines	4	252.00

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, 1431 expenses and other contributions provided to complete project, or phase of project.

**Grant Recipient Signature** 

**District Forester Signature** 

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
8/29/13	Palamara Farrell Donovan Bozeman	Chipping slash at 228 Wildwood Lane.	3	705.00
9/3/13	Palamara Slack McGrew	Installing fuel break at 228 Wildwood to CSFS guidelines	4	252.00
9/3/13	Slack Donovan	Chipping slash at 228 Wildwood Lane.	2	330.00
9/4/13	Donovan Slack	Installing fuel break at 228 Wildwood to CSFS guidelines	5.5	346.00
9/4/13	Palamara Farrell Donovan Slack	Chipping slash at 228 Wildwood Lane.	3	495.00
9/13	Boersma Donovan Bozeman	Chipping slash at 228 Wildwood Lane.	2.5	500

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

2622

Grant Recipient Signature

Date 11/30/13

District Forester Signature

Date

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
10/2/13	Palamara Boersma Farrell	Installing fuel break at 101 Meadowlook Way to CSFS guidelines.	12	756.00
	Donovan , McGrew			*
10/3/13	Palamara Slack McGrew	Chipping slash at 101 Meadowlook Way	3	600.00
10/15/13	Boesma Farrell Donovan	Installing fuel break at 228 Wildwood to CSFS guidelines.	16.5	1,039.50
10/15/13	Palamara Slack	Chipping slash at 228 Wildwood Lane	5	825.00
10/16/13	Palamara Farrell Slack	Installing fuel break at 228 Wildwood to CSFS guidelines.	16.5	1,039.50
10/16/13	Boersma Donovan	Chipping slash at 228 Wildwood Lane.	5.5	907.50

<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date

District Forester Signature

1/20/3 Date

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
0/21/13	Palamara Boersma Farrell	Installing fuel break at 101 Meadowlook Way to CSFS guidelines.	13	819.00
	Donovan Slack			
10/22/13	Farrell Donovan	Installing fuel break at 228 Wildwood to CSFS guidelines.	6	378.00
10/22/13	Palamara Boersma Slack	Chipping slash at 228 Wildwood Lane	6	1,200.00
10/31/13	Palamara Boersma Farrell Donovan McGrew	Chipping slash at 101 Meadowlook Way	2	540.00

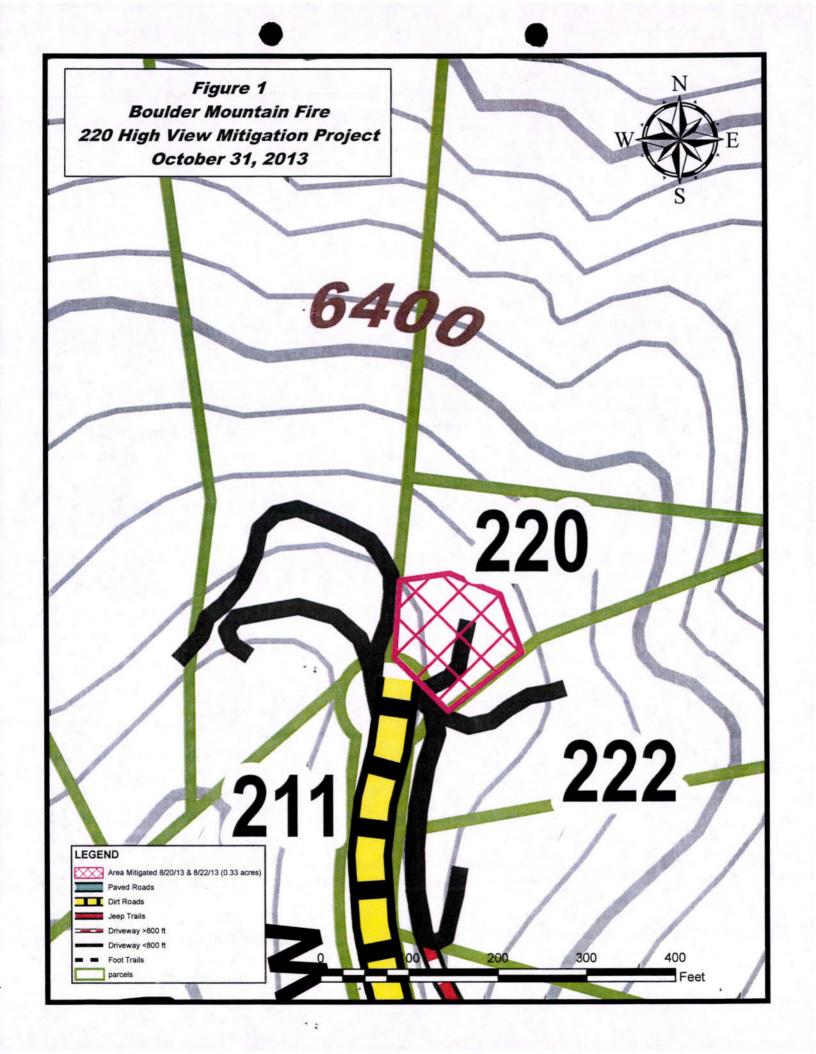
<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

