



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5366950-8

Award Amount (obligated from funding source): \$23,000.00

A. Remaining Award Amount: \$10,897.05

Reimbursement Request:

☐ First☐ Second☐ Third☐ Fourth☐ Fifth☐ Final

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)* ^a	Match		E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)** ^a	D. Non-recipient Cost* ^b		
\$10,897.05	\$13,032.52	\$67.98	\$23,997.55	0.545909895

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
2/1-5/20	Sophia Demaio	Planning, marking trees, mapping, burning, piling, chipping	75.50	\$1,938.34	Recipient Labor: reimbursable cost
5/19-9/15	Garth Schaefer	Mapping, paper work	31.00	\$796.08	Recipient Labor: reimbursable cost
2/1-5/31	Patrick Elliot	Thinning, brush piling, burning, chipping	242.50	\$6,227.40	Recipient Labor: reimbursable cost
2/1-5/31	Jared Leveille	Thinning, brush piling, burning, chipping	233.00	\$5,983.44	Recipient Labor: reimbursable cost
2/1-5/31	Israel Chaput	Brush piling, burning, swamping	295.00	\$7,575.60	Recipient Labor: reimbursable cost
2/1-5/2	Amanda Astor	CSU volunteer running FVS simulations	36.50	\$937.32	Recipient Labor: reimbursable cost
3/29-5/2	Seth Ex	CSU professor instructing student in FVS	3.00	\$77.04	Recipient Labor: reimbursable cost
02/26/16	Sophia Demaio	Diesel		\$15.11	Supplies (recipient): reimbursable
03/05/16	Sophia Demaio	Helmet, gloves		\$67.98	Purchased Equipment, etc.: non-a
03/29/16	Sophia Demaio	Fuel		\$11.46	Supplies (recipient): reimbursable
03/29/16	Sophia Demaio	Grease, bar oil, fuel mix, hardware		\$31.97	Supplies (recipient): reimbursable
03/30/16	Sophia Demaio	Tractor oil, filter, cartridge, lube		\$292.32	Supplies (recipient): reimbursable
05/18/16	Sophia Demaio	Fuel		\$43.49	Supplies (recipient): reimbursable

TOTALS: G. Cumulative Recipient Cost= \$23,929.57
 H. Recipient Cost (Match)= \$13,032.52
 I. Non-recipient Cost (Match)= \$67.98

Grant Recipient Signature: _____

Date: _____

District Forester Signature: _____

Date: _____

***a Recipient Cost to be reimbursed** includes: contracted services with receipts; recipient's own labor (i.e. landowner labor) to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental with receipts, use of recipient-owned equipment to be valued at current market rental rate; cost of supplies with receipts, including consumable items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.; materials with receipts; materials, if provided by recipient is to be valued at current market price; meeting room rental with receipts; meeting room provided by recipient to be valued at current market price; printing with receipts
Current volunteer labor rate is the current rate at the time of reimbursement request. Reimbursement for these costs cannot exceed the obligated amount and must meet the cost share rate. Any recipient costs categorized as "reimbursable" that exceed the obligated award amount can be used as match to an award.

****a Recipient Cost designated as match** includes all items list for *a: contracted services with receipts; recipient's own labor to be valued at current volunteer labor rate; labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented; equipment rental with receipts, use of recipient-owned equipment to be valued at current market rental rate; cost of supplies with receipts, including items such as bar oil and two cycle fuel; materials with receipts; materials, if provided to be valued at current market price; meeting room rental with receipts; meeting room provided by recipient to be valued at current market price; printing with receipts. Additionally, recipient cost designated as match includes items not eligible for reimbursement such as supplies and repairs or other parts (i.e. chains, sparkplugs, etc.)
Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient costs can be used as match to an award, including recipient costs categorized as "reimbursable" that exceed the obligated award amount, and supplies, materials and equipment categorized as "non-allowable" can be used as match to an award.

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

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

Cost Category	Description
Actual Cost: reimbursable costs	Out of pocket expense
Recipient Labor: reimbursable costs	Valued at volunteer labor rate
Salaried Staff: reimbursable costs	Out of pocket expense
Supplies (recipient): reimbursable costs	Out of pocket expense or valued at fair market value if donated by recipient
Supplies: non-allowable costs	Donated by non-recipient
Materials (recipient): reimbursable costs	Out of pocket expense or valued at fair market value if donated by recipient
Materials: non-allowable costs	Donated by non-recipient
Purchased Equipment, etc.: non-allowable costs	Equipment, tools, and other non-consumable items
Rented equipment, etc.: reimbursable costs	Recipient's out of pocket expense or valued at fair market value
Other items (recipient): reimbursable costs	Out of pocket expense or valued at fair market value if donated by recipient
Other items: non-allowable costs	Donated by non-recipient
Non-recipient Labor: non-allowable costs	Donated by non-recipient

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5366950-2016-2

Cooperator: Shambhala Mountain Center

Work to be completed:

This project will treat 15.5 acres on Shambhala Mountain Center with the primary purpose of reducing hazardous fuels including thinning, defensible space, and shaded fuel breaks, and pile burning or chipping of slash.

1. Type of Treatment – Thinning, defensible space, fuels mitigation

Milestone dates: Completion by June 1, 2017

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

Project Period: May 1, 2016 – June 1, 2017

Funded Amount: \$10,000

Minimum cooperator match: \$10,000

Deliverables: treatment of 15.5 acres

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. Attachment B to the project entitled “Attachment B, Grant Report/ Reimbursement Request, WSFM Competitive Grants” will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

SMC Forest Treatment Feb-Sept 2016

Legend

- Pushpa Aspen Grove (1.53 acres)
- VolleyWood Aspen Grove (1.22 acres)
- Vajra Campground (15.12 acres)
- Fire Break (1.75 acres)
- Avalokiteshvara (2.80 acres)
- Stupa Parking Aspen Grove (1.93 acres)
- Shila (5.02 acres)
- Retreat Cabin (3.13 acres)
- Fire Road (10.99 acres)
- SMC Property Line
- Roads
- Streams

0 0.25 0.5
Miles



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP, swisstopo, and the GIS User

Hughes, Michael

From: Sophia DeMaio <landsteward@shambhalamountain.org>
Sent: Thursday, April 21, 2016 3:36 PM
To: Hughes, Michael
Cc: Garth Schaefer
Subject: Intro.
Attachments: Current Conditions.docx

Hi Mike,

I wanted to write and introduce myself. I am the Land Steward at Shambhala Mountain Center in Red Feather Lakes and have been working with Diana Selby and Boyd Lebeda on grants with the COSFS for the past two years.

I will be finishing off my position here by the fall and Garth Schaefer (cc'd in this email) is planning to take over the position. Diana told me you would be taking over our contract, and we look forward to meeting you!

We are finishing off Project 5366950-8 and just were awarded Project 5366950-2016-2 to continue with fire mitigation in 2016/2017.

Last year, with Boyd's help, we designed and conducted a forest inventory and are in the process of writing a Forest Stewardship Plan. I have been working with a CSU forestry student, Amanda Astor, under the direction of silviculture professor Seth Ex to analyze the data. I have attached her current conditions report. She will be coming up to give a presentation to our staff and administration on Monday, May 2 at 4pm. Is there any chance that you are available and would like to attend? Or perhaps you will be up here on other business this spring and would like to stop by? I hope to talk to you soon.

Thank you,
Sophie

Shambala

State Fire Assistance Grant Application

→ Award \$10,000 For 15.5 acres
4/20/16

FOR OFFICIAL USE ONLY	
State Submitting Project:	
State Priority Number:	
Dollar Amount Requested:	\$32,500.00
Matching Share:	\$32,500.00

*For guidance on filling in each box in this application, refer to the *Criteria and Instructions*

Applicant Information	
1	Applicant: Shambhala Mountain Center
	Contact Person: Sophia DeMaio
	Address: 151 Shambhala Way
	City/Zip Code: Red Feather Lakes, 80545
	Phone (Work/Cell): 970-881-2184 ext. 271
	Email: landsteward@shambhalamountain.org
	Fax:
	Federal Tax ID/DUNS #:

Project Information	
2	Name of Project: Shambhala Mountain Center Hazardous Fuels Reduction 2016/2017
	Community Name: Shambhala Mountain Center
	County(ies): Larimer
	Congressional District: 4
	Latitude: 40.7366 Longitude: -105.5450

Total Project Expense					
3	Budget Detail (Provide additional information in Block 4)	Grant Share (\$ Amount Requested)	Match		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:				\$0.00
	Fringe Benefits:				\$0.00
	Travel:				\$0.00
	Equipment:				\$0.00
	Supplies:				\$0.00
	Contractual:	\$32,500.00	\$32,500.00		\$65,000.00
	Construction:				\$0.00
	Other:				\$0.00
	Indirect Costs:				\$0.00
	TOTAL:	\$32,500.00	\$32,500.00	\$0.00	\$65,000.00

	Budget Narrative	
4	<p>Shambhala Mountain Center is committed to hiring a crew (independent contractors, SMC staff, or a combination thereof) to complete hazardous fuels reduction from the mountain pine beetle epidemic and subsequent removal of hazard trees from 2010-2012. We would also complete a Forest Stewardship Plan for the property and continue thinning and firebreak efforts based on this plan. The \$650/acre of treatment cost is based on current labor rate. Shambhala Mountain Center would plan to use a combination of a professional forestry crew and SMC hired laborers during the fall/winter 2016/2017 in the most low impact and timely manner. All of the matching funds would be from Shambhala Mountain Center and would be a combination of Personnel/Labor, Equipment, and Supplies.</p>	

	The Project	
5	<p>This project would take place on 581-acre Shambhala Mountain Center (SMC) property, a 501 (c) (3) non-profit educational organization located in northern Larimer County, Colorado. The property is bordered by the Arapahoe Roosevelt National Forest and Ben Delatour Boy Scout Ranch, both of which have completed fuels reduction work adjacent to SMC. SMC serves over 10,000 guests and day visitors every year and we may have up to 100 staff and 560 guests on the property at any given time. SMC is included in the Manhattan Creek CWPP completed by the Poudre Fire District. This area is vulnerable to wildfire as described in the Manhattan Creek CWPP and witnessed in the 2012 High Park Fire, which came within 3 miles of the property.</p> <p>This project would treat approximately 50 acres of Hazard Fuel Reduction/Fire Adapted Ecosystem Restoration at a cost of \$650/acre. Mountain pine beetle activity in the proposed project area reached endemic proportions during the last mountain pine beetle outbreak and several slash piles remain from affected trees that were harvested. These piles would be burned or chipped. We would also complete a Forest Stewardship Plan for the property and continue thinning, defensible space, fuel reduction, and firebreak efforts based on this plan and a long-term view of forest health and fire safety.</p>	

	Relation to Forest Action Plan/CWPP	
6	<p>SMC is included in the Manhattan Creek CWPP completed by the Poudre Fire District. The CWPP identifies that drought, Mountain Pine Beetle, and overcrowding lead to stressed and dead trees that will add to the vulnerability of the area to experience a large-scale fire. Shambhala Mountain Center and Ben Delatour Boy Scout Camp have both received fire mitigation grants and have been active in fire mitigation. Fuels reduction and removal of Mountain Pine Beetle affected trees have been the focus of SMCs past efforts. Continued fuels reduction and strategic thinning would further our mitigation efforts and improve community wildfire protection, particularly high priority areas identified in the CWPP including: Human life/safety, Structures, Water supply/quality (Elkhorn, Manhattan, and Rio RMDC creeks, Trails/Open space/Landscape/Environment, The Stupa, Wildlife-Critical Habitat, and Economics-business and tourism.</p>	

	Proposed Activities	
7	<p>This project would include:</p> <ol style="list-style-type: none"> 1. Removing slash piles from past forest management activities through chipping and burning (30-50 acres). 2. Removing hazard trees. 3. Completing a Forest Stewardship Plan, including defensible space guidelines. 4. Identifying and treating new areas based on the Forest Stewardship Plan. 5. Wood utilization, including lumber, firewood, and woodchips. 	

