

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 53909-010

Cooperator: Tim Martin

Work to be completed: Removal of dead, dying, and downed trees from Mountain Pine Beetle, Spruce Budworm (years ago), and 2009 storm damage. Most species are Lodgepole and Ponderosa Pines.

1. Type of Treatment – Thinning and slash piling

Milestone dates: Work to be completed by September 1, 2009.

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

Project Period: June 15 – September 1, 2009

Funded Amount: \$ 1000.00

Minimum cooperator match: \$ 1000.00

Deliverables: 6 acres to be treated

Project Types: Hazard fuels treatment

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:



Fort Collins District
5060 Campus Delivery
Fort Collins, Colorado 80523-5060
(970) 491-8660
FAX: (970) 491-8645

January 18, 2008

Tim Martin
28814 N. 145th St.
Scottsdale, AZ 85262

Dear Tim:

Your Landowner Assistance Program application has been reviewed. The amount approved is shown on the attached copy of your application. Our office received nearly \$90,000 in grant requests. We were only able to partially fund projects and some were not funded at all.

This grant requires a 50/50 fund match. The project must be completed September 1, 2008. If it becomes apparent you will not be able to complete the project by this day, please contact our office as soon as possible.

Enclosed you will also find an Accomplishment Report and a Cost Documentation form. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on these forms. Final reimbursement cannot be processed without completion of these forms.

If you have any questions or concerns, please call me at (970) 491-8453. Thank you for your interest in the stewardship of your forest and in our Landowner Assistance Program.

Sincerely,

A handwritten signature in cursive script, reading "Michael M. Hughes".

Michael M. Hughes
Assistant District Forester
Fort Collins District

Enclosures



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

Form A

PROJECT NUMBER: _____
(For Official Use Only)

NAME: Tim Martin
MAILING ADDRESS: 28814 N. 145th St.
City: Scottsdale State: AZ
Zipcode: 85262
TELEPHONE NO: 480-471-1234

PROJECT ADDRESS/LEGAL DESCRIPTION: 2200 W. County Rd 41
Parcel 17010-00-010+012

PRACTICES TO BE COMPLETED BY: Sept. 15/2008
Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
<u>338-3 Slash Treatment</u>	<u>5 acres</u>			<u>\$ 500.00</u>	
<u>666-2 Slash Treat Ch.p</u>	<u>2 acres</u>			<u>\$ 600.00</u>	
<u>666-6.302 Defense Space</u>	<u>2 acres</u>			<u>\$ 2400.00</u>	
<u>661-1 Stand Improvement</u>	<u>4 acres</u>			<u>\$ 2000.00</u>	
		Total:			<u>\$1000.00</u>

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. **CSFS forester: make sure the correct program is checked below.** One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. **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. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: Tim C. Martin DATE: Jan 2/2008

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: _____ DATE: _____
(Additional USFWS guidelines addressed)

PROGRAM: WUI Incentives D-space: _____ FLEP: _____
I & D Prevention and Suppression - Bark Beetle: _____
FRFTP: _____ Stevens' Funds: _____ SFA: _____

C/S Allocated: Michael M. Anglin AMOUNT: \$1000.00 DATE: 1/18/08
CSFS District Forester

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

2006 Colorado Western States
Wildland Urban Interface
Grant Application

FOR OFFICIAL USE ONLY	
District Submitting Project:	
District Priority Number:	
Statewide Risk Assessment Rating:	
Hazard Description / Other:	

Applicant Information	
1	Applicant: <u>Tim C. Martin</u>
	Contact Person: <u>"</u>
	Address: <u>2200 CR 41</u>
	City/Zip Code: <u>Bellvue, CO 80512</u>
	Phone (Work/Cell): <u>480-529-4566</u>
	Email: <u>tim@globalparadox.com</u>
	Fax:

Community At Risk Information				
2	Name of Project:	<u>2200 CR 41 Bellvue CO 80512</u>		
	Community Name:			
	County:	<u>LaRimer</u>	Congressional District:	
	Latitude (decimal degrees):		Longitude (decimal degrees):	
	Threat Description (check all that apply)			
	Homes:	<input checked="" type="checkbox"/>	Number of:	<u>6</u>
	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. Attachments will not be considered by the review committee.	
Dollar Amount Requested \$ <u>1000.00</u>	Projected Match \$ <u>1000.00</u>
3	<p>Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types.)</p> <p><u>6 of 75 acres fuels reduction from downed trees due to Mountain Pine Beetle, Spruce Budworm, (years ago) and major snowfall in winter 2009.</u></p> <p><u>Lodgepole & Ponderosa Pines</u></p>

Scope of Work / Project Timeline

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

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

4

- Funds will be spent to hire additional labor & rent a chipper to cut out the trees, cut & pile slash for burning.