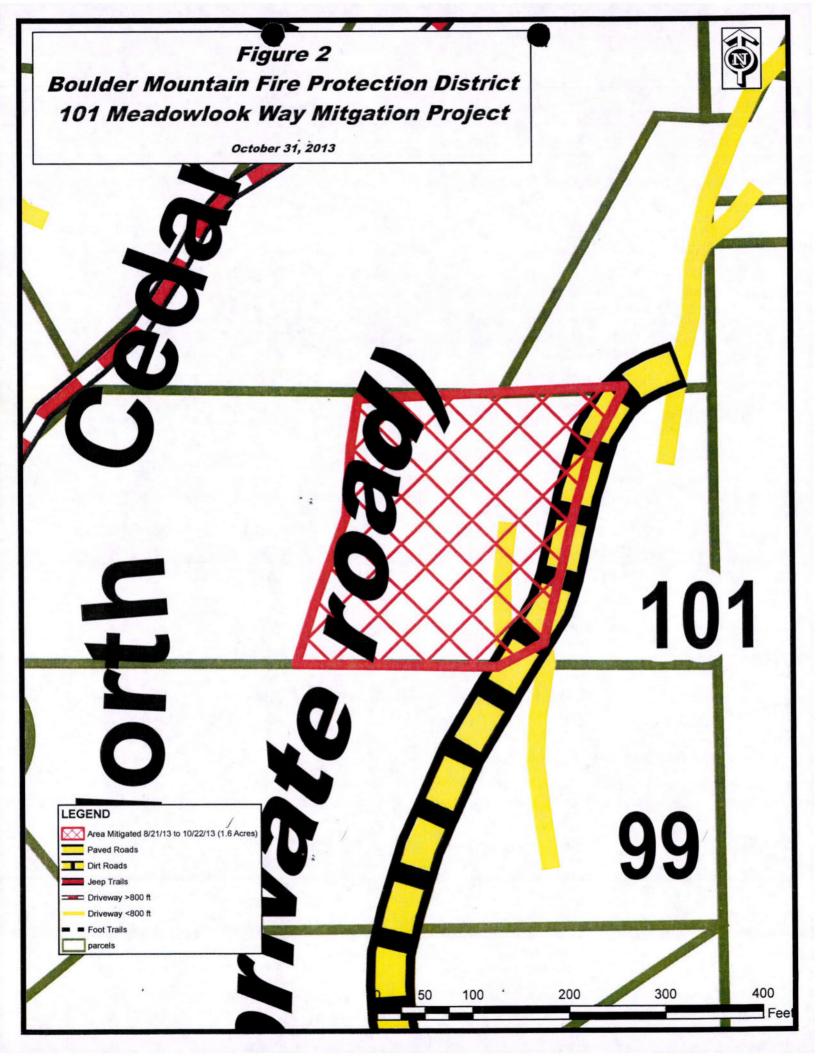
4.21,995 3 10,997 SD

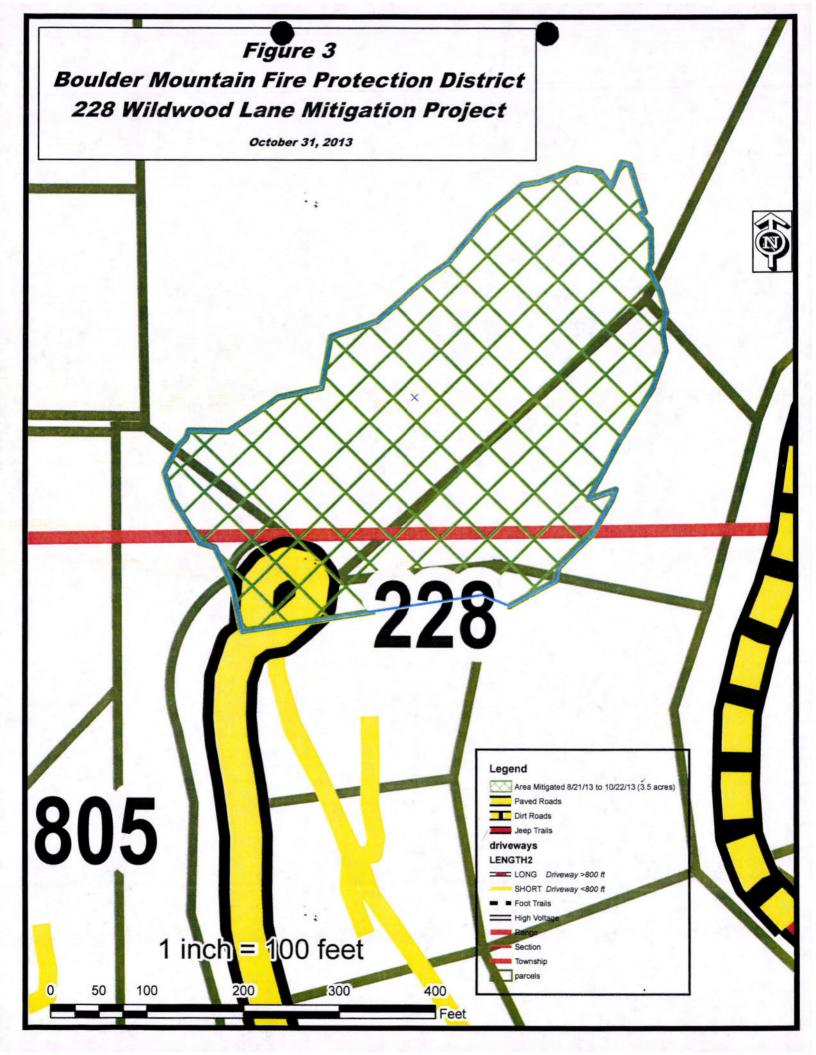
**Grant Recipient Signature** 

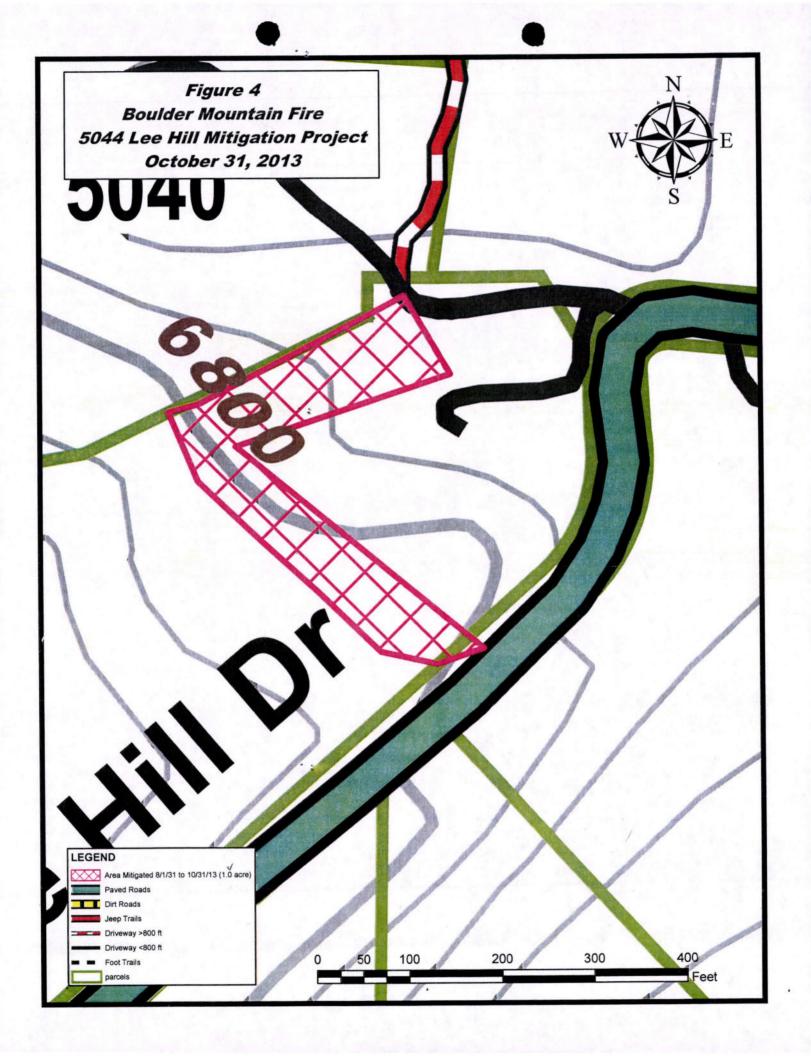
**District Forester Signature** 

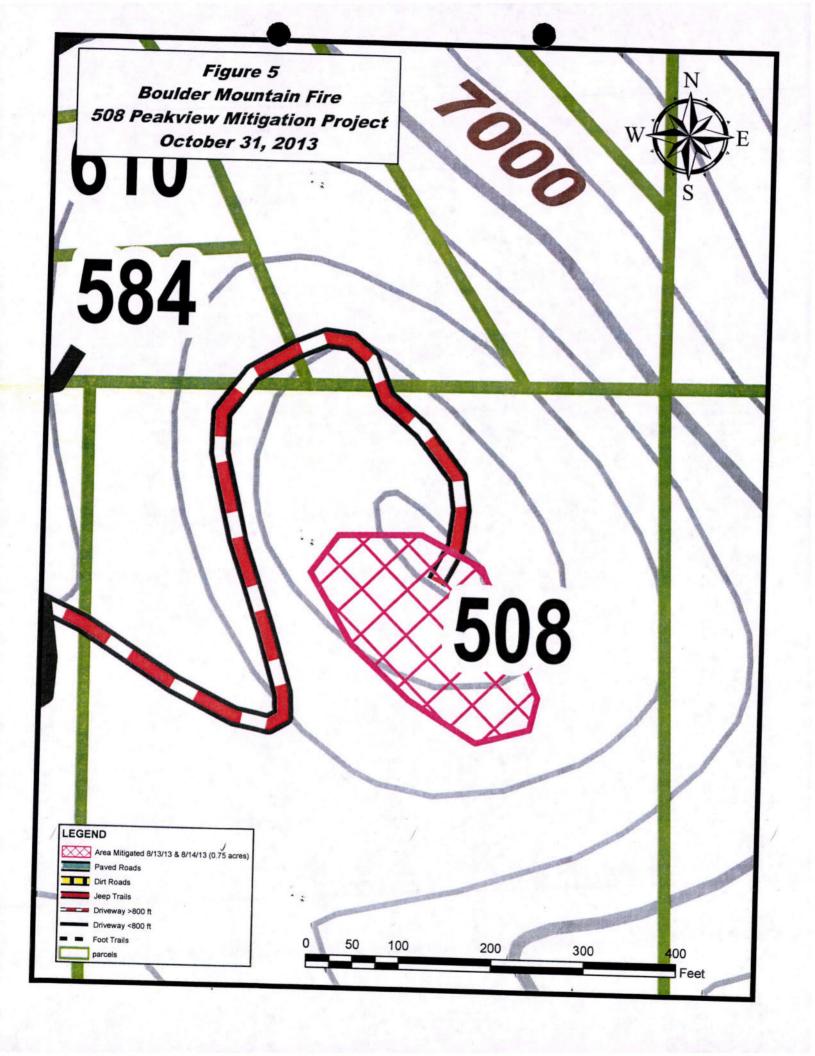
Revised 7/2012











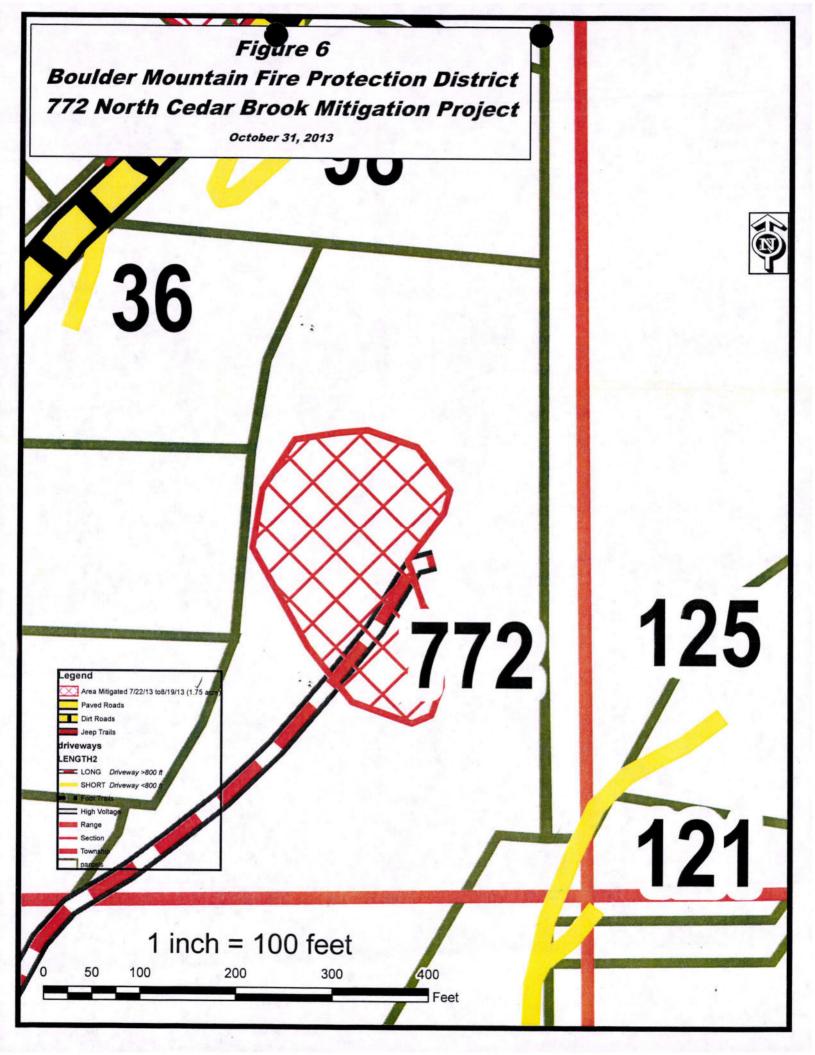


Figure 7
Boulder Mountain Fire Protection District
276 Forrest Lane Mitigation Project
October 31, 2013



# 276 Forest Li

Area Mitigated 7/18/13 to 8/12/13 (2 acres)
Paved Roads
Dirt Roads
Jeep Trails
Driveway >800 ft
Priveway <800 ft
Foot Trails
parcels





#### Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):

	Forest Restoration Grant (SB71 and HB1199)	
	Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
	Insect and Disease Prevention and Suppression Program	
	State Fire Assistance (a.k.a.: SFA)	X
*	Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
	Stevens Fuels Treatment Funds	
	Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
	Emergency Supplemental Funds (a.k.a.: ESF)	
Name:	Checked for Federal suspension and debarment (State Office) http://www.epls.g	ov/ 08-28-13
Address:	1905 LINDEN DR.	
	BOULDER, CO 80304 Appl	oved for Payment
	~	2586609
		08-29-13
		Oto
	above named has submitted a project application that has been reved by the Colorado State Forest Service for funding from Federal Assista	nce.
Grant Nu	mber: 5366960 - BO - BMFPD Cooperator Match: \$ 12,	313.75 4
pproved	Funding: \$\\\\ 45,000.00 \\ \rightarrow Total Project: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
SFS Acc	ount Number: 536960 - 6693 (Amount of Payment: # 9,	318.75 ~
112CP	SFA CGY Projects Under uth SFA-Boulde	0
ircle one		
	Apr. 8 2/20/1	3
pproved	(Program manager signature)	

## EXHIBIT B CSFS GRANT REPORT/REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> 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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

1. Project/A	Account #:	5366960	0		2. Total Award Amo	ount:	\$45,000.0
3. Project N	Name: Boulder Mountair	Fire Mitigation Pro	oject		4. Reimbursement A	mount to Date: \$ 31	046.25
5. Make Pa	yment To:			6. Period of Perfo	rmance (Project Period	d):	10 10 2
Name:	Boulder Mountain Fire	Protection District	1	From:	6/1/2013		
Attn: Address:	Steve Lynn 1905 Linden Drive			To:	7/31/2013		
Address.	Boulder, Co 80304						
Please be sp presentation For this port 5035 Lee Hi (Figure 5) w standards for logs greater 8. Reimburs Reimbursem	s been accomplished? Precific and report numbers, number of plans written of the project 1.5 actill Drive (Figure 3), 0.65 which created shaded fuel r shaded fuel breaks. The than 6 inches in diameter sement Request: I request the request amount cannut must comply with the	rs such as acres treaten, etc., for which the res were mitigated a acres were mitigated abreaks along these his includes cutting r. All slash less that treimbursement in the exceed the total	ated, numbers of defence award was granted at (Figure 1), 5 acres and at 116 Deer Trail 1 evacuation routes. Adown all trees marked in 6 inches was chipper the amount of \$	were mitigated at 28 Road (Figure 4), and All work was compled to Colorado State I bed and chips were diagrams.	f cubic feet or yards of theets as necessary.  300 Carriage Hills (Fig 0.5 acres were mitigated to Colorado State).  Forest Services standar istributed on the prope for the work complete project award notifit is the pro	f slash collected, num  our 2), 3 acres were noted at 228 Wildwood. Forest Service recommends. Stacking or contenty.  10.65 Acres were noted at 228 Wildwood. Forest Service recommends. Stacking or contenty.	ber of nitigated at Lane mended buring all above.
equebt minot		appropriate cost-s	naie requirement for	the period being bin	ed. The reimbursemen	t amount cannot exce	ed the
actual projec	A. Award Amount	B. Recipient	C. Non-recipient	D. Total	E. Reimbursement	F. Total Match	
actual projec	et costs to recipient.	B. Recipient Contribution	C. Non-recipient Contribution	Contributions	E. Reimbursement Requested Amount	Ratio %	
actual projec	A. Award Amount	Contribution	Contribution	Contributions B+C	Requested Amount	Ratio % E / D	
actual projec	A. Award Amount  45000  * Use results from Exhibit Bi	Contribution  1 21,6325	Contribution	Contributions  B+C  \$21,632.50	Requested Amount  9318.75	Ratio % E/D ≈ 57%	
I certify documents (i.e., i.e., i.e.	A. Award Amount	Contribution  21,632.9  Financial Assistance Propapproved documentation  owledge this report	Contribution  40.00  grams Reimbursement Cal with Exhibit B to request	Contributions  B+C  \$21,632.50  [culation Worksheet to converimbursement.]	Requested Amount  9318.75  plete table above. Include E.	Ratio % E/D ≈ 57% xhibit B <sub>1</sub> and Form D	the projec
I certify to locuments (i.e., Grant Reci	A. Award Amount  45000  * Use results from Exhibit Bi Cost Documentation or other  that to the best of my kn .e. award notification, so	Contribution  21,632.9  Financial Assistance Propapproved documentation  owledge this report	Contribution  40.00  grams Reimbursement Cal with Exhibit B to request	Contributions  B+C  \$21,632.50  [culation Worksheet to converimbursement.]	Requested Amount  9318.75  applete table above. Include Extra properties are for the accurate.	Ratio % E/D ≈ 57% xhibit B <sub>1</sub> and Form D	the project
O. I certify locuments (i.  Grant Reci O. Certificat	A. Award Amount  45000  * Use results from Exhibit Bi Cost Documentation or other  that to the best of my kn.e. award notification, so	Contribution  21,632.9  Financial Assistance Propapproved documentation  owledge this report ope of work, etc.).	contribution  O.00  grams Reimbursement Call with Exhibit B to request is correct and comple All expenses and all	Contributions  B + C  \$ 21,632.50  Collation Worksheet to contrelimbursement.  ete, and that all outla cost share are true and the cost share	Requested Amount  9318.75  applete table above. Include Entry's reported are for the and accurate.  Date:	Ratio % E/D ≈ 57% xhibit B <sub>1</sub> and Form D	the project
O. I certify to locuments (i. Grant Recion Certificate Work mee	A. Award Amount  45000  * Use results from Exhibit Bi Cost Documentation or other  that to the best of my kn.e. award notification, so ipient Signature:	Contribution  21,632.9  Financial Assistance Propapproved documentation  owledge this report ope of work, etc.).	contribution  O.00  grams Reimbursement Call with Exhibit B to request is correct and comple All expenses and all	Contributions  B + C  \$ 21,632.50  Collation Worksheet to contrelimbursement.  ete, and that all outla cost share are true and the cost share	Requested Amount  9318.75  aplete table above. Include Entry's reported are for the and accurate.  Date:	Ratio % E/D ≈ 57% xhibit B <sub>1</sub> and Form D	the project
O. I certify of documents (in Grant Reciples Work mee	A. Award Amount  45000  * Use results from Exhibit Bi Cost Documentation or other  that to the best of my kn.e. award notification, so ipient Signature:  tion:	Contribution  21,632.5  Financial Assistance Propapproved documentation  owledge this report ope of work, etc.).	contribution  Contribution	Contributions  B + C  \$ 21,632.50  Collation Worksheet to contrelimbursement.  ete, and that all outla cost share are true and the cost share	Requested Amount  9318.75  applete table above. Include Entry reported are for the accurate.  Date:	Ratio % E/D ≈ 57% xhibit B <sub>1</sub> and Form D	/3

#### Exhibit B<sub>1</sub>

(Accompanies Exhibit B-Reimbursement Request)

A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs)  INCLUDES: (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)	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer)  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 market price) (meeting room provided to be valued at market price)  While non-recipient contributions can be used as match	D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement	F. Total Match Ratio (Cost-share rate) (E / D)
	(use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes 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 to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) Current volunteer labor rate is the currect rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost	to an award, the recipient will not be reimbursed for these contributions.			
645,000.00	on or other approved documentation to support calculations	180.00	\$21,632.50	\$9,318.75	57%

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
6/6/13	Bozeman Farrell slack	Installing fuel breaks to CSFS guidelines	11	693
6/10/13	Palamara Donovan Slack	Installing fuel breaks to CSFS guidelines	18	1134
6/10/13	Boersma Farrell Bozeman	Chipping slash	6	1200
6/11/13	Palamra Farrell Bozeman	Installing fuel breaks to CSFS guidelines	18	1134
6/11/13	Donovan Slack	Chipping slash	6	990
6/18/13	Boersma	Installing fuel breaks to CSFS guidelines	6.5	409.5

<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date

**District Forester Signature** 

Date

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$
6/18/13	Palamara Donovan Slack Farrel	Chipping slash	7.5	1527.5
6/19/13	Palamara Boersma Donovan Slack Farrell	Installing fuel breaks to CSFS guidelines	25.5	1606.5
6/20/13	Donovan Slack	Installing fuel breaks to CSFS guidelines	7.5	472.5
6/20/13	Palamara Boersma Farrell	Chipping slash	4.5	900
6/25/13	Palamara Boersma Donovan	Chipping slash	5	1000

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date

**District Forester Signature** 

Date

Revised 7/2012

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Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
6/26/13	Palamara Boersma Slack Donovan	Chipping slash	5	1175
7/1/13	Boersma Donovan	Installing fuel breaks to CSFS guidelines	11	693
7/1/13	Palamara Bozeman Farrell	Chipping slash	4.75	950
7/3/13	Palamara Boersma Bozeman Farrell Donovan Farrell	Installing fuel breaks to CSFS guidelines	33	2079
7/8/13	Palamara Bozeman Farrell Donovan Slack	Installing fuel breaks to CSFS guidelines	22.5	1417.5

<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date

**District Forester Signature** 

Date

Revised 7/2012

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
7/9/13	Boersma Palamara Farrell Slack Donovan	Installing fuel breaks to CSFS guidelines	25	1575
7/10/13	Boersma Bozeman Donovan	Installing fuel breaks to CSFS guidelines	9	567
7/11/13	Palamara Boersma Donovan Farrell Slack	Installing fuel breaks to CSFS guidelines	15	945
7/30/13	Boersma Palamara	Installing fuel breaks to CSFS guidelines	8	504
7/30/13	Slack McGrew	Chipping Slash	4	660

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Project/Account #

Date

**District Forester Signature** 

9 15 13 Date

# EXHIBIT B CSFS GRANT REPORT/REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> 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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

1. Project/A		5366960			2. Total Award Amo	
3. Project N	Jame: Boulder Mountain	Fire Mitigation Pro	oject		4. Reimbursement A	mount to Date: \$ 31,046.2
5. Make Pay Name: Attn: Address:	Boulder Mountain Fire Steve Lynn	Protection District		6. Period of Perfo From: To:	rmance (Project Period 6/1/2013 7/31/2013	d):
Please be sport presentation: For this port 5035 Lee Hi (Figure 5) w standards for	ecific and report numbers, number of plans writte ion of the project 1.5 acr ll Drive (Figure 3), 0.65 hich created shaded fuel	s such as acres tream, etc., for which the swere mitigated a acres were mitigated breaks along these is includes cutting of	ted, numbers of defence award was granted at (Figure 1), 5 acres at at 116 Deer Trail I evacuation routes. Addown all trees marke	nsible spaces, tons of Attach additional sequences were mitigated at 28 Road (Figure 4), and All work was compled to Colorado State 1	f cubic feet or yards of theets as necessary. 300 Carriage Hills (Fig 0.5 acres were mitigated to Colorado State Forest Services standar	the project Scope of Work.  f slash collected, number of gure 2), 3 acres were mitigated ted at 228 Wildwood Lane Forest Service recommended rds. Stacking or contouring all erty.
Reimbursem request amou	ement Request: I request ent request amount cannount must comply with the ct costs to recipient.  A. Award Amount	ot exceed the total p	project award obligat	tion as identified in t	he project award notified. The reimbursement	ication. The reimbursement amount cannot exceed the
	Brook States of the State of th	Contribution	Contribution	B+C	Requested Amount	Ratio %
	45000	\$ 21,632.5	40.00	\$21,632.50	<b>5</b> 9318.75	≈ 57%
Grant Reci	ipient Signature:	pproved documentation	is correct and compl	ete, and that all outla	ays reported are for the	e purposes set forth in the projection of the pr
10. Certifica	tion:	0.				
District Fo	ets minimum standards an	Allall		S in the Scope of W	ork. Date:	8/15/13
11. Funding	is available and request i	s approved for rein	nbursement.			71
Program N	Manager Signature:				Date:	

### Exhibit B<sub>1</sub>

(Accompanies Exhibit B-Reimbursement Request)

A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs)  INCLUDES: (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	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer)  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 to be valued at market price)	D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement	F. Total Match Ratio (Cost-share rate) (E / D)
	must be documented) (equipment rental with receipts) (use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes 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 with receipts) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) Current volunteer labor rate is the currect rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost	While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.			
\$45,000.00	\$ 21,632.50 on or other approved documentation to support calcula	\$0.00	\$21,632.50	\$9,318.75	57%

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6/11/13	Palamra Farrell Bozeman	Installing fuel breaks to CSFS guidelines	18	1134
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<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

**District Forester Signature** 

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6/25/13	Palamara Boersma Donovan	Chipping slash	5	1000

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Revised 7/2012

(|31|13) Date

**District Forester Signature** 

8/5/13 Date

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7/1/13	Palamara Bozeman Farrell	Chipping slash	4.75	950
7/3/13	Palamara Boersma Bozeman Farrell Donovan Farrell	Installing fuel breaks to CSFS guidelines	33	2079
7/8/13	Palamara Bozeman Farrell Donovan Slack	Installing fuel breaks to CSFS guidelines	22.5	1417.5

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Grant Recipient Signature

Date

**District Forester Signature** 

Date

Revised 7/2012

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7/10/13	Boersma Bozeman Donovan	Installing fuel breaks to CSFS guidelines	9	567
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7/30/13	Boersma Palamara	Installing fuel breaks to CSFS guidelines	8	504
7/30/13	Slack McGrew	Chipping Slash	4	660

