



Colorado State Forest Service Program Payment Request

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

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

Name: Boulder Mountain FPD

Address: 1905 Linden Dr.

Boulder, CO 80304

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: 530947-002
07 SFANFP CGT

Cooperator Match: \$1,074.58

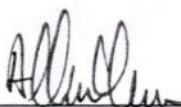
Approved Funding: \$30,000

Total Project: \$2149.16

CSFS Account Number: 530947-5900

Amount of Payment: \$1074.58

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

Approved by 
(Program manager signature)

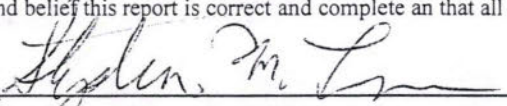
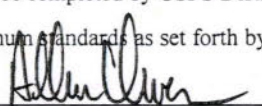
Date: 5/17/10

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: 530947-002

(07CPG SFA-NFP CG7)

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

| 1. Grant Award #: 530947-02 | 2. Total Award Amount: \$30,000 | 3. Community Protected: BMFPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------------------------|------------------|------------------|-----------------|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|-------------------|-------------------|-----------------|------------------|------------------|------------|--|--|--|--|--|-------|-----------------|-----------------|-----------------|------------------|------------------|
| 4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304 | | 5. Period of Performance: From: 4/1/2010 To: 4/30/2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 2 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado (Figure 1). All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: \$1,074.58 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$1,074.58</td> <td>\$1,074.58</td> <td>2,149.16</td> <td>30,000.00</td> <td>30,000.00</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>1,074.58</td> <td>1,074.58</td> <td>2,149.16</td> <td>30,000.00</td> <td>30,000.00</td> </tr> </tbody> </table> | | Current Period | | | Project to Date | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | \$1,074.58 | \$1,074.58 | 2,149.16 | 30,000.00 | 30,000.00 | Material** | | | | | | Total | 1,074.58 | 1,074.58 | 2,149.16 | 30,000.00 | 30,000.00 |
| Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | \$1,074.58 | \$1,074.58 | 2,149.16 | 30,000.00 | 30,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 1,074.58 | 1,074.58 | 2,149.16 | 30,000.00 | 30,000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/Or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ <u>1074.58</u> for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete an that all outlays reported are for the purposes set forth in the grant award documents. Signature:  Date: 4/30/10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature:  Date: 5/17/10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Boulder Mountain Fire Protection Witter Property Mitigation Project

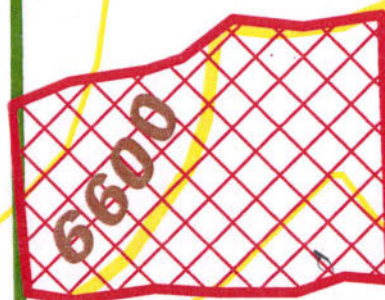
May 1, 2010

West Coach



1577

6800



LEGEND

Mitigation Completed 1/1/10 to 3/31/10

Structures



House
(not in district)

Paved Roads

Dirt Roads

Jeep Trails

Driveway >800 ft

Driveway <800 ft

Foot Trails

parcels

0 0.05 0.1 0.2 Miles

0 50 100 200 300 400 500 Feet

CREW TIME REPORT

| | | | | | |
|---|-------------------------|----------------------------|-------------------------|-------|------------------------------------|
| (1) CREW NAME BMFPD Mit Crew | | | (2) CREW NUMBER 1 | | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | | (4) FIRE NAME Witter | | (5) FIRE NUMBER 1577 West Conch |
| (6) RE- MARKS NO. | (7) NAME OF EMPLOYEE | (8) CLASSIF- ICATION | (9) DATE | | (10) DATE |
| | | | Military Time | | Military Time |
| | | | ON | OFF | ON |
| | Miller | 04/08/10 | 8:30 | 16:30 | |
| | Blue | | ↓ | ↓ | |
| | Northrup | | | | |
| | Palamara | | 10:30 | | |
| | Spahn | | ↓ | ↓ | |
| | Kabal | | | | |
| | Total | | 42 hrs. | | |
| | Palamara | 04/02/10 | 7:30 | 13:00 | |
| | Spahn | | ↓ | ↓ | |
| | Kabal | | | | |
| | Total | | 16.5 hrs. | | |
| (11) REMARKS | | | | | |
| GRAND TOTAL = 58.5 hrs. | | | | | |
| (12) OFFICER-IN-CHARGE (signature) <i>Stephen Lynn</i> | | | | | |
| (13) TITLE (Officer-in-Charge) M.T. Coordinator | | | | | |
| (14) NAME (Person Posting to Emergency Time Report) Stephen Lynn | | | | | |
| (15) DATE 4/30/10 | | | | | |





Colorado State Forest Service Program Payment Request

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

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

Name: Boulder Mountain FPD

Address: 1905 Linden Drive

Boulder, CO 80304

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: 07-CPG SFA-NFP CG7

Cooperator Match: 3984.05

From this
reimbursement
request

Approved Funding: \$30,000

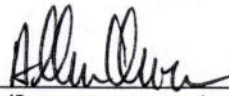
Total Project: 7968.10

CSFS Account Number: 530447-5980

Amount of Payment: 3984.05

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

10th payment

Approved by 
(Program manager signature)

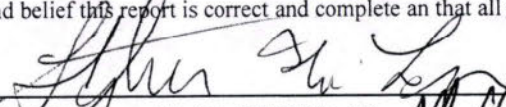

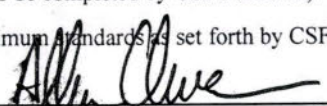
Date: 4/28/10

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: 530947-002

(07CPG SFA-NFP CG7)

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| 1. Grant Award #: 530947-02 | 2. Total Award Amount: \$30,000 | 3. Community Protected: BMFPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------|------------------------------|----------------|-------------|-----------------|--|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|------------|------------|----------|-----------|-----------|-----------|------------|--|--|--|--|--|--|-------|----------|----------|----------|-----------|-----------|-----------|
| 4. Make Payment To: Name: Bouder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304 | | 5. Period of Performance: From: 11/1/2009 To: 3/31/2010 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 5.4 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado (Figure 1). All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: \$3,984.05 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$3,984.05</td> <td>\$3,984.05</td> <td>7,968.10</td> <td>28,925.42</td> <td>28,928.42</td> <td>57,853.84</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>3,984.05</td> <td>3,984.05</td> <td>7,968.10</td> <td>28,925.42</td> <td>28,928.42</td> <td>57,853.84</td> </tr> </tbody> </table> | | | Current Period | | | Project to Date | | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | \$3,984.05 | \$3,984.05 | 7,968.10 | 28,925.42 | 28,928.42 | 57,853.84 | Material** | | | | | | | Total | 3,984.05 | 3,984.05 | 7,968.10 | 28,925.42 | 28,928.42 | 57,853.84 |
| | Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | \$3,984.05 | \$3,984.05 | 7,968.10 | 28,925.42 | 28,928.42 | 57,853.84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 3,984.05 | 3,984.05 | 7,968.10 | 28,925.42 | 28,928.42 | 57,853.84 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/Or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ <u>3,984.05</u> for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete an that all outlays reported are for the purposes set forth in the grant award documents. Signature:  Date: 3/31/10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District):  Work meets minimum standards set forth by CSFS. Signature:  Date: 4/20/10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Boulder Mountain Fire Protection
Witter Property Mitigation Project**

April 1, 2010

West Coach

1577

6800

6600



LEGEND

 Mitigation Completed 1/1/10 to 3/31/10


Structures





House
(not in district)


 Paved Roads


 Dirt Roads

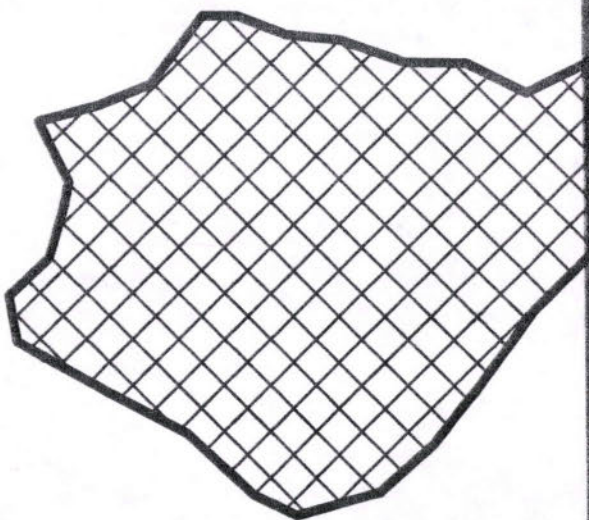
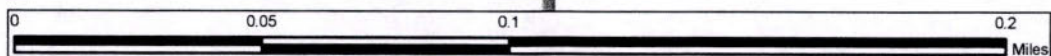
 Jeep Trails

 Driveway >800 ft

 Driveway <800 ft

 Foot Trails

 parcels



2009 BMFPD Chipping Form

Client Information

Date: 10/15/09

Name: Bill Witter

Address: 1577 West Coach Road

Phone: _____

Broadcast ☐ Pile ☒ Downhill ☒ Uphill ☐

Special Instructions: _____

Onsite Chipping

| | Shift 1 +1 | Shift 2 | Shift 3 | Grand Total |
|-------------|------------|---------|---------|-------------|
| Date: | 10/15/09 | | | |
| Start Time: | 12:00 | | | |
| Stop Time: | 15:30 | | | |
| Total Time: | 5.25 hrs. | | | 5.25 |

