

Logan Mill Ranch Tree Farm

An American Forest Foundation Pioneer (PFT)/Certified Tree Farm (CTF)

Deward E. Walker, Jr.

P. O. Box 4147

Ph. (303) 492-6719

Fax (303) 492-7970

Boulder, CO 80306

walkerde@colorado.edu

To: Allen Owen - District Forester
Colorado State Forest Service
District Office
5625 Ute Highway
Longmont, CO 80503-9130

Topic: Request for 2008 cost sharing support for additional forest thinning in the Logan Mill area.

Date: March 3, 2008

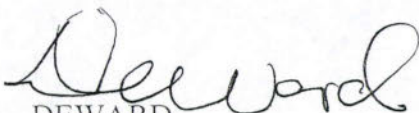
Dear Allen:

We're hopeful that you will be able to help us secure funding for additional thinning to reduce the threat of fire, disease, and insects and to enhance the health of trees in our forest management program of the Logan Mill area.

I would like very much to speak to you or to Bob Monday about what we have in mind based in part on what was completed last year. We're still waiting for a completion of some last-minute items by Barry Bennet and Native Ecology stemming from last year's thinning project.

We would also appreciate a couple more of those big "tree farm" signs that Bob provided us last year.

Thank you for your consideration of our request.


DEWARD

cc: Bob Bundy
Brett Gibson
Barry Bennet
Family



Form A

LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHAREPROJECT NUMBER: _____
(For Official Use Only)NAME: GENE Fischer
MAILING ADDRESS: 6300 Sunshine Canyon Dr.
City: Boulder State: CO
Zipcode: 80302
TELEPHONE NO: 303-444-2134PROJECT ADDRESS/LEGAL DESCRIPTION: 6300 Sunshine CanyonPRACTICES TO BE COMPLETED BY: 6-13-08

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
666-1 FSI (thinning)	1 acre	1 acre	\$500.00	\$500.00	\$500.00
660 Tree Pruning	1 acre	1 acre	\$75.00	\$75.00	\$75.00
666-2 Slash Treatment (chipping)	1 acre	1 acre	\$300.00	<u>300.00</u>	<u>300.00</u>
338-3 Slash Treatment (pile burning)	1 acre	1 acre	\$100.00		
		Total:		<u>\$75.00</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: [Signature] DATE: 7/11/08

To be completed by CSFS forester: Bob Bundy (303)823-5774

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

PROGRAM: WUI Incentives D-space: _____ FLEP: _____ I & D Prevention and Suppression – Bark Beetle: _____ FRFTP: <u>X</u> Stevens' Funds: _____ SFA: _____

C/S Allocated: _____ AMOUNT:\$ _____ DATE: _____

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.

5/23/07

Logan Mill Ranch Tree Farm

An American Forest Foundation Pioneer (PFT)/Certified Tree Farm (CTF)

Deward E. Walker, Jr.

P. O. Box 4147

Ph. (303) 492-6719

Fax (303) 492-7970

Boulder, CO 80306

walkerde@colorado.edu

To: Barry Bennett
Native Ecology
P.O. Box 976
Nederland, CO 80466

Topic: Completion of Remaining Work on Our Thinning Project

Date: October 23, 2007

Dear Barry;

It was good to see you on Friday, October 19 and to make the final \$4,500 payment on our \$9,000 thinning contract with you and Native Ecology. We have not yet been paid, but you seemed to be in a pinch, causing me to make the final payment from my own funds. During our discussion last Friday, I described several necessary tasks that still need to be completed. They are:

1. Remove the slash piles wherever they are too near remaining trees so these trees will not be injured when we burn the slash piles this coming winter.
2. Finish cutting the remaining trees that are either marked with paint or infected with mistletoe.
3. Complete the piling of firewood lengths that in some cases are left either under slash piles or scattered individually throughout the project area.
4. Complete the thinning of the area located about 150-200 yards north of the south project boundary measured from the Vosler house. I am sure you can find this neglected area. If not, let me know.
5. Please prohibit your workmen from any further cutting of the healthy fir trees; a number have been removed unnecessarily while less-healthy and less-desirable pines have been left standing.

Please respond to this letter with a date by which these remaining problems will be solved. I look forward to future work with you in improving the health of our tree farm and thank you for all your good work.