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date

**District Forester Signature** 

9 15 13 Date

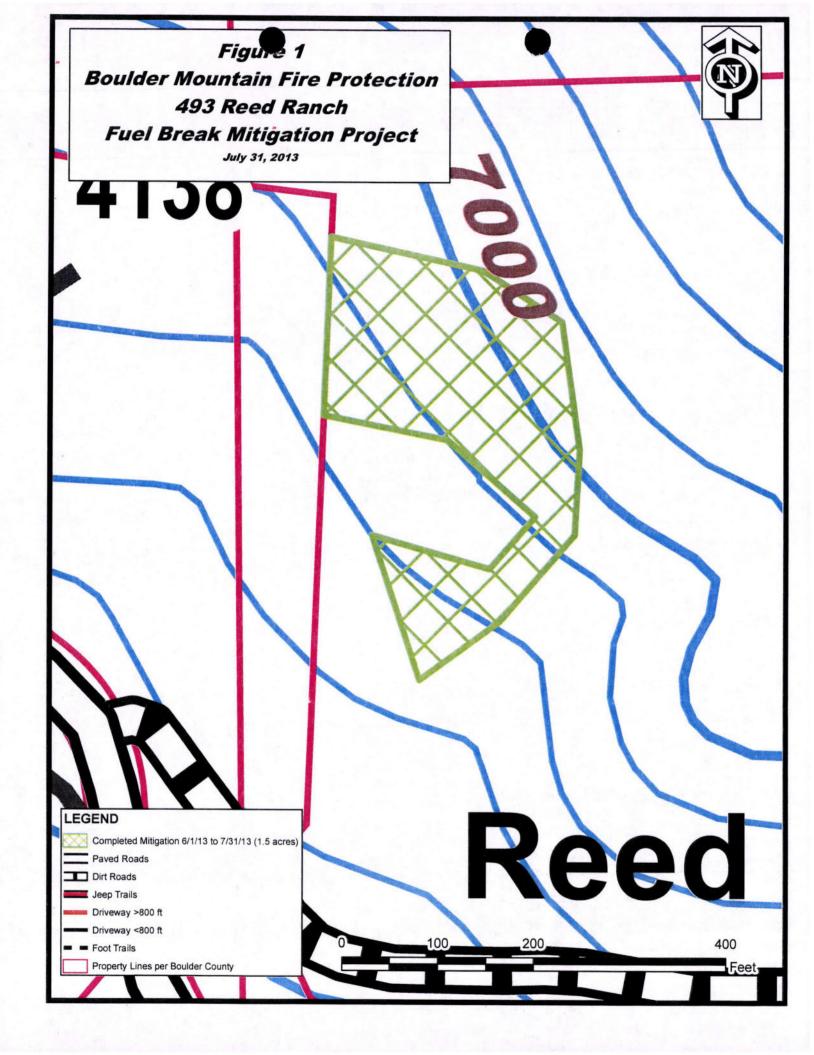
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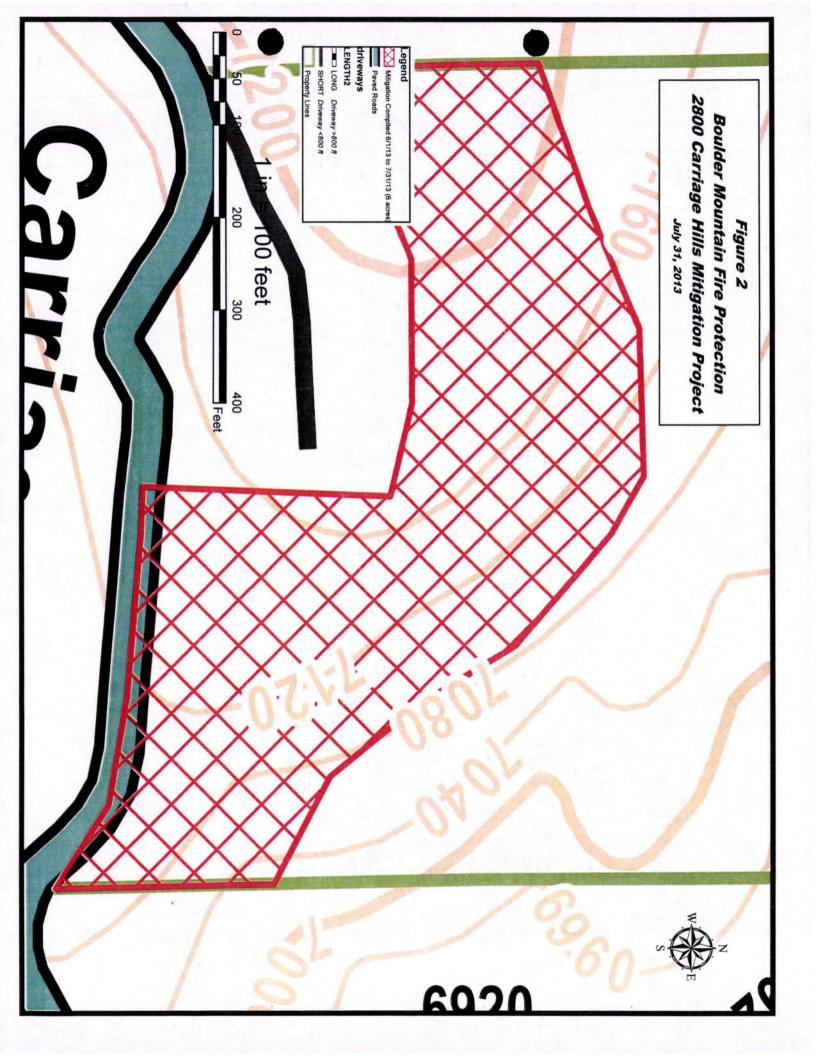
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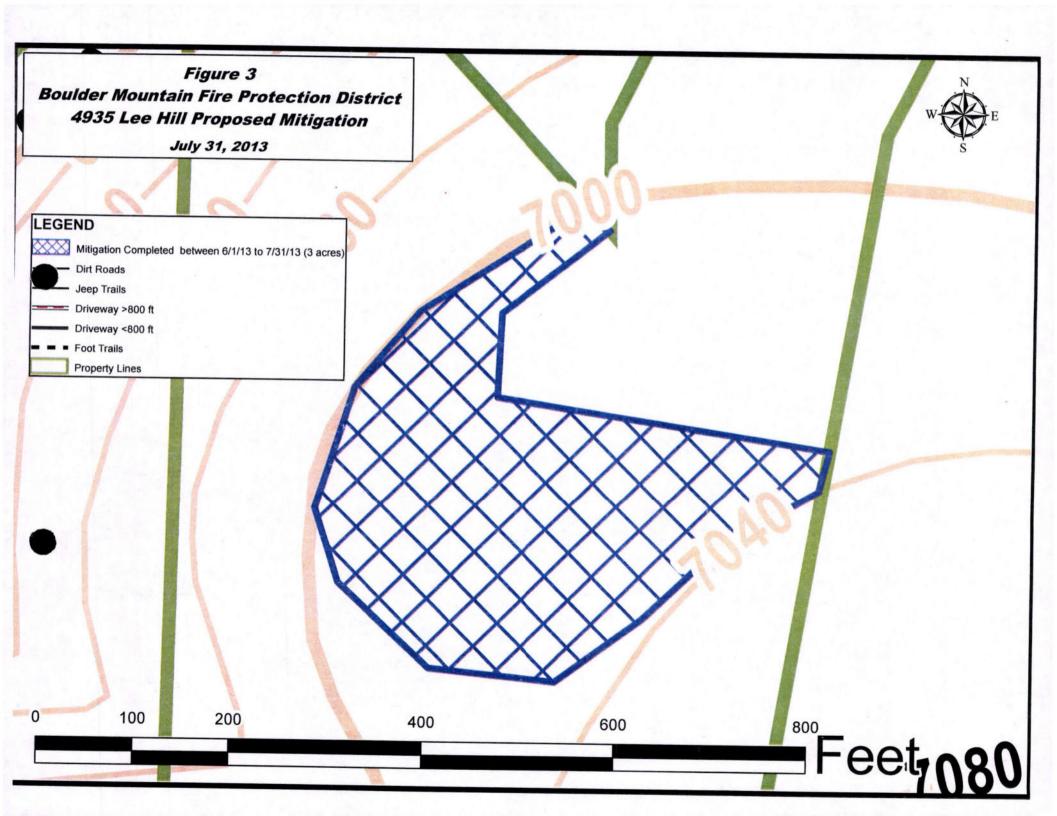
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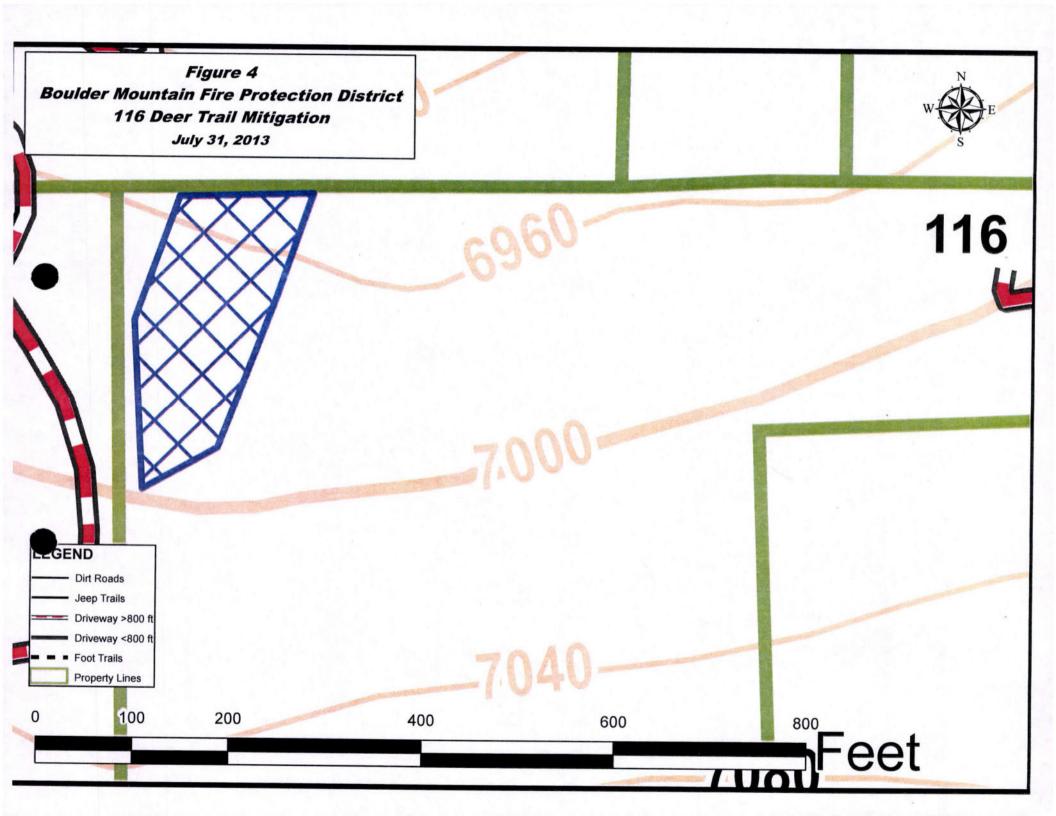
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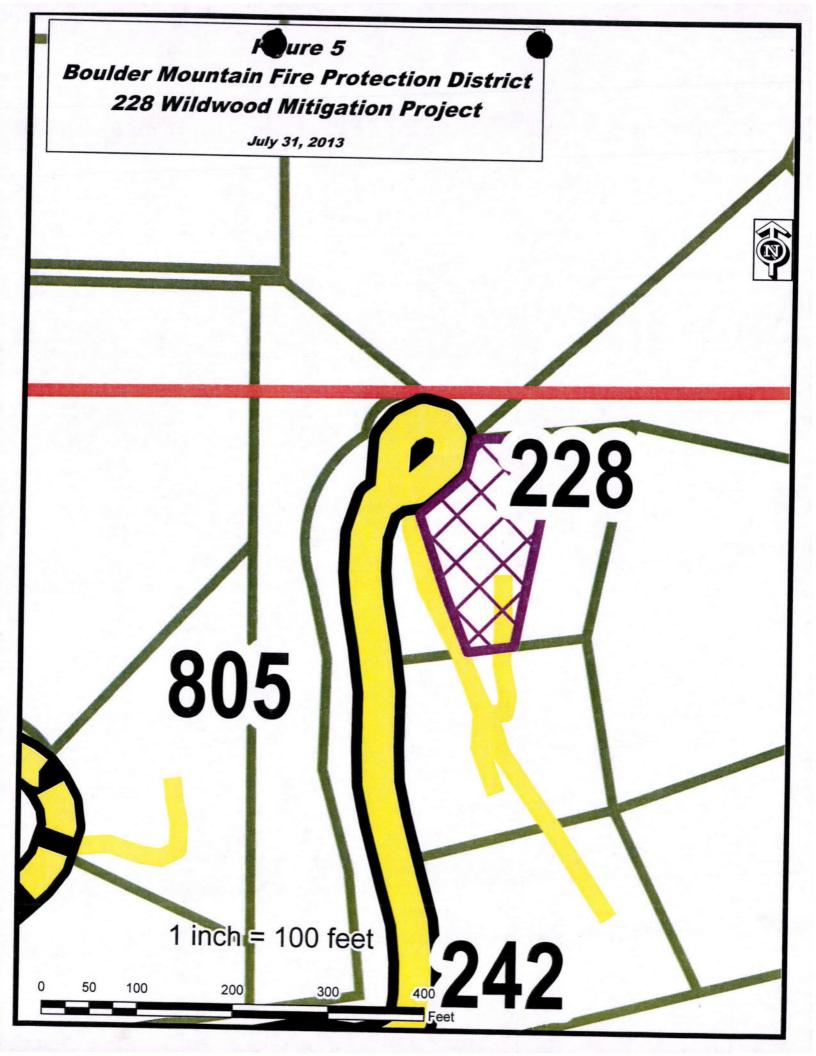
STANDARD FORM 261 (5/78) Prescribed by USDA-USDI (NWCG Handbook No. 2)











7/22/13

Hi. Allen.

This copy is for your Boulder District Office files.

