

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	
Forester Submitting Project:	
District Priority Number:	
Date Submitted:	
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information															
1	<table border="1"> <tr> <td>Applicant:</td> <td>Teague Nystrom</td> </tr> <tr> <td>Contact Person:</td> <td>Same</td> </tr> <tr> <td>Address:</td> <td></td> </tr> <tr> <td>City/Zip Code:</td> <td>James town, Co. 80455</td> </tr> <tr> <td>Phone (Work/Cell):</td> <td>303-440-5957 / 303-447-8233</td> </tr> <tr> <td>Email:</td> <td>teague-nystrom@dps.k12.org</td> </tr> <tr> <td>Fax:</td> <td>303-720-424-2958</td> </tr> </table>	Applicant:	Teague Nystrom	Contact Person:	Same	Address:		City/Zip Code:	James town, Co. 80455	Phone (Work/Cell):	303-440-5957 / 303-447-8233	Email:	teague-nystrom@dps.k12.org	Fax:	303-720-424-2958
Applicant:	Teague Nystrom														
Contact Person:	Same														
Address:															
City/Zip Code:	James town, Co. 80455														
Phone (Work/Cell):	303-440-5957 / 303-447-8233														
Email:	teague-nystrom@dps.k12.org														
Fax:	303-720-424-2958														

Community At Risk Information				
2	Name of Project:	Nystrom		
	Community Name(s):			
	County:		Congressional District:	
	Latitude (decimal degrees):	40.129 N	Longitude (decimal degrees):	105.433 W
	Threat Description (check all that apply)			
Homes:	<input type="checkbox"/>	Number of:		
Businesses:	<input type="checkbox"/>	Number of:		
Watersheds:	<input type="checkbox"/>	Number of:		
Other (Describe):				

Requested Grant Amount / Project Description							
All information for the project must fit into the space provided below. The review committee will not consider attachments.							
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment							
3	<table border="1"> <tr> <td>Dollar Amount Requested</td> <td>\$470.00</td> </tr> <tr> <td>Will this Project be conducted as a Pass-Through Grant?</td> <td>X Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)</td> </tr> </table>	Dollar Amount Requested	\$470.00	Will this Project be conducted as a Pass-Through Grant?	X Yes <input type="checkbox"/> No	Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
Dollar Amount Requested	\$470.00						
Will this Project be conducted as a Pass-Through Grant?	X Yes <input type="checkbox"/> No						
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)							

Scope of Work / Project Timeline

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

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

4

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

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

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

Provide a timeline for the project

Interagency Collaboration

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

5

Community Wildfire Protection Plan (CWPP)

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

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

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

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

Grant funding may only be used for Contractual Service.

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

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

Attach Project Map Showing Specific Treatment Areas

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	1/31/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Teague Nystrom
Contact Person:	Teague Nystrom
Address:	6957 Overland Rd.
City/Zip Code:	Jamestown, CO 80841
Phone (Work/Cell):	303-440-5857/303-447-8233
Email:	Teague_nystrom@dpsk12.org
Fax:	720-424-2958

Community At Risk Information			
Name of Project:	Nystrom Property		
Community Name(s):	Jamestown/Overland Rd.		
County:	Boulder	Congressional District:	T2N, R72W, Sec#15
Latitude (decimal degrees):	40.129	Longitude (decimal degrees):	105.433
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	1
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	\$470.00
Will this Project be conducted as a Pass-Through Grant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>The project area is located due west of the town of Jamestown. The area is composed of a mix of Ponderosa Pine, Lodgepole Pine, Douglas Fir, and Aspen trees, with random native grasses and juniper in the understory.</p>	

Scope of Work / Project Timeline

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

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

- 4 Project work will be done with the objective to reduce the hazardous fuels currently present on the site. Forest thinning will be the primary management technique, with a desire to increase the overall spacing between the dominant trees in the overstory. Reducing the understory trees that currently act as ladders to the overstory canopy is also a primary objective of the project work. Where possible, an emphasis on species diversity will be implemented, to encourage the growth of all the native tree species present. Forest health will also be accomplished by removing any insect and disease infested trees. Slash will be dealt with by either piling for burning at a later time, hauled off site, or lopped and scattered throughout the project area, depending on conversation with chosen contractor. All remaining trees will be limbed up to a minimum of six feet above ground level, or 25% of the limbs removed, whichever is the lesser.

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

Landowner will continually monitor project area in future years for new growth, and will remove upon detection of undesired. Also, landowner will continue to prune vegetation that is desired, so that they do not act as a ladder to the canopy. Landowner will also monitor property for any insect and disease infected trees, and remove upon detection.

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

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

Provide a timeline for the project

Project work will begin as soon as chosen contractor is available, and will continue through completion, which is targeted for 12/31/2011.

