

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: | 5/13/2011 |
| FOR REVIEWER'S USE ONLY: | |
| Rating: | |

| Applicant Information | |
|---------------------------|------------------------------|
| Applicant: | Laszlo Nemeth |
| Contact Person: | Laszlo Nemeth |
| Address: | 617 College Ave. |
| City/Zip Code: | Boulder, CO 80302 |
| Phone (Work/Cell): | 303-444-4006 or 303-931-5645 |
| Email: | laz@cybox.com |
| Fax: | |

| Community At Risk Information | | | |
|---|---------------------------------------|-------------------------------------|------------------|
| Name of Project: | 454 Whispering Pines | | |
| Community Name(s): | Sunshine | | |
| County: | Boulder | Congressional District: | T1N, R71W, Sec#8 |
| Latitude (decimal degrees): | 40.066 N | Longitude (decimal degrees): | 105.361 W |
| Threat Description (check all that apply) | | | |
| Homes: | <input checked="" type="checkbox"/> X | Number of: | 2 |
| 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 | \$13,160.00 |
| 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 project area is located at 454 Whispering Pines, off of CR 83. The property has had recent fire activity through the Four Mile Canyon Fire. Burn intensity ranges from moderate in some areas to severe in others. Vegetation consists of predominately ponderosa pine and douglas fir in the overstory, and rocky mountain juniper and random native grasses throughout the understory. Slopes throughout the project area range from mild to steep. Access to the project area is from Whispering Pines, and there is one additional two-track road that grants access to the area below the home site.</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 funding will be used to conduct hazardous fuels reduction throughout the intended project area. In areas of moderate burn intensity, trees will be thinned from below to increase the residual crown spacing. Bole-wood material will be cut into manageable lengths and stacked for firewood consumption at a later time. Slash will be chipped, with no new depth to exceed 4 inches. In areas of severe burn intensity, trees will be thinned heavily, leaving many wildlife habitat trees (7-10/acre). Bole-wood will either be contour felled and used for erosion control purposes, or cut into manageable lengths and stacked for firewood consumption at a later time. Slash will be chipped where it can be reasonably reached or lopped and scattered (no new depth to exceed 18 inches) elsewhere. All remaining trees throughout the project area will be limbed, and all stumps cut as low as possible. All completed work will reflect CSFS standards of approvable forest management.

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

Landowner will continually monitor property for new vegetation growth. Undesirable re-growth will be removed upon detection. Desirable re-growth and maturing trees will be monitored for health, and limbed over time to reduce fuel ladders to the canopy.

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 immediately, and continue through completion, which is targeted for Spring 2012.

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 <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/> | | | |
| | Number of acres to be treated: | 28.0 | Estimated cost per acre: | \$1,000.00 |
| | Project Type (check all that apply) | | | |
| | Defensible Space | <input checked="" type="checkbox"/> | Thinning w/o Product | <input checked="" 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: | | \$ 13,160.00 |
| | TOTAL: | \$13,160.00 | \$ 13,160.00 |