Deward E. Walker, Jr.
Owner

cc: Bob Bundy
Family



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 type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input checked="" 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/>

10-24-07
KC

Name: Deward Walker

Address: P.O. Box 4147

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

Boulder, CO 80306

A401003
10-24-07
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: 5-36695-003 see below Cooperator Match: \$4,500.00

Approved Funding: \$4,500 Total Project: \$9,000.00

CSFS Account Number: 536729 '03 ^{How Funds} 536695 '02 ^{2506 '02} Amount of Payment: \$4,500.00
536700 '02 ^{How Funds} 1994 '02 ^{Split Funding}

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

Approved by F.C. Dennis
(Program manager signature)

Date: 10/1/07



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 type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input checked="" 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: Deward Walker

Address: P.O. Box 4147
Boulder, CO 80306

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: 5-36695-003

Cooperator Match: \$4,500.00

Approved Funding: \$4,500

Total Project: \$9,000.00

CSFS Account Number: 536695

Amount of Payment: \$4,500.00

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

Approved by _____
 (Program manager signature)

Date: _____



LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. 5-36695-003(For Official Use Only-
No. from original application)Applicant name (please print): DEWARD WALKER

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost			A Labor Cost=
Operating Exp ³			B Oper. Exp.=
Revenue Generated (from sale of wood products only) ^{4,5}			C Revenue=
Project Cost	9,000.00/100		D Total Project (A+B-C) = 9,000.00/100
			Amount Originally Approved =
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed ⁶ (5XD) \$ 4500.00/100

¹ Any contracted services where payment was made for services.² Use up to \$ 17.55/hour for Landowner time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Any revenue generated from the sale of wood products is deducted from total project cost.⁵ Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.⁶ Attach receipts, Cost Documentation Form (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.Landowner Signature: Deward WalkerDate: 8/15/07Mailing Address: P.O. Box 4147City: BOULDERCounty: BLDR State: CO Zip: 80306

Phone: _____

Practice certified by: Bob Bundy - Rully

CSFS Service Representative

Payment Approval: _____

Amount: _____

Date: _____

Return this form, along with your completed Cost Documentation Form to your local Colorado State Forest Service District Office. Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.

LOA 10/4/06

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5-36695-003

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: X STEVENS' Fund: _____ SFA: _____

*10 acre thinning

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: _____

FLEP Accomplishment (Not included above):

#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 = _____		

Invoice

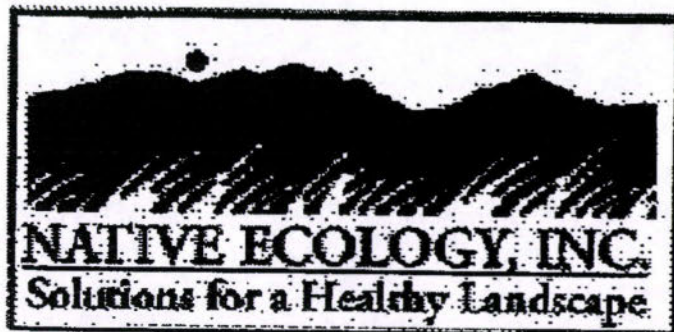
9/21/2007

Native Ecology, Inc.
PO Box 976
Nederland, CO 80466
303-258-1753

Bill to:
Deward Walker Logan Mill Ranch 303-444-1788 303-492-7970(fax)

Date	Description	Amount
9/21/2007	Forest thinning on Dirigo Ridge	\$9,000.00
Total		\$9,000.00

Bid for Work



8/3/2007

Native Ecology, Inc.
PO Box 976
Nederland, CO 80466
303-258-1753

Total Bid Amount - \$9,000

This is a bid to do forestry work for Deward Walker at Logan Mill Ranch in the Dirigo Ridge area. All work will occur in 10 acre area marked by CSFS. Within this area all trees marked with yellow paint will be cut down. Additional trees that are not marked but decided by Native Ecology, Inc. to be beneficial for removal will also be cut. Lower limbs up to 6' will be cut from trees where appropriate (closed canopy areas). All slash will be piled for burning or lop-and-scattered where appropriate. Logs will be stacked on-site. Payment will be made upon satisfactory completion of the project.

Barry Bennett

President,
Native Ecology, Inc.



LANDOWNER ASSISTANCE PROGRAMS APPLICATION FOR COST-SHARE

Form A

PROJECT NUMBER: _____
(For Official Use Only)

NAME: DEWARD WALKERMAILING ADDRESS: Box 4147City: BOULDER State: COLO.Zipcode: 80306TELEPHONE NO: 303 442 6719PROJECT ADDRESS/LEGAL DESCRIPTION: LOGAN MILE ROAD, 4 MILE CANYONPRACTICES TO BE COMPLETED BY: 12-31-07

Date

Landowner and CSFS:

CSFS:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount Eligible	C/S Amount Requested	C/S Amount Approved
Forest Thinning	7.5 acres	7.5 acres	\$5,000.00	\$5,000.00	\$5,000.00
666-1					
338-3					
660					

Total: \$5,000.00

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. 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, practices must be maintained for a minimum of 10 years. There are no partial payments for FLEP or without prior approval.