Best regards, Karen Carlen (970) 491-3006







### Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	X
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	
BOULDER MOUNTAIN FPD	(Ko)
ss: 1905 LINDEN DRIVE	
BOULDER, CO 80304	pproved for Paym
~	2521800
	07-19-13
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Parabove named has submitted a project application that has been proved by the Colorado State Forest Service for funding from Federal Assistance    Number: 5366960 - 80	ance. 302.50 ✓
ved Funding: \$ 45,000.00 N Total Project: \$ 18,155	~
CCOUNT Number: 5366960-800 Amount of Payment: \$ 7	1852.50
one: 1 <sup>st</sup> Payment 2 <sup>nd</sup> Payment 3 <sup>rd</sup> Payment Final Paymen	nt
red by (Program manager signature) Date: 7/17/	3

## EXHIBIT B CSFS GRANT REPORT/REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> 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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

Project Name: Boulder Mountain Fire Mitigation Project  Make Payment To:  Make Payment To:  Steve Lynn  Address: 1905 Linden Drive  Boulder, Co 80304  What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work ase be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of sentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.  This portion of the project 1 acre was mitigated at 360 Alpine Way(Figure 1). 2 acres were mitigated at 342 Brook Circle (Figure 2), and 0.5 acres were mitigated at 1800 Carriage Hill Drive (Figure 4), and 2.8 acres were mitigated at 1810 Carriage Hill Drive (Figure 9), and 1.2 acres were mitigated at 191 Drive (Figure 4), and 2.8 acres were mitigated at 191 Drive (Figure 5), and 0.5 acres were mitigated at 191 Drive (Figure 9) which created ded fuel breaks along these evacuation routes. All work was completed to Colorado State Forest Service recommended standards for shaded finel breaks along these evacuation routes. All work was completed to Colorado State Forest Service recommended standards for shaded finel breaks along these evacuation routes. All work was completed to Colorado State Forest Service recommended standards for shaded finel breaks along these evacuation routes. Contribution for the period being billed. The reimbursement amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement uses amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the total project costs to recipient.  A. Award Amount Contribution Contribution Contribution Requested Amount F. Total Match Ratio %  B. Recipient Contribution Contribution Contributions Requested Amount F. Total Match Ratio %  B. Contribution Contribution Contribution Contribution		nt #·	5366960			2. Total Award Amo	unt. ¢	45,000
Make Payment To:    All Color Mountain Fire Protection District Name: Boulder Mountain Fire Protection District Name: Boulder Mountain Fire Protection District Name: Steve Lynn Address: 1905 Linden Drive Boulder, Co 80304   What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work asse be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of sentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.   10.725 cacces were mitigated at 360 Alpine Way(Figure 1), 2 acres were mitigated at 43 Brook Cigle (Figure 2), and 3 acres were mitigated at 44 Pine View (Figure 6), and 3 acres were mitigated at 44 Pine View (Figure 6), and 3 acres were mitigated at 44 Pine View (Figure 6), and 4 acres was mitigated at 60 Sky Trail Road (Figure 3), and 5 acres were mitigated at 430 Alpine Way (Figure 1), 2 acres were mitigated at 493 Lee Hill Drive (Figure 4), and 2 acres were mitigated at 41 Pine View (Figure 6), and 3 acres were mitigated at 493 Lee Hill Drive (Figure 9), and 4 acres were mitigated at 493 Lee Hill Drive (Figure 9), and 5 acres were mitigated at 493 Lee Hill Drive (Figure 9), which created def their breaks along these evacuation routes. All work was completed to Colorado State Forest Service recommended standards for shaded figure 10 acres were mitigated at 493 Lee Hill Drive (Figure 9), which created def their breaks along these evacuations are standards for shaded figure 1), and 2 acres were mitigated at 493 Lee Hill Drive (Figure 9), which created def their breaks along the search of the work complete dated and documented above mbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount cannot exceed the total project costs for recipient.    A. Award Amount   B. Recipient   C. Non-recipient   Con					A STATE OF THE STA			43,000
Same: Soulder Mountain Fire Protection District To: 5/31/2013  What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work are be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.  What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Local Review of State			i ne minganon Fro	усск	6 Period of Perfo			
ase be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of sentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.  this portion of the project 1 bere was mitigated at 360 Alpine Way(Figure 1). Paces were mitigated at 342 Brook Citele (Figure 2), and 0.5 acres were mitigated at 360 Peakview Road (Figure 3), and 2.3 cares were mitigated at 1800 Carriage Hill Drive (Figure 9), and 2.3 cares were mitigated at 360 Alpine Way(Figure 6), and 3 cares were mitigated at 360 Alpine Way(Figure 6), and 3 cares were mitigated at 361 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitigated at 4931 Level Hill Brive (Figure 9), and 2.3 cares were mitiga	Name: Bou Attn: Stev Address: 190	ılder Mountain Fire ve Lynn 15 Linden Drive			From:	4/1/2013	1).	
re mitigated at 506 Peakview Road (Figure 3), and 2 heres were mitigated at 1800 Carriage Hill Drive (Figure 4), and 2.5 acres were mitigated at 10 Carriage Hill Drive (Figure 5), and 0.55 acres were mitigated at 41 Pine View (Figure 6), and 1 load of 57 Sky Trail Road (Figure 3) and 1.2 acres were mitigated at 4935 Lee Hill Drive (Figure 9) which created ded fuel breaks along these evacuation routes. All work was completed to Colorado State Forest Service recommended standards for shaded figures are mitigated at 4935 Lee Hill Drive (Figure 9) which created ded fuel breaks along these evacuation routes. All work was completed to Colorado State Forest Service recommended standards for shaded figures are mitigated at 4935 Lee Hill Drive (Figure 9) which created ded fuel breaks along these evacuation routes. All work was completed to Colorado State Forest Service recommended standards for shaded figures are mitigated at 4935 Lee Hill Drive (Figure 9) which created ded fuel breaks along these evacuation routes. All work was completed to Colorado State Forest Service recommended standards for shaded figures and the project costs of the work completed and documented above mbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement amount cannot exceed the project costs to recipient.  A. Award Amount B. Recipient C. Non-recipient Contribution B. Recipient Contribution B. Recipient Contribution B. Recipient Contribution B. Recipient Requested Amount Recipient Signature:  D. Toertify 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 purpose of work meets minimum standards and specifications as Section by the CSFS in the Scope of Work.  Date: 7 1 5 1 5 1	ease be specific	and report number	s such as acres trea	ted, numbers of defer	nsible spaces, tons o	of cubic feet or yards of	slash collected, numb	er of
mbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement usest amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the tall project costs to recipient.    A. Award Amount	ere mitigated at 00 Carriage Hi , and L.4. access	506 Peakview Road Il Drive (Figure 5), were mitigated at 50	d (Figure 3), and <mark>2</mark> and 0.25 acres wer 044 Lee Hill Drive	acres were mitigated e mitigated at 41 Pine (Figure 8), and 1.25 a	at 1800 Carriage Hi View (Figure 6), a cres were mitigated	Il Drive (Figure 4), and 1 acre was mitigated at 4935 Lee Hill Drive	1 2.25 acres were mitig 1 at 667 Sky Trail Roa e (Figure 9) which cres	gated a d (Figu ated
mbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement usest amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the tall project costs to recipient.    A. Award Amount								-
*Use results from Exhibit Bi Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bi and Form D Cost Documentation or other approved documentation with Exhibit B to request reimbursement.  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 puments (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.  Grant Recipient Signature:  Date: 5/3//3  Certification:  Work meets minimum standards and specifications as Set Botth by the CSFS in the Scope of Work.  District Forester Signature:  Date: 7/5/3  Funding is available and request is approved for reimbursement.  Program Manager Signature:  Date: 7/5/3					2			
* Use results from Exhibit Bı Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bı and Form D  * Use results from Exhibit Bı financial Assistance Programs Reimbursement Bı fina			Contribution	Contribution	A STATE OF THE PARTY OF T	Requested Amount		
*Use results from Exhibit Bi Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit Bi and Form D Cost Documentation or other approved documentation with Exhibit B to request reimbursement.  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 purpose in the purpose set forth in the purpose set forth in the purpose in the purpose set forth in the		45000	# 16 15C 00	40.00		#70000	0200	
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 purposes (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.  Grant Recipient Signature:  Date: 5/3/1/3  Certification:  Work meets minimum standards and specifications as Set 1867th by the CSFS in the Scope of Work.  District Forester Signature:  Date: 7/1//3  Program Manager Signature:  Date: 7/1//3		40000	# 10/122.	H o.	The 101 . 3 . 34	M M M M M M M M M M M M M M M M M M M		
Work meets minimum standards and specifications as Serifform by the CSFS in the Scope of Work.  District Forester Signature:  Date: 7/5/3  Program Manager Signature:  Date: 7/1//3					culation Worksheet to con	1	xhibit B <sub>1</sub> and Form D	
Program Manager Signature:  Date: 7/15/13  Date: 7/15/13  Date: 7/17/13	I certify that t	to the best of my knoward notification, so	approved documentation	with Exhibit B to request a	ete, and that all outl	ays reported are for the		the pro
Program Manager Signature:  Date: 7/17/13  Program Manager Signature:  Date: 7/17/13	I certify that t cuments (i.e. av	to the best of my knoward notification, so	approved documentation	with Exhibit B to request a	ete, and that all outl	ays reported are for the		the pro
Program Manager Signature:  Date: 7/17/13  Program Manager Signature:  Date: 7/17/13	I certify that to cuments (i.e. av Grant Recipients). Certification:	to the best of my knoward notification, so	owledge this report tope of work, etc.).	is correct and compleall expenses and all	ete, and that all outle	ays reported are for the and accurate.  Date:		the pro
20 Mariposa Lane	I certify that touments (i.e. average) Grant Recipient Certification: Work meets mi	to the best of my knoward notification, so the Signature:	owledge this report cope of work, etc.).	is correct and complete All expenses and all expenses and all expenses are	ete, and that all outle	ays reported are for the and accurate.  Date:		the pro
Dan.	I certify that to cuments (i.e. average of the cuments). Certification: Work meets mit District Forester Funding is average of the cuments.	to the best of my knoward notification, so the best of my knoward notification, so the signature:	owledge this report cope of work, etc.).	is correct and complete All expenses and all expenses and all expenses are	ete, and that all outle	ays reported are for the and accurate.  Date:		the pro

Exhibit B 1 (Accompanies Exhibit B-Reimbursement Request)

A. Award amount	B. Recipient Contribution:	C No			
obligated from funding source To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	INCLUDES: (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 market rental rate) (cost of supplies with receipts: this includes 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 to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) Current volunteer labor rate is the currect rate at the time of reimbursement request. Any recipient Contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer)  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 to be valued at market price)  While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.	(B + C)	E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Match Ratio (Cost-share rate (E / D)
45,060.00	# 18, 155,00	\$0.00	\$ 18,155,00	#7,852.50	56.7%

### Boulder Mountain Fire Protection District SFA Grant - Project Number 5366960-BO

Award \$45,000

Paym	ent History:	<u>Amount</u>	Reference	Date
	1st Payment	\$6,406.25	Doc Nbr 2316877	3/15/2013
	2nd Payment	\$7,468.75	Doc Nbr 2388059	5/2/2013
	3rd Payment	\$7,852.50	Doc Nbr 2521800	7/19/2013
	Total	\$21,727.50		



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):

	Forest Restoration Grant (SB71 and HB1199)		
	Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)		
	Insect and Disease Prevention and Suppression Program		
	State Fire Assistance (a.k.a.: SFA)	X	
	Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	14	
	Stevens Fuels Treatment Funds		
	Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)		
	Emergency Supplemental Funds (a.k.a.: ESF)		
ress	BOULDER, CO BO304		
	Donocky Co co so t		
The appr	above named has submitted a project application that has been roved by the Colorado State Forest Service for funding from Federal Assist	reviewed	d and
appr	above named has submitted a project application that has been roved by the Colorado State Forest Service for funding from Federal Assist	ance.	
appr int N	above named has submitted a project application that has been recoved by the Colorado State Forest Service for funding from Federal Assist Sumber: 5366960 Cooperator Match: \$10.3000.000 Total Project: \$18,155	302.5	U
appr int N prove	above named has submitted a project application that has been roved by the Colorado State Forest Service for funding from Federal Assist	302.5	U
appr ant N prove	above named has submitted a project application that has been recoved by the Colorado State Forest Service for funding from Federal Assist number: 5366960 Cooperator Match: 50.3 Coope	302.5 5, 20 7, 852	U

### **EXHIBIT B** CSFS GRANT REPORT/REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> 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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

1. Project/Ac	count #:	5366960	4000		2. Total Award Amo	unt:	\$45,000.00
	ame: Boulder Mountain	Fire Mitigation Pro	ject		4. Reimbursement An	nount to Date:	
5. Make Pay Name: Attn: Address:				6. Period of Perfor From: To:	rmance (Project Period 4/1/2013 5/31/2013	():	
Please be spe	been accomplished? Ple ecific and report numbers , number of plans writte	such as acres treat	ed, numbers of defen	sible spaces, tons of	f cubic feet or yards of	the project Scope of slash collected, num	Work. ber of
were mitigate 2800 Carriag	on of the project 1 acres ed at 506 Peakview Road e Hill Drive (Figure 5), a concernmitigated at 50 preaks along these evacua	I (Figure 3), and 2 a and 0.25 acres were	acres were mitigated a mitigated at 41 Pine Figure 8), and 1,25 a	at 1800 Carriage Hill View (Figure 6), ar cres were mitigated	Il Drive (Figure 4), and 1 acre was mitigated at 4935 Lee Hill Drive	12.25 acres were mit 1 at 667 Sky Trail Ro e (Figure 9) which cr	ad (Figure eated
	ement Request: I request					leted and documented	
	ant must comply with the t costs to recipient.  A. Award Amount	B. Recipient	C. Non-recipient	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %	iod tile
		Contribution	Contribution	B+C	Requested Amount	E/D	
	45000	\$16,155.00	10.00	B18,155,00	#7.652.50	567%	
documents (	* Use results from Exhibit Bi Cost Documentation or other  that to the best of my kn i.e. award notification, so	owledge this report	with Exhibit B to request	lete, and that all out	ays reported are for th		n the projec
10. Certifica		1					
	ets minimum standards a forester Signature:	and specifications a	s set forth by the CSF	S in the Scope of V	Vork. Date:	7/15/13	
11. Funding	g is available and request	is approved for rei	mbursement.				
Program	Manager Signature:				Date:		

Exhibit B 1
(Accompanies Exhibit B-Reimbursement Request)

SOURCE (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	(AKA: cash; hard match; in-kind/soft match; actual costs)  INCLUDES: (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 market rental rate) (cost of supplies with receipts: this includes 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 to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) Current volunteer labor rate is the currect rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost	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 to be valued at market price)  While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.	(AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Match Ratio (Cost-share rate (E / D)
	# 16, 155,00	\$0.00	\$ 18,155,00	#7,852.50	56.7%

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
4/29/13	Farrell	Installing fuel breaks to CSFS guidelines	6.5	409.5
4/29/13	Slack Boersma Farrell	Chipping slash	6.5	1300
4/30/13	Palamara	Installing fuel breaks to CSFS guidelines	1.75	110.25
4/30/13	Slack Boersma Farrell	Chipping slash	1.75	350
4/1/13	Palamara Farrell Donovan	Installing fuel breaks to CSFS guidelines	3.75	236.25
4/8/13	Palamara Northrup Donovan	Installing fuel breaks to CSFS guidelines	12.75	803.25

<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date

**District Forester Signature** 

Date

Revised 7/2012

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
4/1/13	Boersma Farrell	Installing fuel breaks to CSFS guidelines	14	882
4/4/13	Northrup Boersma Farrell	Installing fuel breaks to CSFS guidelines	17	1071
4/8/13	Northrup Boersma	Installing fuel breaks to CSFS guidelines	14	882
4/8/13	Slack Palamara Farrell	Chipping slash	6.75	1140
5/22/13	Boersma Donovan	Installing fuel breaks to CSFS guidelines	9	567
5/28/13	Palamara Slack Donovan	Installing fuel breaks to CSFS guidelines	14	882
5/21/13	Boersma Palamara	Chipping slash	5	825
5/22/13	Palamara Boersma	Chipping slash	4.5	742

<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Revised 7/2012

District Forester Signature

Date

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
5/23/13	Boersma Palamara	Installing fuel breaks to CSFS guidelines	9	567
5/23/13	Slack Farrell	Chipping slash	4.5	742.5
5/29/13	Palamara Slack Farrell	Chipping slash	4.75	950
5/14/13	Palamara Farrell	Installing fuel breaks to CSFS guidelines	5	315
5/14/13	Boersma Donovan	Chipping slash	2.5	500
5/30/13	Boersma Slack Farrell	Installing fuel breaks to CSFS guidelines	18	1139
5/30/13	Donovan Palamara	Chipping slash	6	1200
5/6/13	Slack Boersma Farrell	Chipping slash	2.5	500

<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date '

**District Forester Signature** 

Date Date

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
5/13/13	Boersma Palamara Farrell Bozeman Slack Donovan	Installing fuel breaks to CSFS guidelines	39	2457
5/28/13	Boersma Bozeman Farrell	Chipping slash	5.5	1100
5/21/13	Palamara Farrell Slack	Installing fuel breaks to CSFS guidelines	18	1134
		D. D. L. L. W. L.		