	Landscape	
8	<p>This project would take place on 581-acre Shambhala Mountain Center (SMC) property. Vegetation type is primarily ponderosa pine with some Douglas-fir, other mixed conifer species and aspen. The proposed project would include ponderosa pine stands with wildfire hazard ratings of very high. Slopes vary widely from 10 to over 60%. Mountain pine beetle activity in the proposed project area reached endemic proportions during the last mountain pine beetle outbreak and several slash piles remain from affected trees that were harvested. The continued removal of hazardous fuels complements the efforts of the adjacent properties of Ben Delatour Scout Ranch as well as the U.S. Forest Service, which is implementing a prescribed burning project to the south of SMC.</p>	

	Project Collaboration	
9	<p>Shambhala Mountain Center: Project oversight and completion, crew hiring and supervision, Forest Stewardship Plan preparation, equipment use, matching funds</p> <p>Colorado State Forest Service: Grant administration, project advice and assistance, matching funds.</p> <p>US Forest Service: Fuels reduction adjacent to SMC property.</p> <p>Ben Delatour Scout Ranch: Fuels reduction adjacent to SMC property, emergency access/evacuation, project collaboration and assistance.</p> <p>Poudre Canyon Fire Protection District: Defensible space and fire mitigation advice and assistance.</p> <p>Colorado State University: Stand data analysis and current condition reports using FVS.</p>	

	Project Timeline	
10	<p>Funds would be used to complete fuels reduction work for the 2015/2016 Fall/Winter/Spring season, as well as to complete the forest inventory data analysis and write the Forest Stewardship Plan. During the 2016/2017 Fall/Winter/Spring/Fall season we would complete fuels reduction work and treat new areas as identified in the Forest Stewardship Plan.</p>	

	Project Sustainability	
11	<p>This project would address forest health and fuel loading, which underlie fire, insect, and disease problems that could potentially affect the forests of SMC and beyond. This project would help us abide by the CWPP and protect adjacent properties.</p> <p>By removing old slash piles, and implementing defensible space, we would be drastically decreasing our forest fuels and mitigating wildfire for years to come. By thinning, we will be improving forest health and resiliency, which would mitigate insect and disease outbreaks, further mitigating wildfire.</p> <p>By completing analyzing our forest inventory and writing a Forest Stewardship Plan, we would be educating the community and planning strategically for years to come. The Forest Stewardship Plan would also set up a monitoring schedule, so we would be strategically tracking forest health. The Forest Stewardship Plan could potentially help with future grant funding to implement identified treatments.</p>	

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

**Financial Assistance Program
Cooperative Match Project**

To be conducted by:

Redstone Canyon Association

Project Number: 5366950-2016-01

Estimated Project Cost: \$16,000

Funding provided by CSFS: \$8,000

Minimum Recipient Match: \$8,000

Project to be completed by: July 1, 2017

Based on the strength of the application submitted by Redstone Canyon Association, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$8,000 to accomplish the project described in the attached scope of work.

As the cooperator, Redstone Canyon Association, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "*Attachment A*" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "*Attachment B*", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service
5060 Campus Delivery, Bldg. 1052
Fort Collins, CO 80523-5060

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

This funding will remain available until July 1, 2017.

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

Cooperator Signature:



Date:

4/4/16

Mailing Address:

P.O. Box 55
Masonville, CO 80541

Telephone Number:

970-282-1301

Email Address:

phil.pumagulch@gmail.com

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5366950-2016-01

Cooperator: Redstone Canyon Association

Work to be completed:

This project will augment approximately 110 acres of similar work done in 2010-16. Species composition and structure will be geared to species (mainly ponderosa pine) that are drought resistant and to develop a structure that is resilient to future fire disturbances. Thinning will take place 150 feet each side of 0.3 mile section of Puma Gulch Road, for an approximate total of 10 acres of area treated.

Thinning will leave 15 foot clearance between crowns in some areas; in other areas thinning will follow consultant Dr. Rich Reynolds' of US Forest Service Rocky Mtn Research Station guidelines for ponderosa pine restoration for the Rocky Mountain area. Legacy trees will be left, with a "groupy - clumpy" prescription being implemented, which mimics natural stand conditions for ponderosa pine. This means 8 to 12 trees per clump, with a tree length separation between clumps. Trees will also be pruned up to 5 feet, leaving at least 1/3 live crown on small trees. Trees and branches will be manually hauled to the side of the road. On steeper ground, a contractor with a tractor and powerful skidding winch will be used to skid trees up slope. Trees greater than 6" in diameter will be bucked into firewood for residents to use. The smaller material left will be chipped and scattered by a contractor after completion of the thinning portion, sometime in late spring. Work by volunteers will take place during the winter months. \$5000 will be used to contract the chipping; \$2500 will be used to contract the tractor work; and \$500 will be used to for supplies (fuel, oil, and chain) for the chain saws provided by volunteers.

Milestone dates: Completion by July 1, 2017

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

Project Period: April 1, 2016 – July 1, 2017

Funded Amount: \$8,000

Minimum cooperator match: \$8,000

Deliverables: 10 acres of fuels treatments

Project Types: Hazard Fuels Reduction/ Fire Adapted Ecosystem Restoration

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. Attachment B to the project entitled "Attachment B, Grant Report/ Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

PK. 4/4/16.

Financial Assistance Program
Cooperative Match Project

To be conducted by:

Shambhala Mountain Center

Project Number:	5366950-2016-2
Estimated Project Cost:	\$20,000
Funding provided by CSFS:	\$10,000
Minimum Recipient Match:	\$10,000
Project to be completed by:	June 1, 2017

Based on the strength of the application submitted by Shambhala Mountain Center, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$10,000 to accomplish the project described in the attached scope of work.

As the cooperator, Shambhala Mountain Center, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Attachment A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "Attachment B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service
5060 Campus Delivery, Bldg. 1052
Fort Collins, CO 80523-5060
Attn: Mike Hughes
- D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until June 1, 2017.

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

Cooperator Signature:	<i>Captain Delaney</i>	Date:	<i>4/21/16</i>
Mailing Address:	<i>151 Shambhala Way Red Feather Lakes CO 80545</i>		
Telephone Number:	<i>970-881-2184 ext. 271</i>		
Email Address:	<i>landsteward@shambhalamountain.org</i>		

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5366950-2016-2

Cooperator: Shambhala Mountain Center

Work to be completed:

This project will treat 15.5 acres on Shambhala Mountain Center with the primary purpose of reducing hazardous fuels including thinning, defensible space, and shaded fuel breaks, and pile burning or chipping of slash.

1. Type of Treatment – Thinning, defensible space, fuels mitigation

Milestone dates: Completion by June 1, 2017

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

Project Period: May 1, 2016 – June 1, 2017

Funded Amount: \$10,000

Minimum cooperator match: \$10,000

Deliverables: treatment of 15.5 acres

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. Attachment B to the project entitled "Attachment B, Grant Report/ Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

SD



Original from Sophia

EXHIBIT B

CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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

1. Project/Account #: <u>5367710-4, 5366950-8</u>	2. Total Award Amount: <u>\$35,000, \$23,000</u>
3. Project Name: <u>Shambhala Mountain Center</u>	4. Reimbursed Amount to Date: <u>\$33,233.43, \$0</u>
5. Make Payment To: <u>Shambhala Mountain Center</u> Name: <u>Forestry Project</u> Attn: <u>Land Steward - Sophia DeMaio</u> Address: <u>151 Shambhala Way, Red Feather Lakes</u>	
6. Period of Performance (Project Period): From: <u>2/27/15</u> To: <u>6/10/15</u>	

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

Marpa Point - 7 acres chipping + burning beetle kill harvest area
Retreat Area - 2 acres clearing aspen grove - removing dead + evergreens
RMDC Stream corridor - 1 acre eroding mitigation & fuel reduction
Power line - 11 acres - thinning, chipping + removing beetle kill

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

	A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
5367710-4	<u>\$1,766.57</u>	<u>\$1,766.57</u>	<u>\$1,766.57</u>		<u>B+C+D 3533.14</u>	<u>(C+D)/E 50%</u>
5366950-8		<u>\$4,848.05</u>	<u>\$4,848.05</u>		<u>9696.10</u>	<u>50%</u>

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

Reimbursement Request: I request reimbursement in the amount of \$ 6,614.62 for the work completed and documented above or attached.

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

Grant Recipient Signature: _____

Sophia DeMaio

Date: _____

6/10/15

10. Certification:

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

District Forester Signature: _____

Date: _____

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

Program Manager Signature: _____

Date: _____



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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

1. Project/Account #: <u>5367710-4, 5367710-48</u>	2. Total Award Amount: <u>\$35,000</u>
3. Project Name: <u>Shambhala Mountain Center</u>	4. Reimbursed Amount to Date: <u>\$32,423.43</u>
5. Make Payment To: <u>Shambhala Mountain Center</u> Name: <u>Forestry Project</u> Attn: <u>Land Steward - Sophia DeMaio</u> Address: <u>151 Shambhala Way, Red Feather Lakes</u>	6. Period of Performance (Project Period): From: <u>2/27/15</u> To: <u>6/10/15</u>

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

Marpa Point - 7 acres chipping + burning beetle kill harvest area
Retreat Area - 2 acres clearing aspen grove - removing dead + evergreens
RMDC Stream corridor - 1 acre erosion mitigation & fuel reduction
Power line - 11 acres - thinning, chipping + removing beetle kill

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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
5367710-4 <u>2,576.57</u>	<u>\$2,576.57</u>	<u>\$2,576.57</u>		<u>\$5,153.14</u>	<u>50%</u>

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

Reimbursement Request: I request reimbursement in the amount of \$ 6,141.62 for the work completed and documented above or attached.

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

Grant Recipient Signature: [Signature]

Date: 6/10/15

10. Certification:

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

District Forester Signature: [Signature]

Date: 6/26/15

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

Program Manager Signature: _____

Date: _____



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

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

Name: Shambhala Mtn. Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 8

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

Grant Number: 5367710-4

Non-Federal Match: \$ 2,576.⁵⁷

Approved Funding: \$ 35,000

Total Project: \$ 5153.¹⁴

CSFS Account Number: 5367710-6693

Amount of Payment: \$ 2,576.⁵⁷

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

Program Manager Signature _____ Date: _____

Program Manager Name _____



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #:

Award Amount (obligated from funding source):

A. Remaining Award Amount:

Reimbursement Request:

☒ First☐ Second☐ Third☐ Fourth☐ Fifth☒ Fin2

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)* ^a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)** ^a	D. Non-recipient Cost ^{*b}	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!

[illegible]

TOTALS:	G. Cumulative Recipient Cost=	\$0.00	13,229.25
	H. Recipient Cost (Match)=	\$0.00	6,614.62
	I. Non-recipient Cost (Match)=	\$0.00	0.00






Grant Recipient Signature:

District Forester Signature:

Date: 6/10/15

Date:

Treatment Areas March-June 2015

-  Retreat Cabin (2 acres)
-  Power Line (11 acres)
-  Marpa Point (7 acres)
-  Stupa Drainage (1 acre)
-  SMC Boundary (Approximately 590 acres)

0 0.2 0.4 Miles



Map Created By: Sophia DeMaio
For Shambhala Mountain Center 6/26/15
Data Sources: ESRI Aerial photography,
GPSMap 60CSx

Source: Esri, DigitalGlobe, GeoEye, i-cubed, Earthstar Geographics,
CNES/Airbus DS, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP,
swisstopo, and the GIS User Community

FORESTRY TIME-SOPHIA DEMAIO			
Date	By Whom	Activity/Expense	Hours
3/23/2015	Sophia DeMaio	meeting/chipping	3
3/24/2015	Sophia DeMaio	chipping	3.5
3/25/2015	Sophia DeMaio	chipping	2.5
3/26/2015	Sophia DeMaio	chipping	1
3/27/2015	Sophia DeMaio	chipping	1
3/30/2015	Sophia DeMaio	chipping	2
3/31/2015	Sophia DeMaio	chipping/paperwork	2
4/1/2015	Sophia DeMaio	chipping	2
4/2/2015	Sophia DeMaio	chipping	2.5
5/7/2015	Sophia DeMaio	chipping	3.5
5/8/2015	Sophia DeMaio	chipping	2
5/9/2015	Sophia DeMaio	chipping	5
5/10/2015	Sophia DeMaio	chipping	3
5/15/2015	Sophia DeMaio	brush removal-retreat cabins	1
5/22/2015	Sophia DeMaio	burning	4
5/23/2015	Sophia DeMaio	burning	4
5/30/2015	Sophia DeMaio	brush removal-stupa stream	1.5
6/4/2015	Sophia DeMaio	brush removal-stupa stream	1.5
6/5/2015	Sophia DeMaio	brush removal-stupa stream	2
6/6/2015	Sophia DeMaio	Wood chip utilization	2
6/7/2015	Sophia DeMaio	Wood chip utilization	1
		TOTAL	50

Staff Time-Card

Name: Danny Goldsmith

Today's Date: 06/11/2015

Employee ID: 77612

Email Address: dgoldsmith@shambhalamo

Comments:

Departments: Programs Dept
Thomas Manasjan

Position: Program Coordinator

Employee Details

Date	Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday 02/22	0	0	0	0	
Monday 02/23	5:18	0	0	0	
Tuesday 02/24	5:07	0	0	0	take off 40 mins-SD
Wednesday 02/25	3:46	0	0	0	
Thursday 02/26	5:42	0	0	0	
Friday 02/27	2:37	0	0	0	
Saturday 02/28	0	0	0	0	
Total:	22:30	0	0	0	

Edit Timecard

Approve

Monthly Totals

4.29 hours/day * # days/month.

31 days 133 hours (7 months)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Year 1567 work hours

Staff Time-Card

Name: Danny Goldsmith

Today's Date: 06/11/2015

Employee ID: 77612

Email Address: dgoldsmith@shambhalamo

Comments:

Departments: Programs Dept
Thomas Manasjan

Position: Program Coordinator

Employee Details

Date	Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday 03/22	0	0	0	0	
Monday 03/23	0	0	0	0	
Tuesday 03/24	0	0	0	0	
Wednesday 03/25	6:34	0	0	0	add 30 mins. forgot to clock
Thursday 03/26	4:48	0	0	0	add 1 hour
Friday 03/27	2:28	0	0	0	
Saturday 03/28	6:19	0	0	0	
Total:	20:09	0	0	0	

Edit Timecard

Approve

Monthly Totals

4.29 hours/day * # days/month.

31 days 133 hours (7 months)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Year 1567 work hours

March Total Hours

Hours	Personal	Program	Solo Retreat	Total
93:58	0	0	0	93:58

Thank you for creating with [WordPress](#).