As a cooperator, I certify by signing below that neither I nor any principals represented herein are presently delinquent, suspended, proposed for delinquent, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. I also agree to immediately provide my signature to the Colorado State Forest Service in the event this status changes.

LANDOWNER SIGNATURE: Deeward WalkerDATE: 8/15/07

For his participation by CSFS:

LOGAN MILE RANCH

CSFS FIELD REVIEW SIGNATURE:

DATE:

(Additional CSFS guidelines addressed)

PROGRAM: FRFTP

See Form E for list of current LOA programs.

C/S APPROVED: _____ AMOUNT: \$ _____ DATE: _____

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.



Walker Research Group, Ltd.



PO Box 4147, Boulder, Co. 80306
Phone: 303.492.6719 Fax: 303.492.7970
walkerde@colorado.edu www.walkerresearchgroup.com

Facsimile Transmission

Date: 8/15/07 Number Of Pages To Follow: 5

To: Bob Bundy

Fax: 3038235768

Message: F.Y.I. per your

request. Thanks.

David

P.S. Any more signs for
our certified tree
farm??

COLORADO STATE FOREST SERVICE

BOULDER DISTRICT
5625 Ute Highway
Longmont, CO 80503
(303) 823-5774 - (303) 823-5768/Fax



DATE: 8-2-07 NUMBER OF PAGES 4
(including this page)

TO: Dr. Deward Walker

FAX NUMBER: (303) 492-7970

FROM: Bob Bundy

SUBJECT: Cost Share Paperwork

COMMENTS: Please fill out the attached Application
and send it back to me at your convenience. We can
reimburse up to 50% of the project cost. In order
to receive the full \$5,000, at least 7.5 acres of our
marking must be thinned to our spacing guidelines. When
work is completed, please submit a signed Form C with
Form D or a Native Ecology invoice. I will inspect/GPS the
work and can process payment. Bob Bundy
(303) 823-5774



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 type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input checked="" 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: Gene Fischer

Address: 6300 Sunshine Canyon Dr.
Boulder, CO 80302

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: 5-36695-006 (2 acct) Cooperator Match: \$1,325.00

Approved Funding: \$875.00 Total Project: \$2,200.00

☒ 2 CSFS Account Numbers 5-36695 = \$686.88
5-30935 = \$188.12 Amount of Payment: \$875.00

875

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

Approved by:  Date: 8-21-08
 (Program manager signature)

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

Project No. 536695-006

(For Official Use Only-

No. from original application)

Applicant name (please print): GENE FISCHER

***NOTE - 2 accounts**

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$ 2,200		A Labor Cost= 2,200
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}	n/a		D Revenue=
Project Cost	2,200		E Total Project (A+B+C-D)= 2,200
			Amount Originally Approved =
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$875

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Gene Fischer

Date: 8/19/08

Mailing Address: 6300 Sunshine Canyon Dr

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303-444-2134

Practice certified by: Pat Hry

CSFS forester

Payment Approval: Paul

CSFS program manager

Amount: \$875.00 Date: 8-21-08

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.

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 536695-006

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ **I & D Prevention and Suppression – Bark Beetle:** _____

FLEP: _____ **FRFTP:** X **STEVENS' Fund:** _____ **SFA:** _____

WUI D-space Accomplishment:

No. of D-spaces = 1 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: _____

FLEP Accomplishment (Not included above):

#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 = _____		

Four Mile Fire Department*Fire Mitigation Services***INVOICE**

Attn: David Lasky
87 Four Mile Canyon Road
Boulder, CO 80302
Phone 303.588.3440 Fax 303.541.0665

INVOICE #301
DATE: MAY 5, 2008

TO:

Jean Fischer
6300 Sunshine Canyon Road
Boulder, CO 80302
303.444.2134

SALESPERSON	P.O. NUMBER	REQUISITIONER	SHIPPED VIA	F.O.B. POINT	TERMS
Lasky					Due on receipt

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL
1 + acre	<u>Lot Clearing and Defensible Space:</u> -ALL WORK TO MEET OR EXCEED BOULDER COUNTY AND CSFS PERFORMANCE STANDARDS -remove all blue marked tree -remove all homeowner flagged trees -all stumps to be 6 inches or less -limb all remaining trees to 6 to 8 feet -chip and remove all slash -remove all logs and firewood produced	\$2200.00	\$2200.00
SUBTOTAL			
SALES TAX			
SHIPPING & HANDLING			
TOTAL DUE			\$ 2200.00

Make all checks payable to **Four Mile Fire Department**

If you have any questions concerning this invoice, contact David Lasky 4MileFireMit@gmail.com 303.588.3440

09-03-08



Hi, Bob.