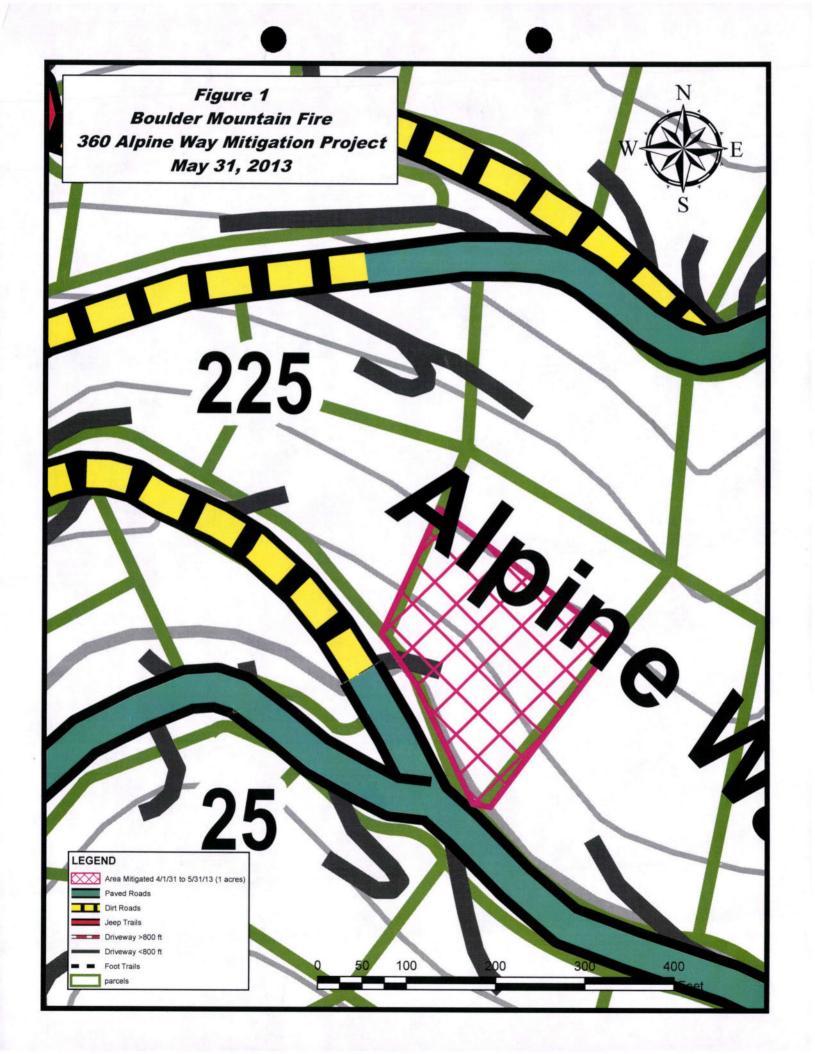
\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

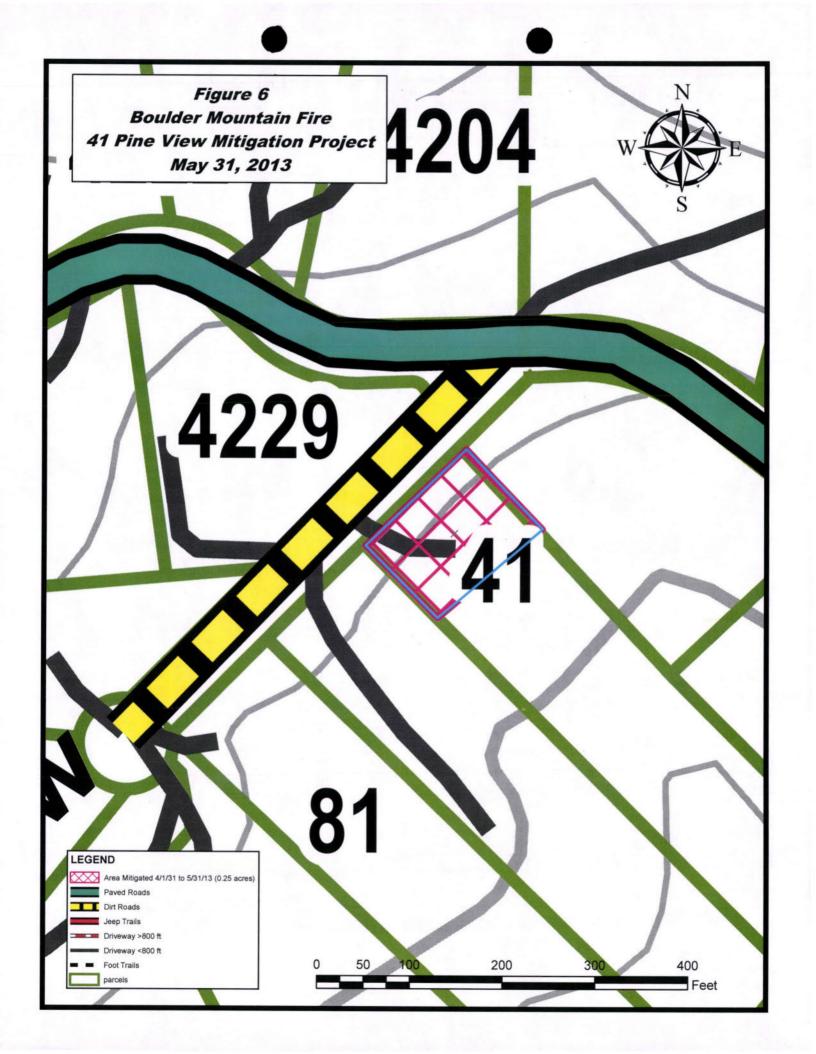
Date

District Forester Signature

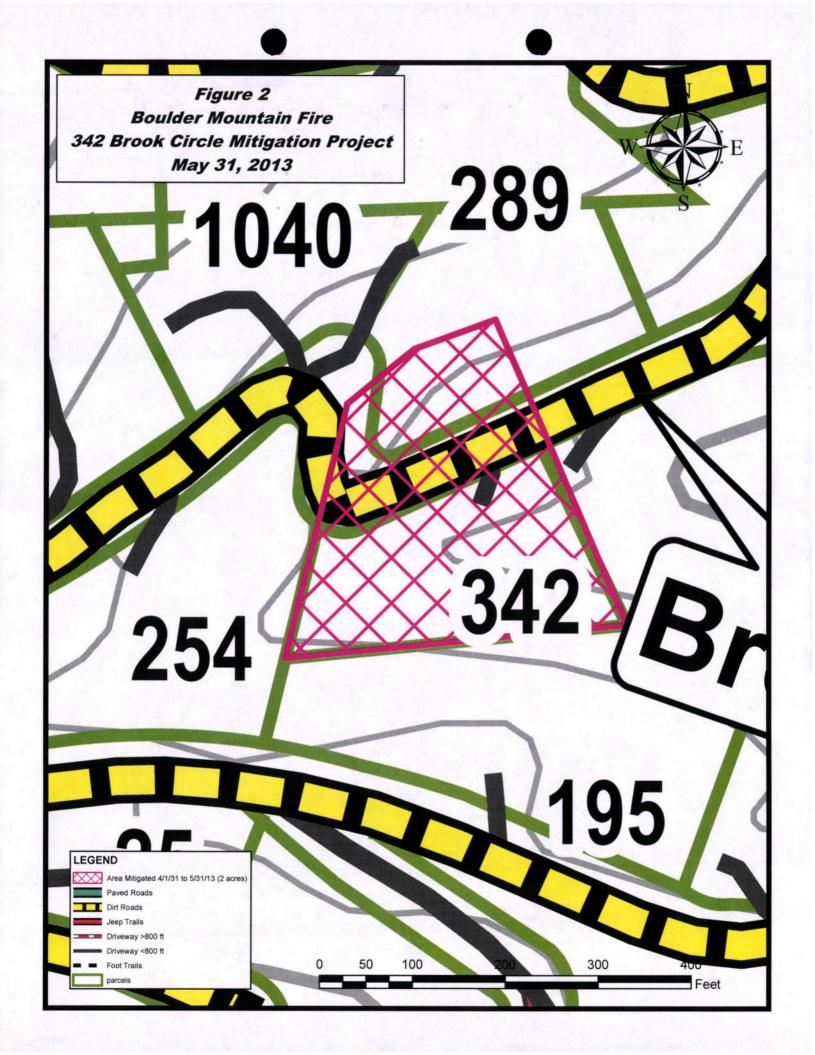
Date Date



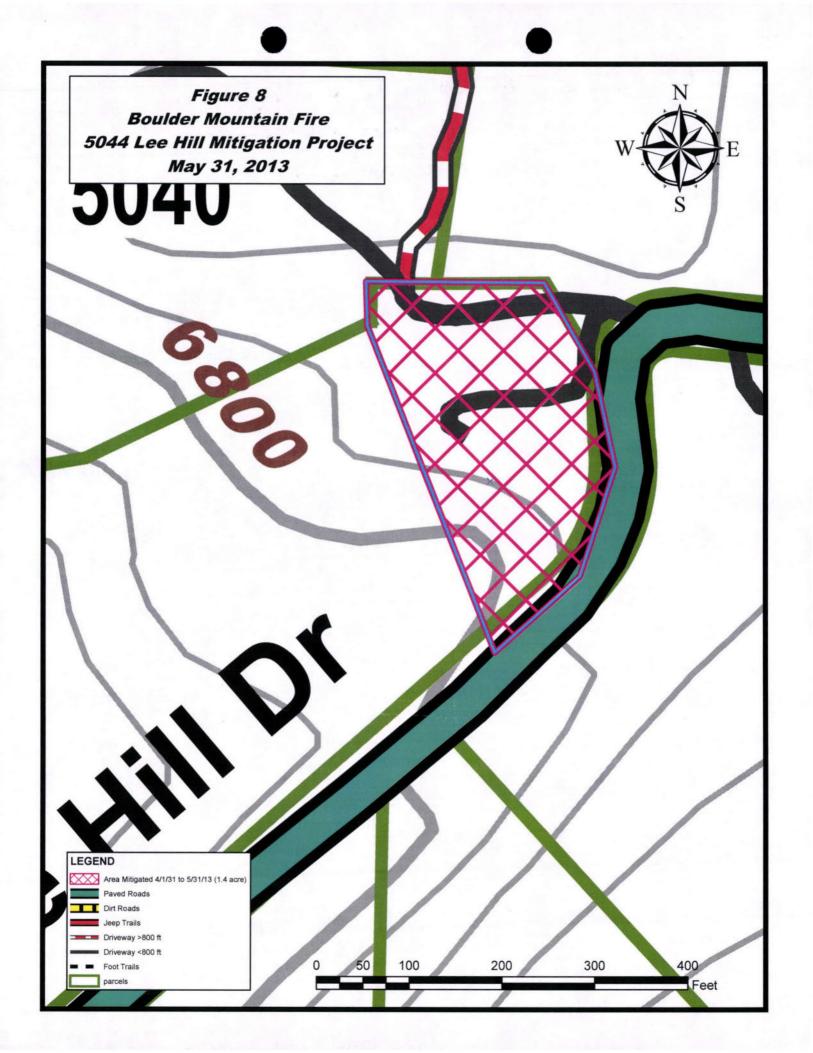
A No Work - Not Good!



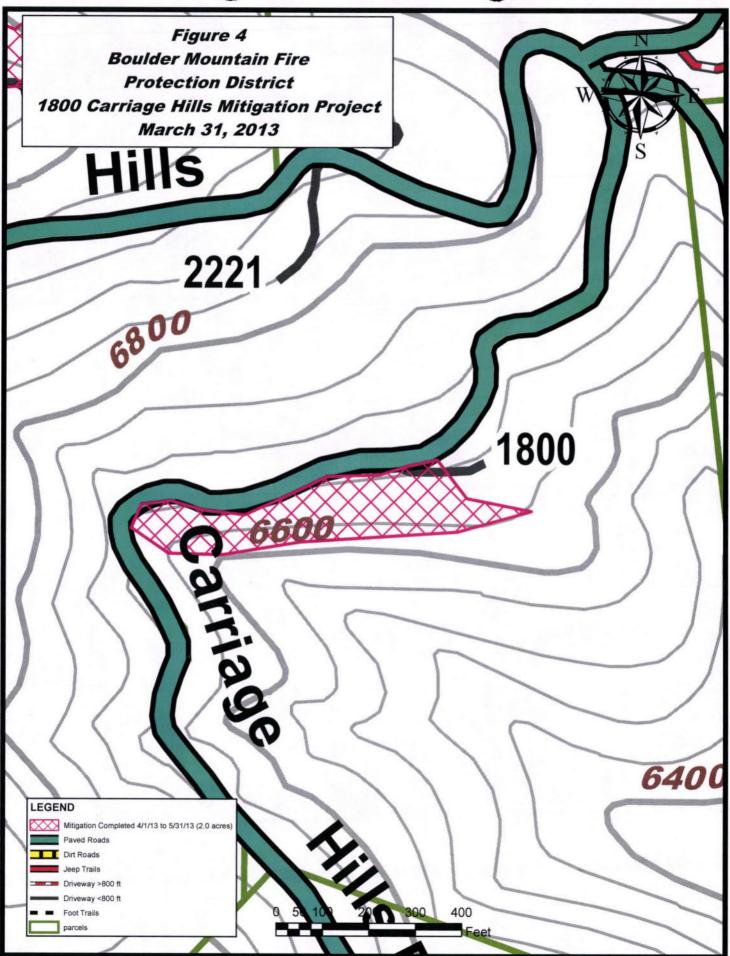
\* Not very opporent what was cut... limbing??
- too many trees near house



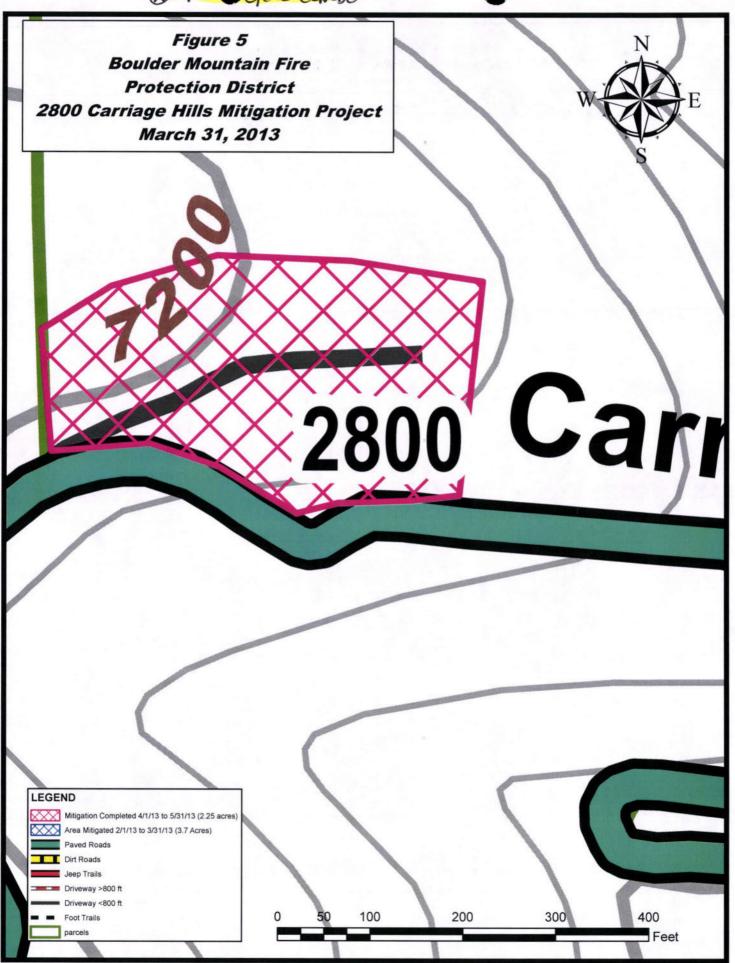
& BACK-side (South) of project area appears to have Some significant work - Slash looks pretty messy - North-side not up to standard



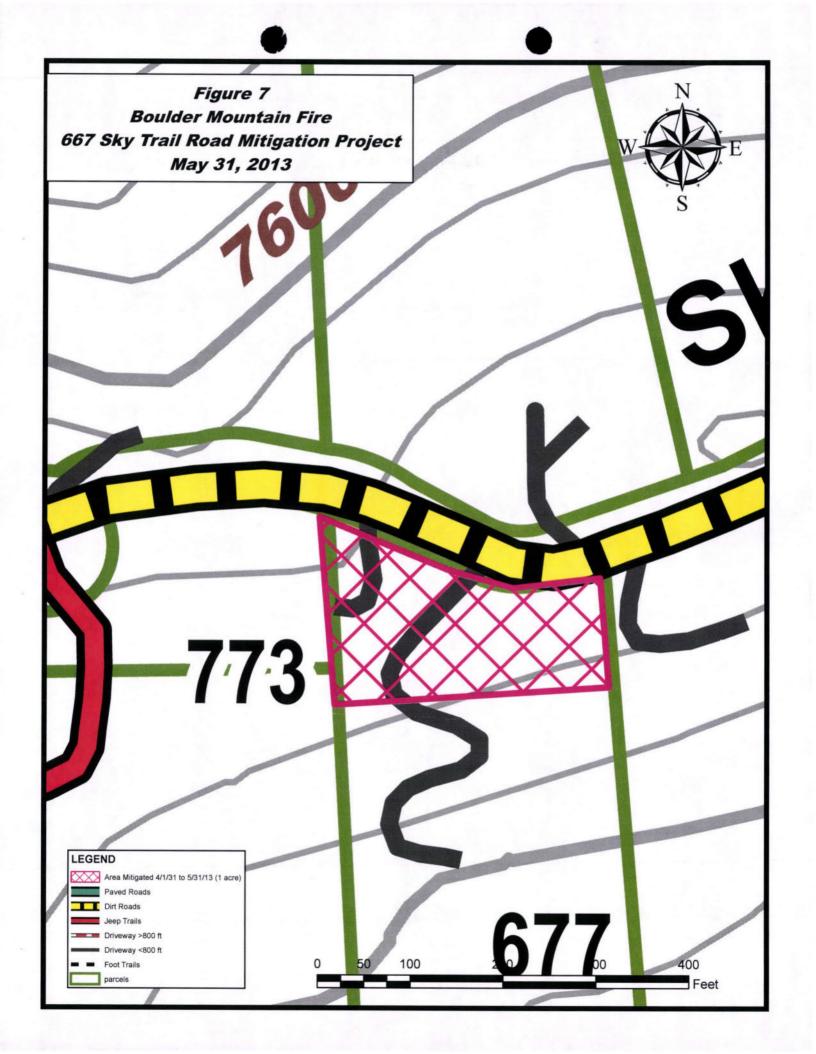
A Not anywhere near enough cut bin "project area"
- looks like on a comple trees cut TOTAL
- Too much near house left un-cut