CREW TIME REPORT

| | | | |
|---|------------------|--------------------------------------|---------------------|
| (1) CREW NAME BMFPD Mt Crew | | (2) CREW NUMBER | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | (4) FIRE NAME 1577 w coach | |
| (5) FIRE NUMBER | | | |
| (6) | (7) | (8) | (10) |
| RE-MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE 3-18-10 |
| | | | Military Time |
| | | | ON OFF ON OFF |
| | Miller | | 1030 3:30 5 hrs |
| | Tate | | 1 ↓ ↓ |
| | Northrup | | |
| Total 15 hours | | | |

11) REMARKS

Grand Total 15 hrs

| | |
|--|---|
| (12) OFFICER-IN-CHARGE (Signature) <i>Stephen M. Lynn</i> | (13) TITLE (Officer-in-Charge) Mt Coord |
| (14) NAME (Person Posting to Emergency Time Report) Stephen Lynn | (15) DATE 3/29/10 |

CREW TIME REPORT

| | | | |
|---|------------------|--|---------------------|
| (1) CREW NAME BMFPD Mt Crew | | (2) CREW NUMBER | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | (4) FIRE NAME 1577 west coast winter | |
| (5) FIRE NUMBER | | | |
| (6) | (7) | (8) | (10) |
| RE-MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE 3-18-10 |
| | | | Military Time |
| | | | ON OFF ON OFF |
| | Miller | | 0900, 600 7 hrs |
| | Northrup | | ↓ ↓ ↓ ↓ |
| | Tate | | |
| | Kabal | | |
| | Blue | | |
| Total 28 hours | | | |

11) REMARKS

Grand Total = 35 hours

| | |
|---|---|
| (12) OFFICER-IN-CHARGE (Signature) <i>Stephen M. Lynn</i> | (13) TITLE (Officer-in-Charge) Mt Coordinator |
| (14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn | (15) DATE 3/29/10 |

CREW TIME REPORT

| | | | | | | | |
|--|------------------|----------------|---------------|-------------------------|---------------|-----|--|
| (1) CREW NAME BMFPD Mit Crew | | | | (2) CREW NUMBER 1 | | | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | | | (4) FIRE NAME Witter | | | |
| (5) FIRE NUMBER 1577 West Coach | | | | | | | |
| (6) | (7) | (8) | (9) | (10) | | | |
| RE-MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE | | DATE | | |
| | | | Military Time | | Military Time | | |
| | | | ON | OFF | ON | OFF | |
| | Palamara | | 03/10/10 | 9:30 | 13:00 | 3.5 | |
| | Shier | | | ↓ | | ↓ | |
| | Bozeman | | | ↓ | | ↓ | |
| | L Total | | | 10.5 | hrs | | |

(11) REMARKS

Grand Total = 10.5

| | |
|---|---|
| (12) OFFICER-IN-CHARGE (Signature) <i>Stephen Lynn</i> | (13) TITLE (Officer-in-Charge) Mit Coord |
| (14) NAME (Person Posting to Emergency Time Report) Stephen Lynn | (15) DATE 3/29/10 |

CREW TIME REPORT

| | | | | | | | |
|--|------------------|----------------|---------------|--------------------------|---------------|------|-----|
| (1) CREW NAME BMFPD Mit Crew | | | | (2) CREW NUMBER 1 | | | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | | | (4) FIRE NAME Witters | | | |
| (5) FIRE NUMBER 1577 West Coach | | | | | | | |
| (6) | (7) | (8) | (9) | (10) | | | |
| RE-MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE | | DATE | | |
| | | | Military Time | | Military Time | | |
| | | | ON | OFF | ON | OFF | |
| | Palamara | | 03/03/10 | 9:00 | 16:30 | 7.5 | hrs |
| | Shier | | | 9:00 | 10:30 | 1.5 | hrs |
| | Kabal | | | 9:00 | 10:30 | 1.5 | hrs |
| | Tate | | | 9:00 | 15:00 | 6.0 | hrs |
| | L Total | | | | | 28.5 | hrs |

(11) REMARKS

Grand Total = 28.5 hours

| | |
|---|---|
| (12) OFFICER-IN-CHARGE (Signature) <i>Stephen Lynn</i> | (13) TITLE (Officer-in-Charge) Mit Coord |
| (14) NAME (Person Posting to Emergency Time Report) Stephen Lynn | (15) DATE 3/29/10 |

CREW TIME REPORT

CREW NAME
BMFPD Mit Crew
OFFICE RESPONSIBLE FOR FIRE
BMFPD
(4) FIRE NAME
Whitter
(5) FIRE NUMBER
1577 West Creek

RE-
MARKS
NO.

| NAME OF EMPLOYEE | CLASSIFICATION | DATE (9) | | DATE (10) | |
|------------------|----------------|---------------|-------|---------------|---------|
| | | Military Time | | Military Time | |
| | | ON | OFF | ON | OFF |
| Palamara | | 02/24/10 | 09:30 | 10:30 | 1.0 hrs |
| Miller | | " | " | " | " |
| Total | | 2 hours | | | |

NAME OF EMPLOYEE

CLASSIFICATION

DATE

DATE

Military Time

Military Time

ON

OFF

ON

OFF

Total 2 hours

REMARKS

Grand total = 2.0 hrs

OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

NAME (Person Posting to Emergency Time Report)

(15) DATE

01



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

| (1) CREW NAME | | (2) CREW NUMBER | | | | |
|---------------------------------|------------------|-----------------|---------------|------|---------------|---------|
| (3) OFFICE RESPONSIBLE FOR FIRE | | (4) FIRE NAME | | | | |
| (5) FIRE NUMBER | | (6) FIRE NAME | | | | |
| BMFPD Mit Crew | 1 | BMFPD | Whitter | | | |
| 1577 West Creek | | | | | | |
| RE- MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE (9) | | DATE (10) | |
| | | | Military Time | | Military Time | |
| | | | ON | OFF | ON | OFF |
| | Palamara | | 01/12/10 | 9:00 | 16:30 | 7.5 hrs |
| | Miller | | | | | |
| | Tate | | | | | |
| | Total | | 22.5 hrs. | | | |
| | Palamara | | 01/13/10 | 8:45 | 16:15 | 7.5 hrs |
| | Bozeman | | | | 16:15 | 7.5 hrs |
| | Miller | | | | 14:45 | 6.0 hrs |
| | Total | | 21 hrs. | | | |
| | Miller | | 01/14/10 | 9:00 | 13:00 | 4.0 hrs |
| | Tate | | | 9:00 | 13:00 | 4.0 hrs |
| | Total | | 8 hrs. | | | |
| | Palamara | | 01/18/10 | 8:30 | 15:30 | 7.0 hrs |
| | Miller | | | | | 7.0 hrs |
| | Bozeman | | | | | 7.0 hrs |
| | Total | | 21 hrs. | | | |

(11) REMARKS

GRAND TOTAL = 72.5 hrs.

(12) OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report)

(15) DATE

261-101



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



Colorado State Forest Service Program Payment Request

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

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive
Boulder, Colorado 80304

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.

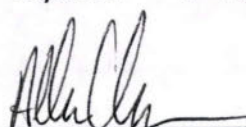
Grant Number: '07 CPG SFA - NFP CGT Cooperator Match: \$1,012.00

Approved Funding: \$30,000 Total Project: \$2,024.00

CSFS Account Number: 530947-5980 Amount of Payment: \$1,012.00

From this
reimbursement
cycle

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

Approved by: 
(Program manager signature)

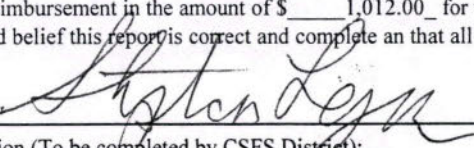
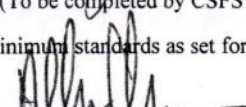
Date: 12/4/09

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: 530947-002

(07CPG SFA-NFP CG7)