Version 4.2.2

Staff Time-Card

Name: Danny Goldsmith

Comments:

Today's Date: 06/12/2015

Employee ID: 77612

Email Address: dgoldsmith@shambhalamoDepartments: Programs Dept
Thomas Manasjan

Position: Program Coordinator

Employee Details

Date	Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday 03/29	7:30	0	0	0	done MMS add 7 1/2 hours. - not forestry
Monday 03/30	0	0	0	0	
Tuesday 03/31	0	0	0	0	
Wednesday 04/01	2:25	0	0	0	done MMS add <u>2</u> hours. forgot - not forestry
Thursday 04/02	7:48	0	0	0	done MMS add 1 hr - not forestry
Friday 04/03	7:52	0	0	0	
Saturday 04/04	9:02	0	0	0	done MMS add 2 hrs. forgot - not forestry
Total:	34:37	0	0	0	

Edit Timecard

Approved by Supervisor

Monthly Totals

4.29 hours/day * # days/month.

31 days 133 hours (7 months)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Year 1567 work hours

Staff Time-Card

Name: Danny Goldsmith

Comments:

Today's Date: 06/12/2015

Employee ID: 77612

Email Address: dgoldsmith@shambhalamoDepartments: Programs Dept
Thomas Manasjan

Position: Program Coordinator

Employee Details

Date	Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday 04/05	5:39	0	0	0	
Monday 04/06	0	0	0	0	
Tuesday 04/07	0	0	0	0	
Wednesday 04/08	6:25	0	0	0	
Thursday 04/09	6:08	0	0	0	
Friday 04/10	6:03	0	0	0	done MMS add 2 hours <i>→ not forestry</i>
Saturday 04/11	5:02	0	0	0	done MMS remove 1 hour
Total:	29:17	0	0	0	

Save

Approve

Monthly Totals

4.29 hours/day * # days/month.

31 days 133 hours (7 months)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Year 1567 work hours



101 Industrial Park Road
Vernon, CT 06066

www.logrite.com
info@logrite.com
phone 800-631-4791
fax 860-872-0864

Invoice

Date	Invoice #
5/5/2015	15-11883

Customer
Shambhala Mountain Center ATTN: Sophia 151 Shambhala Way Red Feather Lakes, CO 80545

Contact	
Ship Via	Federal Express

Customer PO #	verbal-Sophia
Terms	Due on receipt

Quantity	Item Code	Description	Rate	Ordered	Backordered	Amount
1	RWC025	replacement winch cable, 3/8" X 25' and slider	55.00	1	0	55.00
1	Freight		20.00	1		20.00
Please pay from this invoice Thank you.						

				Subtotal	\$75.00
				Sales Tax (0.0%)	\$0.00
				Total	\$75.00
				Payments/Credits	\$0.00
				Balance Due	\$75.00



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input checked="" type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

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

Name: Shambhala Mountain Center

Address: 151 Shambhala Way

Red Feather Lakes, CO 80545

Attn: Land Steward / Sophia DeMaio

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

Grant Number: 5367710-4

Non-Federal Match: \$ 8,945.08

Approved Funding: \$35,000

Total Project: \$ 17,890.17

CSFS Account Number: 5367710-6693

Amount of Payment: \$ 8,945.08

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

5th payment

Program Manager Signature _____

Date: _____

Program Manager Name _____

Colorado State Forest Service

Colorado State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (970) 491-7736



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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

1. Project/Account #: 5367710-4	2. Total Award Amount: \$35,000
3. Project Name: Shambhala Mountain Center	4. Reimbursed Amount to Date: \$24,288.35
5. Make Payment To: Shambhala Mountain Center Name: Forestry Project Attn: Land Steward / Sophia DeMaio Address: 151 Shambhala Way, Red Feather Lakes	6. Period of Performance (Project Period): From: 12/1/15 To: 2/26/15

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

- Treated Prajna & Shila areas (22 acres) - brush piles, burns, firewood
- Completed forest inventory + began working on Forest Stewardship plan.

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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
\$11,521.65	\$8,945.08	\$8,945.08		B+C+D	(C+D)/E
				\$17,890.17	50%

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

Reimbursement Request: I request reimbursement in the amount of \$8,945.08 for the work completed and documented above or attached.

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

Grant Recipient Signature:

Sophia DeMaio

Date: 2/26/15

10. Certification:

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

District Forester Signature:

Jim Cully




Date: 3/2/15

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

Program Manager Signature:

Date:

Treatment Areas

-  Treatment areas (22 acres)
-  SMC Boundary (Approximately 590 acres)
-  Roads

0 0.2 0.4 Miles



Map Created By: Sophia DeMaio
For Shambhala Mountain Center 2/27/15
Data Sources: ESRI Aerial photography,
Larimer County Roads, GPSMap 60CSx

Source: Esri, DigitalGlobe, GeoEye, I-cubed, Earthstar Geographics,
CNES/Airbus DS, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP,
Swisstopo, and the GIS User Community



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #:
Award Amount (obligated from funding source):

A. Remaining Award Amount:

Reimbursement Request:

☐ First☐ Second☐ Third

☐ Fourth

☐ Fifth

☐ Fin2

	Match			
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)* ^a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)** ^a	D. Non-recipient Cost * ^b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!

[illegible]

TOTALS:	G. Cumulative Recipient Cost=	\$0.00	\$17,840.17
	H. Recipient Cost (Match)=	\$0.00	\$8,945.08
	I. Non-recipient Cost (Match)=	\$0.00	\$8,945.08

Grant Recipient Signature:

Date: 2/26/15

District Forester Signature:

Date:

FORESTRY TIME-SOPHIA DEMAIO

Date	By Whom	Activity/Expense	Hours
1/11/2014	Sophia DeMaio	burn piles Shila	3
1/12/2014	Sophia DeMaio	burn piles Shila	3
1/15/2014	Sophia DeMaio	burn piles Shila	5
1/30/2015	Sophia DeMaio	burn piles Shila	1
12/31/2014	Sophia DeMaio	burn piles Prajna	4
1/1/2015	Sophia DeMaio	burn piles Prajna	1
1/2/2015	Sophia DeMaio	burn piles Prajna	1
1/5/2015	Sophia DeMaio	brush piles Red Feather	2
1/6/2015	Sophia DeMaio	burn piles Shila	2
1/7/2015	Sophia DeMaio	burn piles Shila	3
1/8/2015	Sophia DeMaio	burn piles Shila	1.5
1/9/2015	Sophia DeMaio	burn piles Shila	1.5
1/12/2015	Sophia DeMaio	burn piles Shila	1
1/13/2015	Sophia DeMaio	burn piles Shila	4
1/19/2015	Sophia DeMaio	preparation for cremation	2
1/20/2015	Sophia DeMaio	brush piles-Marpa	2
1/28/2015	Sophia DeMaio	splitting firewood-Marpa	2
2/5/2015	Sophia DeMaio	forestry paperwork	2
2/9/2025	Sophia DeMaio	Marpa brush piles, skidding Shila	5
2/10/2015	Sophia DeMaio	Stand mapping, clearing-Retreat cabins	4.5
2/11/2015	Sophia DeMaio	Juniper collection	3
2/12/2015	Sophia DeMaio	Forest Stewardship Plan	2
2/13/2015	Sophia DeMaio	Skidding-Shila	5
2/20/2015	Sophia DeMaio	Chipper training	4
2/24/2015	Sophia DeMaio	Burning-crematorium	8
2/25/2015	Sophia DeMaio	Stand mapping	1
2/26/2015	Sophia DeMaio	Burn-Marpa, FS Plan, paperwork	6
		TOTAL	79.5

Staff Time-Card

Name: Danny Goldsmith

Comments: _____

Today's Date: 02/05/2015

Employee ID: 77612

Email Address: dgoldsmith@shambhalamoDepartments: Forestry Mgmt
Sophia DeMaio

Position: Forestry

Employee List

Date	Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday 12/28	0	0	0	0	
Monday 12/29	0	0	0	0	
Tuesday 12/30	0	0	0	0	
Wednesday 12/31	0	0	0	0	
Thursday 01/01	0	0	0	0	
Friday 01/02	2:00	0	0	0	
Saturday 01/03	0	0	0	0	
Total:	2:00	0	0	0	

This timecard can no longer be edited.

Monthly Totals

4.29 hours/day * # days/month.

31 days 133 hours (7 months)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Year 1567 work hours

December Total Hours

Hours	Personal	Program	Solo Retreat	Total
37:32	0	0	0	37:32

January Total Hours

Hours	Personal	Program	Solo Retreat	Total
55:22	0	0	0	55:22 - 4 shoveling/oven

Thank you for creating with WordPress.

Version 4.1

Staff Time-Card

Timecard successfully saved.

Clock In

Comments:

Name: Danny Goldsmith

Today's Date: 02/26/2015

Employee ID: 77612

Email Address: dgoldsmith@shambhalamo

Departments: Forestry Mgmt
Sophia DeMaio

Position: Forestry

Employee List

Date	Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday 02/22	0	0	0	0	
Monday 02/23	5:18	0	0	0	
Tuesday 02/24	5:07	0	0	0	take off 40 mins-SD
Wednesday 02/25	3:46	0	0	0	
Thursday 02/26	5:42	0	0	0	
Friday 02/27	0	0	0	0	
Saturday 02/28	0	0	0	0	
Total:	19:53	0	0	0	

Save

Timecard not submitted by employee.

Monthly Totals

4.29 hours/day * # days/month.

31 days 133 hours (7 months)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Year 1567 work hours

February Total Hours

Hours	Personal	Program	Solo Retreat	Total
57:30	0	0	0	57:30

Thank you for creating with WordPress.

Version 4.1

Staff Time-Card

Name: Teddy Michaeli

Comments: _____

Today's Date: 02/05/2015

Employee ID: 77327

Email Address: tmichaeli@shambhalamourDepartments: Forestry Mgmt
Sophia DeMaio

Position: Forestry

Employee List

Date	Hours	Personal (Paid time off)	Program	Solo Retreat	Program Code / Notes
Sunday 12/28	0	0	0	0	
Monday 12/29	0	0	0	0	
Tuesday 12/30	0	0	0	0	
Wednesday 12/31	0	0	0	0	
Thursday 01/01	0	0	0	0	
Friday 01/02	0	0	0	0	
Saturday 01/03	0	0	0	0	
Total:	0	0	0	0	

This timecard can no longer be edited.

Monthly Totals

4.29 hours/day * # days/month.

31 days 133 hours (7 months)

30 days 129 hours (4 months)

28 days 120 hours (1 months)

Year 1567 work hours

December Total Hours

Hours	Personal	Program	Solo Retreat	Total
10:45	0	0	0	10:45

January Total Hours

Hours	Personal	Program	Solo Retreat	Total
53:03	0	0	0	53:03 - 4 SMC / cremation?

Thank you for creating with WordPress.

Version 4.1

SHAMBHALA MOUNTAIN CENTER

151 Shambhala Way
Red Feather Lakes, CO 80545
voice: 970 881 2184 fax: 970 881 2909
email: accountspayable@shambhalamountain.org
Colorado Tax Exempt# 98-14860-0000

Is this a Town Trip Order? Yes_____No_____X

Forms Must Be Submitted By 2 PM Wednesday for Thursday Town Trip or Next Day Processing

Date: 1/2/2015

To: _____ Ordered By: _____ Sophie DeMaio-**Reimbursement

Address: _____ Department Land Steward-Forestry

Account Name: _____

Phone: _____ Account Number: _____

Order Called In? Yes or X No

[illegible]

Department Head: _____ Signature: _____ Sophia DeMaio

Delivery Location: (Where do you want these things put when the town tripper gets back with them?)

Special Instructions: This was an immediate need and I purchased with my own money and am requesting reimbursement. Thank you. _____



MASSEY FERGUSON

ON'S EQUIPMENT CO., INC.

906 N. U.S. HWY 287
FORT COLLINS, CO 80524
PHONE (970) 221-5296
FAX (970) 490-1683
Parts, Sales, & Service



SHANBHALA

PAGE

1

CASH

X

CHG.

F.P.

ACCT. NO.

00001

SALESMAN JWS	PURCHASE ORDER NO.	R.O. NO.	P.L. NO. 94438	INVOICE DATE 12/30/2014	TIME 02:38 PM	INVOICE NO. 84263
-----------------	--------------------	----------	-------------------	----------------------------	------------------	-----------------------------

QUANTITIES

PART NUMBER

DESCRIPTION

VENDOR

PRICES

ORDERED	B/O	SHIPPED	PART NUMBER	DESCRIPTION	VENDOR BIN LOC.	PRICES
2		2	G25100-0808	8MP	GATES	5.47 10.94
3		3	G70392	8M2T HOSE	GATES	4.20 12.60

CASH

00001

24.36

IT'S A GREAT DAY TO STOCKUP ON
PARTS & SERVICE YOUR EQUIPMENT

SHIP
VIA

**POSITIVELY NO PARTS ACCEPTED FOR CREDIT OR REFUND AFTER 30 DAYS
WITHOUT RECEIPT. NO RETURNS ON ELECTRICAL PARTS.**

Terms Net Cash Accounts due and payable 10th of the month following purchase. 1-1/2% per month
FINANCE CHARGE which is an ANNUAL PERCENTAGE RATE of 18% will be added on accounts
from 1st of month following purchase on overdue accounts.