A looks good

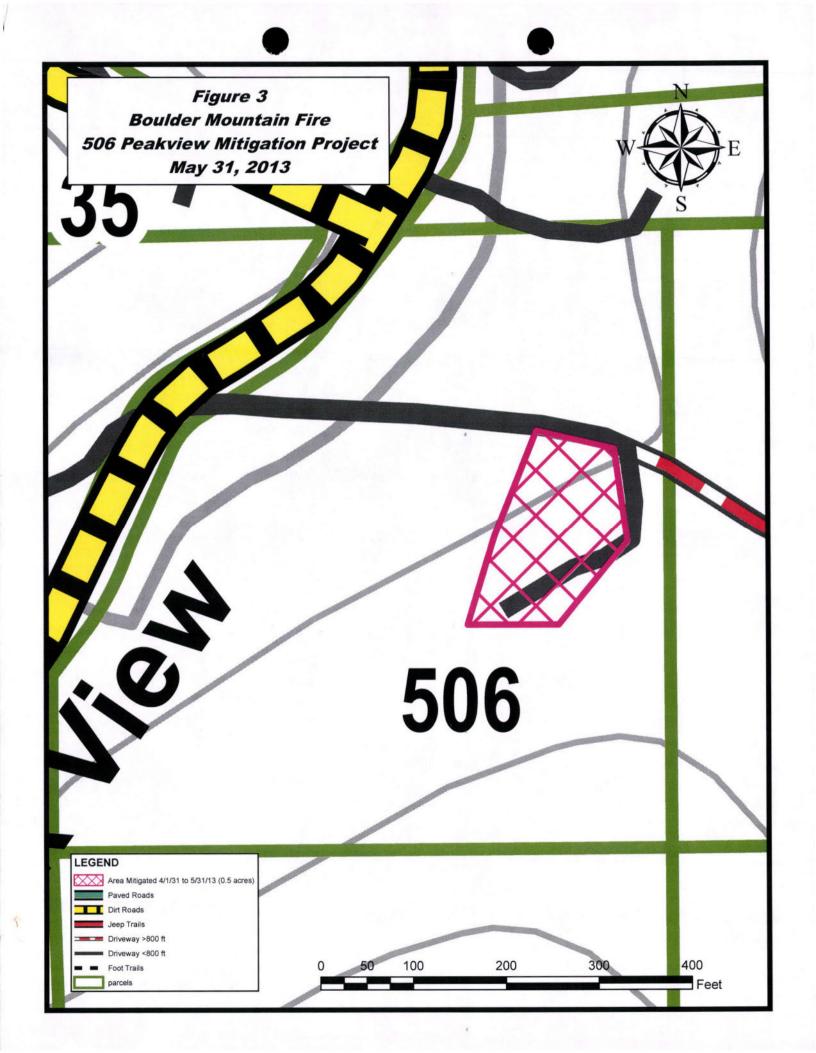


At Looks much better than others ... stash howled? > no stash chips present



poor-Oc.

\* Few trees cut, not enough
- latter fuels still mount present



At Looks Good

5-3-13

Hi, Allen & Beyon.

This copy is for your

Boulder District Office

files.

Best regards,

Kann Coulin

(970) 491-3006





#### Colorado State Forest Service Program Payment Request

[	GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):		
	Forest Restoration Grant (SB71 and HB1199)		
	Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)		
	Insect and Disease Prevention and Suppression Program		
	State Fire Assistance (a.k.a.: SFA)	X	
	Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)		
	Stevens Fuels Treatment Funds		
	Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)		
	Emergency Supplemental Funds (a.k.a.: ESF)		
ame:	Checked for Federal suspension and debarment (State Office) http://www.epls.g  BOULDER MOUNTAIN FPD  1905 LINDEN DRIVE	gov/ 05-01-1:	3
ddress:		oroved for Pa C.S.F.S.	yment
	~	238805	7
		05-02-13	
		CAG	
approv	bove named has submitted a project application that has been reved by the Colorado State Forest Service for funding from Federal Assistantes: 536960 - 80    Cooperator Match: \$7,61  Funding: \$45,000.00    Total Project: \$27,911.	ance.	
			3. 75
SFS Acco	ount Number: 536640 - 6693 Amount of Payment: \$7, 3 SFA CG4 Projects Under SFA - Boulder	468.75 ~	
ircle one	:: 1 <sup>st</sup> Payment 2 <sup>nd</sup> Payment 3 <sup>rd</sup> Payment Final Payment	t	
pproved	by		

#### **EXHIBIT B**

### GRANT REPORT/REIMBURSEMENT REQUEST WSFM COMPETITIVE GRANTS



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>

<ol> <li>Grant Award #:</li> </ol>	5366960 2	. Total Award Amount:	\$45,000	3. Community Prot	ected: I	BMFPD
4. Make Payment	То:		5. Period of Perfo			7000
Name:	Boulder Mountain Fire	Protection District	From:	2/1/2013		
Address:	1905 Linden Drive	/	To:	3/31/2013		
	Boulder, Colorado 8030	)4				
Attach additional store this portion of the Figure 2), and 0.61 vork was complete Colorado State Fore	heets as necessary.) the project 3.7 acres were acres were mitigated at 1 d to Colorado State Fores	spaces, tons of cubic feet of mitigated at 1800 Carriag 1100 Deer Trail Road (Fig t Service recommended sta acking or contouring all lo	e Hills Drive (Figure 3) which creat andards for shaded	ure 1). 4.25 acres were ted shaded fuel break. This in inches in diameter.	re mitigated at 925 F s along these evacual scludes cutting down	Reed Ranch Road tion routes. All
		\$7,468.75	N	n as identified in the	Award Dogument	The Total
roject to Date Reir	mbursement Request Amo	ount cannot exceed the tot eed the Total Matching Fu	al award obligatio	n as identified in the e period being billed.	Award Document.	The Total
roject to Date Reir	mbursement Request Amount cannot exce	ount cannot exceed the tot	al award obligatio	n as identified in the e period being billed.	Award Document.  Project to Date	The Total
Reimbursement Project to Date Rein Reimbursement Rec	mbursement Request Amo	ount cannot exceed the tot eed the Total Matching Fu	al award obligatio	n as identified in the e period being billed. Reimbursement Request Amount		The Total  Total Costs
roject to Date Reir	nbursement Request Amount cannot excerning Reimbursement	ount cannot exceed the tot eed the Total Matching Fur Current Period	al award obligationds amount for the	e period being billed.  Reimbursement	Project to Date	
Project to Date Rein Leimbursement Rec	Reimbursement Request Amount Request Amount	cunt cannot exceed the tot eed the Total Matching Fur Current Period Matching Funds	al award obligation of the Total Costs	Reimbursement Request Amount	Project to Date  Matching Funds	Total Costs
Project to Date Rein Rein Rein Rein Rein Rein Rein Rei	Reimbursement Request Amount cannot excelled Reimbursement Request Amount \$7,486.75	cunt cannot exceed the tot eed the Total Matching Fur Current Period Matching Funds	al award obligation amount for the Total Costs \$15,098.75	Reimbursement Request Amount	Project to Date  Matching Funds	Total Costs

4/15/13

Date:

#### Exhibit B<sub>1</sub>

(Accompanies Exhibit B-Reimbursement Request)

A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs)  INCLUDES: (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	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer)  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 to be valued at market price)  While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.	D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement	F. Total Match Ratio (Cost-share rate) (E / D)
	market rental rate) (cost of supplies with receipts: this includes 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 to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price)				
	(printing with receipts) Current volunteer labor rate is the currect rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost				
345,000.00	\$15,098.75 on or other approved documentation to support calcula	\$0.00	\$15,098.75	\$7,468.75	499



#### Colorado State Forest Service Program Payment Request

	GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	and the same of
	Forest Restoration Grant (SB71 and HB1199)	
Ī	Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Ī	Insect and Disease Prevention and Suppression Program	
	State Fire Assistance (a.k.a.: SFA)	X
	Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
	Stevens Fuels Treatment Funds	
	Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
	Emergency Supplemental Funds (a.k.a.: ESF)	
	Checked for Federal suspension and debarment (State Office) http://www.epls.g	gov/
	10 - 1 -	
ss:	1905 LINDEN DRIVE	
	BOULDER, CD 80304	
	above named has submitted a project application that has been re	
		ance.
	ved by the Colorado State Forest Service for funding from Federal Assista	
Nui	wed by the Colorado State Forest Service for funding from Federal Assistantes: 536960 - 80 Cooperator Match: 17,6	12,00
Nui	wed by the Colorado State Forest Service for funding from Federal Assistant Match: 536960 - 80 Cooperator Match: 17,60 Total Project: 127,911.	25
Nui	wed by the Colorado State Forest Service for funding from Federal Assistantes: 536960 - 80 Cooperator Match: 17,6	25
Nui ved Acc	wed by the Colorado State Forest Service for funding from Federal Assistant Total Project: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	25 468,79
Nui	wed by the Colorado State Forest Service for funding from Federal Assistant Match: 536960 - 80 Cooperator Match: 17,60 Total Project: 127,911.  Sount Number: 536960 - 693 Amount of Payment: #7,	25 468,79

#### **EXHIBIT B**

### GRANT REPORT/REIMBURSEMENT REQUEST WSFM COMPETITIVE GRANTS

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</u> Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.

4. Make Payment	5366960 2.	Total Award Amount:	\$45,000	3. Community Protect	cted: B	MFPD
	Го:	:	5. Period of Perfor	mance:		
Name:	Boulder Mountain Fire F	rotection District	From:	2/1/2013		
Address:	1905 Linden Drive		To:	3/31/2013		
	Boulder, Colorado 8030-	4				
such as acres treate Attach additional sl For this portion of 1 (Figure 2), and 0.61 work was complete Colorado State Ford	nplished? (Quantity or Stad, numbers of defensible sheets as necessary.) the project 3,7 acres were all acres were mitigated at 1 acres were mitigated at 1 acres Services standards. Staributed on the property.  Request:	paces, tons of cubic feet o mitigated at 1800 Carriage 100 Deer Trail Road (Figure Service recommended sta	r yards of slash col e Hills Drive (Figurure 3) which create undards for shaded	re 1) 4.25 acres were d shaded fuel breaks fuel breaks. This inc	esentations, number e mitigated at 925 R s along these evacua cludes cutting down	eed Ranch Road tion routes. All all trees marked to
	mbursement Request Amo quest Amount cannot exce				Award Document.  Project to Date	The Total
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs
Labor*	\$7,486.75	\$7,612.00	\$15,098.75	\$13,893.00	\$14,018.25	\$27,911.2
Material**		the second secon				
Total	\$7,486.75 materials can only be coun	\$7,612.00 ted towards the matching	\$15,098.75 component.	\$13,893.00	\$14,018.25	\$27,911.2

#### Exhibit B<sub>1</sub>

(Accompanies Exhibit B-Reimbursement Request)

A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs)  INCLUDES: (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) (lequipment rental with receipts)	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer)  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 to be valued at market price)  While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for	D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement	F. Total Match Ratio (Cost-share rate) (E / D)
	(use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes 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 to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) Current volunteer labor rate is the currect rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost	these contributions.			
, 10,000.00	\$15,098.75	\$0.00	\$15,098.75	\$7,468.75	49%

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
1/28/13	Palamara Farrel Boersma Nothrup Bozeman	Chainsaw, haul, and installing fuel break	36	\$2,268.00
2/04/13	Bozeman Northrup	Chainsaw, haul, and installing fuel break.	10	\$630.00
2/05/13	Palamara Boersma Farrell	Chainsaw, haul, and installing fuel break.	19.5	\$1,228.50
2/07/13	Palamara Farrel Boersma Nothrup Bozeman	Chainsaw, haul, and installing fuel break.	15	\$945.00
2/18/13	Palamara Boersma	Chainsaw, haul, and installing fuel break.	6	\$378.00
2/19/13	Palamara Boersma	Chainsaw, haul, and installing fuel break.	12.5	\$787.50
3/19/13	Palamara Donovan Boersma Nothrup Bozeman	Chainsaw, haul, and installing fuel break.	25	\$1,575.00
3/20/13	Nothrup Bozeman	Chainsaw, haul, and installing fuel break.	14	\$882.00
3/28/13	Bozeman	Chainsaw, haul, and installing fuel break.	7	\$441.00

<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date

**District Forester Signature** 

ate

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
1/28/13	Palamara Farrel Boersma Nothrup Bozeman	Chainsaw, haul, and installing fuel break	36	\$2,268.00
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3/20/13	Nothrup Bozeman	Chainsaw, haul, and installing fuel break.	14	\$882.00
3/28/13	Bozeman	Chainsaw, haul, and installing fuel break.	7	\$441.00

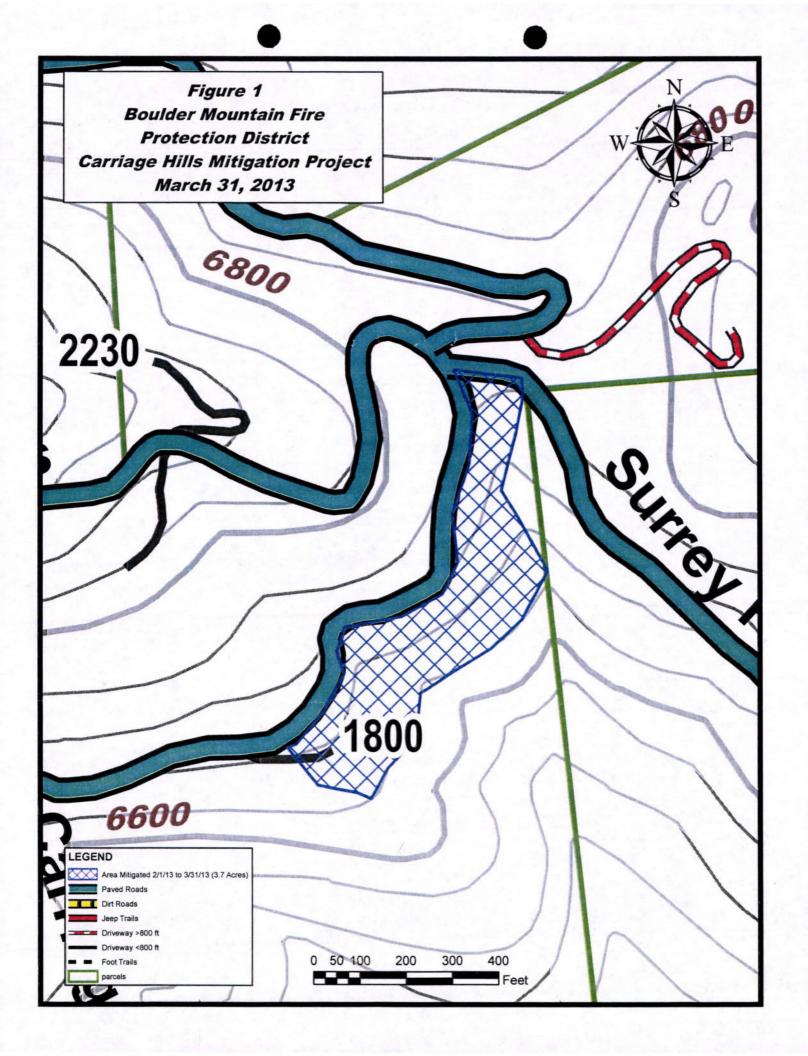
<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