This copy is for the Boulder
District Office files.

Best regards,

Karen Carter _____

SO



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)	X
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/>

09-02-08
KC

Name: Gene Fischer

Address: 6300 Sunshine Canyon Dr. Ar

Approved for Payment
C.S.F.S.

Boulder, CO 80302

A 414224

09-02-08
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: S-36695-006 (2 acts) Cooperator Match: \$1,325.00 ✓

Approved Funding: \$875.00 ~ Total Project: \$2,200.00 ~

5-36695 = \$686.88 Subcode = 5980

★ 2 CSFS Account Numbers: 5-30935 = 8188.12 Amount of Payment: \$875.00

Split² Feeding

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

Approved by [Signature]
(Program manager signature)

Date: 8-21-08

Colorado State Forest Service

Colorado State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (970) 491-7736

FILE COPY

414224

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

Date Requested: 09/02/08

V GENE FISCHER
E 6300 SUNSHINE CANYON DR
N BOULDER CO 80302
D
O
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 414224
P FORT COLLINS CO 80523-6011

Contact: ALLEN OWEN
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; Front Range Fuels Treatment Partnership (a.k.a. FRFTP); Project # 536695-006-BO; Split Funding; FINAL PAYMENT	1	LOT	686.8800	686.88	536695	5980	
2)	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; Front Range Fuels Treatment Partnership (a.k.a. FRFTP); Project # 536695-006-BO; Split Funding; FINAL PAYMENT	1	LOT	188.1200	188.12	530935	5980	

TOTAL: \$875.00

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	<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 type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input checked="" 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/>

09-19-08
KC

Name: Leslie Lord

Address: 6320 Sunshine Canyon Dr.
Boulder, Colorado 80302
~

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

A 414511

09-19-08
KC

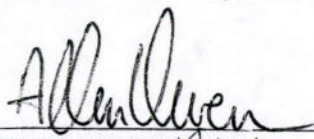
The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: 530935 -01 80 Cooperator Match: \$4,967.00 ✓

Approved Funding: \$2,075.00 ~ Total Project: \$7,042.00

CSFS Account Number: 530935 -5980 Amount of Payment: \$2,075.00 ~

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

Approved by 
(Program manager signature)

Date: 9/10/08

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

Project No. 530935-01

(For Official Use Only-

No. from original application)

Applicant name (please print): Leslie Lord + Suka Oguz

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)			A Labor Cost=
Operating Exp. ^{3,*} (Actual)			B Oper. Exp.=
Value of donated services and materials (not an actual cost)			C Total value of donations
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue=
Project Cost	\$7,042.00		E Total Project (A+B+C-D) = \$7042.00
			Amount Originally Approved = \$2075.00
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs \$2,075.00

¹ Any contracted services where payment was made for services.² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Any revenue generated from the sale of wood products is deducted from total project cost.⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: [Signature]Date: 7/6/08Mailing Address: 6320 Sunshine Canyon DrCity: BoulderCounty: Boulder State: CO Zip: 80302Phone: 303-442-3367Practice certified by: [Signature]
CSFS foresterPayment Approval: [Signature] Amount: \$2,075.00 Date: _____
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.

5/23/07

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 530935-01

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: X STEVENS' Fund: _____ SFA: _____

WUI D-space Accomplishment:

No. of D-spaces = 1 Acres slash disposal = _____ Acres fuel breaks = _____
+
Acres thinned = 1.5 Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

FLEP Accomplishment (Not included above):

#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 = _____



ECOSCAPE
Environmental Design

303.447.2282 www.EcoscapeDesign.com
P.O. Box 704, Boulder, CO 80302

Invoice

Date	Invoice #
5/22/2008	3484

Bill To
Lord, Leslie & Oguz, Suha 6320 Sunshine Canyon Drive Boulder, CO 80302

				Terms
				Upon Reciept
Serviced	Quantity	Description	Rate	Amount
	1	Wildfire Mitigation for 2 acres in Zone 1 and Zone 2	8,002.00	8,002.00
	1	Discount of 12%	-960.00	-960.00
		Deposit PAID	-3,000.00	-3,000.00

Thank you for supporting Ecoscape.

We truly appreciate your efforts in creating a more firewise landscape to keep you, your home, family, and entire community safer!

