

# Colorado State Forest Service

## Emergency Supplemental

### 2010 Grant Application

#### DISTRICT'S: Please Complete

District Submitting Project:	<b>Boulder</b>
Forester Submitting Project:	<b>Bryan Baer</b>
District Priority Number:	
Date Submitted:	<b>7/11/2011</b>
<b>FOR REVIEWER'S USE ONLY:</b>	
Rating:	

Applicant Information	
Applicant:	Jeff Davis
Contact Person:	Jeff Davis
Address:	221 Rockledge Circle
City/Zip Code:	Allenspark, CO 80510
Phone (Work/Cell):	303-747-2353
Email:	
Fax:	

Community At Risk Information			
Name of Project:	Davis		
Community Name(s):	Allenspark		
County:	Boulder	Congressional District:	T3N,R72W,Sec#32
Latitude (decimal degrees):	105°29' 2W	Longitude (decimal degrees):	40°11'3N
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/> X	Number of:	1
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
<b>Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment</b>	
Dollar Amount Requested	\$2914.00
Will this Project be conducted as a Pass-Through Grant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>The proposed project area is located around the main residence on the property. The forest type consists of dense ponderosa pine, lodgepole pine and Douglas-fir. The forested area also includes many old growth ponderosa which will be protected during the project. The overall goal is to lessen fuel loading around the structure, as well as, promote forest health.</p>	



## Scope of Work / Project Timeline

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

4

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

The primary objective of the project is to reduce hazardous fuels currently present on the site and improve forest health to lessen the impact of bark beetles. The primary management technique will consist of free thinning mainly targeting the removal of trees that are unhealthy due to insect and disease issues, as well as, creating good canopy spacing between single trees and groupings of trees. Reducing ladder fuel will as so be a priority of the project. When possible seedlings and saplings will be retained if located in open areas and not under retained trees. Slash will be dealt with by either piling for burning at a later time, hauled off site, or lopped and scatted throughout the project area. All remaining trees will be limbed up six feet or 1/3<sup>rd</sup> of the trees whichever is the less.

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

Landowner will continually monitor project area in future years for insect and disease issues and mitigate any that are located. The landowner will also monitor the area for windthrow that may occur due to the change of density in the stand.

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

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

**Provide a timeline for the project**

Project work will begin as soon as possible and will continue through completion, which is targeted for 5/3/2012.

## Interagency Collaboration

5

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

The landowner will hire a contractor to complete the mitigation work but will also complete the necessary defensible maintenance around the structure.

## Community Wildfire Protection Plan (CWPP)

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

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



6	<b>Project Category</b> (check all that apply and answer related questions)			
	<b>Hazard Fuels Reduction X Other Forest Management Treatment X</b>			
	<b>Number of acres to be treated:</b>	6.2	<b>Estimated cost per acre:</b>	\$1,000 per acre
	<b>Project Type</b> (check all that apply)			
	<b>Defensible Space</b>	X	<b>Thinning w/o Product</b>	<input type="checkbox"/>
	<b>Fuelbreak</b>	X	<b>Mastication</b>	<input type="checkbox"/>
	<b>Thinning w/ Product</b>	X	<b>Other</b>	<input type="checkbox"/>

7	<b>Total Project Expense (Pass Through)</b>		
	<i>Please fill all fields</i>	<b>Grant Share</b> (\$ Amount Requested)	<b>TOTAL</b>
	<b>Contractual Services:</b>		<b>\$ 2,914.00</b>
	<b>TOTAL:</b>	<b>\$ 2,914.00</b>	<b>\$ 2,914.00</b>