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

| 1. Grant Award #: | 2. Total Award Amount: \$30,000 | 3. Community Protected: BMFPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------------------|-----------------------------------|-------------|------------------------------|----------------|-------------|-----------------|--|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|------------|------------|----------|-----------|-----------|-----------|------------|--|--|--|--|--|--|-------|----------|----------|----------|-----------|-----------|-----------|
| 4. Make Payment To: | | 5. Period of Performance: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304 | | From: 9/29/2009 To: 10/30/2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 1.3 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: \$1,012.00 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$1,012.00</td> <td>\$1,012.00</td> <td>2,024.00</td> <td>24,941.37</td> <td>24,941.37</td> <td>49,882.74</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>1,012.00</td> <td>1,012.00</td> <td>2,024.00</td> <td>24,941.37</td> <td>24,941.37</td> <td>49,882.74</td> </tr> </tbody> </table> | | | | Current Period | | | Project to Date | | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | \$1,012.00 | \$1,012.00 | 2,024.00 | 24,941.37 | 24,941.37 | 49,882.74 | Material** | | | | | | | Total | 1,012.00 | 1,012.00 | 2,024.00 | 24,941.37 | 24,941.37 | 49,882.74 |
| | Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | \$1,012.00 | \$1,012.00 | 2,024.00 | 24,941.37 | 24,941.37 | 49,882.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 1,012.00 | 1,012.00 | 2,024.00 | 24,941.37 | 24,941.37 | 49,882.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/Or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ 1,012.00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  Date: 11/12/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  Date: 12/4/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | |
|---|----------------------|------------------------------------|-------------------------|-------------------------|
| (1) CREW NAME 1. J Mit Crew | | (2) CREW NUMBER 1 | | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | (4) FIRE NAME Witter | | |
| (5) OFFICE RESPONSIBLE FOR FIRE BMFPD | | (6) FIRE NUMBER 1571 West Coach | | |
| (7) RE-MARKS NO. | (8) NAME OF EMPLOYEE | (9) CLASSIFICATION | DATE | DATE |
| | | | Military Time ON OFF | Military Time ON OFF |
| | Pakmar | 09/29/09 | 9:30 | 15:30 |
| | J. Miller | | | |
| | Jate | | | |
| | Kabal | | | |
| | C. Miller | | | |
| | Total | | 30 | hrs. |
| (11) REMARKS | | | | |
| Grand Total = 30 hours | | | | |
| 9/29/09 | | | | |
| (12) OFFICER-IN-CHARGE (Signature) | | (13) TITLE (Officer-in-Charge) | | |
| Stephen M. Lynn | | M.F. Coord | | |
| (14) NAME (Person Posting to Emergency Time Report) | | (15) DATE | | |
| Stephen Lynn | | 11/2/09 | | |

261-101

PRINTED ON
RECYCLED PAPER

STANDARD FORM 261 (5/78)

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

| | | | | |
|---|----------------------|------------------------------------|-------------------------|-------------------------|
| (1) CREW NAME BMFPD Mit Crew | | (2) CREW NUMBER 1 | | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | (4) FIRE NAME Witter | | |
| (5) OFFICE RESPONSIBLE FOR FIRE BMFPD | | (6) FIRE NUMBER 1571 West Coach | | |
| (7) RE-MARKS NO. | (8) NAME OF EMPLOYEE | (9) CLASSIFICATION | DATE | DATE |
| | | | Military Time ON OFF | Military Time ON OFF |
| | Kabal | 10/01/09 | 9:30 | 16:30 |
| | C. Miller | | 9:30 | 16:30 |
| | Total | | 14 | hrs. |
| (11) REMARKS | | | | |
| Grand Total = 14.0 hours | | | | |
| 10/1/09 | | | | |
| (12) OFFICER-IN-CHARGE (Signature) | | (13) TITLE (Officer-in-Charge) | | |
| Stephen M. Lynn | | M.F. Coord | | |
| (14) NAME (Person Posting to Emergency Time Report) | | (15) DATE | | |
| Stephen Lynn | | 11/2/09 | | |

261-101

PRINTED ON
RECYCLED PAPER

STANDARD FORM 261 (5/78)

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

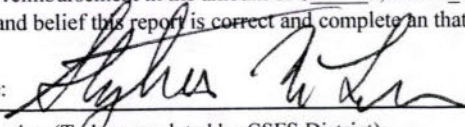
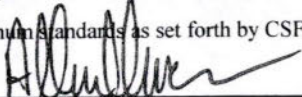
EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

8th payment

Project Number: 530947-002

(07CPG SFA-NFP CG7)

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

| 1. Grant Award #: 530947 | 2. Total Award Amount: \$30,000 | 3. Community Protected: BMFPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|------------------------------|----------------|-------------|-----------------|--|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|------------|------------|-----------|-----------|-----------|-----------|------------|--|--|--|--|--|--|-------|----------|----------|-----------|-----------|-----------|-----------|
| 4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304 | | 5. Period of Performance: From: 9/1/2009 To: 9/30/2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 9.3 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: \$6,972.50 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$6,972.50</td> <td>\$6,972.50</td> <td>13,945.00</td> <td>23,929.37</td> <td>23,929.37</td> <td>47,858.74</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>6,972.50</td> <td>6,972.50</td> <td>13,945.00</td> <td>23,929.37</td> <td>23,929.37</td> <td>47,858.74</td> </tr> </tbody> </table> | | | Current Period | | | Project to Date | | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | \$6,972.50 | \$6,972.50 | 13,945.00 | 23,929.37 | 23,929.37 | 47,858.74 | Material** | | | | | | | Total | 6,972.50 | 6,972.50 | 13,945.00 | 23,929.37 | 23,929.37 | 47,858.74 |
| | Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | \$6,972.50 | \$6,972.50 | 13,945.00 | 23,929.37 | 23,929.37 | 47,858.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 6,972.50 | 6,972.50 | 13,945.00 | 23,929.37 | 23,929.37 | 47,858.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/Or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ <u>6,972.50</u> for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature:  Date: 10/5/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature:  Date: 11/10/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

10/5/2009

CREW TIME REPORT

| (1) CREW NAME BMFPD Mit Crew | | | | (2) CREW NUMBER 1 | | | |
|--|-------------------------|----------------------------|---------------|-------------------------|---------------|-----|--|
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | | | (4) FIRE NAME Witter | | | |
| (5) FIRE NUMBER 1577 West Coach | | | | | | | |
| (6) RE- MARKS NO. | (7) NAME OF EMPLOYEE | (8) CLASSIF- ICATION | (9) DATE | | (10) DATE | | |
| | | | Military Time | | Military Time | | |
| | | | ON | OFF | ON | OFF | |
| | Palamara | 09/09/09 | 9:30 | 16:30 | | | |
| | J. Miller | | | | | | |
| | Kabal | | | | | | |
| | C. Miller | | | | | | |
| | Total | | 28 hrs. | | | | |
| | Palamara | 09/14/09 | 9:30 | 16:30 | | | |
| | J. Miller | | | | | | |
| | C. Miller | | | | | | |
| | Kabal | | | | | | |
| | Blue | | | | | | |
| | Total | | 35 hrs. | | | | |
| | Palamara | 09/15/09 | 9:30 | 16:15 | | | |
| | Kabal | | 9:30 | 16:15 | | | |
| | C. Miller | | 9:30 | 16:15 | | | |
| | J. Miller | | 9:30 | 15:30 | | | |
| | Tate | | 9:30 | 15:30 | | | |
| | Total | | 32.25 hrs. | | | | |

(11) REMARKS

GRAND
TOTAL = 95.25 hrs.

| | |
|--|---|
| (12) OFFICER IN CHARGE (Signature) <i>Stephen M. Lynn</i> | (13) TITLE (Officer-in-Charge) M.T. Coord. |
| (14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn | (15) DATE 10/1/09 |

CREW TIME REPORT

| (1) CREW NAME BMFPD Mit Crew | | | | (2) CREW NUMBER 1 | | | |
|--|-------------------------|----------------------------|---------------|-------------------------|---------------|-----|--|
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | | | (4) FIRE NAME Witter | | | |
| (5) FIRE NUMBER 1577 West Coach | | | | | | | |
| (6) RE- MARKS NO. | (7) NAME OF EMPLOYEE | (8) CLASSIF- ICATION | (9) DATE | | (10) DATE | | |
| | | | Military Time | | Military Time | | |
| | | | ON | OFF | ON | OFF | |
| | Palamara | 09/03/09 | 9:00 | 16:00 | | | |
| | C. Miller | | | | | | |
| | Kabal | | | | | | |
| | Total | | 2 hrs. | | | | |
| | Kabal | 09/02/09 | 9:00 | 13:00 | | | |
| | C. Miller | | 9:00 | 13:00 | | | |
| | Total | | 8 hrs. | | | | |
| | J. Miller | 09/01/09 | 13:00 | 15:00 | | | |
| | Total | | 2 hrs. | | | | |
| | J. Miller | 09/02/09 | 9:00 | 12:00 | | | |
| | Total | | 3 hrs. | | | | |
| | Palamara | 09/08/09 | 9:30 | 16:30 | | | |
| | J. Miller | | | | | | |
| | Tate | | | | | | |
| | C. Miller | | | | | | |
| | Kabal | | | | | | |
| | Blue | | 12:30 | | | | |
| | Total | | 39 hrs. | | | | |

(11) REMARKS

GRAND
TOTAL = 73 hrs.

| | |
|--|---|
| (12) OFFICER IN CHARGE (Signature) <i>Stephen M. Lynn</i> | (13) TITLE (Officer-in-Charge) M.T. Coord. |
| (14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn | (15) DATE 10/1/09 |

CREW TIME REPORT

| | | | |
|--|--|-------------------------|--|
| (1) CREW NAME BMFPD Mit Crew | | (2) CREW NUMBER 1 | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | (4) FIRE NAME Witter | |
| (5) FIRE NUMBER 1577 West Coach | | | |

| RE-MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE (9) | | DATE (10) | |
|--------------|------------------|----------------|---------------|------|---------------|---------|
| | | | Military Time | | Military Time | |
| | | | ON | OFF | ON | OFF |
| | Palamara | | 09/24/09 | 9:30 | 16:30 | |
| | Kabal | | | | | |
| | J. Miller | | | | | |
| | C. Miller | | | | | |
| | Bozeman | | | | | |
| | Total | | | | | 35 hrs. |

(11) REMARKS

GRAND TOTAL = 35 hrs.