Total	\$4,042.00
Payments/Credits	\$0.00
Balance Due	\$4,042.00

PAID
5/23

COLORADO STATE FOREST SERVICE

BOULDER DISTRICT
5625 Ute Highway
Longmont, CO 80503
(303) 823-5774 - (303) 823-5768/Fax



DATE: 8/15/08 NUMBER OF PAGES 2
(including this page)

TO: Karin Carlin
FAX NUMBER: (970) 491-7736

FROM: Bob Bundy

SUBJECT: 828 w/ Allen's signature

COMMENTS: I should have another cost
share payment in the works for Leslie Lord. Do
you know the status on that one?



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 type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input checked="" 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: Karen Simmons

Address: 8000 Sunshine Canyon Rd
Boulder, Colorado 80302

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: 536695-005 Cooperator Match: \$2,346.40

Approved Funding: \$1,200.00 Total Project: \$3,546.40

CSFS Account Number: 5-36695 Amount of Payment: \$1,200.00

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

Approved by: Robert A. Bunch
 (Program manager signature)
Allen Oliver

Date: 8-4-08
8-15-08

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

Project No. 536695-005
 (For Official Use Only-
 No. from original application)

Applicant name (please print): KAREN SIMMONS

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$2800 ⁰⁰	\$746.40	A Labor Cost= \$3546.40
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= N/A
Value of donated services and materials (not an actual cost)			C Total value of donations N/A
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue= N/A
Project Cost			E Total Project (A+B+C-D) = \$3546.40
			Amount Originally Approved = \$1200.00
How much of your total cost was paid to CSFS for Products and/or Services? \$ 0.00			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$1,200.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable. $(42+6) \text{ hr} \times \$17.55/\text{hr} =$

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Karen Simmons

Date: July 14, 2008

Mailing Address: 8000 SUNSHINE CANYON RD

City: BOULDER

County: BOULDER State: CO Zip: 80302

Phone: 303-447-8607

Practice certified by: Ruth A. R.
 CSFS forester

Payment Approval: Ruth A. R.
 CSFS program manager

Amount: \$1,200.00 Date: 8/4/08

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.

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 536695-005

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ **I & D Prevention and Suppression – Bark Beetle:** _____

FLEP: _____ **FRFTP:** X **STEVENS' Fund:** _____ **SFA:** _____

WUI D-space Accomplishment:

No. of D-spaces = 1 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: _____

FLEP Accomplishment (Not included above):

#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 = _____		

Dan Barnica 472565
14857 Left hand canyon Drive
Jamestown CO. 80455

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE	
NAME		KAREN SIMMONS			
ADDRESS		8000 Sunshine Canyon			
CITY, STATE, ZIP		Boulder			
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE RETD PAID OUT
QUANTITY	DESCRIPTION			PRICE	AMOUNT
1					
2	Tree clearing				
3					
4	total			2500 ⁰⁰	
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
RECEIVED BY					

705807

CUSTOMER'S ORDER NO.		DATE				
NAME		KAREN SIMMONS				
ADDRESS						
CITY, STATE, ZIP						
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RETD.	PAID OUT
QUAN.	DESCRIPTION			PRICE	AMOUNT	
1	RECEIVED \$300 ⁰⁰					
2	FOR TWENTY HRS					
3	CUTTING WOOD					
4	PAID ON JUNE 29, 2008					
5						
6						
7						
8						
9						
10						
11						
12						
RECEIVED BY						
MICK SABOL						
adams 4705 KEEP THIS SLIP FOR REFERENCE						

LANDOWNER ASSISTANCE PROGRAMS COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$17.55/hr. Separate expenses by component (activity). Attach receipts.

Karen Simmons

Landowner Signature

2008

Date	By Whom:	Activity/Expense:	Hours	Expenses
May 19	me (kes)	piling slash in clear cut	8 hr	
May 20	Dan BAENICA	paid for cutting in clear cut (receipt attached)		\$2500 ⁰⁰
May 20	me	piling slash in clear cut 8:50-5:15	8 hr	
June 1	"	estimating cost w/ Sabol of remaining work	1 hr	
June 14	"	piling slash from clear cut 1-4:30	3 1/2	
June 14	SABOL	cutting in clear cut " 3 1/2 h		
June 15	SABOL	piling & cutting in " " 9-4=7h		
June 15	me	piling slash in " " " 7 hr		
June 15	John RANKIN	Volunteer; cutting in " " 2:30-4		
"	John SAND	" " " " " 9:00-11:30		
June 22	me	piling slash in clear cut 9:00-4p	7 h	
June 22	SABOL	cutting + piling in " " " 11=7h		
"	John RANKIN	" " " " " 1-3=2h		
June 29	me	9-4:30	7 1/2	
"	SABOL	9-4:30 = 7 1/2 hr		
June 29	pd SABOL	paid Mich Sabol for 20 hrs; (receipt attach)		\$300 ⁰⁰
		total landowner hrs =	42 hr	
		*\$17.55/hr = \$737.10		
		total pd to private cutter = \$2800		
		total Gold Hill CWPP		
		volunteers: 6 hrs		

06-30-08

Colorado
State
FOREST
SERVICE

Hi, Bob.

