# Larimer County Sheriff's Office -Emergency Services Section

INVOICE

C/O Jeri Mael 2501 Midpoint Avenue Fort Collins, CO 80525 Phone 970-498-5133

DATE:

July 1, 2015

INVOICE #

1502

FOR:

Hazard fuel reduction

#### Bill To:

John Parker
Girl Scouts of Colorado - Magic Sky Ranch
17900 Red Feather Lakes Road
Red Feather, CO 80545
970-493-6789
john.parker@gscolorado.org

| DESCRIPTION                                      |    | AMOUNT    |
|--|----|-----------|
| Labor and Benefits - Fuels Reduction (June 2015) | \$ | 13,651.93 |
| Equipment  | \$ | 945.00    |
| Fuel   | \$ | 300.00    |
|  |    |           |
|  |    |           |
|  |    |           |
|  | =  |           |
|  |    |           |
| Account Number 101.511100.SH310.43177.0          |    |           |
| TOTAL  | \$ | 14,896.93 |

Payment terms: Due upon receipt

Make all checks payable to Larimer County Sheriff's Office

If you have any questions concerning this invoice, contact N Tony Simons, 970-498-5303, simonsap@co.larimer.c

# Larimer County Sheriff's Office -Emergency Services Section

INVOICE

C/O Jeri Mael 2501 Midpoint Avenue Fort Collins, CO 80525 Phone 970-498-5133

DATE:

June 1, 2015

INVOICE #

1501

FOR:

Hazard fuel reduction

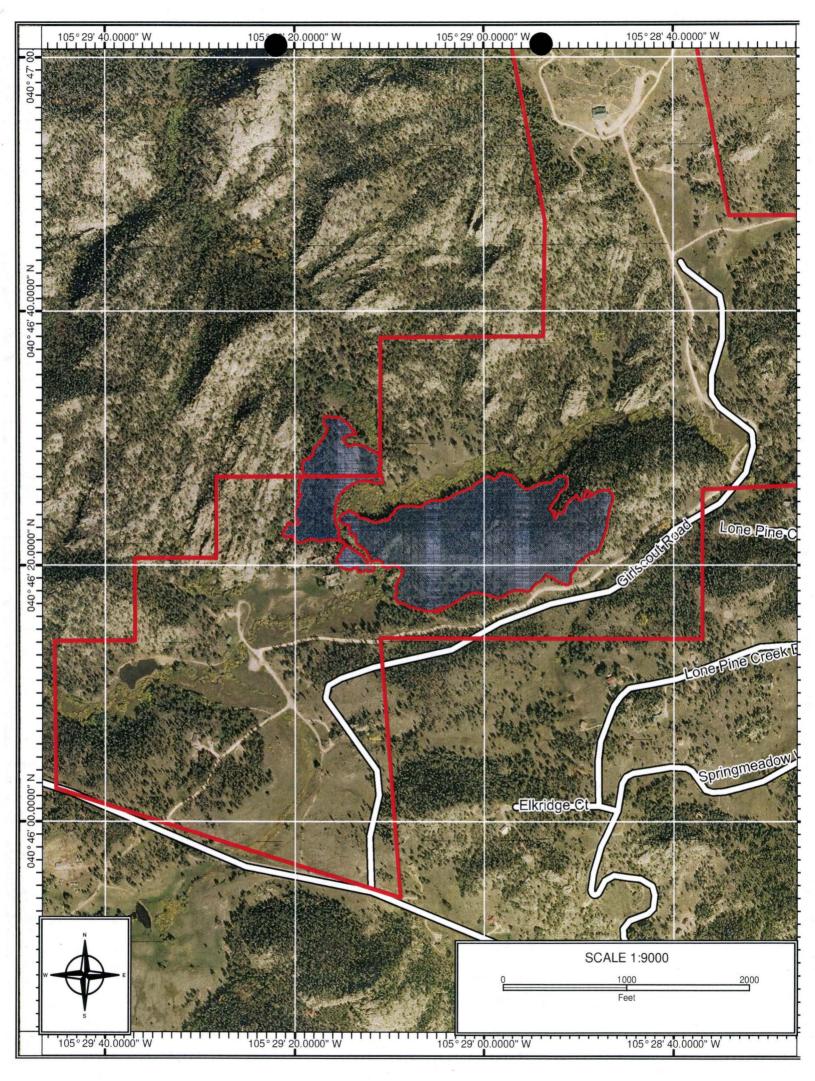
### Bill To:

John Parker Girl Scouts of Colorado - Magic Sky Ranch 17900 Red Feather Lakes Road Red Feather, CO 80545 970-493-6789 john.parker@gscolorado.org

| DESCRIPTION                                    |       | 1  | TNUOMA   |
|--|-------|----|----------|
| abor and Benefits - Fuels Reduction (May 2015) |       | \$ | 5,292.55 |
| Equipment                                      |       | \$ | 345.00   |
| -<br>ruel                                      |       | \$ | 120.00   |
|  |       |    |          |
|  |       |    |          |
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|  |       |    |          |
|  |       |    |          |
| Account Number 101.511100.SH310.43701.0        |       |    |          |
|  |       |    |          |
|  | TOTAL | \$ | 5,757.55 |

Make all checks payable to Larimer County Sheriff's Office

If you have any questions concerning this invoice, contact N Tony Simons, 970-498-5303, simonsap@co.larimer.c







## Colorado State Forest Service Program Payment Request

|          | GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):  |                      |
|----------|--|----------------------|
| A.       | Bureau of Land Management Task Order Program   |                      |
|          | Volunteer or Rural Fire Assistance (VFA/RFA)   |                      |
|          | Colorado Forest Restoration Grant  |                      |
|          | Insect and Disease Prevention and Suppression Program  |                      |
|          | State Fire Assistance (SFA)  |                      |
|          | Front Range Fuels Treatment Partnership (FRFTP)  |                      |
|          | Stevens Fuels Treatment Funds (CAFA)   | 1/                   |
|          | Emergency Supplemental Funds (ESF)   |                      |
| Name:    | Checked for Federal suspension and debarment (State Office) <a href="https://www.sam.gov/portal/pull/pull/pull/scouts">https://www.sam.gov/portal/pull/pull/scouts</a> of Colorado | blic/SAM/ 10 -12 -15 |
|          |  |                      |
| Address: | 3801 E. Horida Ave Appr  | oved for Payment     |
|          | Denver, CO 80210   | C.S.F.S.<br>7201958  |
|          | ~  | 10-12-15<br>Ka       |
|          | e named has submitted a project application that has been reviewed and a   | approved by          |
| Grant Nu | mber: 5308122-03- FC Non-Federal Match: \$2,99   | 9                    |
| Approved | Funding: <u>\$27,000</u> ✓ Total Project: <u>\$729,999</u>   | ~/                   |
|          | ount Number: 530802 - (eleg3 ~ Amount of Payment: #27  |                      |
|          | Manager Signature Date: 10   | 16/15                |
| Program  | Manager Name South M. Work   |                      |





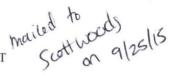
# EXHIBIT B CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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