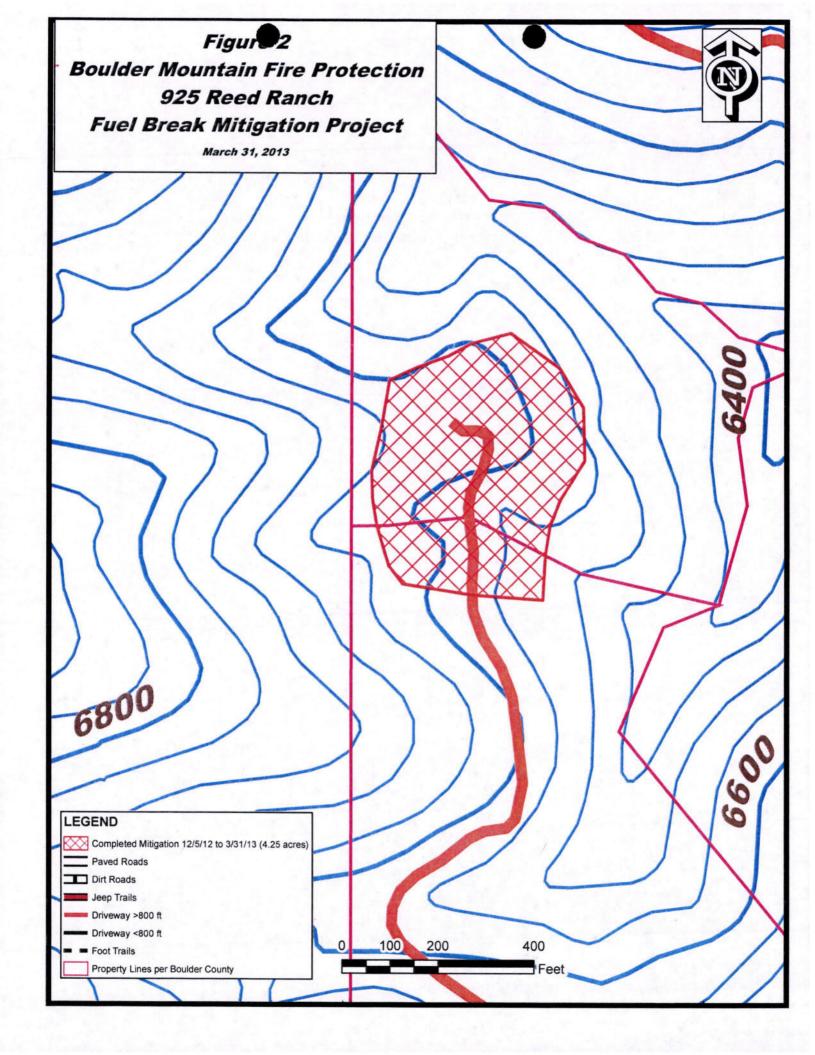
Grant Recipient Signature

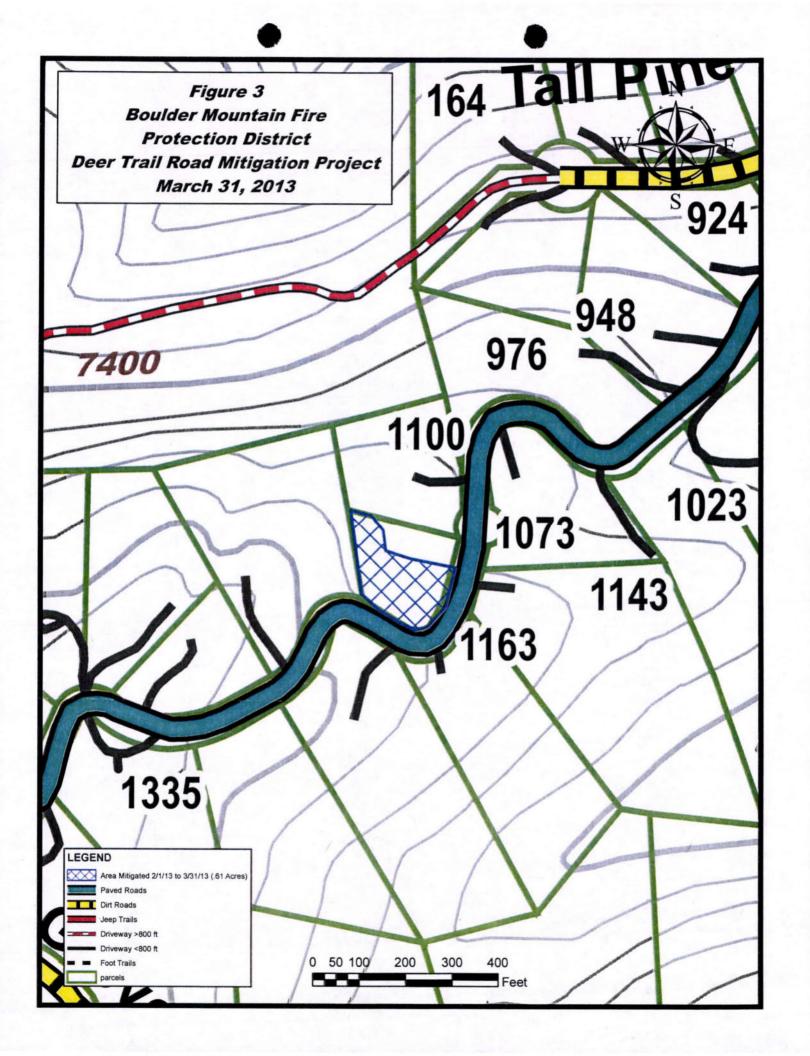
Date

**District Forester Signature** 

Date













#### Colorado State Forest Service Program Payment Request

	GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):		
	Forest Restoration Grant (SB71 and HB1199)		
	Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)		
	Insect and Disease Prevention and Suppression Program	7	
	State Fire Assistance (a.k.a.: SFA)	X	
	Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)		
	Stevens Fuels Treatment Funds		
	Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)		
- 1	Emergency Supplemental Funds (a.k.a.: ESF)		
Name:	Checked for Federal suspension and debarment (State Office) http://www.epls.g	gov/ 03.	14-13
Address:	1905 LINDEN DRIVE		
	BOULDER, CO 80304 App	roved fo	or Payment F.S.
	~	231	6877
		03	(XO)
approv	bove named has submitted a project application that has been reved by the Colorado State Forest Service for funding from Federal Assistanter: 5366960 - 80 Cooperator Match: \$6,40	eviewed a nce.	
	Funding: \$ 45,000.00 ~ Total Project: \$12,8		
CSFS Acco	ount Number: 5366960 - 6693 Amount of Payment: \$6, SFA CG4 Projects Under SFA - Boulder	406.25	5_~
Circle one			
Approved	by		_

### EXHIBIT B CSFS GRANT REPORT/REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> 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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

. Project l		536696			2. Total Award Am	ount:	045.00
		Boulder Mountai	n Fire Mitigation Proje	ct	4. Reimbursement A	and the second s	\$45,00
. Make Pa	ayment To:			6. Period of Perfe	ormance (Project Perio	discutt to Date:	\$6,406.
Name:		Boulder Mountai	n Fire Protection Distri	From:			
Attn:		Steve Lynn		To:	12/1/2013		
Address:		1905 Linden Driv		10.	6/1/2014		
		Boulder, Colorad	o 80304	200			
r this port of this port of breaks a taks. This meter. A Reimburs	s been accomplished? Pland report numbers such and report numbers such as, number of plans written tion of the project 5.25 and along these evacuation ross includes cutting down a lI slash less than 6 inches sement Request: I request ent request amount cannot cannot cannot be seen transported in the sement request amount cannot c	en, etc., for which the eres mitigated at 12 butes (Figure 1). All trees marked to 0 s was chipped and controlled treimbursement in	ne award was granted.  1.50 1 Cutter Lane and 2.2 1 work was completed to colorado State Forest Schips were distributed of the amount of \$\$6	Attach additional state of Colorado State Fervices standards.  1,406.25	d at 2608 Carriage Hi orest Service recomm Stacking or contouring	ollected, number o	f ated shade r shaded fu an 6 inches
	ent request amount cannount must comply with the to recipient.  A. Award Amount	appropriate cost-sl  B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement	F. Total Match	sement eed the ac
161				B+C	Requested Amount	Ratio %	
	√ \$45,000.00	× \$12,812.50	The state of the s			E/D	
	- 10,000.00			\$12.812.50	86 ADC 35	2001	
	* Use results from Exhibit Bi Fi Cost Documentation or other a	inancial Assistance Progr	ams Reimbursement Calcula vith Exhibit B to request reim	\$12,812.50 tion Worksheet to comp bursement.	\$6,406.25 ete table above. Include Exi	50% libit B <sub>1</sub> and Form D	
I certify thuments (i.e	* Use results from Exhibit B: F	inancial Assistance Prograpproved documentation v	a compact and a serial	tion Worksheet to compl bursement.	ete table above. Include Exh reported are for the p accurate.	ibit Bı and Form D	the projec
I certify thuments (i.e	* Use results from Exhibit Bi Fi Cost Documentation or other appears to the best of my known award notification, scowient Signature:	inancial Assistance Prograpproved documentation v	a compact and a serial	tion Worksheet to compl bursement.	ete table above. Include Ext	ibit Bı and Form D	the projec
I certify thuments (i.e.	* Use results from Exhibit Bi Fi Cost Documentation or other ap  that to the best of my know e. award notification, sco  sient Signature:	wledge this report is pe of work, etc.). A	s correct and complete,	and that all outlays	ete table above. Include Exhibit reported are for the paccurate.  Date:	ibit Bı and Form D	the projec
I certify thuments (i.e.	* Use results from Exhibit Bi Fi Cost Documentation or other appears to the best of my known award notification, scowient Signature:	wledge this report is pe of work, etc.). A	s correct and complete,	and that all outlays	ete table above. Include Exhibit reported are for the paccurate.  Date:	ibit Bı and Form D	the projec
I certify the suments (i.e. rant Recipe Certification of the certificati	* Use results from Exhibit Bi Fi Cost Documentation or other appears to the best of my known award notification, scowient Signature:  on: s minimum standards and ester Signature:	wledge this report is pe of work, etc.). A	s correct and complete, ill expenses and all cost	and that all outlays t-share are true and	ete table above. Include Exhibit reported are for the paccurate.  Date:	surposes set forth in $2/21/2$	the project
I certify the suments (i.e. rant Recipe Certification of the certificati	* Use results from Exhibit B <sub>1</sub> F Cost Documentation or other appearance to the best of my known at to the best of my known award notification, scowient Signature:  on: s minimum standards and	wledge this report is pe of work, etc.). A	s correct and complete, ill expenses and all cost	and that all outlays t-share are true and	ete table above. Include Exh s reported are for the p accurate.  Date:	ibit Bı and Form D	the projec
I certify the same and Recipe Certification for meets district Formal Funding is	* Use results from Exhibit Bi Fi Cost Documentation or other appears to the best of my known award notification, scowient Signature:  on: s minimum standards and ester Signature:	wledge this report is pe of work, etc.). A	s correct and complete, ill expenses and all cost	and that all outlays t-share are true and	ete table above. Include Exh s reported are for the p accurate.  Date:	surposes set forth in $2/21/2$	the proje
certify the ments (i.e. ant Recip Certification ork meets strict Forwarding is	* Use results from Exhibit B <sub>1</sub> F Cost Documentation or other appearance to the best of my known and to the best of my known and the second of	wledge this report is pe of work, etc.). A	s correct and complete, ill expenses and all cost	and that all outlays t-share are true and	reported are for the paccurate.  Date:	surposes set forth in $2/21/2$	the proje

Exhibit B 1
(Accompanies Exhibit B-Reimbursement Request)

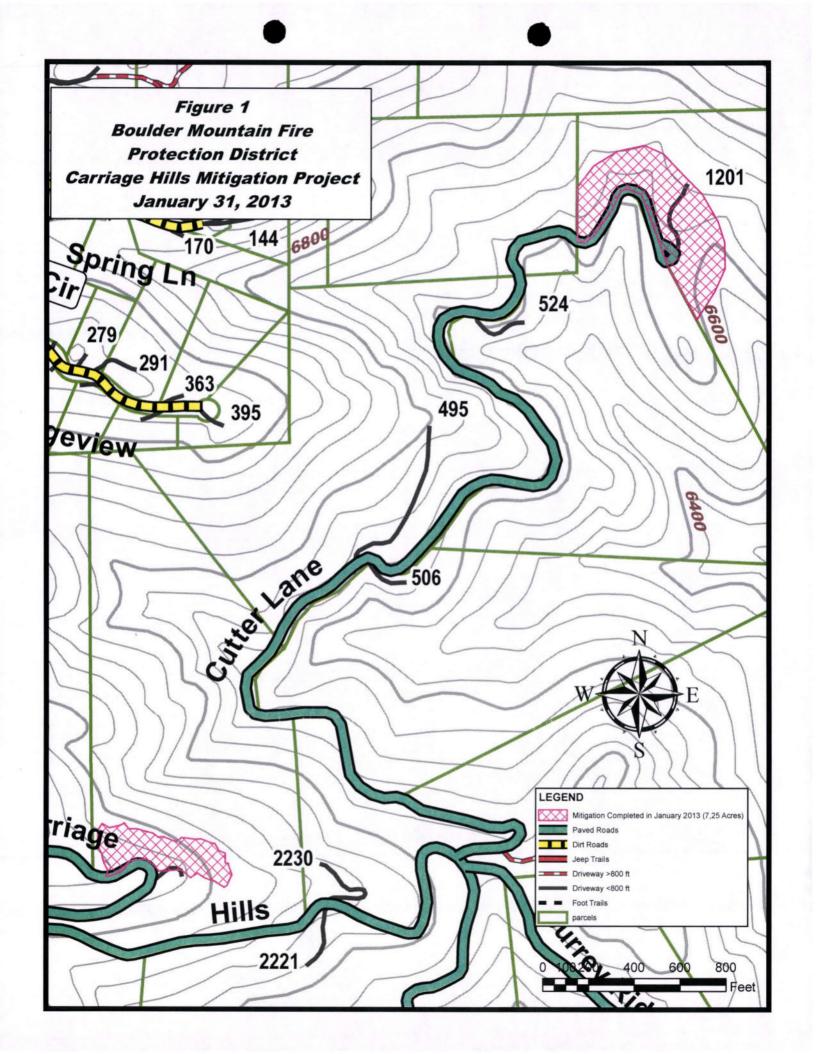
A. Award amount	P Position C 1 II II	Cost-Share Program Reimbursement	- STOCKHOLL TOOL	zueef	
obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the leliverables agreed to in the statement of Work)	INCLUDES:	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer)  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 to be valued at market price)  While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.		E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Matc Ratio (Cost-share rate (E / D)
5,000.00	\$12,812.50				

#### **EXHIBIT B**

### GRANT REPORT/REIMBURSEMENT REQUEST WSFM COMPETITIVE GRANTS

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 #:	5366030-001	2. Total Award Amount:	\$45,000	3. Community Prote	ected: I	BMFPD
4. Make Payment T	To:		5. Period of Perfo	ormance:		
Name:	Boulder Mountain Fi	re Protection District	From:	6/1/2012		
Address:	1905 Linden Drive		To:	8/31/2012		
	Boulder, Colorado 80	0304				
such as acres treated Attach additional sh For this portion of tl Road (Figure 2), 4 (Figure 4) which crestandards for shaded	d, numbers of defensible teets as necessary.) the project 6 acres mitigate acres were mitigate teated shaded fuel breal diffuel breaks. This inconches in diameter. All	Status of Project. Please pro- le spaces, tons of cubic feet gated within 150 feet of Line ed within 150 feet of Peakvi as along these evacuation ro- cludes cutting down all trees I slash less than 6 inches wa	or yards of slash co den Drive (Figure 1 ew Drive (Figure 3 utes. All work was marked to Colorad	), .75 acres wwere n ), and 3 acres were n completed to Colora o State Forest Service	nitigated within 150 mitigated within 150 ado State Forest Serves standards. Stack	r of plans written.  feet of Deer Trail feet of Antler Driv vice recommended
. Kemoursement	request.	\$6,406.25				
		Current Period			Project to Date	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs
Labor*	\$6,406.25	\$6,406.25	\$12,812.50	\$6,406.25	\$6,406.25	\$12,812.5
Material**						
Total	\$6,406.25	\$6,406.25	\$12,812.50	\$6,406.25	\$6,406.25	\$12,812.5
* Use actual costs	s or \$17.55/hour for do s or fair market value of	ounted towards the matching onated or volunteers' time. of donated materials, supplie				
8. Amount Paid to 0	CSFS for Products and	/or Services : \$				
		of \$_6,406.25_ for the work te an that all outlays reporte				
10. Certification (7)	be completed by CSI	FS District):		7 7		
Work meets mini	mum standards as set	forth by CSFS.				
Signature:			Date:			