Copy for The Boulder
District Office files. Let me
know if you have any questions.

Best regards,

Karen _____ Carlen _____
SO (970) 491-3006

FILE COPY

413254

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

Date Requested: 06/30/08

V BO AND CYNTHIA STEPHENS
E 7400 SUNSHINE CANYON DR
N BOULDER CO 80302
D
O
R

COPY

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 413254
P FORT COLLINS CO 80523-6011

Contact: F C DENNIS
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; Front Range Fuels Treatment Partnership (a.k.a. FRFTP); PROJECT # 536695-004-BO; 04 HAZ FUELS RED B; FINAL PAYMENT	1	LOT	800.0000	800.00	536695	5980	
TOTAL:					\$800.00			

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

SIGNATURE

DATE



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 type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input checked="" 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/>

06-30-08
ke

Name: Bo and Cynthia Stephens

Address: 7400 Sunshine Canyon Dr.

Boulder, Colorado 80302

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

A 413254

06-30-08

(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: 536695-004-80

Cooperator Match: \$800.00 ~

Approved Funding: \$1,200.00 ~

Total Project: \$1600.00 ~

CSFS Account Number: 5-36695-5980 Amount of Payment: \$800.00 ~

Circle one: 1st Payment

2nd Payment

3rd Payment

Final Payment

Approved by


(Program manager signature)

Date:

6-23-08

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 5-36695-004
 (For Official Use Only-
 No. from original application)

Applicant name (please print): Bob & Cynthia Stephens

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$1,600.00		A Labor Cost= \$1,600.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= 0
Value of donated services and materials (not an actual cost)			C Total value of donations 0
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue= 0
Project Cost			E Total Project (A+B+C-D)= \$1,600.00
			Amount Originally Approved = \$1,200.00
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs \$800.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Bob & Cynthia Stephens Date: 6-23-08

Mailing Address: 7400 Sunshine Canyon Dr. City: Boulder

County: Boulder State: CO Zip: 80302 Phone: (720) 565-9520

Practice certified by: Bob Bundy (Bob Bundy)

Payment Approval: Bob Bundy Amount: \$800.00 Date: 6-23-08
 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.

5/23/07

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 5-36695-004

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ *I & D Prevention and Suppression – Bark Beetle:* _____

FLEP: _____ *FRFTP:* X *STEVENS' Fund:* _____ *SFA:* _____

WUI D-space Accomplishment:

No. of D-spaces = 1 ^(FRFTP) 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: _____

FLEP Accomplishment (Not included above):

#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 = _____

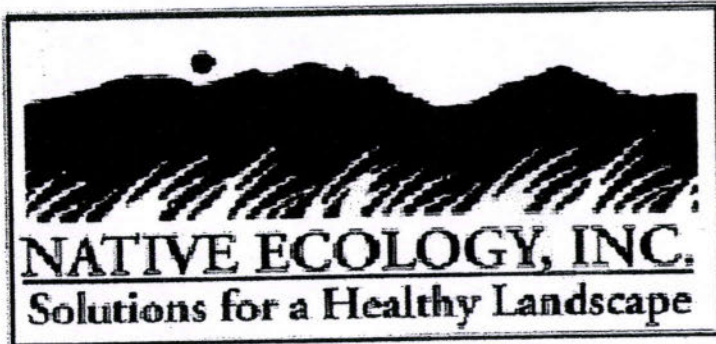
#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____

Invoice

6/16/2008



Native Ecology, Inc.
PO Box 976
Nederland, CO 80466
303-258-1753

Bill to:
Bo and Cynthia Stevens
Sunshine Canyon
720-565-9520

Date	Description	Amount
6/16/2008	Defensible Space Thinning	\$1,600.00
Total		\$1,600.00



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 type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input checked="" 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: Bo and Cynthia Stephens

Address: 7400 Sunshine Canyon Dr.