(12) OFFICER-IN-CHARGE (Signature)
Stephen M. Lynn

(13) TITLE (Officer-in-Charge)
Mit Coord

(14) NAME (Person Posting to Emergency Time Report)
Stephen M. Lynn

(15) DATE
10/1/09

| | | | |
|--|--|-------------------------|--|
| (1) CREW NAME BMFPD Mit Crew | | (2) CREW NUMBER 1 | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | (4) FIRE NAME Witter | |
| (5) FIRE NUMBER 1577 West Coach | | | |

| RE-MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE (9) | | DATE (10) | |
|--------------|------------------|----------------|---------------|------|---------------|-----------|
| | | | Military Time | | Military Time | |
| | | | ON | OFF | ON | OFF |
| | Palamara | | 09/24/09 | 9:30 | 16:30 | |
| | J. Miller | | | 9:30 | | |
| | Kabal | | | | | |
| | C. Miller | | | | | |
| | Total | | | | | 25 hrs. |
| | Kabal | | 09/25/09 | 9:30 | 15:30 | |
| | C. Miller | | | 9:30 | 15:30 | |
| | Total | | | | | 12 hrs. |
| | Palamara | | 09/28/09 | 9:30 | 16:00 | |
| | J. Miller | | | | | |
| | Bozeman | | | | | |
| | Kabal | | | | | |
| | Tate | | | | | |
| | C. Miller | | | 9:30 | 15:00 | |
| | Blue | | | 9:30 | 15:00 | |
| | Total | | | | | 43.5 hrs. |

(11) REMARKS

GRAND TOTAL = 80.5 hrs.

(12) OFFICER-IN-CHARGE (Signature)
Stephen M. Lynn

(13) TITLE (Officer-in-Charge)
Mit Coord

(14) NAME (Person Posting to Emergency Time Report)
Stephen M. Lynn

(15) DATE
10/1/09

2009 BMFPD Chipping Form

Client Information

Date: 09/03/09

Name: Bill Witter

Address: 1577 West Coach

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☒ Uphill ☐

Special Instructions: _____

Onsite Chipping

| | Shift 1 +1 | Shift 2 +1 | Shift 3 | Grand Total |
|-------------|------------|------------|---------------|-------------|
| Date: | 09/03/09 | 09/01/09 | 09 | |
| Start Time: | 9:00 | 13:00 | | |
| Stop Time: | 13:00 | 16:00 | | |
| Total Time: | 6 hrs. | 4.5 hrs. | | |

EXHIBIT B

GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: 530947-002

(07CPG SFA-NFP CG7)

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

| 1. Grant Award #: 530947-002 | 2. Total Award Amount: \$30,000 | 3. Community Protected: BMFPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|------------------------------|----------------|-------------|-----------------|--|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|------------|------------|----------|-----------|-----------|-----------|------------|--|--|--|--|--|--|-------|----------|----------|----------|-----------|-----------|-----------|
| 4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304 | | 5. Period of Performance: From: 8/1/2009 To: 8/31/2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 1.5 acres of forest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: \$2,277.00 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$2,277.00</td> <td>\$2,277.00</td> <td>4,554.00</td> <td>16,956.87</td> <td>16,956.87</td> <td>33,913.74</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>2,277.00</td> <td>2,277.00</td> <td>4,554.00</td> <td>16,956.87</td> <td>16,956.87</td> <td>33,913.74</td> </tr> </tbody> </table> | | | Current Period | | | Project to Date | | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | \$2,277.00 | \$2,277.00 | 4,554.00 | 16,956.87 | 16,956.87 | 33,913.74 | Material** | | | | | | | Total | 2,277.00 | 2,277.00 | 4,554.00 | 16,956.87 | 16,956.87 | 33,913.74 |
| | Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | \$2,277.00 | \$2,277.00 | 4,554.00 | 16,956.87 | 16,956.87 | 33,913.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 2,277.00 | 2,277.00 | 4,554.00 | 16,956.87 | 16,956.87 | 33,913.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/Or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ 2,277.00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature: <i>[Signature]</i> Date: 9/2/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature: <i>[Signature]</i> Date: 10/5/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SFA
\$2277
1.5 ac

7/11

CREW TIME REPORT

| | | | |
|---|------------------|-----------------------------------|---------------|
| 1) CREW NAME BMFPD | | 2) CREW NUMBER | |
| 3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | 4) FIRE NAME Witter | |
| | | 5) FIRE NUMBER 1577 West Coach | |
| (6) | (7) | (8) | (9) |
| RE-MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE |
| | | | Military Time |
| | | | Military Time |
| | | | ON OFF ON OFF |
| | Kabal | 8-19-09 | 1300 1630 |
| | Northrup | | 1 1 |
| | TOTAL | | 7 hrs |

(11) REMARKS

GRAND
TOTAL 7 hrs

12) OFFICER-IN-CHARGE (Signature) *Stephen M. Lynn* 13) TITLE (Officer-in-Charge) *Met Coordinator*
 14) NAME (Person Posting to Emergency Time Report) *Stephen M. Lynn* 15) DATE *9/2/09*

31-101

PRINTED ON
RECYCLED PAPERSTANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

| | | | |
|---|------------------|-----------------------------------|---------------|
| 1) CREW NAME BMFPD Mitrew | | 2) CREW NUMBER | |
| 3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | 4) FIRE NAME Witter | |
| | | 5) FIRE NUMBER 1577 West Coach | |
| (6) | (7) | (8) | (9) |
| RE-MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE |
| | | | Military Time |
| | | | Military Time |
| | | | ON OFF ON OFF |
| | Miller | 08/21/09 | 8:00 16:00 |
| | Northrup | | 8:00 16:00 |
| | Bozeman | | 8:00 12:00 |
| | Total | | 20 hrs. |
| | Palamara | 08/24/09 | 9:00 16:00 |
| | Bozeman | | |
| | Kabal | | |
| | C. Miller | | |
| | J. Miller | | 13:00 14:00 |
| | Total | | 29 hrs. |

(11) REMARKS

GRAND
TOTAL = 49 hrs.

12) OFFICER-IN-CHARGE (Signature) *Stephen M. Lynn* 13) TITLE (Officer-in-Charge) *Met Coordinator*
 14) NAME (Person Posting to Emergency Time Report) *Stephen M. Lynn* 15) DATE *9/2/09*

261-101

PRINTED ON
RECYCLED PAPERSTANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

| | | | | | | | |
|--|------------------|---------------------|---------------|---|---------------|-----|--|
| (1) CREW NAME DMFPD Mit Crew | | | | (2) CREW NUMBER 1 | | | |
| (3) OFFICE RESPONSIBLE FOR DMFPD | | | | (4) FIRE NAME Witter | | | |
| (5) FIRE NUMBER 1577 West Coach | | | | | | | |
| (6) | (7) | (8) | (9) | (10) | | | |
| RE- MARKS NO. | NAME OF EMPLOYEE | CLASSIF- ICATION | DATE | | DATE | | |
| | | | Military Time | | Military Time | | |
| | | | ON | OFF | ON | OFF | |
| | Palamara | 08/05/09 | 8:30 | 16:15 | | | |
| | Miller | | ↓ | ↓ | | | |
| | Northrup | | ↓ | ↓ | | | |
| | Kabal | | ↓ | ↓ | | | |
| | Total | | 31 hrs. | | | | |
| | Palamara | 08/14/09 | 10:00 | 13:00 | | | |
| | C. Miller | | ↓ | ↓ | | | |
| | Northrup | | ↓ | ↓ | | | |
| | Kabal | | ↓ | ↓ | | | |
| | Total | | 12 hrs. | | | | |
| (11) REMARKS | | | | | | | |
| <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;"> <p>GRAND = 43 hrs</p> <p>TOTAL</p> </div> | | | | | | | |
| (12) OFFICER-IN-CHARGE (Signature) <i>Stephen M. Lynn</i> | | | | (13) TITLE (Officer-in-Charge) Mit Coordinator | | | |
| (14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn | | | | (15) DATE 9/2/09 | | | |

261-101

PRINTED ON
RECYCLED PAPER

STANDARD FORM 261 (5/78)

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

paid as of

10/1/09

accounts payable

9/16/09



Colorado State Forest Service Program Payment Request

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

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive
Boulder, Colorado 80304

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.