I HEREBY CERTIFY THAT THE PRODUCTS SHOWN HEREON ARE EXEMPT FROM SALES
TAX UNDER THE APPROPRIATE COLORADO STATUTES.

Received By: _____

DESCRIPTION	ACCOUNT	AMOUNT
PARTS		
TAXABLE		23.54
FREIGHT		
SALES TAX		0.82
PLEASE PAY THIS TOTAL		24.36

CUSTOMER

JAX RANCH AND HOME
1000 NORTH U.S. HIGHWAY 287
FORT COLLINS CO 80524
970-484-2221

Receipt

12/15/14 03:46:01 PM
Receipt: 493962 Store: 2
Register: 202 Clerk: Hannah S
Salesperson: Hannah S

Item	Price	Qty	Total
666226242068 24.1E			
2.5ML THREADLOCKER			
PERMATEX INC. 2.5ML			
	\$4.49	1.00	\$4.49

012949630125 0302			
11/16X1-1/4 SS CLAMP			
NORMA PENNSYLVANIA 11/16X1-1/4			
	\$1.29	1.00	\$1.29

795711268183 36230050064			
33 RS 84 CHAIN DEP			
STIHL			
	\$36.99	1.00	\$36.99

Total Units	3.0
Subtotal	42.77
Tax	1.50
Total	44.27

12/15/14 03:45:55 PM VISA \$44.27
DEMAIO/SOPHIA
Card: XXXXXXXXXXXXXXX8207 Auth: 251404



Returns must be made within 30 days in new condition with original tags. Merchandise returned without receipt will be issued store credit. Some exceptions apply.
*** Customer Copy ***

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[Support Home](#) / [FAQs](#) / [Knowledge Base](#) / [Tips & Announcements](#) / [Download](#)



JAX RANCH AND HOME
1000 NORTH U.S. HIGHWAY 287
FORT COLLINS CO 80524
970-484-2221

Receipt
12/15/14 04:22:47 PM
Receipt: 493403 Store: 2
Register: 203 Clerk: SHEA A
Salesperson: SHEA A

Item	Price	Qty	Total
071621898130 LU25UN2G TRANS. HYD/UNTV LUBE KING 2GAL	\$19.99	1.00	\$19.99

071621898109 LU25UN5P TRANS. HYD/UNTV LUBE KING 5GAL	\$49.99	1.00	\$49.99
--	---------	------	---------

Total Unfs	2.0
Subtotal	69.98
Tax	2.45
Total	72.43

12/15/14 04:22:45 PM VISA \$72.43
DEMAIO/SOPHIA
Card: XXXXXXXXXX8267 Auth: 258588



Returns must be made within 90 days in new condition with original tags. Merchandise returned without receipt will be issued store credit. Some items may not be eligible.



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input checked="" type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

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

Name: Shambhala Mountain Center

Address: 151 Shambhala Way

Red Feather Lakes, CO 80545

Attn: Land Steward / Sophia DeMaio

Approved for Payment

C.S.F.S

4951553

12-11-14

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

Grant Number: 5367710-4-FC

Non-Federal Match: \$ 6,127.50 ~

Approved Funding: \$ 35,000 ~

Total Project: \$ 11,510.85 ~

CSFS Account Number: 5367710-6693 ~

Amount of Payment: \$ 5,383.35 ~

'10CPG SFA CG3 FRFT North Zone CWPP IMPL.

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

4th payment ~

Program Manager Signature [Signature]

Date: 12/9/14

Program Manager Name Scott M. Woods



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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

1. Project/Account #: <u>5367710-4-FC</u>	2. Total Award Amount: <u>\$35,000 ~</u>
3. Project Name: <u>Shambhala Mountain Center</u>	4. Reimbursed Amount to Date: <u>\$18,095</u>
5. Make Payment To: <u>Shambhala Mountain Center ~</u> Name: <u>Forestry Project</u> Attn: <u>Land Steward / Sophia DeMaio</u> Address: <u>151 Shambhala Way, Red Feather Lakes ~</u>	6. Period of Performance (Project Period): From: <u>May 2014</u> To: <u>Nov. 2014</u>

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

- ① Tree harvest, skid, + transport to Mill - Prajna project (6 acres)
- ② Seedlings Planted (2 acres)
- ③ Forestry Clean-up - chipping, burn piles, prep. for chipping, firewood salvage, felling hazard trees (5 acres)
- ④ Forest Inventory - 5 plots

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

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
	\$5,383.35	\$5,383.35	\$ 744.15	\$ 11,510.85	53%

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

Reimbursement Request: I request reimbursement in the amount of \$ 5383.35 for the work completed and documented above or attached.

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

Grant Recipient Signature: _____

Date: 12/3/14

10. Certification:

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

District Forester Signature: _____

Date: 12/3/14

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

Program Manager Signature: _____

Date: 12/10/14

SCOTT WOODS

Rev. November 2013

COPY

Shambhala Mountain Center
FRFTP Grant - Project Number 5367710-4-FC
10CPG.SFA CG3 FRFT North Zone CWPP Impl

Award \$35,000.00

<u>Payment History:</u>	<u>Amount</u>	<u>Reference</u>	<u>Date</u>
1st Payment	\$7,875.00	Doc Nbr 1855556	5/17/2012
2nd Payment	\$2,406.00	Doc Nbr 2668306	10/22/2013
2rd Payment	\$7,814.00	Doc Nbr 3330021	4/24/2014
Current Payment	\$5,383.35	Doc Nbr 4951553	12/11/2014
Total	<u>\$23,478.35</u>		



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input checked="" type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

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

Name: Shambhala Mountain Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 80545
Attn: Land Steward / Sophia DeMaio

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

Grant Number: 5367710-4

Non-Federal Match: \$ 6,127.⁵⁰

Approved Funding: \$ 35,000

Total Project: \$ 11,510.⁸⁵

CSFS Account Number: 5367710-6663

Amount of Payment: \$ 5,383.³⁵

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

4th payment

Program Manager Signature _____

Date: _____

Program Manager Name _____



EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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

1. Project/Account #: <u>5367710-4</u>	2. Total Award Amount: <u>\$35,000</u>
3. Project Name: <u>Shambhala Mountain Center</u>	4. Reimbursed Amount to Date: <u>\$18,095</u>
5. Make Payment To: <u>Shambhala Mountain Center</u> Name: <u>Forestry Project</u> Attn: <u>Land Steward / Sophia DeMaio</u> Address: <u>151 Shambhala Way, Red Feather Lakes</u>	6. Period of Performance (Project Period): From: <u>May 2014</u> To: <u>Nov. 2014</u>

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

- ① Tree harvest, skid, + transport to Mill - Prajna project (6 acres)
- ② Seedlings Planted (2 acres)
- ③ Forestry Cleanup - chipping, burn piles, prep. for chipping, firewood salvage, felling hazard trees (5 acres)
- ④ Forest Inventory - 5 plots

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

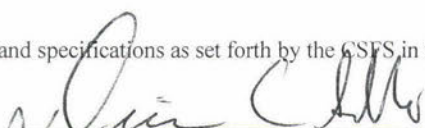
A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
				B+C+D	(C+D)/E
	\$5,383.35	\$5,383.35	\$744.15	\$11,510.85	53%

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

Reimbursement Request: I request reimbursement in the amount of \$ 5383.35 for the work completed and documented above or attached.

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

Grant Recipient Signature:  Date: 12/3/14

10. Certification:
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.
District Forester Signature:  Date: 12/3/14

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

SMC Timesheet-Forestry Crew

Date	By Whom	Activity/Expense	Hours
5/1/2014	Kenneth Crook	Tree Planting	4
5/1/2014	Tara Ristau	Tree Planting	4
5/1/2014	Laura Giarolli	Tree Planting	4
5/1/2014	Clark Painter	Tree Planting	4
5/8/2014	Kenneth Crook	Tree Watering	4
5/8/2014	Tara Ristau	Tree Watering	4
5/8/2014	Laura Giarolli	Tree Watering	4
5/8/2014	Clark Painter	Tree Watering	4
5/15/2014	Kenneth Crook	Tree Watering	4
5/15/2014	Tara Ristau	Tree Watering	4
5/15/2014	Laura Giarolli	Tree Watering	4
5/15/2014	Clark Painter	Tree Watering	4
5/29/2014	Kenneth Crook	Tree Watering	4
5/29/2014	Tara Ristau	Tree Watering	4
5/29/2014	Laura Giarolli	Tree Watering	4
5/29/2014	Clark Painter	Tree Watering	4
6/12/2014	Kenneth Crook	Tree Watering	4
6/12/2014	Tara Ristau	Tree Watering	4
6/12/2014	Laura Giarolli	Tree Watering	4
6/12/2014	Clark Painter	Tree Watering	4
6/26/2014	Kenneth Crook	Tree Watering	4
6/26/2014	Tara Ristau	Tree Watering	4
6/26/2014	Laura Giarolli	Tree Watering	4
6/26/2014	Clark Painter	Tree Watering	4
7/3/2014	Kenneth Crook	Tree Watering	4
7/3/2014	Tara Ristau	Tree Watering	4
7/3/2014	Laura Giarolli	Tree Watering	4
7/3/2014	Clark Painter	Tree Watering	4
7/17/2014	Kenneth Crook	Tree Watering	4
7/17/2014	Tara Ristau	Tree Watering	4
7/17/2014	Laura Giarolli	Tree Watering	4
7/17/2014	Clark Painter	Tree Watering	4
7/24/2014	Kenneth Crook	Tree Watering	4
7/24/2014	Tara Ristau	Tree Watering	4
7/24/2014	Laura Giarolli	Tree Watering	4
7/24/2014	Clark Painter	Tree Watering	4
7/31/2014	Kenneth Crook	Tree Watering	4
7/31/2014	Tara Ristau	Tree Watering	4
7/31/2014	Laura Giarolli	Tree Watering	4
7/31/2014	Clark Painter	Tree Watering	4
8/1/2014	Kenneth Crook	Tree Watering	4
8/1/2014	Tara Ristau	Tree Watering	4
8/1/2014	Laura Giarolli	Tree Watering	4
8/1/2014	Clark Painter	Tree Watering	4
8/15/2014	Kenneth Crook	Tree Watering	4

8/15/2014	Tara Ristau	Tree Watering	4
8/15/2014	Laura Giarolli	Tree Watering	4
8/15/2014	Clark Painter	Tree Watering	4
8/22/2014	Kenneth Crook	Tree Watering	4
8/22/2014	Tara Ristau	Tree Watering	4
8/22/2014	Laura Giarolli	Tree Watering	4
8/22/2014	Clark Painter	Tree Watering	4
8/29/2014	Kenneth Crook	Tree Watering	4
8/29/2014	Tara Ristau	Tree Watering	4
8/29/2014	Laura Giarolli	Tree Watering	4
8/29/2014	Clark Painter	Tree Watering	4
9/4/2014	Kenneth Crook	Tree Watering	4
9/4/2014	Tara Ristau	Tree Watering	4
9/4/2014	Laura Giarolli	Tree Watering	4
9/4/2014	Clark Painter	Tree Watering	4
9/9/2014	Sophia DeMaio	Forestry planning meeting ar	1
9/10/2014	Jared Leveille	Forestry planning meeting ar	1
9/11/2014	Richard Swaback	Forestry planning meeting ar	1
9/18/2014	Kenneth Crook	Tree Watering	4
9/18/2014	Tara Ristau	Tree Watering	4
9/18/2014	Laura Giarolli	Tree Watering	4
9/18/2014	Clark Painter	Tree Watering	4
10/9/2014	Peter Haney	Selecting logs for building pro	6
10/10/2014	Peter Haney	Selecting logs for building pro	6
10/11/2014	Peter Haney	Harvesting logs for building p	9
10/12/2014	Peter Haney	Harvesting logs for building p	9
10/8/2014	Sophia DeMaio	Forestry planning meeting ar	5
10/9/2014	Jared Leveille	Selecting logs for building pro	6
10/10/2014	Jared Leveille	Selecting and skidding logs fc	6
10/13/2014	Jared Leveille	Selecting and skidding logs fc	6
10/9/2014	Sophia DeMaio	Selecting logs for building pro	9
10/10/2014	Sophia DeMaio	Selecting logs for building pro	9
10/12/2014	Joshua Halper	Selecting logs for building pro	6
10/13/2014	Patrick Elliot	Skidding logs for building pro	3