| 1. Project/A  | ccount #: 5308122-03 -   | FC  |  |   | 2. Total Award Amo  | unt: \$27,000.00  |            |
|---|--|---|--|---|---|---|------------|
| 3. Project Na   | ame: Magic Sky Ranch   |   |  |   | 4. Reimbursed Amou  | nt to Date: \$0.00  | r          |
| Name: Gir<br>Attn: Myr  | ment To: Girl Scouts of<br>rl scouts of Colorado<br>rnan Fronczak<br>3801 East Florida Avenu   |   |  | 6. Period of Perfor<br>From: May, 20<br>To: July, 2015  |   | d): until January 1,  | 2017       |
| specific and i  | report numbers such as a   | ease provide a description<br>cres treated, numbers of c<br>ch the award was granted  | defensible spaces, ton   | s of, cubic feet or y   |   |   |            |
| "Area 1" with<br>"Area 2" with<br>Neither area I<br>Both areas w  | h a perimeter of 4,786 ft.<br>has ever been treated bef  | <ul> <li>approx. 35 acres in size</li> <li>approx 10 acres in size</li> <li>fore due to difficulty of aced trees, and were thinned</li> </ul> | ccess.   | ft. Older large trees   | s were left standing wl   | nen possible  |            |
|   | comply with the approp   | nnot exceed the total proj<br>riate cost-share requireme  |  |   |   |   |            |
|   | A. Remaining Award<br>Amount   | B. Reimbursement<br>Requested Amount  | C. Match (recipient cost)  | D. Match (non-<br>recipient cost)   | E. Total Project Cost   | F. Recipient<br>Match Rate (%)  |            |
|   |  | (recipient cost)  |  |   |   |   |            |
| \$  | \$27,000,00  | 27,000.00   |  | 0 40.00   | B+C+D   | (C+D)/E   |            |
|   | \$27,000.00  | 27,000.00<br>~ \$27,000.00  | \$2,999.00   | \$0.00  | 29,999.00   | 10  |            |
|   | * Use results from Form D CSI<br>with Exhibit B to request reiml   | 27,000.00  \$27,000.00  FS Financial Assistance Cost Do   | \$2,999.00 cumentation Worksheet to  | \$0.00 complete table above. Inc  | 29,999.00   | 10  |            |
| Reimbursemen  9. I certify t documents (i.  | * Use results from Form D CSI with Exhibit B to request reimbut Request: I request reimbut that to the best of my known, e. award notification, so   | 27,000.00  \$27,000.00  FS Financial Assistance Cost Dobursement.   | \$2,999.00  cumentation Worksheet to a \$27,000.00  rect and complete, an penses and all cost-sh                               | \$0.00 complete table above. Incomplete table above. In | 29,999.00  Elude Form D, and other applied and documented about a ported are for the purpourate.              | proved documentation  we or attached.                                       |            |
| Reimbursemen  9. I certify t documents (i.  | * Use results from Form D CSI with Exhibit B to request reimbut Request: I request reimbut that to the best of my known, e. award notification, so ipient Signature:   | 27,000.00  \$27,000.00  \$27,000.00  FS Financial Assistance Cost Dobursement.  arsement in the amount of \$                                  | \$2,999.00  cumentation Worksheet to a \$27,000.00  rect and complete, an penses and all cost-sh                               | \$0.00 complete table above. Incomplete table above. In | 29,999.00  Idude Form D, and other applied and documented about ported are for the purpourate.  Date:         | proved documentation  we or attached.  posses set forth in the              |            |
| Property of the second | * Use results from Form D CSI with Exhibit B to request reimbut Request: I request reimbut that to the best of my known, e. award notification, so ipient Signature:  by:  tion:   | 27,000.00  \$27,000.00  \$27,000.00  FS Financial Assistance Cost Dobursement.  arsement in the amount of \$                                  | \$2,999.00  cumentation Worksheet to a \$27,000.00  rect and complete, an penses and all cost-sh orado                         | for the work compled that all outlays repare are true and account   | 29,999.00  Idude Form D, and other appleted and documented about ported are for the purpourate.  Agent  Date: | proved documentation  eve or attached.  posses set forth in the  09/17/2015 |            |
| 9. I certify t documents (i.  Grant Reci  10. Certificat Work mee   | * Use results from Form D CSI with Exhibit B to request reimbut Request: I request reimbut that to the best of my known, e. award notification, so ipient Signature:  by:  tion:   | 27,000.00  27,000.00  \$27,000.00  FS Financial Assistance Cost Dobursement.  arsement in the amount of \$                                    | \$2,999.00  cumentation Worksheet to a \$27,000.00  rect and complete, an penses and all cost-sh orado                         | for the work compled that all outlays repare are true and account   | 29,999.00  Idude Form D, and other appleted and documented about ported are for the purpourate.  Agent  Date: | proved documentation  we or attached.  posses set forth in the              |            |
| 9. I certify to documents (i. Grant Reciple) 10. Certificate Work mee   | * Use results from Form D CSI with Exhibit B to request reimbut Request: I request reimbut that to the best of my known, e. award notification, so ipient Signature:  by:  tion:  ets minimum standards and orester Signature: | 27,000.00  27,000.00  \$27,000.00  FS Financial Assistance Cost Dobursement.  arsement in the amount of \$                                    | \$2,999.00  cumentation Worksheet to a \$27,000.00  rect and complete, an penses and all cost-shorado  orth by the CSFS in the | for the work compled that all outlays repare are true and account   | 29,999.00  Index Form D, and other applied and documented about ported are for the purpourate.  Agent  Date:  | proved documentation we or attached.  posses set forth in the $09/17/2015$  | ne project |
| 9. I certify t documents (i. Grant Reci 10. Certificat Work mee District Fo   | * Use results from Form D CSI with Exhibit B to request reimbut Request: I request reimbut that to the best of my known, e. award notification, so ipient Signature:  by:  tion:  ets minimum standards and orester Signature: | 27,000.00  27,000.00  \$27,000.00  FS Financial Assistance Cost Dobursement.  arsement in the amount of \$                                    | \$2,999.00  cumentation Worksheet to a \$27,000.00  rect and complete, an penses and all cost-shorado  orth by the CSFS in the | for the work compled that all outlays repare are true and account   | 29,999.00  Index Form D, and other applied and documented about ported are for the purpourate.  Agent  Date:  | proved documentation  eve or attached.  posses set forth in the  09/17/2015 | ne project |