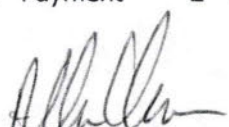
Grant Number: '07 CPG SFA-NFP CG7 Cooperator Match: \$5,888.00

Approved Funding: \$30,000 Total Project: \$11,776.00

CSFS Account Number: 530947-5980 Amount of Payment: \$5,888.00

From this
reimbursement
cycle

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

Approved by: 
 (Program manager signature)

Date: 8/5/09

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: 530947-002

(07CPG SFA-NFP CG7)

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

| 1. Grant Award #: <u>530947-002</u> | 2. Total Award Amount: <u>\$30,000</u> | 3. Community Protected: <u>BMFPD</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|------------------------------|------------------|------------------|-----------------|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|-------------------|-------------------|------------------|------------------|------------------|------------|--|--|--|--|--|-------|-----------------|-----------------|------------------|------------------|------------------|
| 4. Make Payment To: Name: <u>Boulder Mountain Fire Protection District</u> Address: <u>1905 Linden Drive</u> <u>Boulder, Colorado 80304</u> | | 5. Period of Performance: From: <u>7/1/2009</u> To: <u>7/31/2009</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 8 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: <u>\$5,888.00</u> Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td><u>\$5,888.00</u></td> <td><u>\$5,888.00</u></td> <td><u>11,776.00</u></td> <td><u>14,679.87</u></td> <td><u>29,359.74</u></td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td><u>5,888.00</u></td> <td><u>5,888.00</u></td> <td><u>11,776.00</u></td> <td><u>14,679.87</u></td> <td><u>29,359.74</u></td> </tr> </tbody> </table> | | Current Period | | | Project to Date | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | <u>\$5,888.00</u> | <u>\$5,888.00</u> | <u>11,776.00</u> | <u>14,679.87</u> | <u>29,359.74</u> | Material** | | | | | | Total | <u>5,888.00</u> | <u>5,888.00</u> | <u>11,776.00</u> | <u>14,679.87</u> | <u>29,359.74</u> |
| Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | <u>\$5,888.00</u> | <u>\$5,888.00</u> | <u>11,776.00</u> | <u>14,679.87</u> | <u>29,359.74</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | <u>5,888.00</u> | <u>5,888.00</u> | <u>11,776.00</u> | <u>14,679.87</u> | <u>29,359.74</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/Or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ <u>5,888.00</u> for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature: <u>[Signature]</u> Date: <u>7/31/09</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature: <u>[Signature]</u> Date: <u>8/3/09</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CREW TIME REPORT
(1) CREW NAME BMFPD Mit Crew
(2) CREW NUMBER 1
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD
(4) FIRE NAME Witter
(5) FIRE NUMBER 1577 West Coach

| RE- MARKS NO. | NAME OF EMPLOYEE | CLASSIF- ICATION | DATE | | DATE | |
|---------------------|------------------|---------------------|---------------|---------|---------------|-----|
| | | | Military Time | | Military Time | |
| | | | ON | OFF | ON | OFF |
| | Palamara | | 07/14/09 | 9:00 | 16:00 | |
| | Olme | | | | | |
| | J. Miller | | | | | |
| | C. Miller | | | | | |
| | Northrup | | | | | |
| | Kabal | | | | | |
| | Tate | | | | | |
| | Total | | | 10:00 | 16:00 | |
| | | | | 48 hrs. | | |
| | Bozeman | | 07/15/09 | 9:30 | 15:30 | |
| | Total | | | 6 hrs. | | |
| | Palamara | | 07/20/09 | 8:30 | 16:30 | |
| | Olme | | | | | |
| | Bozeman | | | | | |
| | Northrup | | | | | |
| | C. Miller | | | | | |
| | Kabal | | | | | |
| | Tate | | | | | |
| | J. Miller | | | | | |
| | Total | | | 64 hrs. | | |

(11) REMARKS

GRAND TOTAL = 118 hrs.

(12) OFFICER-IN-CHARGE (Signature) *Stephen M. Lynn*
(13) TITLE (Officer-in-Charge) Mit Coordinator
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn
(15) DATE 7/31/09

CREW TIME REPORT
(1) CREW NAME Witter
(2) CREW NUMBER 2
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD
(4) FIRE NAME Bill Witter
(5) FIRE NUMBER 1577 West Coach

| RE- MARKS NO. | NAME OF EMPLOYEE | CLASSIF- ICATION | DATE | | DATE | |
|---------------------|------------------|---------------------|---------------|------|---------------|-----|
| | | | Military Time | | Military Time | |
| | | | ON | OFF | ON | OFF |
| | Miller | | 07/07/09 | 0930 | 1600 | 6:5 |
| | Northrup | | | | | |
| | Miller-C | | | | | |
| | Kabal | | | | | |
| | Total | | | | 26 hours | |

(11) REMARKS

(12) OFFICER-IN-CHARGE (Signature) *Stephen M. Lynn*
(13) TITLE (Officer-in-Charge) Mit Coordinator
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn
(15) DATE 7/31/09

| | | | | | |
|---|------------------|----------------|--------------------------------|-------|---------------|
| (1) CREW NAME BMFPD Mit Crew | | | (2) CREW NUMBER 1 | | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | | (4) FIRE NAME Witter | | |
| (5) FIRE NUMBER 1577 West Coast Road | | | | | |
| (6) | (7) | (8) | (9) | (10) | |
| RE-MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE | | DATE |
| | | | Military Time | | Military Time |
| | | | ON | OFF | ON OFF |
| | Palamara | 07/22/09 | 8:30 | 16:30 | |
| | Olme | | | | |
| | J. Miller | | | | |
| | Boezeman | | | | |
| | Northrup | | | | |
| | Kabel | | | | |
| | C. Miller | | | | |
| | Total | | 56 hrs. | | |
| | Palamara | 07/29/09 | 8:30 | 13:30 | |
| | Olme | | | | |
| | Northrup | | | | |
| | J. Miller | | | | |
| | Tate | | | | |
| | Kabel | | | | |
| | Total | | 30 hrs. | | |
| (11) REMARKS | | | | | |
| Grand Total = 86 hours | | | | | |
| (12) OFFICER IN CHARGE (Signature) | | | (13) TITLE (Officer-in-Charge) | | |
| Stephen M. Lynn | | | Mit Coordinator | | |
| (14) NAME (Person Posting to Emergency Time Report) | | | (15) DATE | | |
| Stephen M. Lynn | | | 7/31/09 | | |

| | | | | | |
|---|------------------|----------------|--------------------------------|-------|---------------|
| (1) CREW NAME BMFPD Mit Crew | | | (2) CREW NUMBER 1 | | |
| (3) OFFICE RESPONSIBLE FOR FIRE BMFPD | | | (4) FIRE NAME Witter | | |
| (5) FIRE NUMBER 1577 West Coast Road | | | | | |
| (6) | (7) | (8) | (9) | (10) | |
| RE-MARKS NO. | NAME OF EMPLOYEE | CLASSIFICATION | DATE | | DATE |
| | | | Military Time | | Military Time |
| | | | ON | OFF | ON OFF |
| | Palamara | 06/12/09 | 9:00 | 14:00 | |
| | C. Miller | | 9:00 | 14:00 | |
| | Olme | | 9:00 | 14:00 | |
| | Boezeman Total | | 9:00 | 14:00 | |
| | Total | | 20 hrs. | | |
| | C. Miller | 06/18/09 | 9:30 | 15:30 | |
| | Total | | 6 hrs. | | |
| (11) REMARKS | | | | | |
| GRAND TOTAL = 26 hrs. | | | | | |
| (12) OFFICER IN CHARGE (Signature) | | | (13) TITLE (Officer-in-Charge) | | |
| Stephen M. Lynn | | | Mit Coordinator | | |
| (14) NAME (Person Posting to Emergency Time Report) | | | (15) DATE | | |
| Stephen M. Lynn | | | 7/31/09 | | |



Colorado State Forest Service Program Payment Request

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

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive

Boulder, Colorado 80304

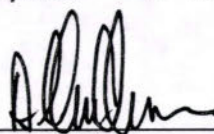
The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: '07 CP6 SFA-NFP CGT Cooperator Match: \$414.00

Approved Funding: \$30,000 Total Project: \$828.00

CSFS Account Number: 530947-5980 Amount of Payment: \$414.00

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

Approved by: 
(Program manager signature)

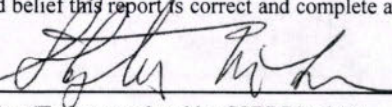
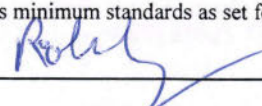
Date: 4/13/09

From this
reimburse
cycle

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: 530947-002

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

| 1. Grant Award #: | 2. Total Award Amount: \$30,000 | 3. Community Protected: BMFPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------|------------------------------|----------------|-------------|-----------------|--|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|----------|----------|--------|----------|----------|-----------|------------|--|--|--|--|--|--|-------|--------|--------|--------|----------|----------|-----------|
| 4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304 | | 5. Period of Performance: From: 11/1/2008 3/1/09 To: 11/30/2008 3/31/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 0.6 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: \$414.00 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$414.00</td> <td>\$414.00</td> <td>828.00</td> <td>8,791.87</td> <td>8,791.87</td> <td>17,583.74</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>414.00</td> <td>414.00</td> <td>828.00</td> <td>8,791.87</td> <td>8,791.87</td> <td>17,583.74</td> </tr> </tbody> </table> | | | Current Period | | | Project to Date | | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | \$414.00 | \$414.00 | 828.00 | 8,791.87 | 8,791.87 | 17,583.74 | Material** | | | | | | | Total | 414.00 | 414.00 | 828.00 | 8,791.87 | 8,791.87 | 17,583.74 |
| | Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | \$414.00 | \$414.00 | 828.00 | 8,791.87 | 8,791.87 | 17,583.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 414.00 | 414.00 | 828.00 | 8,791.87 | 8,791.87 | 17,583.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/Or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ 414.00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature:  Date: 4/2/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature:  Date: 4/13/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

[illegible]

FILE COPY

416151

***** FILE COPY NON-NEGOTIABLE *****

Date Requested: 03/19/09

V BOULDER MTN FIRE PROTECT DIST
E 1905 LINDEN DR
N BOULDER CO 80304
D
O
R

COPY

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 416151
P FORT COLLINS CO 80523-6011

Contact: RICH HOMANN
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program

| Item # | Description | Qty | UOM | Unit Price | Extension | Acct # | Sub | User |
|--------|--|-----|-----|------------|------------|--------|------|------|
| 1) | FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; State Fire Assistance (a.k.a. SFA); Project # 530947-002-BO; 07CPG SFA-NFP CG7; 4th Payment | 1 | LOT | 1081.0000 | 1081.00 | 530947 | 5980 | |
| TOTAL: | | | | | \$1,081.00 | | | |