SMC Timesheet-Forestry Crew

Date	By Whom	Activity/Expense	Hours	
11/11/2014	Teddy Michaeli	Forestry Cleanup-Marpa Point	2.5	
11/12/2014	Teddy Michaeli	Forestry Cleanup-Marpa Point	2	
11/13/2014	Teddy Michaeli	Forestry Cleanup-Marpa Point	2	
11/14/2014	Teddy Michaeli	Forestry Cleanup-Marpa Point	2	
11/24/2014	Teddy Michaeli	Forestry Cleanup-Marpa Point	1.5	
11/28/2014	Teddy Michaeli	Forestry Cleanup, Shila, Marpa	3	
11/29/2014	Teddy Michaeli	Forestry Cleanup Marpa	4	
11/30/2014	Teddy Michaeli	Forestry Cleanup Marpa	3.5	20.5
11/3/2014	Marshall Tate	Forest Inventory & wood chipping-Vajra	6	
11/4/2014	Marshall Tate	Wood chipping-Vajra	3.5	
11/6/2014	Marshall Tate	Tree planting, forestry cleanup-Vajra	2.5	
11/7/2014	Marshall Tate	Forest Inventory	2.5	
11/10/2014	Marshall Tate	Forest Inventory, forestry cleanup-Vajra	3.5	
11/11/2014	Marshall Tate	Forestry Cleanup-Marpa Point	4.5	
11/12/2014	Marshall Tate	Forestry Cleanup-Marpa Point	3.5	26
11/3/2014	Dannny Goldsmith	Forest Inventory & wood chipping-Vajra	6	
11/4/2014	Dannny Goldsmith	Wood chipping-Vajra	3.5	
11/5/2014	Dannny Goldsmith	Forest Inventory	2	
11/6/2014	Dannny Goldsmith	Tree planting, forestry cleanup-Vajra	3.5	
11/7/2014	Dannny Goldsmith	Forest Inventory	2.5	
11/10/2014	Dannny Goldsmith	Forest Inventory	5	
11/11/2014	Dannny Goldsmith	Forestry Cleanup-Marpa Point	2	
11/25/2014	Dannny Goldsmith	Forestry Cleanup-Marpa Point	4	28.5
10/29/2014	Sophia DeMaio	GPS treatment areas	2	
10/30/2014	Sophia DeMaio	Tree Farmers Meeting	2	
11/3/2014	Sophia DeMaio	Forest Inventory & wood chipping-Vajra	6	
11/4/2014	Sophia DeMaio	Wood chipping-Vajra	3.5	
11/5/2014	Sophia DeMaio	Forest Inventory & meeting	5	
11/6/2014	Sophia DeMaio	Tree planting, mapping treatment areas	5	
11/7/2014	Sophia DeMaio	Forest Inventory	2	
11/11/2014	Sophia DeMaio	Forestry Cleanup-Marpa Point	5	
11/13/2014	Sophia DeMaio	Forestry Cleanup-Marpa Point	2.5	
11/14/2014	Sophia DeMaio	Forestry Cleanup-Marpa Point	3	
11/24/2014	Sophia DeMaio	Forestry Cleanup-Marpa Point	1.5	
11/25/2014	Sophia DeMaio	Forestry Cleanup-Marpa Point, timesheets	2	
11/26/2014	Sophia DeMaio	Tree Removal-Red Feather, Cleanup Marpa	2	
11/27/2014	Sophia DeMaio	Tree Removal-Red Feather	2	
11/28/2014	Sophia DeMaio	Cleanup Shila	3.5	47
11/3/2014	Patrick Elliot	Forest Inventory & wood chipping-Vajra	7	
11/4/2014	Patrick Elliot	Wood chipping-Vajra	6	
11/5/2014	Patrick Elliot	Forestry cleanup-Vajra	3	
11/6/2014	Patrick Elliot	Tree planting, forestry cleanup-Vajra	3	
11/11/2014	Patrick Elliot	Forestry Cleanup-Marpa Point	6	
11/12/2014	Patrick Elliot	Forestry Cleanup-Marpa Point	4	
11/27/2014	Patrick Elliot	Tree Removal-Red Feather	5	
11/28/2014	Patrick Elliot	Cleanup Shila	5	39



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #:

5367710-4

Award Amount (obligated from funding source):

35,000

A. Remaining Award Amount:

16,905

Reimbursement Request:

☐ First☐ Second☐ Third☐ Fourth☐ Fifth☐ Final

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	Match		E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost* ^b		
5,383.35	5,383.35	744.15	11,510.85	53%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
10/11-12/14	Peter Haney	Harvesting logs for building project		221.75	Actual Cost
9, 10/14	Peter Haney	Selecting logs for building project	12	270.60	Non-recipient contribution
9, 10/14	Jared Leville	Selecting + skidding logs	18	405.90	Non-recipient
9, 10/14	Sophia DeMaio	Selecting logs for building project	18	405.90	Recipient contribution
10/12/14	Josh Halper	Selecting logs for building project	6	135.30	Recipient
10/13/14	Pattick Elliot	Skidding logs	3	67.65	Non-recipient
May-Sept	Kenneth Crook	Planting + watering seedlings	64	1,433.20	Recipient
May-Sept	Tara Bistav	"	64	1,433.20	Recipient
May-Sept	Laura Girolli	"	64	1,433.20	Recipient
May-Sept	Clark Painter	"	64	1,433.20	Recipient
10/10/14	Brooke Steadman	loading + hauling logs to mill		100	Actual cost
9/9+10/8	Sophia DeMaio	Forestry planning meetings + sampling prep	6	135.30	Recipient
9/9/14	Richard Swadlow	Forestry planning meeting	1	22.55	Recipient
9/9/14	Jared Leville	"	1	22.55	Recipient
11/27, 11/28, 11/27, 11/28	S.M.C	Use (rental rate) of ATV, chainsaw + log arch		20	Recipient
9/10, 13/14	S.M.C	Two cycle fuel + oil		20	Recipient
10/29-11/28	Sophia DeMaio	Forestry cleanup, inventory, planning, meetings + documentation	47	1,059.85	Recipient
11/3-11/28	Patrick Elliot	Forest inventory, cleanup, tree felling	39	879.45	Recipient

TOTALS: G. Cumulative Recipient Cost=

\$0.00

H. Recipient Cost (Match)=

\$0.00

I. Non-recipient Cost (Match)=

\$0.00

744.15 11,510.85 10,766.70

Grant Recipient Signature:

Date: 12/3/14

District Forester Signature:

Date:



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #:

Award Amount (obligated from funding source):

A. Remaining Award Amount:

Reimbursement Request:

☐ First☐ Second

☐ Third

☐ Fourth☐ Fifth

Finç

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)* ^a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)** ^a	D. Non-recipient Cost * ^b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!

[illegible]

TOTALS:	G. Cumulative Recipient Cost=	\$0.00
	H. Recipient Cost (Match)=	\$0.00
	I. Non-recipient Cost (Match)=	\$0.00

Grant Recipient Signature:

Captain Duncan

Date: 12/3/14

District Forester Signature:

Date:



Sophia DeMaio <landsteward@shambhalamountain.org>

Peter's invoice

1 message

Peter Haney <haneyrmw@frii.com>

Fri, Nov 28, 2014 at 11:10 AM

To: Josh Halper <jhalper@shambhalamountain.org>, Sophia DeMaio <landsteward@shambhalamountain.org>

Hello Josh and Sophie,

Thanks for your time while I was there. Very helpful and productive.

Below the dotted line is the invoice your requested. I should have asked you about this yesterday, but if you want this and future invoices signed and on my letterhead, I will need to format accordingly and mail to you. As we discussed, I will keep a running tally of possible redeemable "credits" in the future.

Josh, I may have left my leather briefcase in your office as I was fumbling through my reams of paperwork. If so, please secure it somewhere (it was my Father's) and I will retrieve it sometime in the future. Also, today I will research approximate costs of cedar shingles and "Tamko" shingles and forward those numbers to you.

Yours,
Peter

.....
INVOICE

DATE: November 28, 2014

FOR: SHAMBHALA MOUNTAIN CENTER PRAJNA ULIFT MEDITATION PAVILION

LABOR AND MILAGE, AS PER SECTION "LOG HARVESTING AT SHAMBHALA" UNDER "COST ESTIMATE"=\$221.75

TOTAL DUE=\$221.75

PLEASE MAKE PAYABLE TO: **ROCKY MOUNTAIN WORKSHOPS.**

THANK YOU.

Peter Haney
505 N. Grant Ave.
Fort Collins, CO 80521
970-482-1366
haneyrmw@frii.com
www.rockymountainworkshops.com

Lat +200° #1451

10/10/14

STEADMAN LOGGING

~~Wool Shot~~ 10-10-14

FOR DELIVERY OF LOGS FROM SANDHILL LA
TO RAY RANOS

~~SWEETS~~

~~5"~~

~~12"~~

~~10" (10 INK)~~

~~NEW LOG @ RAY'S~~

~~9-1~~

~~BIG KNOTS~~

~~HAVE~~

~~2-3x6x8-6' cut @ Ray's~~

Richard Swaback | Director of Expansion
and Planning



SHAMBHALA MOUNTAIN CENTER



rs[REDACTED]ack@shambhalamountain.org

www.shambhalamountain.org

Phone: 970.881.2184 x369 | Fax: 888.633.3415

151 Shambhala Way | Red Feather Lakes, CO 80545



sdemaio@shambhalamountain.org

Grant notification add Supplement Directive

working on 5367710-4 3
on deck 5366950-8

Sophia is coming in as the land steward + taking over grant work

Sophia will have some time on Pump
Staff will " " " ~~for~~ job burning
their sawyer will be starting in a few weeks.

$$\begin{array}{r} 2 \\ 7825 \\ 2400 \\ 7814 \\ \hline 18095 \end{array}$$

Auntie Joyce

761.6125

This grant is on hold
as of Nov 19, 2013

Colorado State FOREST SERVICE

Colorado State University
Fort Collins, Colorado 80523-5060
(970) 491-8660
FAX: (970) 491-8645

November 26, 2012

Dear 2012 SFA WUI Grant Recipient:

This letter is to inform you that the application you submitted for the 2012 State Fire Assistance (SFA) Wildland Urban Interface (WUI) grant program has been funded.

Attached you will find five separate pages that need action from you.

1. The Financial Assistance Program Cooperative Match Project notification. After you have read the notification, and if you agree with the conditions of participation, please sign and date.
2. The second page is Exhibit A, Scope of Work. After you have read Exhibit A, and if you agree with the conditions of participation, please initial and date.
3. The third page is Exhibit B. Retain this attachment and use it to request reimbursement for qualifying project costs. You may make additional copies if needed.
4. The fourth page is Exhibit B1. This is a worksheet that accompanies Exhibit B and is used to request reimbursement.
5. Form D. This form is to be used to document both in-kind and hard costs and is also used when requesting reimbursement.

Please return the original signed Project Notification and the initialed Scope of Work to:

Colorado State Forest Service
Fort Collins District, Attn: Diana Selby
5060 Campus Delivery, CSU
Fort Collins, CO 80523

- The grant requires at least a 50/50 match. If you cannot equally match the amount you were awarded, the award will be adjusted or rescinded. Your match must be from nonfederal sources.
- Reimbursement will be made for actual costs up to the amount listed on your project notification with consideration of the matching requirement.
- If your original request was reduced, the reduction is noted on your proposal.
- You may not use these funds to purchase capital equipment.

- **The grant end date for this project is September 1, 2014.** All reimbursement requests and reporting are due to the CSFS Fort Collins District Office on or before this date.

Additionally, we will be requiring strict documentation. Remember, the total amount of the award must be matched by nonfederal sources. This award may be considered as income by the IRS. You should check with your tax advisor.

The form required to obtain periodic reimbursement for costs you incur and documentation of your match is Exhibit B.

The Final Closeout Report must include:

- ☐ Accomplishments: examples include (quantified: # acres treated, # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- ☐ Summary of actual costs.
- ☐ Summary of matching funds.
- ☐ Before and after photos (digital preferred)

Your project will have oversight by your local assistant district forester, Diana Selby (me), but disbursement of payments will come from the CSFS State Office. When you are ready to claim reimbursement you need to submit an Exhibit B, Exhibit B1 and Form D to me and I will certify that the work has been completed and the documentation adequate. Certification by me may require a site visit to your property. I will then forward paperwork to the state office for processing. Please feel free to contact me at (970) 491-8839 with any questions you may have.

Best Regards,

Diana Selby
Fort Collins District
Assistant District Forester

Financial Assistance Program

Cooperative Match Project

To be conducted by:

Shambhala Mountain Center

Project Number: 5366950-8
Estimated Project Cost: \$46,000
Funding provided by CSFS: \$23,000
Minimum Recipient Match: \$23,000
Project to be completed by: September 1, 2014

Based on the strength of the application submitted by Shambhala Mountain Center, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$23,000 to accomplish the project described in the attached scope of work.

As the cooperator, Shambhala Mountain Center, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "*Attachment A*" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "*Attachment B*", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service
5060 Campus Delivery, Bldg. 1052
Fort Collins, CO 80523-5060
Attn: Diana Selby
- D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until September 1, 2014. It may be extended at any time at the discretion of CSFS.

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

Cooperator Signature:



Date:

Mailing Address:

*Signed and mailed
12.18.2012*

Telephone Number:

Email Address:

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5366950-8

Cooperator: Shambhala Mountain Center

Work to be completed:

As described in the "Scope of Work" from the 2012 State Fire Assistance Grant Application.