# EXHIBIT B CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST



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

| 1. Project/A   | Project/Account #: 5308122-03 2. Total Award Amount: \$27,000.00   |   |  |   |   |  |           |  |  |
|--|--|---|--|---|---|--|-----------|--|--|
| 3. Project Na  | 3. Project Name: Magic Sky Ranch 4. Reimbursed Amount to Date: \$0.00  |   |  |   |   |  |           |  |  |
| Name: Gir<br>Attn: Myr   | . Make Payment To: Girl Scouts of Colorado  Name: Girl scouts of Colorado  Attn: Myrnan Fronczak  Address: 3801 East Florida Avenue, Denver, CO 80210  6. Period of Performance (Project Period): until January 1, 2017  From: May, 2015  To: July, 2015   |   |  |   |   |  |           |  |  |
| specific and r<br>number of pl.<br>Two areas we<br>"Area 1" with<br>"Area 2" with<br>Neither area b<br>Both areas we | 7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.  Two areas were treated on this project:  'Area 1" with a perimeter of 6,989 ft approx. 35 acres in size.  'Area 2" with a perimeter of 4,786 ft approx 10 acres in size.  Neither area has ever been treated before due to difficulty of access.  Both areas were cleared of beetle killed trees, and were thinned to approx. 60 basal ft. Older large trees were left standing when possible Freated areas adjoin USFS lands on the north and west. |   |  |   |   |  |           |  |  |
|  | comply with the approp   | nnot exceed the total proj<br>riate cost-share requireme                            |  |   |   |  |           |  |  |
|  | A. Remaining Award<br>Amount   | B. Reimbursement<br>Requested Amount<br>(recipient cost)                            | C. Match (recipient cost)  | D. Match (non-<br>recipient cost)   | E. Total Project Cost   | F. Recipient<br>Match Rate (%)   |           |  |  |
| 27,000,00 \$2,999,00 0 B+C+D (C+D)/E   |  |   |  |   |   |  |           |  |  |
| s  |  | 27,000.00   | \$2,999.00   | 0   | B+C+D   | (C+D)/E  |           |  |  |
| \$   | \$27,000.00  | \$27,000.00<br>\$27,000.00  |  | \$0.00  | B+C+D<br>29,999.00  | (C+D)/E<br>10  |           |  |  |
|  | * Use results from Form D CSI<br>with Exhibit B to request reiml   | \$27,000.00 FS Financial Assistance Cost Do   | \$2,999.00 cumentation Worksheet to o  | \$0.00 complete table above. Inc  | 29,999.00<br>lude Form D, and other app   | 10   |           |  |  |
| Reimbursemen  9. I certify t documents (i.   | * Use results from Form D CSI with Exhibit B to request reimbu at Request: I request reimbu that to the best of my known, as award notification, so  | \$27,000.00 FS Financial Assistance Cost Dobursement.                               | \$2,999.00  cumentation Worksheet to a \$27,000.00  rect and complete, an penses and all cost-sh                               | \$0.00 complete table above. Incomplete table above. In | 29,999.00  Jude Form D, and other applied and documented about the ported are for the purported.                  | proved documentation ove or attached.                                      | e project |  |  |
| Reimbursemen  9. I certify t documents (i.   | * Use results from Form D CSI with Exhibit B to request reimbut Request: I request reimbut that to the best of my known, e. award notification, so pient Signature:  | \$27,000.00 FS Financial Assistance Cost Dobursement.  resement in the amount of \$ | \$2,999.00  cumentation Worksheet to a \$27,000.00  rect and complete, an penses and all cost-sh                               | \$0.00 complete table above. Incomplete table above. In | 29,999.00  Jude Form D, and other applied and documented about ported are for the purpurate.  Date:               | proved documentation  eve or attached.  posses set forth in th             | e project |  |  |
| Reimbursemen  9. I certify t documents (i.  Grant Reci  10. Certificat  Work mee                                     | * Use results from Form D CSI with Exhibit B to request reimbut at Request: I request reimbut that to the best of my known, and the award notification, so pient Signature:  by: tion:   | \$27,000.00 FS Financial Assistance Cost Dobursement.  resement in the amount of \$ | \$2,999.00  cumentation Worksheet to a \$27,000.00  rect and complete, an penses and all cost-shorado                          | \$0.00 complete table above. Inc.  for the work comple d that all outlays repare are true and account to the complete table above.  | 29,999.00  Jude Form D, and other applied and documented about the purported are for the purported.  Agent  Date: | proved documentation  eve or attached.  posses set forth in th             | e project |  |  |
| Reimbursemen  9. I certify t documents (i.  Grant Reci  10. Certificat Work mee                                      | * Use results from Form D CSI with Exhibit B to request reimbut Request: I request reimbut that to the best of my known, e. award notification, so pient Signature:  by:  tion:  ets minimum standards are prester Signature:  | \$27,000.00 FS Financial Assistance Cost Dobursement.  resement in the amount of \$ | \$2,999.00  cumentation Worksheet to a \$27,000.00  rect and complete, an penses and all cost-shorado  arth by the CSFS in the | \$0.00 complete table above. Inc.  for the work comple d that all outlays repare are true and account to the complete table above.  | 29,999.00  Jude Form D, and other applied and documented about the purported are for the purported.  Agent  Date: | proved documentation  eve or attached.  posses set forth in th  09/17/2015 | e project |  |  |