NOTIFY THE DEPARTMENT
IMMEDIATELY IF THERE ARE
ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE



COPY

Colorado State Forest Service Program Payment Request

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

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

03-19-09
KeName: Boulder Mountain Fire Protection DistrictAddress: 1905 Linden Drive
Boulder, Colorado 80304

**Approved for Payment
C.S.F.S.**

A416151

03-19-09
Ke

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: 530947-002 (Bo #)

107CPG SFA-NFP CGY

Approved Funding: \$30,000Cooperator Match: \$1,081.00Total Project: \$2,162.00CSFS Account Number: 530947-5980Amount of Payment: \$1,081.00Circle one: 1st Payment 2nd Payment 3rd Payment 4th Payment Final PaymentApproved by: [Signature]
(Program manager signature)Date: 3/6/09

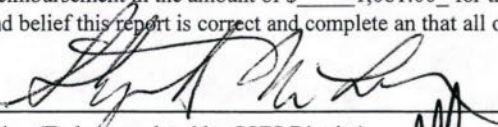
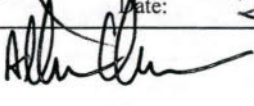
3/19/09

from the
reimburse
cycle

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: 530947-002

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

| 1. Grant Award #: | 2. Total Award Amount: \$30,000 | 3. Community Protected: BMFPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|------------------------------|----------------|-------------|-----------------|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|------------|------------|----------|----------|-----------|------------|--|--|--|--|--|-------|----------|----------|----------|----------|-----------|
| 4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304 | | 5. Period of Performance: From: 12/1/2009 To: 2/27/2009 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 1.4 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: \$1,081.00 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$1,081.00</td> <td>\$1,081.00</td> <td>2,162.00</td> <td>8,377.87</td> <td>16,755.74</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>1,081.00</td> <td>1,081.00</td> <td>2,162.00</td> <td>8,377.87</td> <td>16,755.74</td> </tr> </tbody> </table> | | Current Period | | | Project to Date | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | \$1,081.00 | \$1,081.00 | 2,162.00 | 8,377.87 | 16,755.74 | Material** | | | | | | Total | 1,081.00 | 1,081.00 | 2,162.00 | 8,377.87 | 16,755.74 |
| Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | \$1,081.00 | \$1,081.00 | 2,162.00 | 8,377.87 | 16,755.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 1,081.00 | 1,081.00 | 2,162.00 | 8,377.87 | 16,755.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/Or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ 1,081.00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete an that all outlays reported are for the purposes set forth in the grant award documents. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  Date: 2/27/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  Date: 3/6/09 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2/27/2009

3007

FILE COPY

415387

***** FILE COPY NON-NEGOTIABLE *****

415387

BRD

Date Requested: 12/16/08

V BOULDER MTN FIRE PROTECT DIST
E 1905 LINDEN DR
N BOULDER CO 80304
D
O
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 415387
P FORT COLLINS CO 80523-6011

Contact: RICH HOMANN
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program
Multiple Payments

| Item # | Description | Qty | UOM | Unit Price | Extension | Acct # | Sub | User |
|--------|--|-----|-----|------------|------------|--------|------|------|
| 1) | FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; State Fire Assistance (a.k.a. SFA); Project # 530947-002-BO; 07CPG SFA-NFP CG7; 3rd Payment | 1 | LOT | 2426.5000 | 2426.50 | 530947 | 5980 | |
| TOTAL: | | | | | \$2,426.50 | | | |

COPY

NOTIFY THE DEPARTMENT
IMMEDIATELY IF THERE ARE
ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE



COPY

Colorado State Forest Service Program Payment Request

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

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

12-16-08
KC

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive

Boulder, Colorado 80304

N

**Approved for Payment
C.S.F.S.**

A 415387

12-16-08
KC

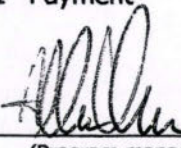
The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: 530947-002-80 Cooperator Match: \$2,426.50 N

Approved Funding: \$30,000 N Total Project: \$4,853.00 N

CSFS Account Number: 530947-5980 Amount of Payment: \$2,426.50 N

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

Approved by: 
(Program manager signature)

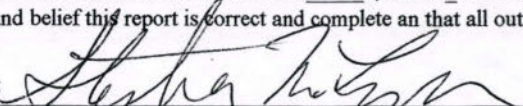
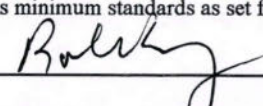
Date: 12/5/08

12/5/08

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: 530947-002

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

| 1. Grant Award #: | 2. Total Award Amount: \$30,000 | 3. Community Protected: BMFPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|------------------------------|----------------|-------------|-----------------|--|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|------------|------------|----------|----------|----------|-----------|------------|--|--|--|--|--|--|-------|----------|----------|----------|----------|----------|-----------|
| 4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304 | | 5. Period of Performance: From: 11/1/2008 To: 11/30/2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 3.3 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: \$2,426.50 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$2,426.50</td> <td>\$2,426.50</td> <td>4,853.00</td> <td>7,296.87</td> <td>7,296.87</td> <td>14,593.74</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>2,426.50</td> <td>2,426.50</td> <td>4,853.00</td> <td>7,296.87</td> <td>7,296.87</td> <td>14,593.74</td> </tr> </tbody> </table> | | | Current Period | | | Project to Date | | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | \$2,426.50 | \$2,426.50 | 4,853.00 | 7,296.87 | 7,296.87 | 14,593.74 | Material** | | | | | | | Total | 2,426.50 | 2,426.50 | 4,853.00 | 7,296.87 | 7,296.87 | 14,593.74 |
| | Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | \$2,426.50 | \$2,426.50 | 4,853.00 | 7,296.87 | 7,296.87 | 14,593.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 2,426.50 | 2,426.50 | 4,853.00 | 7,296.87 | 7,296.87 | 14,593.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ <u>2,426.50</u> ^{2426.50 A.O.} 2,436.50 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  Date: 11/30/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature:  Date: 12/5/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

261-101

FILE COPY

ZAD

***** FILE COPY NON-NEGOTIABLE *****

Date Requested: 11/25/08

COPY

V BOULDER MTN FIRE PROTECT DIST
 E 1905 LINDEN DR
 N BOULDER CO 80304
 D
 O
 R

S COLORADO STATE UNIVERSITY
 H CENTRAL RECEIVING
 I REFERENCE DOCUMENT NUMBER: AFE 415199
 P FORT COLLINS CO 80523-6011

Contact: RICH HOMANN
 Phone: (970)491-3006
 Department: CO State Frst Svc

TO:

Financial Assistance Program
 Multiple Payments

| Item # | Description | Qty | UOM | Unit Price | Extension | Acct # | Sub | User |
|--------|---|-----|-----|------------|------------|--------|------|------|
| 1) | FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; State Fire Assistance (a.k.a. SFA); Project # 530947-002-BO; 07CPG SFA-NFP CG7; Boulder District CSFS Office; 2nd Payment | 1 | LOT | 2875.0000 | 2875.00 | 530947 | 5980 | |
| TOTAL: | | | | | \$2,875.00 | | | |

COPY

NOTIFY THE DEPARTMENT
 IMMEDIATELY IF THERE ARE
 ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE



COPY

Colorado State Forest Service Program Payment Request

| GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE): | |
|---|-------------------------------------|
| Bureau of Land Management Task Order Program | <input type="checkbox"/> |
| Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA) | <input type="checkbox"/> |
| Forest Land Enhancement Program (a.k.a.: FLEP) | <input type="checkbox"/> |
| Insect and Disease Prevention and Suppression Program | <input type="checkbox"/> |
| State Fire Assistance (a.k.a.: SFA) | <input checked="" type="checkbox"/> |
| Front Range Fuels Treatment Partnership (a.k.a.: FRFTP) | <input type="checkbox"/> |
| Stevens Fuels Treatment Funds | <input type="checkbox"/> |
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☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>

11-25-08
KC

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive

Boulder, Colorado 80304

N

**Approved for Payment
C.S.F.S.**

A415199
11-25-08
KC

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

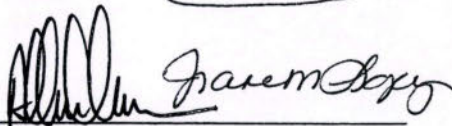
Grant Number: 530947-002-80 Cooperator Match: \$2,875.00 ~

Approved Funding: \$30,000 ~ Total Project: \$5,750.00 ~

CSFS Account Number: 530947-5980 Amount of Payment: \$2,875.00 ~

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

Approved by


(Program manager signature)

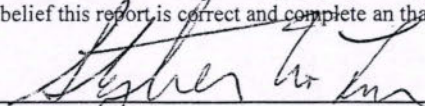
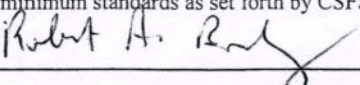
Date:

11/24/08
10/7/08

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: 530947-002

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

| 1. Grant Award #: | 2. Total Award Amount: \$30,000 | 3. Community Protected: BMFPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|-------------|------------------------------|----------------|-------------|-----------------|--|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|----------|----------|----------|----------|----------|----------|------------|--|--|--|--|--|--|-------|----------|----------|----------|----------|----------|----------|
| 4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304 | | 5. Period of Performance: From: 10/1/2008 To: 10/31/2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 2.5 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: \$2,875.00 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>2,875.00</td> <td>2,875.00</td> <td>5,750.00</td> <td>4,770.37</td> <td>4,770.37</td> <td>9,540.74</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>2,875.00</td> <td>2,875.00</td> <td>5,750.00</td> <td>4,770.37</td> <td>4,770.37</td> <td>9,540.74</td> </tr> </tbody> </table> | | | Current Period | | | Project to Date | | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | 2,875.00 | 2,875.00 | 5,750.00 | 4,770.37 | 4,770.37 | 9,540.74 | Material** | | | | | | | Total | 2,875.00 | 2,875.00 | 5,750.00 | 4,770.37 | 4,770.37 | 9,540.74 |
| | Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | 2,875.00 | 2,875.00 | 5,750.00 | 4,770.37 | 4,770.37 | 9,540.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 2,875.00 | 2,875.00 | 5,750.00 | 4,770.37 | 4,770.37 | 9,540.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/Or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ 2,875.00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  Date: 10/31/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  Date: 11/7/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

10/31/2008

FILE COPY

415006

***** FILE COPY NON-NEGOTIABLE *****

15

Date Requested: 11/07/08

V BOULDER MTN FIRE AUTHORITY
E 1905 LINDON DR
N BOULDER CO 80304
D
O
R

COPY

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 415006
P FORT COLLINS CO 80523-6011

Contact: RICH HOMANN
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program
Multiple Payments

| Item # | Description | Qty | UOM | Unit Price | Extension | Acct # | Sub | User |
|--------|--|-----|-----|------------|------------|--------|------|------|
| 1) | FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; State Fire Assistance (a.k.a. SFA); Project # 530947-002-BO; 07CPG SFA-NFP CG7; 1st Payment | 1 | LOT | 1895.3700 | 1895.37 | 530947 | 5980 | |
| TOTAL: | | | | | \$1,895.37 | | | |

NOTIFY THE DEPARTMENT
IMMEDIATELY IF THERE ARE
ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE



COPY

Colorado State Forest Service Program Payment Request

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

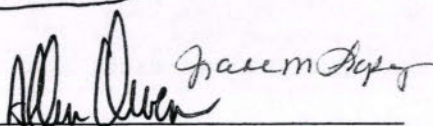
☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>
11-7-08
KCName: Boulder Mountain Fire Protection DistrictAddress: 1905 Linden DriveBoulder, Colorado 80304Approved for Payment
C.S.F.S.

A415006

11-7-08
KC

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

Grant Number: 530947-002-B0 Cooperator Match: \$1,895.37 ~Approved Funding: \$30,000 ~ Total Project: \$3,790.74 ~CSFS Account Number: 530947-5980 Amount of Payment: \$1,895.37 ~Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by 
(Program manager signature)

Date: 10/27/08
11/06/08.

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: 530947-002

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

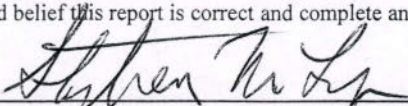
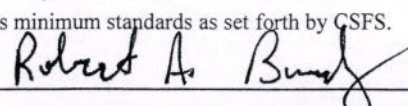
| 1. Grant Award #: | 2. Total Award Amount: \$30,000 | 3. Community Protected: BMFPD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|-------------|------------------------------|----------------|-------------|-----------------|--|--|--|------------------------------|----------------|-------------|------------------------------|----------------|-------------|--------|----------|----------|----------|----------|----------|----------|------------|--|--|--|--|--|--|-------|----------|----------|----------|----------|----------|----------|
| 4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304 | | 5. Period of Performance: From: 8/29/2008 To: 9/30/2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. 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. Attach additional sheets as necessary.) For this portion of the project a total 2.5 acres of forrest was mitigated at 1577 West Coach in Boulder Colorado. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. The slash was stacked for slash pile burning during the winter season. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Reimbursement Request: \$1,895.37 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>1,895.37</td> <td>1,895.37</td> <td>3,790.74</td> <td>1,895.37</td> <td>1,895.37</td> <td>3,790.74</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>1,895.37</td> <td>1,895.37</td> <td>3,790.74</td> <td>1,895.37</td> <td>1,895.37</td> <td>3,790.74</td> </tr> </tbody> </table> | | | Current Period | | | Project to Date | | | | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | Labor* | 1,895.37 | 1,895.37 | 3,790.74 | 1,895.37 | 1,895.37 | 3,790.74 | Material** | | | | | | | Total | 1,895.37 | 1,895.37 | 3,790.74 | 1,895.37 | 1,895.37 | 3,790.74 |
| | Current Period | | | Project to Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Reimbursement Request Amount | Matching Funds | Total Costs | Reimbursement Request Amount | Matching Funds | Total Costs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Labor* | 1,895.37 | 1,895.37 | 3,790.74 | 1,895.37 | 1,895.37 | 3,790.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 1,895.37 | 1,895.37 | 3,790.74 | 1,895.37 | 1,895.37 | 3,790.74 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Amount Paid to CSFS for Products and/Or Services : \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I request reimbursement in the amount of \$ 1,895.37 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  Date: 10/21/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature:  Date: 10/27/08 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 530947-002

Cooperator: Boulder Mountain FPD Fire Mitigation

Work to be completed: Treat 40 acres of fuels projects in the Pine Brook Hills, Carriage Hills, and Boulder Heights communities that will include both shaded fuel breaks and general thinning in accordance with Colorado State Forest Service guidelines (Frank C. Dennis "Fuelbreak Guidelines for Forested Subdivisions" CSFS #102-1083) and (F.C. Dennis "Creating Wild-Fire Defensible Zones" CSFS 6.302) The project priorities will focus on areas identified in the ongoing Community Wildfire Protection Plan.

1. Type of Treatment – both shaded fuel breaks, defensible spaces and general thinning.

Milestone dates: progress report on landowner access agreements Spring 2008 to CSFS Boulder District.

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

Project Period: October 1, 2006 to September 1, 2008

Funded Amount: \$ 30,000

Minimum cooperator match: \$ 30,000

Deliverables: 40 acres treated

Project Types: Fuels Reduction

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:

Rev. March 2007

Financial Assistance Program

Cooperative Match Project

To be conducted by:

Boulder Mountain FPD Fire Mitigation

| | |
|------------------------------------|-------------------|
| Project Number: | 530947-002 |
| Estimated Project Cost: | \$ 60,000 |
| Funding provided by CSFS: | \$ 30,000 |
| Minimum Recipient Match: | \$ 30,000 |
| Project to be completed by: | September 1, 2008 |

Based on the strength of the application submitted by **Boulder Mountain FPD Fire Mitigation** the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$30,000 to accomplish the project described in the attached scope of work.

As the cooperator, **Boulder Mountain FPD Fire Mitigation**, 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.

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 :

CSFS Boulder District Office
5625 Ute Highway
Longmont, CO 80503

- C. 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, 2008. Extension is available for this project if requested prior to August 1, 2008.

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

Cooperator Signature:

Date:

Steve Lynn
Mailing Address:
1905 Linden Drive
Boulder, CO 80304
Telephone Number: 303-440-0235
Email Address: mitigation@bouldermountain fire.org
Fax: 303-440-5247



BOULDER MOUNTAIN FIRE PROTECTION DISTRICT

1905 LINDEN DRIVE • BOULDER, CO 80304 • (303) 440-0235 • FAX (303) 440-5247

Copy to J. Lopez on
7/3/08

July 25, 2008

Allen Owen
Boulder District
Colorado State Forest Service
5625 Ute Highway
Longmont, Colorado 80503-9130

RE: Grant Extension Request for Grant Number 530947-002.

Dear Mr. Bob Bundy,

Boulder Mountain Fire Protection District (BMFPD) is requesting an extension to the period of performance on the Financial Assistance Program Cooperative Match Project (#530947-002). We would like to extend the deadline from September 1, 2008 to September 1, 2009. Amount funded this action was \$30,000 with a cost share match of \$30,000. We have now secured the matching funding and are ready to commence this project. As you may know we requested 2 years to complete this project and were only awarded this grant in September 2008. We feel confident that we can complete this project if granted this extension.

If you have any questions or require any more details please do not hesitate to call me at (303) 440-0235.

Sincerely,

A handwritten signature in blue ink that reads "Steve Lynn". The signature is fluid and cursive, with the first name "Steve" and the last name "Lynn" clearly visible.

Steve Lynn
Mitigation Coordinator
Boulder Mountain Fire Protection District
1905 Linden Drive
Boulder Colorado 80304
(303) 440-0235
mitigation@bouldermountainfire.org

Bob Bundy

From: Bob Bundy [Bob.Bundy@colostate.edu]
Sent: Tuesday, June 16, 2009 3:07 PM
To: Steve Lynn (mitigation@bouldermountainfire.org)
Subject: Grant status

Steve,

I have reviewed the three open grants you have. Primarily to help me keep track as our fiscal year ends. Please review and let me know if it seems correct or if there are any concerns with the leftover funds. I put them in order of priority for spending.

530947 SFA Grant (07CPG SFA-NFP CG7) – You have billed me 5 times. Of \$30,000, you were reimbursed \$8,691.87, and have \$21,308.13 left. This grant covers the Witter property work. All funds must be spent by Sept 1, 2009. This grant has already had an extension and cannot go beyond this September.