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(6) RE-	(7)	(8)	13/1	9 50	Cal	1 4
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				Contract Party		

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11) REM/	ARKS					
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CITERA I HALL LIET CITT

RECYCLED PAPER

Prescribed by USDA-USDI (NWCG Handbook No. 2)

STANDARD FORM 261 (5/78) Prescribed by USDA-USDI (NWCG Handbook No. 2)

OFFICE	BMFPD			(2) CRE	W NUMB	ER
3	MFPD (4) FI	Sidige H	ils F	(5) FIRE	NUMBE	ter
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(7) (2) CREW NUMBER
(5) FIRE NUMBER
(7) (10)
(10) (2) CREW NUMBER RE-MARKS CLASSIF-ICATION NAME OF EMPLOYEE Palamara Boersma 08001200 BOO 1600 (11) REMARKS Total = 14 hus 112) OFFICER-IN-CHIARGE (Signature) (13) TITLE Officer-in Charge)

**CREW TIME REPORT** 

Prescribed by USDA-USDI (NWCG Handbook No. 2)

STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

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Mel- D		acat)	16			
14) NAME (Person Posting to Emerg	Boch.	s un p		(15	DATE - ) 1-	13
201-00-0					RD FORM	

CLASSIF-ICATION NO. Palamora Boersmi (11) REMARKS (12) OFFICER-IN-CHARGE (Signature) (13) TITLE (Officer-in-Charge) (14) NAME (Person Posting to Emergency Time Report) (15) DATE

**CREW TIME REPORT** 

Carrage Hils

(2) CREW NUMBER

Prescribed by USDA-USDI (NWCG Handbook No. 2)

STANDARD FORM 261 (5/78) Prescribed by USDA-USDI (NWCG Handbook No. 2)

(1) CREW NAME

NAME OF EMPLOYEE

RE-MARKS

CREW	RAME ER	T			(2) CRE	W NUMB	ER
OFFICE	NAME 1FPD ER RESPONSIBLE FOR FIRE BMF	(4) FIRE N		ds	(5) FIRE NUMBER		
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5-17-				THE U	77		1
OFFIC	ER-IN-CHARGE (Signature	)	A STATE OF THE STA	(13) TITI	E (Ottico	r-ın-Chargi	01
	Mike Pala	non		1(13) 1111	CK	W IS	0)
) NAME	(Person Posting & Emergence	y Time Repor	rt)		(15)	DATE	1 -
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	00	70-10-11-11		-			THE RESERVE OF

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RE- MARKS NO.  NAME OF EMPLOYEE  CLASSIF- ICATION  ON OFF  ON OFF	1 13t	Perk
Palamere CU para lana	DATE /22/ Military Time ON OF	
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Boersma 0:00 1200 Northrup 0:00 1200	1230	1600
Northrup O'co 1200	10.20	
	1	
(11) REMARKS		
Total = 19 hrs. 1		•
1014		
(12) OFFICER-IN-CHARGE (Signature)   (13) TITLE (Officer-IN-CHARGE) (KM	-in-Charge	e)
(14) NAME (Person Posting) o Emergency Time Report) (15)	DATE /22/	/13

CREW TIME REPORT

61-101 PRINTED ON RECYCLED PAPER

STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

VCG Handbook No. 2)

STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

	WNAME BREPD			(2) CRE	WNUMBE	ER
	CE RESPONSIBLE FOR FIRE (4)	FIRE NAME	u 11	(5) FIRE	NUMBER	Bin
(6) RE-	(7)	(8) (	DATE	9)	DATE -	) 10)
MARKS NO.	NAME OF EMPLOYEE	ICATION	Militar	y Time OFF	Military	Time
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	Polomono, Mike				12:30	
	Connell Tim				12:30	
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(12) OF	FICER IN CHARGE (Signature)		(13) TIT	Men	r-in-Charg	
(14) NA	ME (Person Posting to Emergency Time	e Report)		(15	DATE 1-24	-12

261-101 PRINT

PRINTED ON RECYCLED PAPER

STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

### 2013 BMFPD Chipping Form

#### Client Information

	Date:		12/13	1	- 10
	Name:		olliage	Hills	Fuel Brea
	Address:		50	Cutter	
					1
	Phone:				
	Broadcast	Pile		Downhill [	Uphill □
Special In	structions:		4		
					4

#### Onsite Chipping (1/2 hour minimum)

Chipper People \_\_\_\_\_.
(\$95 x hour) (\$35 x hour)
Shift 1 Shift 2 Shift 1 Shift 2

Start Time: 1345 1345

Stop Time: 1536 1530

Total Hours: 1.75 1,75

Cost: 166.25 122,5 Total Cost: 288.75

## 2013 BMFPD Chipping Form

#### Client Information

Date:	01	/22/1	3	
Name:	Lari	inge	Hills	
Address:		3		
Phone:				
Broadcast 🗖	Pile		Downhill 🗖	Uphill
Special Instructions:				
	1 - 10 - 1			

#### Onsite Chipping (1/2 hour minimum)

Chipp	er	People	2.
(\$95 x	hour)	(\$35 x	
Shift 1	Shift 2	Shift 1	Shift 2

Start

Time:

1230 1230

Stop

1600

1600

Time: Total

3.5

7

Hours:

Cost:

332.50

245

Total \$577.50 Cost:

# 2013 BMFPD Chipping Form

#### Client Information

	Name:	Car	riege	Hills Br	eck
	Address:	region .	3		The state of
		1			
	Phone:	100	120		
	Broadcast	Pile		Downhill 🗖	Uphill
Special	Instructions:				
		-			

### Onsite Chipping (1/2 hour minimum)

	Chippe (\$95 x		People (\$35 x	hour)		
	Shift 1	Shift 2	Shift 1	Shift 2		
Start Time:	1030	1230	1030	1230		
Stop Time:	1200	1606	1200	1600		
Total Hours:	1.5	3.5	\$3	7		
Cost:	47	5	35	6	Total Cost:	\$825



#### Colorado State Forest Service Program Payment Request

	GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
	Forest Restoration Grant (SB71 and HB1199)	
	Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
	Insect and Disease Prevention and Suppression Program	
	State Fire Assistance (a.k.a.: SFA)	K
	Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
	Stevens Fuels Treatment Funds	
	Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
	Emergency Supplemental Funds (a.k.a.: ESF)	
	☐ Checked for Federal suspension and debarment (State Office) http://www.epls.g	gov/
Name:	BOULDER MOUNTAIN FPD	
Address:	1905 LINDEN DRIVE	
	BOULDER, CO 80304	
The a	above named has submitted a project application that has been re	eviewed and
appro	above named has submitted a project application that has been re	ance.
appro Grant Nu	above named has submitted a project application that has been reved by the Colorado State Forest Service for funding from Federal Assistant mber: 5366960 Cooperator Match: \$6,40 Funding: \$45,000.00 Total Project:	812.50
appro Grant Nu Approved	above named has submitted a project application that has been reved by the Colorado State Forest Service for funding from Federal Assistant mber: 5366960 Cooperator Match: \$6,40 Funding: \$45,000.00 Total Project:	812.50
appro Grant Nu Approved	above named has submitted a project application that has been reved by the Colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado State Forest Service for funding from Federal Assistants and the colorado Federa	812.50 ,406.25

### EXHIBIT B CSFS GRANT REPORT/REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> 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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

or this portion of el breaks along eaks. This incl ameter. All sla Reimbursemen	n accomplished? Placeport numbers such a suber of plans writte of the project 5.25 act these evacuation roundes cutting down a sh less than 6 inches at Request: I request	Boulder Mountain Steve Lynn 1905 Linden Driv Boulder, Colorado ease provide a descrass acres treated, nur in, etc., for which the eres mitigated at 120 utes (Figure 1). All Ill trees marked to Colorado and ci-	iption of accomplishments of defensible spate award was granted.  1 Cutter Lane and 2.2 work was completed to colorado State Forest Spaips were distributed on the amount of \$\$6	6. Period of Perform: From: To:  ents that meet the ruces, tons of cubic fattach additional shade of Colorado State Forvices standards. Son the property.	d at 2608 Carriage Hill orest Service recomme Stacking or contouring	mount to Date: d):  the project Scope of ollected, number of ls Drive which creatended standards for g all logs greater that	ited shade shaded fu in 6 inches
Name: Attn: Address: What has been a specific and referentations, number this portion of the breaks along eaks. This includes a specific ameter. All slameters are the specific ameter. All slameters are the specific ameter.	n accomplished? Placeport numbers such a subser of plans writte of the project 5.25 act these evacuation roundes cutting down a sh less than 6 inches the Request: I request	Boulder Mountain Steve Lynn 1905 Linden Driv Boulder, Colorado ease provide a descrass acres treated, nur in, etc., for which the eres mitigated at 120 utes (Figure 1). All Ill trees marked to Colorado and ci-	iption of accomplishmenters of defensible space award was granted.  I Cutter Lane and 2.2 work was completed colorado State Forest Spaips were distributed on the amount of \$\$6	6. Period of Perform: From: To:  ents that meet the ruces, tons of cubic fattach additional shade of Colorado State Forvices standards. Son the property.	rmance (Project Period 12/1/2012 6/1/2014 equirements listed in the eet or yards of slash concerts as necessary. d at 2608 Carriage Hill orest Service recomme Stacking or contouring	d):  the project Scope of ollected, number of the project Scope of ollected, number of the project Scope of the pr	Work. Plated shade shaded fun 6 inches
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or this portion of el breaks along eaks. This incl ameter. All sla Reimbursemen	of the project 5.25 ac these evacuation roudes cutting down a sh less than 6 inches	ease provide a descrass acres treated, nur in, etc., for which the eres mitigated at 120 utes (Figure 1). All ll trees marked to C was chipped and ci	iption of accomplishments of defensible space award was granted. If the control of the control o	Attach additional shape of cubic factors and additional shape of acre was mitigated to Colorado State For cervices standards. Son the property.	eet or yards of slash co eets as necessary.  d at 2608 Carriage Hill orest Service recomme Stacking or contouring	ollected, number of ls Drive which crea ended standards for g all logs greater tha	ited shade shaded fu in 6 inches
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				,406.25	for the work compl	eted and documents	
						and document	ed above.
mbursement r	equest amount canno	ot exceed the total p	roject award obligation	as identified in the	e project award notifica	ation The raimbum	amont
desc amount in	day comply with the	appropriate cost-sh	are requirement for the	period being billed	d. The reimbursement	amount cannot avo	sement
ject costs to re	cipient.			paried doing office	a. The remibulsement	amount carmot exce	eed the ac
	. Award Amount	B. Recipient	C. Non-recipient	D. Total	E. Reimbursement	F. Total Match	
		Contribution	Contribution	Contributions	Requested Amount	Ratio %	
				B + C		E/D	
	\$45,000.00	\$12,812.50		\$12,812.50	\$6,406.25	50%	
* Use	results from Exhibit B: F	inancial Assistance Progr	ams Reimbursement Calcularith Exhibit B to request rein	tion Worksheet to comp	lete table above. Include Exh	tibit Brand Form D	
I andifi shat		wledge this report i	correct and complete	and that all outloon	s reported are for the p		
Grant Recipient  Certification:	and notification, sec	pe of work, etc.). A	Il expenses and all cos	t-share are true and	l accurate.  Date:	2/21/2	the proje
Grant Recipient  Certification:	Signature:	Fly	ten h	t-share are true and	Date:	$\frac{2}{2}$	the proje
Frant Recipient Certification: Work meets min	Signature:	d specifications as a	of forth by the CSFS in	t-share are true and	Date:	2/21/1=	3
Grant Recipient  Certification:  Work meets min  District Forester	Signature:	d specifications as a	of forth by the CSFS in	t-share are true and	Date:	2/21/2 3-1-13	3
Grant Recipient Certification: Work meets min District Forester Funding is ava	Signature:  nimum standards and r Signature:  uilable and request is	d specifications as a	of forth by the CSFS in	t-share are true and	Date:	2/21/1=	3
Certification: Vork meets min	Signature:  nimum standards and r Signature:  uilable and request is	d specifications as a	of forth by the CSFS in	t-share are true and	Date:	2/21/1=	3

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Ilours	Value (\$)
12/7/12	Palamara Boersma	Chainsaw, haul, and installing fuel break.	14	\$882.00
12/10/12	Palamara Boersma	Chainsaw, haul, and installing fuel break.	14	\$882.00
12/11/12	Palamara Boersma	Chainsaw, haul, and installing fuel break.	14	\$882.00
12/12/12	Palamara Boersma	Chainsaw, haul, and installing fuel break.	14	\$882.00
12/13/12	Palamara Boersma	Chainsaw, haul, and installing fuel break.	7.5	\$472.50
12/17/12	Palamara Boersma	Chainsaw, haul, and installing fuel break.	8	\$504.00
1/21/13	Palamara Boersma Northrup Bozeman	Chainsaw, haul, and installing fuel break.	26	\$1,638.00
1/22/13	Palamara Farrel Boersma Nothrup	Chainsaw, haul, and installing fuel break.	19	\$1,197.00
1/23/13	Palamara Boersma Nothrup	Chainsaw, haul, and installing fuel break.	19.5	\$1,228.50

<sup>\*</sup>Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Date

**District Forester Signature** 

5-1-15 Date

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
1/24/13	Palamara Boersma Farrel Nothrup	Chainsaw, haul, and installing fuel break.	22	\$1,386.00
12/13/12	2 Chipping Crew Members	Chipping with a Vermeer BC-1500	1.85	\$301.00
12/17/12	2 Chipping Crew Members	Chipping with a Vermeer BC-1500	7	\$1,155.00
1/22/13	Palamara Boersma	Chipping with a Vermeer BC-1500.	3.5	\$577.50
1/23/13	Palamara Boersma	Chipping with a Vermeer BC-1500	5	\$825.00

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature

Doto

District Forester Signature

3-1-13

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

By Whom	Activity/Expense**	House	Value (\$)
Palamara Boersma Farrel Nothrup	Chainsaw, haul, and installing fuel break.	22	\$1,386.00
2 Chipping Crew Members	Chipping with a Vermeer BC-1500	1.85	\$301.00
2 Chipping Crew Members	Chipping with a Vermeer BC-1500	7	\$1,155.00
Palamara Boersma	Chipping with a Vermeer BC-1500.	3.5	\$577.50
Palamara Boersma	Chipping with a Vermeer BC-1500	5	\$825.00
	Palamara Boersma Farrel Nothrup 2 Chipping Crew Members 2 Chipping Crew Members Palamara Boersma Palamara	Palamara Boersma Farrel Nothrup  2 Chipping Crew Members  Chipping with a Vermeer BC-1500  Chipping Crew Members  Chipping with a Vermeer BC-1500  Palamara Boersma  Chipping with a Vermeer BC-1500.	Palamara Boersma Farrel Nothrup  Chainsaw, haul, and installing fuel break.  22  2 Chipping Crew Members  Chipping with a Vermeer BC-1500  Chipping With a Vermeer BC-1500  Palamara Boersma  Chipping with a Vermeer BC-1500.  7  Palamara Boersma  Chipping with a Vermeer BC-1500.  3.5

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

Grant Recipient Signature	Date	District Forester Signature	3-1-13 Date
			2.110

#### Exhibit B<sub>1</sub>

(Accompanies Exhibit B-Reimbursement Request)

A. Award amount	R Posinient Contributi	Cost-Share Program Reimbursement			
obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs)  INCLUDES: (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) (quipment rental with receipts) (use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes 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 to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts)  Current volunteer labor rate is the currect rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost		D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Matc Ratio (Cost-share rate (E / D)
45,000.00	\$12.812.50	\$0.00			