1. Type of Treatment – Thinning, defensible space, fuels mitigation

Milestone dates: Completion by September 1, 2014

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

Project Period: November 2012 – September 1, 2014

Funded Amount: ~~\$46,000~~

Minimum cooperator match: \$23,000

23,000

Deliverables: treatment of 77 acres

Project Types:

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. Attachment B to the project entitled "Attachment B, Grant Report/ Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

J.L. (12-18-2012)

Colorado Wildland Urban Interface Grant Application

For Official Use Only	
District Submitting Project:	
District Priority Number:	
Dollar Amount Requested:	\$83,000.00
Matching Share:	\$41,500.00

*For guidance on filling in each box in this application, refer to the *Criteria and Instructions to States*

Applicant Information	
1	Applicant: Shambhala Mountain Center
	Contact Person: Chad Hofmann
	Address: 151 Shambhala Way
	City/ZipCode: Red Feather Lakes 80545
	Phone (Work/Cell): 970-881-2184 ext. 271
	Email: landsteward@shambhalamountain.org
	Fax:

Community At Risk Information	
2	Name of Project: 2012 Shambhala Mountain Center Hazard Tree Removal
	Community Name: Shambhala Mountain Center
	County (ies): Larimer
	Congressional District: 4th
	Latitude: 40.7366 Longitude: -105.5450

Grant Contributors						
(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify - see criteria & instructions for exception)						
Specify each match contributor and the dollar amount of each contribution.						
DO NOT show grant requested funds in this table - This Is For Matching Share ONLY.						
3	Contributor's Name:	Shambhala Mountain Center				TOTAL
	Dollars (Hard Match):	\$41,500.00				\$41,500.00
	In Kind (Soft Match):					
	TOTAL:	\$41,500.00				\$41,500.00

Total Project Expense (break down matching share totals from block #3)					
	Budget Detail (Provide additional information in Block 7)	Grant Share (\$ Amount Requested)	Match (from block #3)		TOTAL
			Dollars	In-Kind	
4	Personnel/Labor:				
	Fringe Benefits:				
	Travel:				
	Equipment:				
	Supplies:				
	Contractual:	\$41,500.00	\$41,500.00		\$83,000.00
	Construction:				
	Other:				
	TOTAL:	\$41,500.00	\$41,500.00		\$83,000.00

Budget Narrative

5

Shambhala Mountain Center is committed to hiring a crew (independent contractors, SMC staff, or a combination thereof) to complete the removal of all hazard trees which become infested with mountain pine beetle during the summer of 2012. The \$600 per acre of treatment cost is based on the work completed from February to June 2011 using contracted forestry labor to remove all brood trees from the property. Shambhala Mountain Center is currently looking into using a combination of a professional forestry crew and SMC hired laborer to complete the work during the fall/winter 2011/2012 season in the most low impact and timely manner. If this combination is chosen for work during the fall/winter 2011/2012 season, SMC will likely be using the combination in the summer/fall of 2012, thus having a combination of hard and soft match funding. All of the funding will be from Shambhala Mountain Center and would be a combination of Personnel/Labor, Equipment and Supplies.

Project Area Description

6

This project will take place on the 581-acre Shambhala Mountain Center (SMC) property, a 501 (c)(3) non-profit educational organization located in northern Larimer County, Colorado. The property is bordered by the Arapahoe Roosevelt National Forest and Ben Delatour Boy Scout Ranch, both of which have completed fuels reduction work adjacent to SMC. The SMC serves over 10,000 guests and day visitors every year and may have up to 100 staff and 560 guests on the property at any given time. The SMC is included in the Manhattan Creek CWPP completed by the Poudre Fire District. Vegetation type is primarily ponderosa pine with some Douglas-fir, other mixed conifer species and aspen. This proposed project will take place in ponderosa pine stands with wildfire hazard ratings of very high. Slopes vary widely from 10 to over 60%. Mountain pine beetle activity in the proposed project area has reached epidemic proportions and thousands of brood trees have been detected in a survey of the property completed in September and October of 2010.

Scope of Work

7

Shambhala Mountain Center is committed to the removal of all MPB infested brood trees which are considered hazard trees prior to beetle flight. Hazard trees are those which are in the areas surrounding structures, adjacent to trails and roads, and including outlying areas which are used by guests and program participants. Shambhala Mountain Center currently has 55 structures used for housing, administration and educational programming, several miles of trails and roads, and many acres of outlying forested land which is used for a variety of educational programs and staff recreation purposes. The intention is that all hazard trees will be mechanically or hand cut, limbed, and bucked. The majority of the boles will be hauled off site to be utilized as chips, firewood and other timber products. Any boles which cannot be removed will be solar treated and used on-site at a future time. A portion of the slash will be chipped on-site to be used for trails and landscaping. The remaining majority of the slash will be piled for later burning.

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

8	Project Category 1: Hazard Fuels Reduction/ Fire Adapted Ecosystem Restoration <input checked="" type="checkbox"/>		
	Number of acres to be treated:	135	Estimated cost per acre: \$600.00
	Number of communities directly affected by this project:		1
	Project Category 2: Information & Education <input type="checkbox"/>		
	Number of citizens to be reached:		
	Project Category 3: Planning <input type="checkbox"/>		
Number of residences affected:			

Interagency Collaboration

9	Shambhala Mountain Center: project oversight, crew hiring and direction, property survey, potential fuel and equipment use.	
	Colorado State Forest Service: project mapping, project coordination assistance, grant administration.	
	US Forest Service: Fuels reduction adjacent to Shambhala Mountain Center property.	
	Ben Delatour Scout Ranch: Fuels reduction adjacent to Shambhala Mountain Center property.	

Community Wildfire Protection Plan (CWPP)

	Does the community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP Guidelines and that follows and meets CSFS minimum standards?		Yes
	Is this project part of the plan? (Choose from the drop down list)		Yes
	Where would we obtain a copy of this plan?		Colorado State Forest Service
	Is this project identified in your Statewide Forest Resource Assessment and Strategy?		No

Project Timeline

10	A complete site survey will be completed to determine the location of hazard trees in September and October of 2012. Removal work to begin upon partial completion of site survey (October 2012). Completion date to be prior to December 31, 2012.	

Maintenance / Sustainability

Shambhala Mountain Center is committed to continuing stewardship of our forests. Past work includes fuels reduction on 97.4 acres of the property, and an additional 135 acres of MPB brood trees were removed during the spring of 2011. An additional 100 acres are potentially to be treated during the 2011/2012 fall and winter months (dependent on MPB infestation levels, and hazardous fuels reductions priorities). Annual surveys of the property will be completed in order to identify MPB brood trees, hazard trees as well as identifying further priorities for hazardous fuels reduction and forest health. All slash will be burned as conditions permit based on Larimer County and State of Colorado regulations.

11

Landscape Scale

The continual removal of hazard trees, as well as continual removal of hazardous fuels reductions compliments the efforts of the adjacent properties of Ben Delatour Scout Ranch, as well as the United States Forest Service fuels reductions projects. The removal of MPB brood trees prior to MPB flight also potentially reduces the levels of Ponderosa Pine mortality both the USFS and Ben Delatour Scout Ranch.

12



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input checked="" type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

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

Name: Shambhala Mountain Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 80545
Attn: Land Steward

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

Grant Number: 5367710-4 Non-Federal Match: \$ 7,814

Approved Funding: \$ 35,000 Total Project: \$ 15,628

CSFS Account Number: 5367710-6693 Amount of Payment: \$ 7,814

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

Program Manager Signature _____ Date: _____

Program Manager Name _____

Selby, Diana

From: Selby, Diana
Sent: Wednesday, April 9, 2014 11:30 AM
To: Jared Leveille
Subject: Reimbursement request
Attachments: Shambhala_3rd_reimbursement.pdf

Hi Jared,

I've been looking over the reimbursement request paperwork and I think the last reimbursement request and the one you just gave me are incorrect.

I show the grant would cover up to \$437.50/acre. You've only requested half of what you are eligible for (probably because I explained the required match unclearly).

For the reimbursement request you just submitted you show a total of \$11,676 paid and a total of 12.61 acres treated. You should be able to request the full \$5,516.86 and you still have a match that is over 50% of the total.

Since the last grant request was the same, I modified the numbers so that you get the remaining amount from that last request as well. Last time you should have been able to request \$4,703.13 but you only requested \$2,406.00 so you left behind \$2,297.13. There was enough spent between last time and this time to account for the full match.

I'm attaching a modified reimbursement to show you what I've changed. You should get a total of \$7,814 as the reimbursement for this time (accounting for this request and the un-used amount from request #2).

Sorry if this is confusing. Let me know if you have questions. I don't need another form from you as long as you are okay with the changes I made here.

Thanks,

Diana Selby
Assistant District Forester
Fort Collins District
5060 Campus Delivery
Fort Collins, CO 80523
(970) 491-8839

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by 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/Account #: 5367710-4	2. Total Award Amount: \$ 35,000
3. Project Name: Shambhala Mountain Center	4. Reimbursement Amount to Date: \$ 10,281
5. Make Payment To: Shambhala Mountain Center	
6. Period of Performance (Project Period):	
Name: LAND STEWARDSHIP / FORESTRY	
Attn: LAND STEWARDSHIP / FORESTRY	
Address: 151 Shambhala Way Red Feather Lake, CO 80545	
From: JAN 16, 2014	
To: April, 2014	

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

* WOOD UTILIZING **150 Forested Acres surveyed for MPB - 0 identified**
 ALL ASPEN, PINE **approx 80 ponderosa pines thinned for fuel reduction / forest health**
 SPLIT, PILED FOR **approx 60 standing dead removed as hazard [top and scatter]**
 FIREWOOD **approx 150 trees thinned from watershed area west**
 LARGE DIAMETER **20 slash piles burned**
 PINE MILLED FOR BRIDGE **12.61 acres total treated** .6PX files sent
 PLANKS.

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

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
\$ 35,000	15,628		15,628	\$ 7,814⁰⁰	50%

* Use results from Exhibit B1 Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B1 and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ **7,814⁰⁰** for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in

the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature:

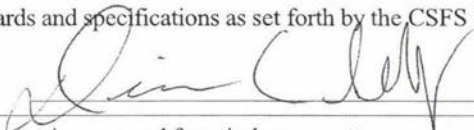


Date: 4/1/2014

10. Certification:

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

District Forester Signature:



Date: 4/8/2014

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

Program Manager Signature:

Date: _____

**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 (\$)
1/19/14 - 4/01/14	Patrick Elliot	Detailed in Form 'Exhibit B'	280	^A 5,838
1/19/14 - 4/01/14	Rob Kartholl	Detailed in Form 'Exhibit B'	280	^A 5,838
		* GPX files for 4 plots completed sent to		
		Diana Selby 12.61 acres total treated		
		** Previous unreimbursed dollars/match worth \$ 3,952 →		
		From 2nd reimbursement paperwork		
		sent in on 9/30/13		
			Total =	\$15,628

(5)

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program 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. Visit Independent Sector to determine current volunteer labor rate.

Grant Recipient Signature

Apr 1, 2014
Date

District Forester Signature

4/8/14
Date



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Rob Kartholl

Department: LAND/FORESTRY

NOTE: Time sheets are due WEEKLY to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 3-2-14
WEEK ending SATURDAY: 3-8-14

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun												
Mon	3-3	8:30	12:30	1:30	4:30	7						
Tue		"			"	7						
Wed		"			"	7						
Thu		"			"	7						
Fri	3-7	"			"	7						
Sat												
TOTALS						35						

Employee Signature: _____

Date: 3-25-14

Supervisor Signature: _____

Date: 3-25-14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Rob Ka:Thol

Department: LAND/FORESTRY PROJECT

NOTE: Time sheets are due WEEKLY to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 1-19-14

WEEK ending SATURDAY: 1-25-14

DAY	DATE	IN	OUT	IN	OUT	Hours	ROTA	Vacation	Sick	Program	Retreat	
Sun												
Mon	1-20	8:30	12:30	1:30	4:30	7						
Tue	1-21	8:30	12:30	1:30	4:30	7						
Wed	1-22	8:30	12:30	1:30	4:30	7						
Thu	1-23	8:30	12:30	1:30	4:30	7						
Fri	1-24	8:30	12:30	1:30	4:30	7						
Sat												
TOTALS						35						

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: 1-27-14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Rob Karthol

Department: LAND / FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 1-26-14
WEEK ending SATURDAY: 2-1-14

DAY	DATE	IN	OUT	IN	OUT	Hours	ROTA	Vacation	Sick	Program	Retreat	
Sun	1-26	8:30	12:30	1:30	4:30							
Mon	1-27	8:30	12:30	1:30	4:30	7						
Tue	1-28	8:30	12:30	1:30	4:30	7						
Wed	1-29	8:30	12:30	—	—	4						
Thu	1-30	—	—	—	—							
Fri	1-31	—	—	—	—							
Sat	2-1											
TOTALS						18						

Employee Signature: _____

Supervisor Signature: _____

Date: 2-3-14

Date: 2-3-14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Rob Kusthall

Department: LAND / FORESTRY PROJECT

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 2.2.14
WEEK ending SATURDAY: 2.8.14

DAY	DATE	IN	OUT	IN	OUT	Hours	ROTA	Vacation	Sick	Program	Retreat	
Sun	2.2											
Mon	2.3	8:30	12:30	1:30	4:30	7						
Tue	2.4	9:30	12:30	1:30	4:30	6						
Wed	2.5	8:30	12:30	1:30	4:30	7						
Thu	2.6	8:30	12:30	1:30	4:30	7						
Fri	2.7	8:30	12:30	1:30	4:30	7						
Sat	2.8											
TOTALS						34						

Employee Signature: [Signature]

Date: 2.10.14

Supervisor Signature: [Signature]

Date: 2.10.14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Rob Karthol

Department: LAND / FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.

Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program

ROTA is not a part of your work time

WEEK beginning SUNDAY: 2.9.14

WEEK ending SATURDAY: 2.15.14

DAY	DATE	IN	OUT	IN	OUT	Hours	ROTA	Vacation	Sick	Program	Retreat	
Sun												
Mon	2.10	8:30	12:30	1:30	4:30	7						
Tue	2.10	"		"		7						
Wed		"		"		7						
Thu		"		"		7						
Fri	2.14	"		"		7						
Sat												
TOTALS						35						

Employee Signature: _____

Date: 2.20.14

Supervisor Signature: _____

Date: 2.20.14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Rob Karthol

Department: LAND / FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 2.16.14
WEEK ending SATURDAY: 2.22.14

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun												
Mon	2.17	8:30	12:30	1:30	4:30	7						
Tue		"		"		7						
Wed									X			
Thu		"		"		7						
Fri	2.21	"		"		7						
Sat												
TOTALS						28						

Employee Signature: [Signature]

Date: 2.28.14

Supervisor Signature: [Signature]

Date: 2.28.14



Shambhala Mountain Center

Employee Name: Rob Kartholl

Weekly Timesheet

Department: CAND/FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 2.23.14
WEEK ending SATURDAY: 3.1.14

DAY	DATE	IN	OUT	IN	OUT	Hours	ROTA	Vacation	Sick	Program	Retreat	
Sun												
Mon								→	X			
Tue								→	X			
Wed		8:30	12:30	1:30	4:30	7						
Thu		8:30	12:30	1:30	4:30	7						
Fri		9:30	12:30	1:30	4:30	6						
Sat												
TOTALS												

Employee Signature: [Signature]

Supervisor Signature: [Signature]

Date: 3.2.14

Date: 3.2.14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Rob Kartholl

Department: LAND/FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 3-2-14
WEEK ending SATURDAY: 3-8-14

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun												
Mon	3-3	8:30	12:30	1:30	4:30	7						
Tue		"			"	7						
Wed		"			"	7						
Thu		"			"	7						
Fri	3-7	"			"	7						
Sat												
TOTALS						35						

Employee Signature: _____

Date: 3-25-14

Supervisor Signature: _____

Date: 3-25-14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Rob Kartholl

Department: LAND / FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 3-9-14
WEEK ending SATURDAY: 3-15-14

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun												
Mon	3-10	8:30	12:30	1:30	4:30	7						
Tue											✓	
Wed											✓	
Thu											✓	
Fri											✓	
Sat												
TOTALS						7						

Employee Signature: [Signature]

Date: 3-25-14

Supervisor Signature: [Signature]

Date: 3-25-14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: ~~Jane~~ Patrick Elliott

Department: LAND / FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 3.2.14
WEEK ending SATURDAY: 3.8.14

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun												
Mon	3.3	8:30	12:30	1:30	4:30	7						
Tue		"			"	7						
Wed		"			"	7						
Thu		"			"	7						
Fri	3.7	"			"	7						
Sat												
TOTALS						35						

Employee Signature: Patrick Elliott

Supervisor Signature: [Signature]

Date: 3.25.14

Date: 3.25.14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Patrick Elliott

Department: LAND FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 3-9-14
WEEK ending SATURDAY: 3-15-14

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun												
Mon	3-10	8:30	12:30	1:30	4:30	7						
Tue												
Wed												
Thu												
Fri												
Sat												
TOTALS						7						

Employee Signature: Patrick Elliott

Date: 3-25-14

Supervisor Signature: [Signature]

Date: 3-25-14



Shambhala Mountain Center

(WEED WHIPS
DROPOFF AT JAX?)

Weekly Timesheet

Employee Name: Patrick Elliott

Department: LAND/FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.

Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program

ROTA is not a part of your work time

WEEK beginning SUNDAY: 3.16.14

WEEK ending SATURDAY: 3.22.14

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun												
Mon	3.17	8:30	12:30	1:30	4:30	7						
Tue	3.18	"			"	7						
Wed		"			"	7						
Thu		"			"	7						
Fri		"			"	7						
Sat	3.22	"			"	7						
TOTALS						42						

Employee Signature: Patrick Elliott

Supervisor Signature: [Signature]

Date: 3.25.14

Date: 3.25.14



Shambhala Mountain Center

Employee Name: Patrick Elliott

Weekly Timesheet

Department: LAND / FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: March 23, 2014
WEEK ending SATURDAY: March 29, 2014

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun												
Mon	24 th	8:30	12:30	1:30	4:30	7						
Tue		"				"						
Wed		"				"						
Thu		"				"						
Fri	28 th	"				"						
Sat												
TOTALS						35						

Employee Signature: Patrick Elliott

Supervisor Signature: [Signature]

Date: _____

Date: March 31, 2014



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Rob Kartholl

Department: LAND / FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 3-16-14
WEEK ending SATURDAY: 3-22-14

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun	3-16										✓	
Mon	3-17										✓	
Tue		8:30	12:30	1:30	4:30	7						
Wed		8:30	12:30	1:30	4:30	7						
Thu		"	"	"	"	7						
Fri	3-21					7						
Sat												
TOTALS						28						

Employee Signature: _____

Supervisor Signature: _____

Date: 3-25-14

Date: 3-25-14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Rob Knuthall

Department: LAND / FORESTARY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: March 23, 2014
WEEK ending SATURDAY: March 29, 2014

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun												
Mon	24 th	8:30	12:30	1:30	4:30	7						
Tue		"				"						
Wed		"				"						
Thu		"				"						
Fri	28 th	"				"						
Sat												
TOTALS						35						

Employee Signature: _____

Supervisor Signature: _____

Date: _____

Date: March 31, 2014



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Patrick Elliott

Department: LAND / FORESTRY PROJECT

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 1-19-14
WEEK ending SATURDAY: 1-25-14

DATE	IN	OUT	IN	OUT	Hours	ROTA	Vacation	Sick	Program	Retreat
Sun										
Mon 1-20	8:30	12:30	1:30	4:30	7					
Tue 1-21	8:30	12:30	1:30	4:30	7					
Wed 1-22	8:30	12:30	1:30	4:30	7					
Thu 1-23	8:30	12:30	1:30	4:30	7					
Fri 1-24	8:30	12:30	1:30	4:30	7					
Sat										
TOTALS					35					

Employee Signature: _____

Supervisor Signature: _____

Date: _____

Date: 1-27-14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Patrick Elliott

Department: LAND / FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 1-26-14
WEEK ending SATURDAY: 2-1-14

DAY	DATE	IN	OUT	IN	OUT	Hours	ROTA	Vacation	Sick	Program	Retreat	
Sun	1-26											
Mon	1-27	8:30	12:30	1:30	4:30	7						
Tue	1-28	8:30	12:30	1:30	4:30	7						
Wed	1-29	8:30	12:30	1:30	4:30	7						
Thu	1-30	8:30	12:30	1:30	4:30	7						
Fri	1-31	8:30	12:30	1:30	4:30	7						
Sat	2-1											
TOTALS						35						

Employee Signature: Patrick Elliott

Date: 2-3-14

Supervisor Signature: [Signature]

Date: 2-3-14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Patrick Elliott

Department: LAND/ FORESTRY PROJECT

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 2.2.14
WEEK ending SATURDAY: 2.8.14

DAY	DATE	IN	OUT	IN	OUT	Hours	ROTA	Vacation	Sick	Program	Retreat	
Sun	2.2	8										
Mon	2.3	8:30	12:30	1:30	4:30	7						
Tue	2.4	8:30	12:30	1:30	4:30	7						
Wed	2.5	8:30	12:30	1:30	4:30	7						
Thu	2.6	8:30	12:30	1:30	4:30	7						
Fri	2.7	8:30	12:30	1:30	4:30	7						
Sat	2.8											
TOTALS						35						

Employee Signature: Patrick Elliott

Date: 2.10.14

Supervisor Signature: [Signature]

Date: 2.10.14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Patrick Elliott

Department: LAND/FORRESTRY

NOTE: Time sheets are due WEEKLY to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 2.9.14

WEEK ending SATURDAY: 2.15.14

DAY	DATE	IN	OUT	IN	OUT	Hours	ROTA	Vacation	Sick	Program	Retreat	
Sun												
Mon	2.10	8:30	12:30	1:30	4:30	7						
Tue						7						
Wed						7						
Thu						7						
Fri	2.14					7						
Sat												
TOTALS						35						

Employee Signature: _____

Patrick Elliott

Date: 2.20.14

Supervisor Signature: _____

[Signature]

Date: 2.20.14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Patrick Elliott

Department: LAND / FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.

Submit in advance if you will be away for vacation or personal time.

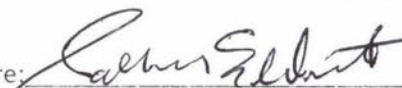
STAFF PROG means you are teaching or staffing a program

ROTA is not a part of your work time

WEEK beginning SUNDAY: 2.16.14

WEEK ending SATURDAY: 2.22.14

DAY	DATE	IN	OUT	IN	OUT	Hours	Rota	Vacation	Sick	Program	Community Practice/Retreat	
Sun												
Mon	2.17	8:30	12:30	1:30	4:30	7						
Tue		"		"		7						
Wed		—————→							X			
Thu		"		"		7						
Fri	2.21	"		"		7						
Sat												
TOTALS						28						

Employee Signature: 

Date: 2.28.14

Supervisor Signature: 

Date: 2.28.14



Shambhala Mountain Center

Weekly Timesheet

Employee Name: Patrick Elliott

Department: LAND / FORESTRY

NOTE: Time sheets are due **WEEKLY** to you supervisor. Supervisors will submit to HR mailbox.
Submit in advance if you will be away for vacation or personal time.

STAFF PROG means you are teaching or staffing a program
ROTA is not a part of your work time

WEEK beginning SUNDAY: 2-23-14
WEEK ending SATURDAY: 3-1-14

DAY	DATE	IN	OUT	IN	OUT	Hours	ROTA	Vacation	Sick	Program	Retreat	
Sun												
Mon									X			
Tue									X			
Wed		8:30	12:30	1:30	4:30	7						
Thu		8:30	12:30	1:30	4:30	7						
Fri		8:30	12:30	1:30	4:30	7						
Sat												
TOTALS												

Employee Signature: [Signature]

Date: 3-2-14

Supervisor Signature: [Signature]

Date: 3-2-14



COPY

Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<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 checked="" 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 type="checkbox"/>

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

10-22-13

Name:

Shambhala Mountain Center

Approved for Payment

C.S.F.S.

Address:

151 Shambhala Way
Red Feather Lakes, CO 80545
~ Attn: Land Steward

2668306

10-22-13

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: 5367710-4-FcCooperator Match: \$10,928 ~Approved Funding: \$35,000 ~Total Project: \$13,334 ~CSFS Account Number: 5367710-6693Amount of Payment: \$2,406 ~

'10CPG SFA CG3 FRFT North Zone CWPP Impl.

Circle one: 1st Payment2nd Payment3rd Payment

Final Payment

Approved by

(Program manager signature)

Date:

10/20/13

Colorado State Forest Service

Colorado State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (970) 491-7736

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by 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/Account #: <u>5367710-4-FC</u>	2. Total Award Amount: <u>\$35,000</u>
3. Project Name: <u>Shambhala Mountain Center</u>	4. Reimbursement Amount to Date: <u>\$7,875</u>
5. Make Payment To: <u>Shambhala Mountain Center</u> Name: Attn: <u>LAND STEWARD</u> Address: <u>151 Shambhala Way Red Feather Lakes, CO 80545</u>	6. Period of Performance (Project Period): From: <u>10/01/2012</u> To: <u>4/30/2013</u>

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

300 forested acres surveyed for MPB infested trees - 190 identified
85 MPB infested trees cut, skidded, split, layed out for solar treatment
10.75 acres treated for MPB infestation / 62 slash piles hauled, piled, burned
mitigated introduced Canada Thistle on forestry equipment disturbed areas
15 large diameter infested trees milled and used for bridge planking

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

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
\$35,000	\$5,004 ^(labor)	\$8,340 ^(labor)	\$13,334 ^(labor)	\$2,406 \$6,667	18.1% 50%

* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ ~~2,406~~ 6,667 ^N for the work completed and documented above.

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

Grant Recipient Signature: _____

Date: 9.30.2013

10. Certification:

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

District Forester Signature: _____

Date: 10/7/2013

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

Program Manager Signature: _____

Date: 10/20/13

COPY



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<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 checked="" 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 type="checkbox"/>

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

Name: Shambhala Mountain Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 80545
Attn: Land Steward

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: 5367710-4 Cooperator Match: \$10,928

Approved Funding: \$35,000 Total Project: \$13,334

CSFS Account Number: 5367710-6693 Amount of Payment: \$2,406

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

Approved by _____
 (Program manager signature)

Date: _____

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by 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/Account #: 5367710-4	2. Total Award Amount: \$35,000
3. Project Name: Shambhala Mountain Center	4. Reimbursement Amount to Date: \$7,875
5. Make Payment To: Shambhala Mountain Center	
Name: _____ Attn: LAND STEWARD Address: 151 Shambhala Way Red Feather Lakes, CO 80545	
6. Period of Performance (Project Period): From: 10/01/2012 To: 4/30/2013	

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

300 forested acres surveyed for MPB infested trees - 190 identified
 85 MPB infested trees cut, skidded, split, layed out for solar treatment
10.75 acres treated for MPB infestation / 62 slash piles hauled, piled, burned
 mitigated introduced Canada Thistle on forestry equipment disturbed areas
 15 large diameter infested trees milled and used for bridge planking

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

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
\$35,000	\$5,004^(labor)	\$8,340^(labor)	\$13,334^(labor)	\$2,406^(labor)	18% / 80%

* Use results from Exhibit B1 Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B1 and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ **\$2,406** for the work completed and documented above.

