

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	
Forester Submitting Project:	
District Priority Number:	
Date Submitted:	
FOR REVIEWER'S USE ONLY:	
Rating:	

1	Applicant Information	
	Applicant:	Suzanne Howze
	Contact Person:	Michael Ryan
	Address:	2131 Bluebell Ave.
	City/Zip Code:	Boulder CO 80302
	Phone (Work/Cell):	cell- 303-641-8549
	Email:	suzhowze@gmail.com / michael.80302@yahoo.com
	Fax:	303-444-2483

2	Community At Risk Information							
	Name of Project:		Ryan/Howze					
	Community Name(s):		Sierra the Antique Community					
	County:	Boulder	Congressional District:	3rd				
	Latitude (decimal degrees):	40.043 N	Longitude (decimal degrees):	105.355 W				
	Threat Description (check all that apply)							
	Homes:	<input checked="" type="checkbox"/>	Number of:	1	Infrastructure:	<input type="checkbox"/>	Estimated value of:	
	Businesses:	<input type="checkbox"/>	Number of:		Economic Viability:	<input type="checkbox"/>	Estimated value of:	
Watersheds:	<input type="checkbox"/>	Number of:		Historic Structures:	<input type="checkbox"/>	Number of:		
Other (Describe):								

3	Requested Grant Amount / Project Description	
	All information for the project must fit into the space provided below. The review committee will not consider attachments.	
	Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
	Dollar Amount Requested	
	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)		

Scope of Work / Project Timeline

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

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

4

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

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

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

Provide a timeline for the project

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

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

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

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 0
	TOTAL:	\$0	\$ 0

Grant funding may only be used for Contractual Service.

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

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

Attach Project Map Showing Specific Treatment Areas

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	11/18/2010
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Suzanne Howze
Contact Person:	Michael Ryan
Address:	2131 Bluebell Ave.
City/Zip Code:	Boulder, CO 80302
Phone (Work/Cell):	303-641-8549 (cell)
Email:	suzhowze@gmail.com / michael80302@yahoo.com
Fax:	303-444-2483

Community At Risk Information			
Name of Project:	Ryan/Howze		
Community Name(s):	Sierra Antique Community		
County:	Boulder	Congressional District:	3 rd
Latitude (decimal degrees):	40.043 N	Longitude (decimal degrees):	105.355 W
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.	
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	\$470.00
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 Ryan/Howze project area is located on Camino Basque Road, near the intersection of Four Mile Canyon Road and Arroyo Chico Road. The project area is a total of 1.0 acres, with a species composition composed of entirely Ponderosa Pine. The majority of the trees within the project area have seen fire activity to varying degrees. The understory is composed of recent Ponderosa Pine regeneration and mixed grass species. The project area has moderate slopes, with an eastern aspect.</p>	

Scope of Work / Project Timeline

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

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

- 4 Project work will focus on removing all trees within 20 feet of where the new home will be build, to satisfy defensible spacing standards. Trees within a tree-length of the home site that have compromised growth characteristics (whether due to fire activity or insect and disease) will also be targeted for removal. Project work will also focus on thinning areas where the trees are competing for nutrients, aiming to remove the smaller, suppressed trees. Retained trees will be limbed to a minimum of six feet above the ground-level. All slash will most likely be chipped, with a new chip depth not exceeding four inches.

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

Landowner will monitor property for regenerating vegetation, and remove anything undesired. Landowner will also prune trees as they mature, so that they do not pose a threat as ladder fuels. Also, landowner will remove trees upon detection of insect and disease, if any.

What is the duration of this project? (check one) ☒ 1 Year ☐ 2 Years ☐ 3 Years ☐ 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 funding is in place and available contractor can start. Work is targeted for completion by Fall of 2011.

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 None.

Community Wildfire Protection Plan (CWPP)

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

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction X Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	1.0	Estimated cost per acre:	\$1,000.00
	Project Type (check all that apply)			
	Defensible Space	X	Thinning w/o Product	<input type="checkbox"/>
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
	Thinning w/ Product	<input type="checkbox"/>	Other	<input type="checkbox"/>

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 470.00
	TOTAL:	\$470.00	\$ 470.00

Grant funding may only be used for Contractual Service.

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

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

Attach Project Map Showing Specific Treatment Areas

Ryan/Howze Project



Ryan: 1.0 Acres



Ryan



BOCO_PARCELS1209

0 50 100 200 300 Feet

Created By: Bryan Baer
CSFS- Boulder District
November, 2010





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-80-15

(For Official Use Only)

NAME: Ms. Suzanne Howze

MAILING ADDRESS: 2131 Bluebell Ave.

City: Bozeman

State: CO

Zip code: 80302

TELEPHONE NO: 303-444-2483

PROJECT ADDRESS/LEGAL DESCRIPTION: T 1N, R 71W, Section # 21

PRACTICES TO BE COMPLETED BY: FALL 2011

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: Mitch Lee

DATE: 11/8/10

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: B. R.

DATE: 1-3-2011

(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: \$470.00

CSFS District Forester

AMOUNT: \$470.00

DATE: 11-22-10

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)	X

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>
01-26-11
KCName: SUZANNE HOWZEAddress: PO Box 172BOULDER, CO 80306

~

Approved for Payment
C.S.F.S.

1146229

01-26-11

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-BO-15 ~Approved Funding: \$470.00 ~Total Project: \$1,694.21 -CSFS Account Number: 5308400-6693
'09 SUP HAZ FUELS FR BOAmount of Payment: \$470.00 ~Circle one: 1st Payment 2nd Payment 3rd Payment Final PaymentApproved by: [Signature]
(Program manager signature)Date: 1/21/11