530831 Front Range Grant (08CPG SFA-NFP CG2 BO) – You have billed me 6 times. Of \$46,000, you were reimbursed \$15,386.26, and have \$30,613.74 left. This grant covers Reed Ranch, Rembrandt Road, and Valley Lane. All funds must be spent by Sept 30, 2009. If necessary, we can discuss extending the grant a year. However, I would prefer to close this out as soon as possible.

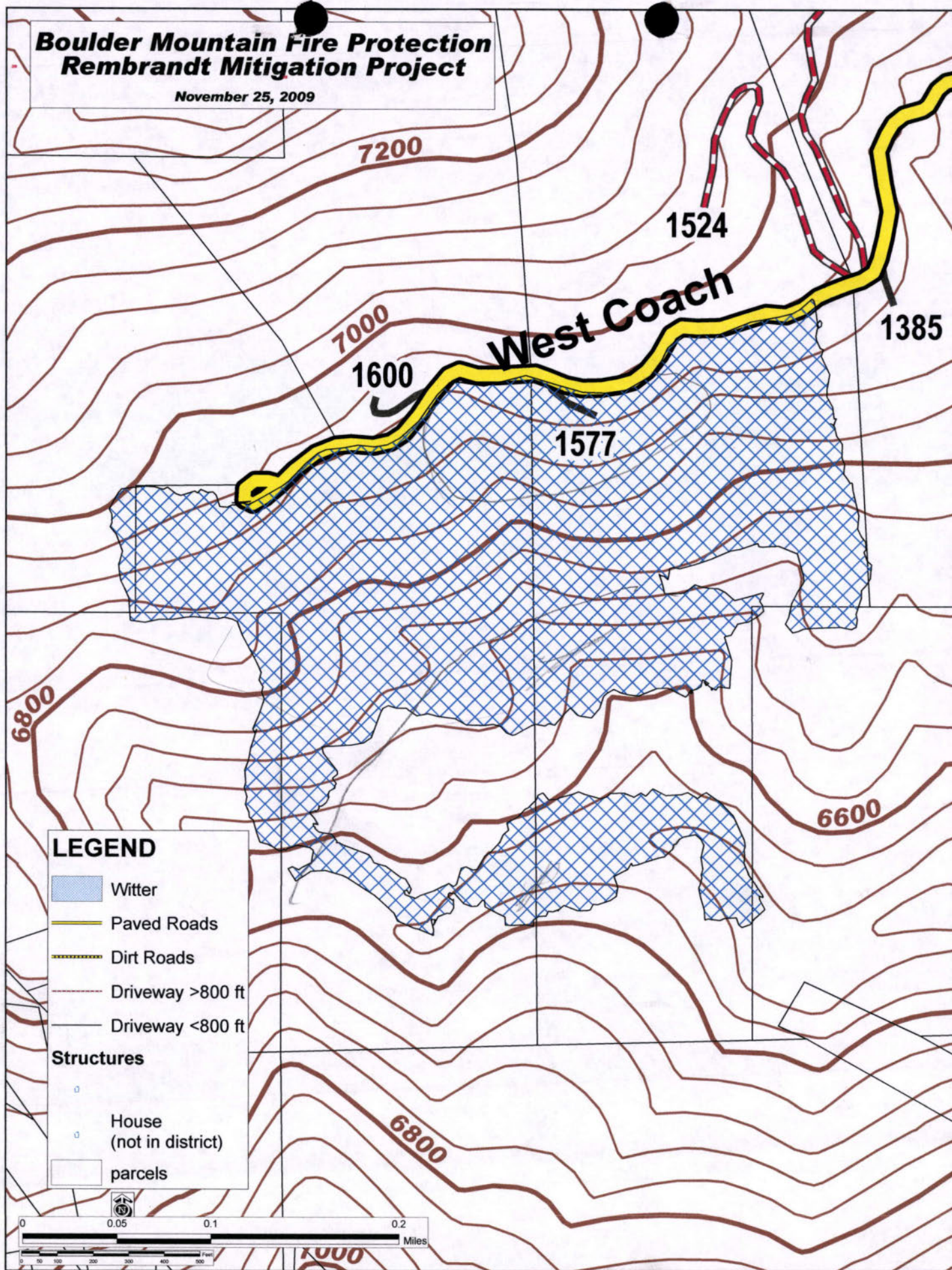
536703 CFR State Grant (SB 71 60/40 match) – You have billed me 1 time. Of \$50,000, you were reimbursed \$4,082.50, and have \$45,917.50 left. This grant covers work on Reed Ranch, Rembrandt Road, and Valley Lane. All funds must be spent by Sept 2010.

Please include these grant numbers on the Exhibit B in the two spaces available. It is becoming a challenge to keep track of all the grants.


Bob Bundy
Fuels Treatment Partnership & Wildfire Mitigation Forester
Colorado State Forest Service - Boulder District
5625 Ute Highway Longmont, CO 80503
(303) 823-5774
(303) 823-5768 fax
Bob.Bundy@colostate.edu

Boulder Mountain Fire Protection Rembrandt Mitigation Project

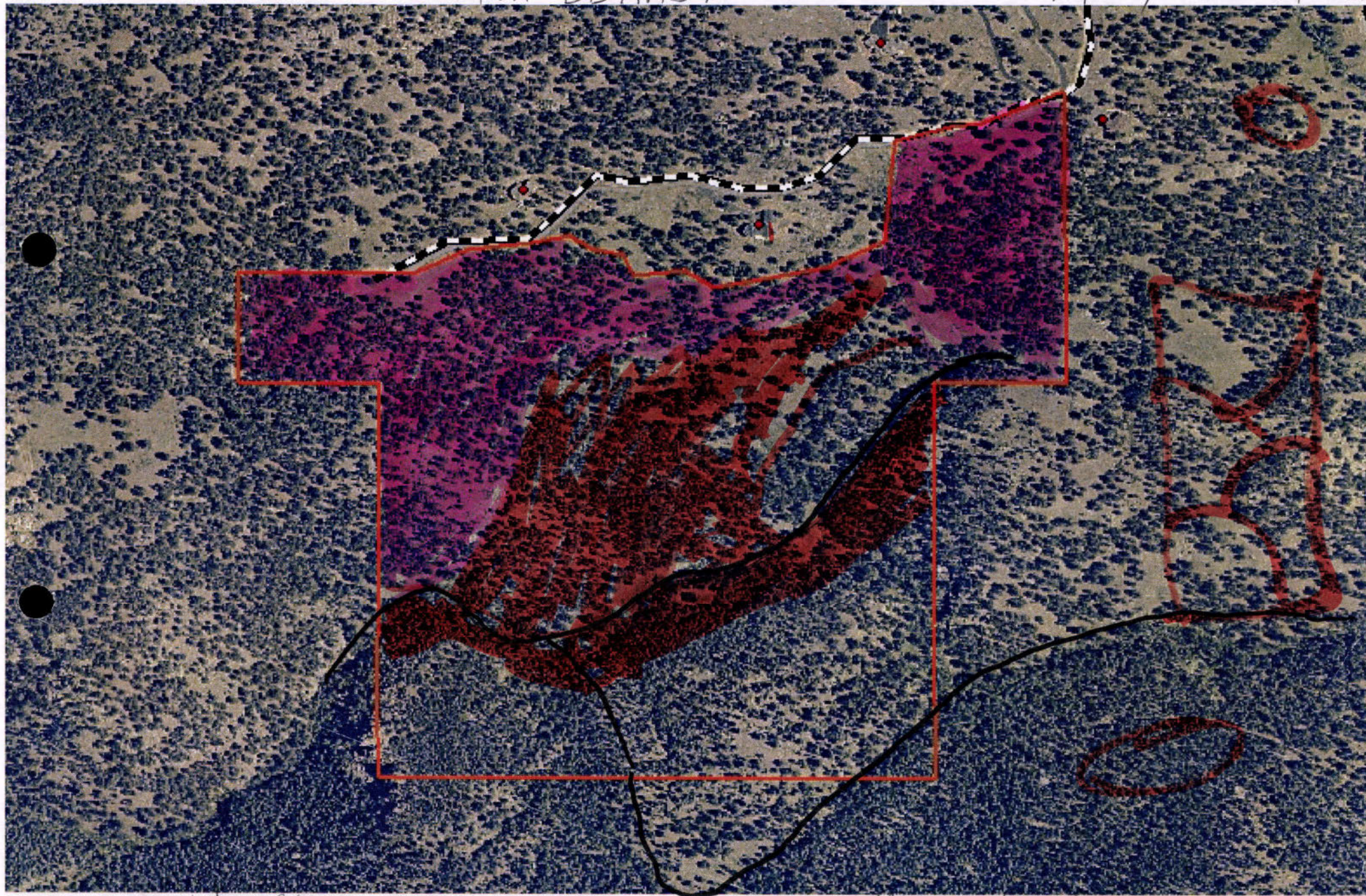
November 25, 2009



Witler 1577 West (end of road)
WATCH FOR BEARS!

 = cut a. while ago

Property is ≈ 64 acres



Code \checkmark check
with
Lynn.
#8989? they change
it often.

^{9/9/0}
#3102

I'm not

See what else has been cut
I think they worked the North Face

AS
OF: 11/10/09

= drainage