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

Grant Recipient Signature: _____

Date: **9.30.2013**

10. Certification:

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

District Forester Signature: _____

Date: **10/7/2013**

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

Program Manager Signature: _____

Date: _____

Exhibit B 1

(Accompanies Exhibit B-CSFS Grant and Cost-Share Program Reimbursement Request)

CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet*

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 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) <i>Current volunteer labor rate is the current 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 share rate.</i>	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 Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Match Ratio (Cost-share rate) (E / D)
\$0.00	\$0.00 \$5,004 (labor)	\$0.00 \$8,340 (labor)	\$13,334 labor	\$2,406 \$0.00	#DIV/0!

*Use From D-CSFS Financial Assistance Cost-Share Program Cost Documentation or other approved documentation to support calculations

$$NE - 32 \times LR \times 8 = \text{contribution}$$

Chas Alexi - \$1600.00 (~~calculate in room and board~~) volunteer hours for stopa work week

Patrick - \$1600.00 (~~calculate in labor rate~~) # of hours of myself

any other costs?

difference between cleanup and cutting

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 (\$)
10/01 - 12/01 2012	Charles Neal Alexi Atkins	Survey 300 forested acres for MPB infested trees (190 ID'd) haul and pile 20 slash piles (80 each x 2 = 160 hrs) @ 20.85 scatter brush on eroded hillsides	160	\$3,336
3/01 - 4/30 2013	Patrick Elliot	cut 85 MPB infested trees / haul, pile, burn 62 slash piles split MPB infested trees lay out for solar treatment [240 hrs @ 20.85]	240	\$5,004
3/01 - 4/30 2013	Jared Leveille	cut 85 MPB infested trees / haul, pile, burn 62 slash piles split MPB infested trees lay out for solar treatment / GPS work [240 hrs @ 20.85]	240	\$5,004
		→ also mitigated introduced Canada Thistle brought in by forestry machinery and general disturbance		
		10.75 acres treated		
		62 slash piles (hauled, piled, burned)		

*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program 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. Visit Independent Sector to determine current volunteer labor rate.


Grant Recipient Signature

9.30.2013
Date


District Forester Signature

10/7/13
Date



COPY

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)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input checked="" type="checkbox"/>
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/> 05-17-12
Name: Shambhala Mountain CenterAddress: 151 Shambhala Way
Red Feather Lakes, CO 80545Approved for Payment
C.S.F.S.

1855556

05-17-12

(K)

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: 5367710-4-FC ~ Cooperator Match: \$14,042.75 ~Approved Funding: \$35,000 \$7,875 Total Project: \$21,917.75 ~CSFS Account Number: 5367710-4-1d93 Amount of Payment: \$7,875.00
10CPG SFA CG3 FRFT North Zone CWPP Impl. ~Circle one: 1st Payment 2nd Payment 3rd Payment Final PaymentApproved by: [Signature]
(Program manager signature)Date: 5/14/12

Slash pile - region
Greg - + NCS - FM plan
+ plan cost
+ Example plan.

LOA

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)**

Project No. 5367710-4 - FC
(For Official Use Only-
No. from original application)

Applicant name (please print): Shambhala Mountain Center

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	15,350.00	6,567.75	A Labor Cost= 21,917.75
Operating Exp ^{3,*} (Actual)	—	—	B Oper. Exp.= —
Value of donated services and materials (not an actual cost)			C Total value of donations —
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue= —
Project Cost			E Total Project (A+B+C-D) = —
			Amount Originally Approved = \$ 7,875.00
How much of your total cost was paid to CSFS for Products and/or Services? \$ —			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$ 7,875.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.85/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: [Signature]

Date: 5/8/12

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

Mailing Address: 151 SHAMBHALA WAY

City: RED FEATHER

County: LARIMER State: CO Zip: 80545

Phone: _____

Practice certified by: [Signature]

CSFS forester

Payment Approval: [Signature]

CSFS program manager

Amount: \$7,875.00 Date: 5/14/12

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.

2/11/11

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5367712-4

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: _____ STEVENS' Fund: ☒ SFA: _____

WUI D-space Accomplishment:

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

Acres thinned = 18 Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

FLEP Accomplishment (Not included above):

- | | | |
|-------------------------------------|--------------------------|----------------------------------|
| #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 = _____ | | |



*Emailed to S. Woods
on 5/8/12*

Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<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 checked="" 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 type="checkbox"/>

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

Name: Shambhala Mountain Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 80545

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: 5367710-4

Cooperator Match: \$14,042.⁷⁵

Approved Funding: \$35,000

Total Project: \$21,917.⁷⁵

CSFS Account Number: 5367710-4 - 6693

Amount of Payment: \$7,875.⁰⁰

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

Approved by _____
 (Program manager signature)

Date: _____

LOA

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 5367710-4

(For Official Use Only-

No. from original application)

Applicant name (please print): Shambhala Mountain Center

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	<u>15,350.00</u>	<u>6,567.75</u>	A Labor Cost= <u>21,917.75</u>
Operating Exp ^{3,*} (Actual)	<u>—</u>	<u>—</u>	B Oper. Exp.= <u>—</u>
Value of donated services and materials (not an actual cost)			C Total value of donations <u>—</u>
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue= <u>—</u>
Project Cost			E Total Project (A+B+C-D) = <u>—</u>
			Amount Originally Approved = <u>\$ 7,875.00</u>
How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>—</u>			Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs <u>\$ 7,875.00</u>

¹ Any contracted services where payment was made for services.² Use up to \$ 20.85/hour for Landowner and volunteer time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Any revenue generated from the sale of wood products is deducted from total project cost.⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Jim BarkinDate: 5/8/12

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

Mailing Address: 151 SHAMBHALA WAYCity: RED FEATHERCounty: LARIMER State: CO Zip: 80545Phone: —Practice certified by: [Signature]

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.

2/11/11

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5367710-4

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: _____ STEVENS' Fund: ☒ SFA: _____

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#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 = _____


Landowner Signature

[illegible]

Elkhorn Excavating

Date	Type	Reference
3/25/2012	Bill	2123

Original Amt.
8,300.00

Balance Due
8,300.00

3/29/2012

Discount

Check Amount

Payment	
8,300.00	
8,300.00	

Wells Fargo - Main Ac. 5424

8,300.00

SF5001-1SC

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR, IF UNKNOWN, CALL 800-523-2422

GJ7TCS0010000

Y11SF007249

[illegible]

If the town trip is full, can this order wait: **Yes** or **No**

Invoice

Elkhorn Excavating

6173 County Road 68C
Red Feather Lakes, 80545

DATE	INVOICE #
3/26/2012	2123

BILL TO

SMC
151 Shambhala Way
Red Feather Lakes, CO 80545

DUE UPON RECEIPT

DATE	DESCRIPTION	AMOUNT
	500 Trees skidded, loaded, and hauled @ \$15 per tree	7,500.00
	Additional equipment time	800.00
Total		\$8,300.00

THANK YOU FOR CHOSING ELKHORN
EXCAVATING. WE LOOK FORWARD TO SERVING
YOU IN THE FUTURE.

Payment	
7,050.00	
7,050.00	

7,050.00

GJ7TCS0010000 Y11SF007249

If the town trip is full, can this order wait: **Yes** or **No**

If the town trip is full, can this order wait: **Yes** or **No**

Invoice

Elkhorn Excavating

6173 County Road 68C
Red Feather Lakes, 80545

DATE	INVOICE #
4/13/2012	2124

BILL TO
SMC 151 Shambhala Way Red Feather Lakes, CO 80545

DUE UPON RECEIPT

DATE	DESCRIPTION	AMOUNT
	470 Trees skidded, loaded, and hauled @ \$15 per tree	7,050.00
All work is complete. Invoice due upon receipt. Thank You.		Total \$7,050.00

THANK YOU FOR CHOSING ELKHORN
EXCAVATING. WE LOOK FORWARD TO SERVING
YOU IN THE FUTURE.



Form A

LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

PROJECT NUMBER: 5367710-4

(For Official Use Only)

NAME: Shambhala Mountain CenterMAILING ADDRESS: 151 Shambhala WayCity: Red Feather Lakes State: COZip code: 80545TELEPHONE NO: 970-881-2184 ext.271PROJECT ADDRESS/LEGAL DESCRIPTION: Lat. 40.7366 Lon. -105.5450PRACTICES TO BE COMPLETED BY: 09/01/2012

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount Eligible*	C/S Amount Requested	C/S Amount Approved
LOA 7 & 9 (Forest Health and Fire Reduction)	80 acres	80 acres	\$437.50/acre	\$35,000	\$35,000
		Total:			\$35,000

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. **CSFS forester: make sure the correct program is checked below.** One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost, *with the exception of the ESF program, where 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. There are no partial payments.

LANDOWNER SIGNATURE: *Jonathan Rubin*DATE: 6/2/11

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: _____

DATE: _____

(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: _____ I & D Prevention and
Suppression – Bark Beetle: _____ FRFTP: _____ Stevens' Funds: _____
SFA: _____ Emergency Supplemental (ESF): _____ Forest Restoration
Grant (SB71 and HB1199) _____

C/S Allocated: _____ AMOUNT: \$ _____ DATE: _____

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.

Colorado State Forest Service

Emergency Supplemental

2011 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	
Applicant:	Shambhala Mountain Center
Contact Person:	Chad Hofmann
Address:	151 Shambhala Way
City/Zip Code:	Red Feather Lakes, 80545
Phone (Work/Cell):	970-881-2184 ext. 271
Email:	landsteward@shambhalamountain.org
Fax:	970-881-2909

Community At Risk Information			
Name of Project:	Shambhala Mountain Center MPB Brood Tree Removal – Phase 2		
Community Name(s):	Shambhala Mountain Center		
County:	Larimer	Congressional District:	4th
Latitude (decimal degrees):	40.7366	Longitude (decimal degrees):	-105.5450
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/> Number of:	55	Infrastructure: <input checked="" type="checkbox"/> Estimated value of: >\$7,000,00
Businesses:	<input checked="" type="checkbox"/> Number of:	2	Economic Viability: <input checked="" type="checkbox"/> Estimated value of: unknown
Watersheds:	<input checked="" type="checkbox"/> Number of:	1	Historic Structures: <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	\$47,000
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>This project will take place on the 581-acre Shambhala Mountain Center (SMC) property, a non-profit organization located in northern Larimer County, Colorado. The property is bordered by the Arapahoe Roosevelt National Forest and Ben Delatour Boy Scout Ranch, both of which have completed fuels reduction work adjacent to SMC. The SMC serves over 10,000 guests every year and may have up to 100 staff and 560 guests on the property at any given time. The SMC is included in the Manhattan Creek CWPP completed by the Poudre Fire District</p> <p>Vegetation type is primarily ponderosa pine with some Douglas-fir, other mixed conifer species and aspen. This proposed project will take place in ponderosa pine stands with wildfire hazard ratings of very high. Slopes vary widely from 10 to over 60%. Mountain pine beetle activity in the proposed project area has reached epidemic proportions and thousands of brood trees have been detected in a survey of the property completed in September and October of 2010.</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

This is Phase 2 of a large project and includes the removal and treatment of potentially several thousand ponderosa pine trees which may become infested with mountain pine beetle during the summer of 2011 flight season. A full survey of the property at Shambhala Mountain Center will be completed in September and October of 2011 to determine the scope of work and the affected acreage. Patch-cuts on an estimated 100 acres will be utilized with the intention of removing brood trees to prevent the spread of MPB, reducing fire hazard of dying and dead trees, and removing hazard trees susceptible to blow down in the future.

Shambhala Mountain Center is committed to hiring a crew (independent contractors, SMC staff, or a combination thereof) to complete the removal of all infected trees prior to May 1, 2012. The intention is that all trees will be mechanically or hand cut, limbed, bucked. The majority of the boles will be hauled offsite to be utilized as chips, firewood and other timber products. Any boles which cannot be removed will be solar treated and used on-site at a future time. A portion of the slash will be chipped on-site to be used for trails and landscaping. The remaining majority of the slash will be piled for later burning.

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

Shambhala Mountain Center is committed to continuing stewardship of our forests. Past work includes fuels reduction on 97.4 acres of the property. Annual surveys of the property will be completed in order to identify MPB brood trees, hazard trees as well as identifying further priorities for hazardous fuels reduction and forest health. All slash will be burned as conditions permit based on Larimer County and State of Colorado regulations.

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

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

Provide a timeline for the project

A complete site survey will be completed in September and October of 2011. Phase 2 will be determined based on the results of the survey with all intended work to be completed within the next year prior to May 1, 2012.

Interagency Collaboration

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

5

Shambhala Mountain Center: project oversight, crew hiring and direction, property survey, potential fuel and equipment use.
Colorado State Forest Service: project mapping, project coordination assistance, grant administration.
US Forest Service: Fuels reduction adjacent to Shambhala Mountain Center property.
Ben Delatour Scout Ranch: Fuels reduction adjacent to Shambhala Mountain Center property.

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 x Other Forest Management Treatment			
	Number of acres to be treated:	100	Estimated cost per acre:	\$ ~\$600
	Project Type (check all that apply)			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	x
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
	Thinning w/ Product	x	Other	<input type="checkbox"/>

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:	\$47,000	\$~60,000
	TOTAL:	\$47,000	\$~60,000

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