Boulder, Colorado 80302

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: 536695-004

Cooperator Match: \$800.00

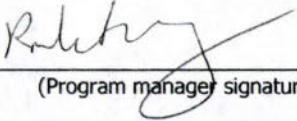
Approved Funding: \$1,200.00

Total Project: \$1600.00

CSFS Account Number: 5-36695

Amount of Payment: \$800.00

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

Approved by 
(Program manager signature)

Date: 6-23-08

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

Project No. 5-36695-004
(For Official Use Only-
No. from original application)

Applicant name (please print): Bob & Cynthia Stephens

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$1,600.00		A Labor Cost= \$1,600.00
Operating Exp. ^{3,*} (Actual)			B Oper. Exp.= 0
Value of donated services and materials (not an actual cost)			C Total value of donations 0
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue= 0
Project Cost			E Total Project (A+B+C-D)= \$1,600.00
			Amount Originally Approved = \$1,200.00
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs \$800.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner and volunteer time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

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

Landowner Signature: Bob & Cynthia Stephens

Date: 6-23-08

Mailing Address: 7400 Sunshine Canyon Dr.

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: (720) 565-9520

Practice certified by: Bob Bundy
CSFS forester

Payment Approval: Bob Bundy
CSFS program manager

Amount: \$800.00 Date: 6-23-08

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.

5/23/07

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 5-36695-004

To be completed by CSFS forester:

PROGRAM:

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

FLEP: _____ FRFTP: X STEVENS' Fund: _____ SFA: _____

WUI D-space Accomplishment:

No. of D-spaces = 1 (FRFTP) 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: _____

FLEP Accomplishment (Not included above):

#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 = _____

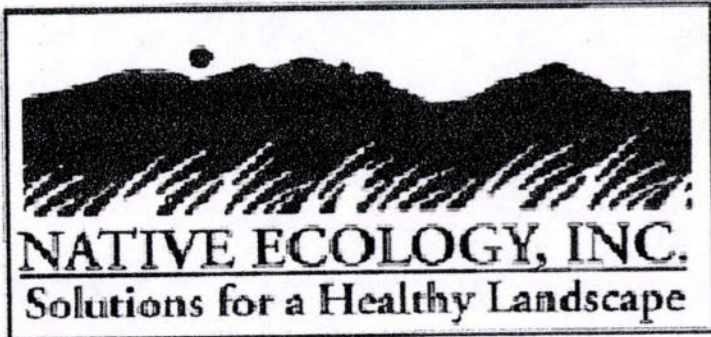
#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____

Invoice

6/16/2008



Native Ecology, Inc.
PO Box 976
Nederland, CO 80466
303-258-1753

Bill to:
Bo and Cynthia Stevens
Sunshine Canyon
720-565-9520

Date	Description	Amount
6/16/2008	Defensible Space Thinning	\$1,600.00
Total		\$1,600.00



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)	
Economic Action Program (a.k.a.: EAP or Utilization Marketing "UMAC")	
Forest Land Enhancement Program (a.k.a.: FLEP)	
Insect Disease and Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	X
Stewardship Incentives Program (SIP)	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	

Name: Tom Neuer

Address: 833 Nancy mine Rd

Boulder, CO 80302

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: 5-36695-001 Cooperator Match: \$588.19

Approved Funding: \$675.00 Total Project: \$1,176.37

CSFS Account Number: 5-36695 Amount of Payment: \$588.18

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

Approved by _____ Date: _____
(Program manager signature)



LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT

Project No. 5-36695-001
(For Official Use Only-
No. from original application)

Applicant name (please print): Tom Never

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost	255 ⁰⁰	52 1/2 HRS @ 921.37	A Labor Cost= 1126.37
Operating Exp ^{3,*}			B Oper. Exp.= 0
Revenue Generated (from sale of wood products only) ^{4,*}			C Revenue= 0
Project Cost			D Total Project (A+B-C)= 1126.37
			Amount Originally Approved = \$675.00
How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>0</u>			Amount to be Reimbursed ⁵ (.5XD) \$588.18

¹ Any contracted services where payment was made for services.

² Use up to \$ 17.55/hour for Landowner time. This is the maximum allowable.

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

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. There are no partial payments for FLEP or without prior approval.

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

Landowner Signature: Tom Never

Date: 8-4-07

Mailing Address: 833 NANCY Drive Rd

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303-527-0206

Practice certified by: Bob Bundy
CSFS Service Representative

Payment Approval: [Signature] Amount: \$588.18 Date: 8-13-07
CSFS

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.
Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.