Interagency Collaboration

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

- 5 None

Community Wildfire Protection Plan (CWPP)

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

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	1.0	Estimated cost per acre:	\$1,500.00
	Project Type (check all that apply)			
	Defensible Space	<input checked="" type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
	Thinning w/ Product	<input type="checkbox"/>	Other	<input type="checkbox"/>

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 470.00
	TOTAL:	\$470.00	\$ 470.00

Grant funding may only be used for Contractual Service.

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

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



Attach Project Map Showing Specific Treatment Areas

Nystrom Proposal



0 125 250 500 750 1,000 Feet

Nystrom Property: 1.0acres

-  Nystrom_Project
-  BOCO_PARCELS1209



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





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-80-22
(For Official Use Only)

NAME: Teague Nystrom
MAILING ADDRESS: P.O. Box 24
City: Jamestown State: Co
Zip code: 80455
TELEPHONE NO: 303-440-5857

PROJECT ADDRESS/LEGAL DESCRIPTION: T 2N, R 72W, Section # 15

PRACTICES TO BE COMPLETED BY: Dec. 31, 2011
Date

Landowner and CSFS forester: CSFS forester:

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

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

LANDOWNER SIGNATURE: Teague Nystrom DATE: 1/6/11
To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: B. B. DATE: 2-10-2011
(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: [Signature] AMOUNT: \$ 470.00 DATE: 2-2-11
CSFS District Forester

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



COPY

Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (a.k.a.: SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

☒ Checked for Federal suspension and debarment (State Office) <http://www.epis.gov/>

03-17-11
KC

Name: TEAGUE NYSTROM

Address: PO Box 24

JAMESTOWN, CO 80455
~

Approved for Payment

C.S.F.S.

1219634

03-17-11

KC

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

Grant Number: 5308400-80-22 ~

Approved Funding: \$470.00 ~

Total Project: \$729.00

CSFS Account Number: 5308400-6693

109 SUP HAZ FUELS Fr BO

Amount of Payment: \$470.00 ~

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by: 
(Program manager signature)

Date: 3/14/11

Form C-ES

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS

ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 5308400-BO-22

(For Official Use Only -
No. from original application)

Applicant name (please print): Tugus Nyström

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$729.00	A Labor Cost=\$729.00
Operating Exp. ³ (Actual)			B Oper. Exp.= \$0.00
Project Cost			C Total Project (A+B) = \$729.00
			Amount Originally Approved = \$470.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$470.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.

³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.

⁵ Reimbursement amount cannot exceed \$470/acre for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Tugus Nyström Date: 3/28/11

All expenses are true and accurate and all cost share is true and accurate.

Mailing Address: P.O. Box 24 City: Jamestown

County: Boulder State: CO Zip: 80455 Phone: 303-440-5857

Practice certified by: Bryan Bizer B.B.

Payment Approval: [Signature] Amount: \$470.00 Date: 3/14/11

Return this form, along with your completed Cost Documentation Form to your local Colorado State Forest Service District Office. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

01/18/10

COPY



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Forest Land Enhancement Program (a.k.a.: FLEP)	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (a.k.a.: SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

☐ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>

Name: TEAGUE NYSTROM

Address: PO Box 24

JAMESTOWN, CO 80455

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

Grant Number: 5308400-80-22

Approved Funding: \$ 470.00

Total Project: \$ 729.00

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 470.00

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by _____
(Program manager signature)

Date: _____

Form C-ES

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS

ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 5308400-BO-22

(For Official Use Only)

No. from original application)

Applicant name (please print): Tesgue Nystrom

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$729.00	A Labor Cost=\$729.00
Operating Exp ³ (Actual)			B Oper. Exp.=\$0.00
Project Cost			C Total Project (A+B)=\$729.00
			Amount Originally Approved = \$470.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$470.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.

³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.

⁵ Reimbursement amount cannot exceed \$470/acre for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Tesgue Nystrom Date: 2/28/11

All expenses are true and accurate and all cost share is true and accurate.

Mailing Address: P.O. Box 24 City: Jamestown

County: Boulder State: CO Zip: 80455 Phone: 303-440-5857

Practice certified by: Bryan Bizer
CSFS Forester

Payment Approval: _____ Amount: _____ Date: _____
CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local Colorado State Forest Service District Office. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

01/19/10

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5308400-B0-22

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ I & D Prevention and Suppression – Bark Beetle: _____

FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: X Forest
Restoration Grant (SB71 and HB1199): _____

- 10 Acre Thinning

WUI D-space Accomplishment:

No. of D-spaces = _____ Acres slash disposal = _____ Acres fuel breaks = _____

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

#1 Plan Acres = _____	#5 Acres = _____	#9 Acres treated = _____
#2 Acres tree planting = _____	#6 Acres treated = _____	#10 Acres of restoration = _____
Acres treated = _____	#7 Acres treated = _____	#11 Acres = _____
#3 Acres treated = _____	#8 Acres treated = _____	
#4 Acres planted/ renovated = _____		

Tracy M. [Signature]
Landowner Signature

1/2010