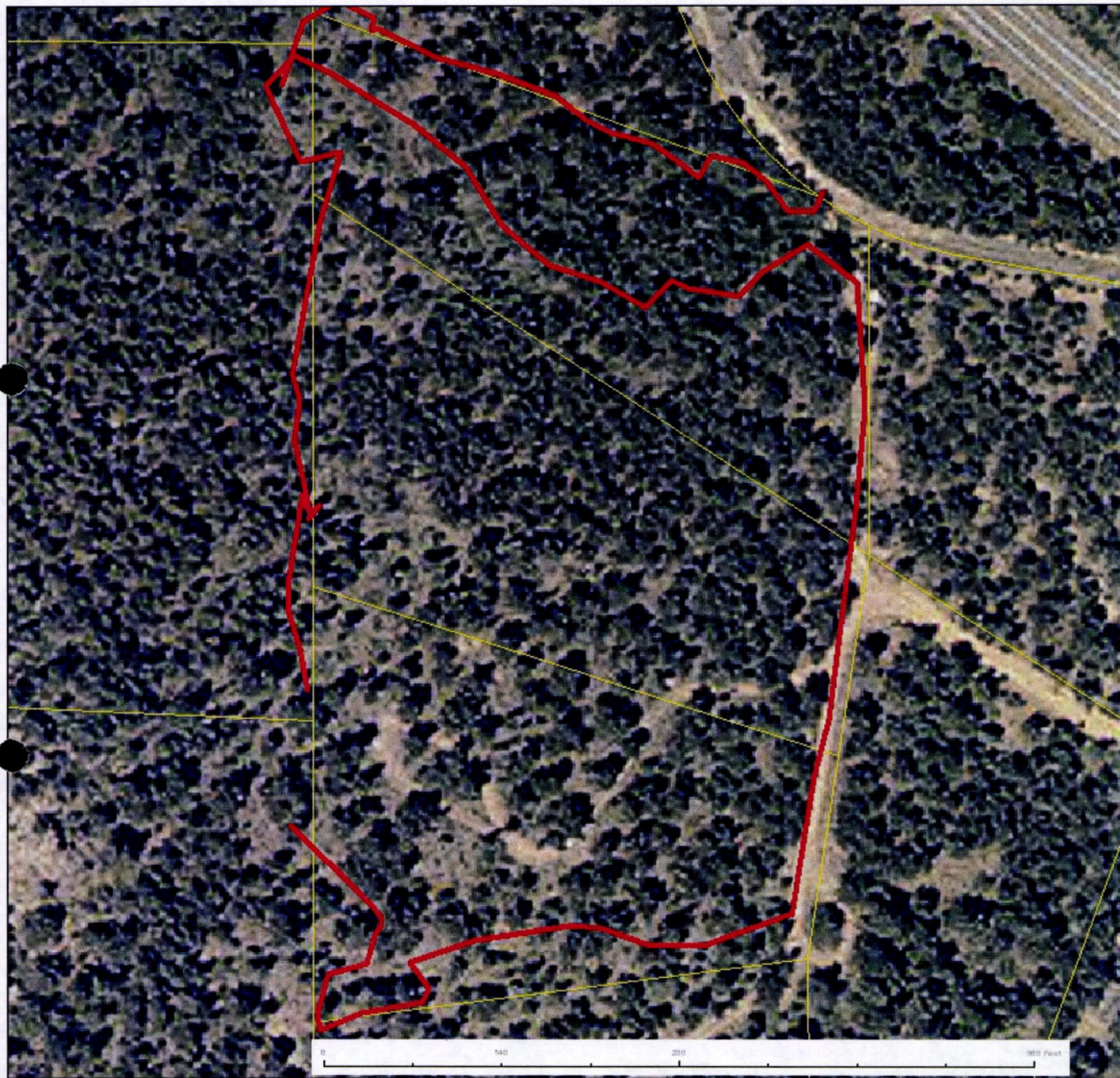
Grant funding may only be used for Contractual Service.

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

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

*Attach Project Map Showing Specific Treatment Areas*





Jeff Davis  
221 Rockledge Circle  
Allenspark, CO



Legend

— 6.2 acres





EMERGENCY SUPPLEMENTAL FUNDS  
LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-80-39  
(For Official Use Only)

NAME: Jeff Davis/Barb Baring

MAILING ADDRESS: P.O. Box 206

City: Allenspark State: CO

Zip code: 80510

TELEPHONE NO: 303-747.2353

PROJECT ADDRESS/LEGAL DESCRIPTION: 221 Rockledge Cir, Lyons, CO 80540

PRACTICES TO BE COMPLETED BY: 5-3-2012  
Date

Landowner and CSFS forester:

CSFS forester:

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

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

LANDOWNER SIGNATURE: \_\_\_\_\_

DATE: 5/2/11

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_

DATE: 9/6/11

(Additional USFWS guidelines addressed)

**PROGRAM:**

ESF: X

Funding Allocated: \_\_\_\_\_

CSFS District Forester

AMOUNT: \$2914.00 DATE: 8/2/11

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



COPY



### Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
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)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 09-12-11  
kc

Name: JEFF DAVIS

Address: P.O. Box 206

ALLENSPARK, CO 80510  
~

Approved for Payment

C.S.F.S.