**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 5-3 6695-001

To be completed by CSFS:

PROGRAM: FRFTP
From application and Form E

Record Accomplishment:

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: _____

FLEP Accomplishment:

#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 = _____		

FRFTP Accomplishment:

No. of D-spaces= _____ Acres slash disposal= 1 Acres fuel breaks = _____
Acres thinned= 1 Acres pruned= 1

LANDOWNER ASSISTANCE PROGRAMS COST DOCUMENTATION

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$17.55/hr. Separate expenses by component (activity). Attach receipts.

Tom Newer

Landowner Signature

[illegible]



Boulder Mountain Fire Protection District
Mitigation Services
1905 Linden Drive
Boulder, Co 80304
(303) 440-0235 Fax: (303) 440-5247
mitigation@bouldermountainfire.org

Invoice # 36
Date: 07/13/07

INVOICE

Customer	
Name	Tom Neuer
Address	833 Nancy Mine Road
City	Boulder State Co ZIP 80302

Qty (hrs)	Dates	Description	Code	Unit Price	TOTAL
3.00	6/28/07	Chipping Services	591.2	\$ 85.00	\$ 255.00
SubTotal					\$ 255.00
TOTAL					\$ 255.00

Office Use Only

The amount billed is due and payable within 30 days of the invoice date. Any balance remaining unpaid after 30 days will be assessed interest at the rate of 1.0% per month of the unpaid balance.

Please make checks payable to Boulder Mountain Fire Protection District

Paid 7-30-7 ck # 454

REQUEST FOR PAYMENT

CSFS #820

INSTRUCTIONS: Make all purchases in the name of COLORADO STATE FOREST SERVICE. Attach this completed form to each invoice for payment and forward to the State Office for processing. Payment will be mailed to address on vendor invoice, unless otherwise noted. Include Social Security Number if requesting payment to an individual. Authorized signature must be completed before payment can be processed.

Payment To: Native Ecology, Inc

Prepared By: Bob Bundy

Date Prepared: 11/5/07

Comments:

2 Invoices attached

Resale to Cooperator:

CSFS Invoice #:

Description	Amount	Account	Subcode	Other
Chipping - Left Fork	\$1,400.00	5-36695	4550	-
Invoice dated 10/25/07				
Forest thinning - Logan Mill/Denaghy	\$1,000.00	5-36695	4550	-
Invoice dated 10/26/07				

Payment Authorization:

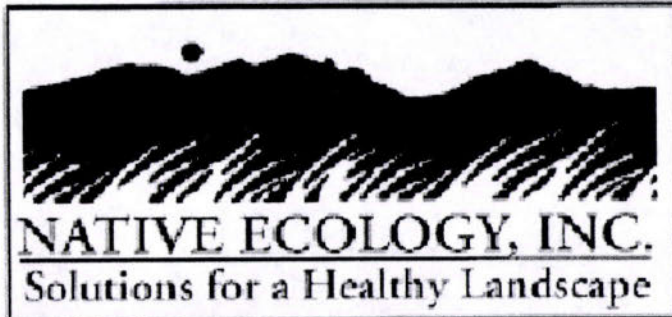
Robert A. Bundy
Account Manager or Designee Signature

11/5/07

Date

\$2,400.00

Invoice



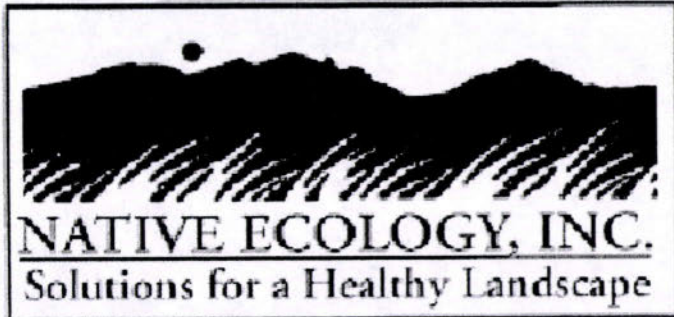
10/25/2007

Native Ecology, Inc.
PO Box 976
Nederland, CO 80466
303-258-1753

Bill to:
Colorado State Forest Service Attn. Bob Bundy 5625 Ute Hwy. Longmont, CO 80503 303-823-5768

Date	Description	Amount
10/25/2007	Chipping - Left Fork	\$1,400.00
Total		\$1,400.00

Invoice



10/26/2007

Native Ecology, Inc.
PO Box 976
Nederland, CO 80466
303-258-1753

Bill to:
Colorado State Forest Service Attn. Bob Bundy 5625 Ute Hwy. Longmont, CO 80503 303-823-5768(fax)

Date	Description	Amount
10/25/2007	Forest thinning- Logan Mill/Donaghy	\$1,000.00
Total		\$1,000.00