## Colorado State Forest Service Program Payment Request

| L           | GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):   |           |
|-------------|---|-----------|
| 2           | Bureau of Land Management Task Order Program  |           |
|             | Volunteer or Rural Fire Assistance (VFA/RFA)  |           |
|             | Colorado Forest Restoration Grant   |           |
|             | Insect and Disease Prevention and Suppression Program   |           |
|             | State Fire Assistance (SFA)   |           |
| Ī           | Front Range Fuels Treatment Partnership (FRFTP)   |           |
| Ī           | Stevens Fuels Treatment Funds (CAFA)  | V         |
|             | Emergency Supplemental Funds (ESF)  |           |
| Ė           | Checked for Federal suspension and debarment (State Office) <a href="https://www.sam.gov/portal/public">https://www.sam.gov/portal/public</a> | c/SAM/    |
|             | Girl Scots of Colorado  |           |
| Address:    | 3801 E. Horida Ave  |           |
|             | Denver, CO 80210  |           |
|             | <u> </u>  |           |
|             | e named has submitted a project application that has been reviewed and apado State Forest Service.  | proved by |
| Grant Num   | mber: 5368122-03 Non-Federal Match: \$2,999   |           |
| Approved    | Funding: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |           |
| CSFS Acco   | ount Number: 530802 - 6693 Amount of Payment: #27,  | 600       |
| Circle one: | : 1 <sup>st</sup> Payment 2 <sup>nd</sup> Payment 3 <sup>rd</sup> Payment Final Payment   |           |
| Program M   | Manager Signature Date:   |           |
| Program M   | Manager Name  |           |



#### ost-Share Program Cost Documentation Worksheet

|          | CSFS Financial Assistance Cost-Si         |
|----------|---|
| Colorado | Project/Account #:                        |
| State    | Award Amount (obligated from funding sour |
| SERVICE  | A Domaining Award Am                      |