11498418

09-13-11

(KC)

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

Grant Number: 5308400-80-39 ~

Approved Funding: \$ 2,914.00 ~

Total Project: \$ 7,000.00 ~

CSFS Account Number: 5308400 - 669.3 ~

'09 SUP HAZ FUELS FR BO

Amount of Payment: \$ 2,914.00 ~

Circle one: 1<sup>st</sup> Payment

2<sup>nd</sup> Payment

3<sup>rd</sup> Payment

Final Payment

Approved by

(Program manager signature)

Date:

9/12/11



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

Project No. 5308400-30-39 —  
(For Official Use Only—  
No. from original application)

Applicant name (please print): Jeff Davis / Barb Baring

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)	\$ 7,000.00		A Labor Cost= \$ 7,000.00
Operating Exp <sup>3,4</sup> (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$ 7,000.00
			Amount Originally Approved = \$ 2,914.00 —
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,914.00 ✓

<sup>1</sup> Any contracted services where payment was made for services.

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

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

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

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

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

Landowner Signature: [Signature]

Date: 7/1/11

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

Mailing Address: PO Box 206

City: Allenspark

County: Boulder State: CO Zip: 80510

Phone: \_\_\_\_\_

Practice certified by: [Signature] (Barb Baring)

CSFS forester

Payment Approval: [Signature]

Amount: \$2,914.00 Date: 9/12/11

CSFS program manager

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

01/19/10



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

Project No. 5308400-80-39

To be completed by CSFS forester:

**PROGRAM:**

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

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

6.2 Acres  
Haz. Fuels Red.

**WUI D-space Accomplishment:**

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

Acres thinned = \_\_\_\_\_ Acres pruned = \_\_\_\_\_

**I & D Prevention and Suppression Accomplishment:**

No. of infested trees treated: \_\_\_\_\_

Acres inspected and treated: \_\_\_\_\_

Acres thinned: \_\_\_\_\_

**Accomplishment (Not included above) – LOA Practice Number:**

#1 Plan Acres = \_\_\_\_\_

#5 Acres = \_\_\_\_\_

#9 Acres treated = \_\_\_\_\_

#2 Acres tree planting = \_\_\_\_\_

#6 Acres treated = \_\_\_\_\_

#10 Acres of restoration = \_\_\_\_\_

Acres treated = \_\_\_\_\_

#7 Acres treated = \_\_\_\_\_

#11 Acres = \_\_\_\_\_

#3 Acres treated = \_\_\_\_\_

#8 Acres treated = \_\_\_\_\_

#4 Acres planted/ renovated = \_\_\_\_\_





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GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
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ALLENSPARK, CO 80510

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Total Project: \$ 7,000.00

CSFS Account Number: 5308400 - 6693

Amount of Payment: \$ 2,914.00

Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Approved by \_\_\_\_\_  
(Program manager signature)

Date: \_\_\_\_\_



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

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Phone: \_\_\_\_\_

Practice certified by: [Signature] (Barb Baring)

CSFS forester

Payment Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

CSFS program manager

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LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. 5308400-80-39

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





www.bluerivertreecare.com

PO Box 18744 Boulder, CO 80308

O: 720-256-9056 F: 1-866-904-1191

# Invoice

Date	Invoice No.
06/08/11	1169

Terms
Due on receipt

**Bill To**

Barb Baring  
221 Rockledge Circle  
Lyons, CO (Allenspark)

Item	Description	Quantity	Rate	Amount
Tree Removal	Fire Mitigation & Forest Health approx. 6 acres		7,000.00	7,000.00

We are now accepting Visa and Mastercard! Please fill out the card information below and email back to [blueriverforestry@comcast.net](mailto:blueriverforestry@comcast.net) or fax your invoice to 1-866-904-1191.

Visa\_\_\_\_\_ MC\_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

We appreciate your business and look forward to working with you again.

**Total** \$7,000.00

*Paio*  
*Check # 1589*

*B. J. Bue*

**Blue River Forestry and Tree Care, PO Box 18744 Boulder, CO 80308**

It's been a pleasure working with you!

Payments are due upon receipt. Payments not received within 14 days of receipt are subject to 5% penalty. Collections for past due billings are subject to attorney's fees. We thank you for your prompt payment.