Describe all planned maintenance (grant funded or other) if this project is funded.

What is the duration of this project? (check one) ☒ One Year ☐ Two Years

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

Provide a timeline for the project

All work to be done between June & Sept 2009

Interagency Collaboration

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

5

Community Wildfire Protection Plan (CWPP)

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

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

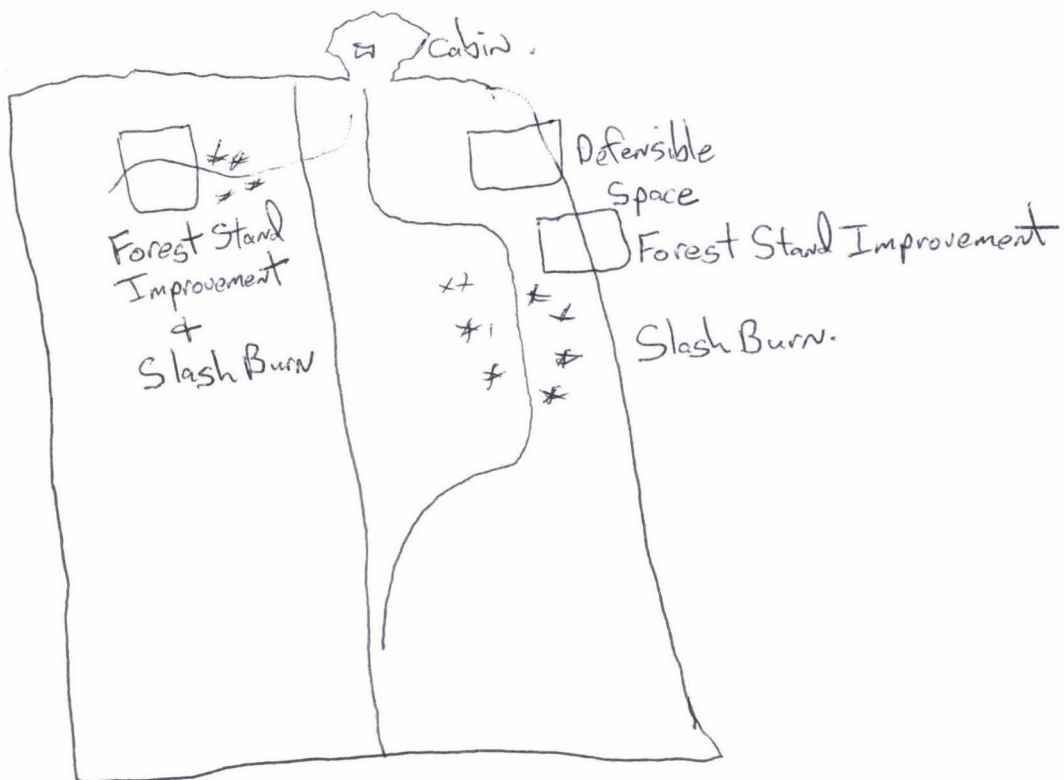
A copy of the plan (final, draft, or proposed outline) must be submitted with this application.

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/>			
	Number of acres to be treated:	6	Estimated cost per acre:	\$350
	Number of communities directly affected by this project:			1
	Information & Education <input type="checkbox"/>			
	Number of citizens to be reached:			
	Planning <input type="checkbox"/>			
	Number of residences affected:			
	Project Type (check all that apply)			
	Assessment / Scoping:	<input checked="" type="checkbox"/>	Implementation / Treatment:	<input checked="" type="checkbox"/>
Homeowner / Community Action:	<input checked="" type="checkbox"/>	Monitoring / Evaluation:	<input checked="" type="checkbox"/>	
Information / Education:		<input type="checkbox"/>		

7	Grant Contributors (Matching Share)							
	(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Please specify each match contributor and the dollar amount of each contribution.							
	Contributors: (Please specify)	Tim Martin						TOTAL
	Dollars (Hard Match):	\$400						\$ 0
	In-Kind (Soft Match):	\$600						\$ 0
TOTAL:		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

8	Total Project Expense (break down matching share totals from block seven)				
		Grant Share (\$ Amount Requested)	Match (from block seven)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:	\$1000	\$400	\$600	\$ 0
	Operating:				\$ 0
	Travel:				\$ 0
	Contractual Services:				\$ 0
	Equipment:				\$ 0
	Indirect Costs:				\$ 0
	TOTAL:		\$ 0	\$ 0	\$ 0

Areas to be Treated



Thanks Mike!

Let me know
if there's any info
you need...

Jim