5308122-03

g source): \$27,000.00 A. Remaining Award Amount:

\$27,000.00

Reimbursement Request:

Second

☐ Third

Fifth

Fourth

Final

|  | Mato  | ch                         |                                  |   |
|--|---|----------------------------|----------------------------------|---|
| B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a | C. Recipient Cost<br>(reimbursable costs<br>that exceed the award<br>amount and items or<br>costs not allowable for<br>reimbursement)***a | D. Non-recipient<br>Cost*b | E. Total Project<br>Cost = B+C+D | F. Recipient<br>Match Rate =<br>(C+D)/E |
| \$27,000.00  | \$2,999.00  | \$0.00                     | \$29,999.00                      | 10%                                     |

✓ First

| Date   | By Whom        | Activity/Expense                         | Hours | Value (\$)  | Cost Category                   |
|--------|----------------|--|-------|-------------|---------------------------------|
|        |                | Fuels Reduction - labor, equipment, fuel |       | \$5,757.55  | Actual Cost: reimbursable costs |
| Jun-15 | Larimer County | Fuels Reduction - labor, equipment, fuel |       | \$14,896.93 | Actual Cost: reimbursable costs |
| Jul-15 | Larimer County | Fuels Reduction - labor, equipment, fuel |       | \$9,340.80  | Actual Cost: reimbursable costs |
|        |                |  |       | \$0.00      | 11                              |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |
|        |                |  |       | \$0.00      |                                 |

TOTALS: G. Cumulative Recipient Cost=

\$29,995.28

H. Recipient Cost (Match)= I. Non-recipient Cost (Match)= \$2,999.00 \$0.00

Grant Recipient Signature:

District Forester Signature:

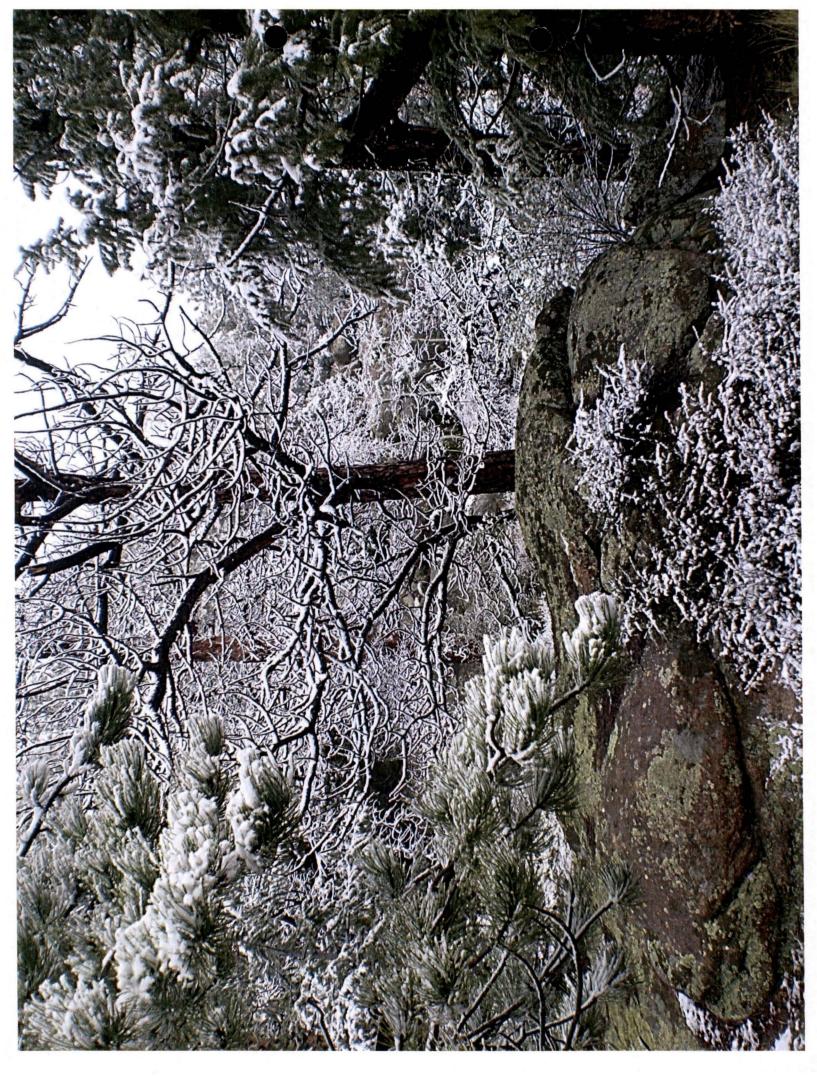
Girl Scouts of Colorado

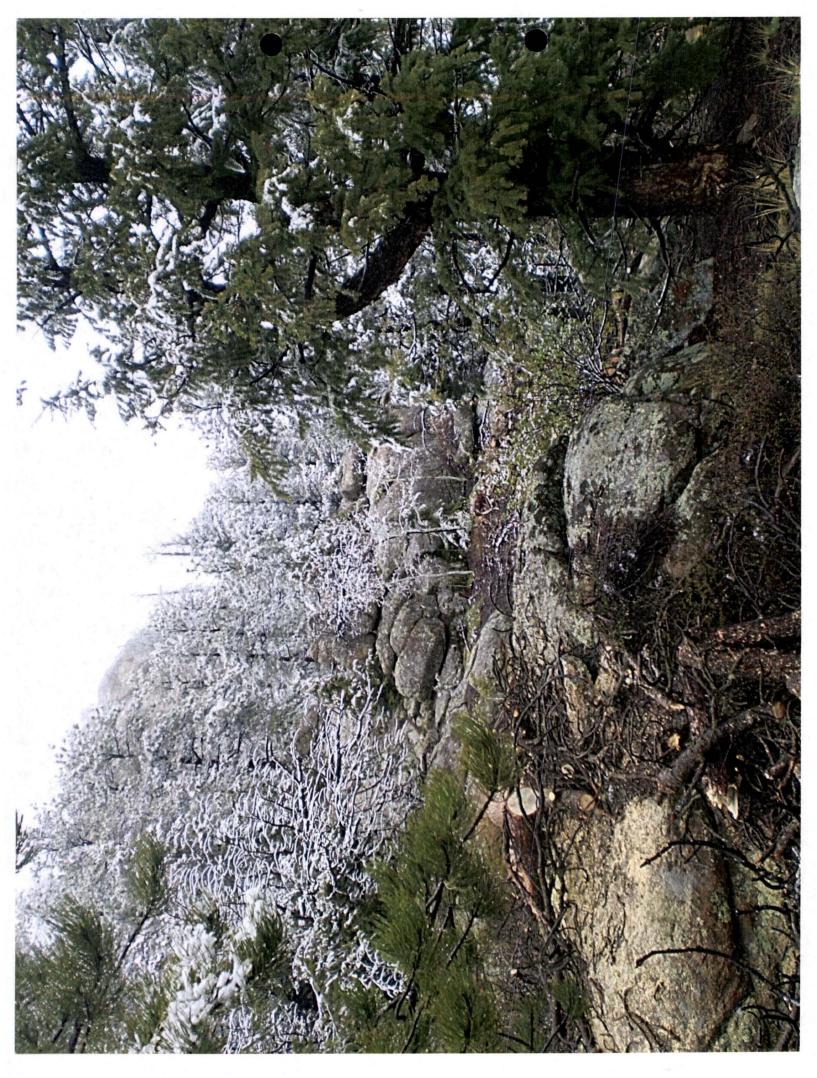
Date: 09/17/2015

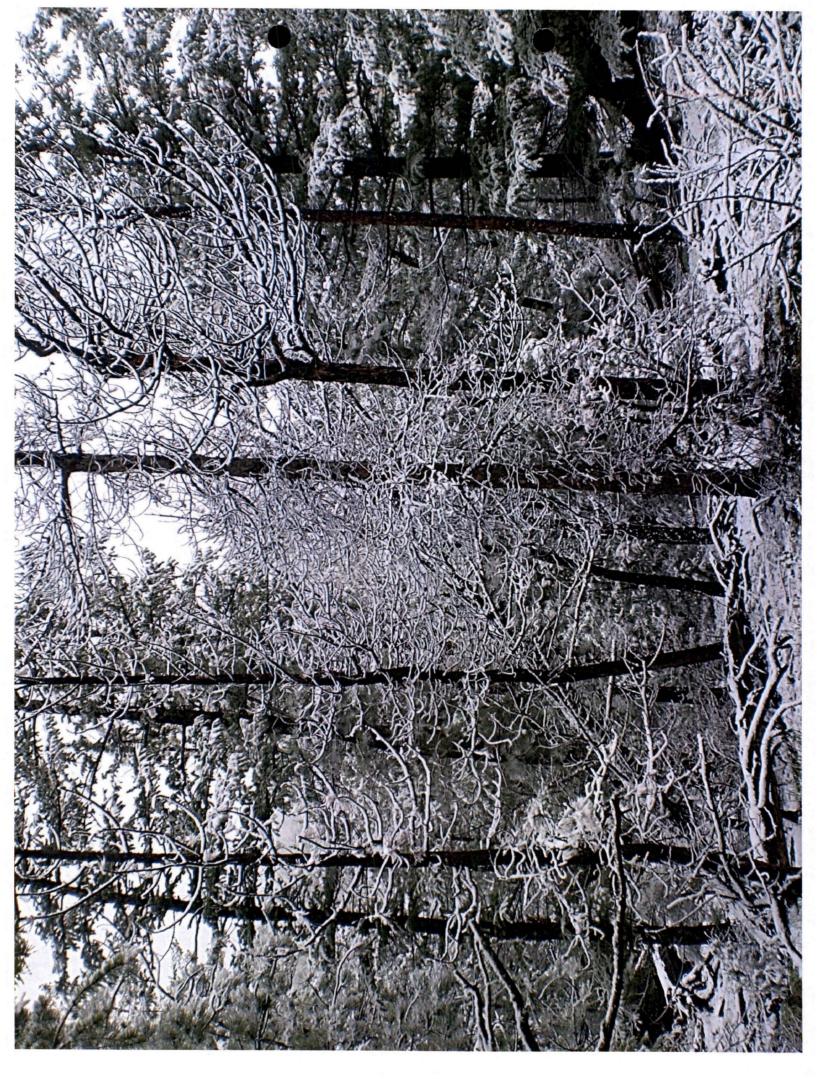
Revised November 2013









































## **Financial Assistance Program Cooperative Match Project**

To be conducted by:

## Magic Sky Ranch

**Project Number:** 

5308122-03

**Estimated Project Cost:** 

\$30,000

**Funding provided by CSFS:** 

\$27,000

**Minimum Recipient Match:** 

\$3,000

Project to be completed by:

January 1, 2017

Based on the strength of the application submitted by Magic Sky Ranch, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$27,000 to accomplish the project described in the attached scope of work.

As the cooperator, Magic Sky Ranch, 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 of 10%.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the forms provided "Exhibit B" and "Form D," as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service, Fort Collins District

5060 Campus Delivery

Fort Collins, CO 80523-5060

Attn: Diana Selby

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

This funding will remain available until January 1, 2017.

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

Date: 1/21/15

Cooperator Signature: Birl Scouts of Colorado

Mailing Address: John Parker, Agent

Red Few ther Lakes, Co 80545

**Telephone Number: Email Address:** 

970-493-6189

john. parker @ gscolorado.org

# EXHIBIT A Financial Assistance Program Cooperative Match Project SCOPE OF WORK

**Project Number:** 5308122-03

**Cooperator: Magic Sky Ranch** 

**Work to be completed:** Forest management work including shaded fuel breaks to CSFS guidelines, select tree removal and patch-cuts to reduce aerial fuels, and slash disposal of piling and burning. Larger materials may be utilized or donated as firewood. Work will be targeted around structures, roadways, and adjacent to USFS boundaries.

Number of acres to be treated: 30.

1. Type of Treatment – general fuels reduction

Milestone dates: Project Completion: January 1, 2017

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

**Project Period**: September 1, 2014 – January 1, 2017

Funded Amount: \$ 27,000 Minimum cooperator match: \$ 3,000

**Deliverables:** 30 acres of treatment

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.