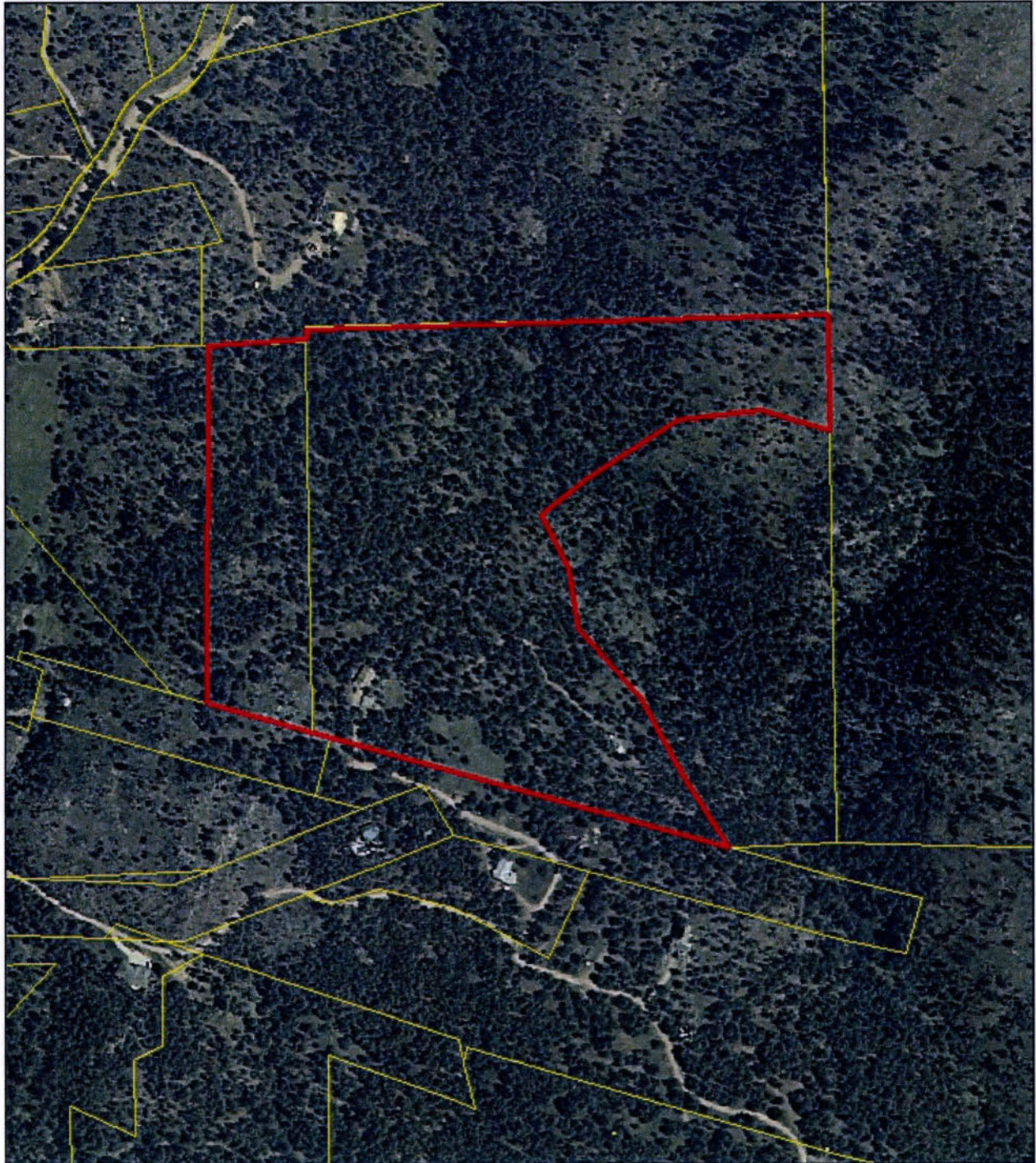
Grant funding may only be used for Contractual Service.

| | | | |
|---------------|---|---|--------------|
| 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

Nemeth Property



0 125 250 500 750 1,000 Feet

Nemeth Proposal: 28.0 Acres

-  Nemeth_Proposal
-  BOCO_PARCELS1209



Created By: Bryan Baer
CSFS - Boulder Dist.
May, 2011





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-80-35

(For Official Use Only)

NAME: Laszlo Nemeth

MAILING ADDRESS: 617 College Ave

City: Boulder

State: CO

Zip code: 80302

TELEPHONE NO: 303 444 4006 303 931 5645

PROJECT ADDRESS/LEGAL DESCRIPTION: T1N, R71W, Section #8

PRACTICES TO BE COMPLETED BY: SPRING 2012

Date

Landowner and CSFS forester:

CSFS forester:

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

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

LANDOWNER SIGNATURE: [Signature]

DATE: 5/5/2011

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature]

DATE: 5/4/2012

(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: [Signature]

CSFS District Forester

AMOUNT: \$13,160.00 DATE: 5/13/11

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



COPY

Colorado State Forest Service Program Payment Request

| GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE): | |
|---|---|
| Bureau of Land Management Task Order Program | |
| Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA) | |
| Forest Land Enhancement Program (a.k.a.: FLEP) | |
| Insect and Disease Prevention and Suppression Program | |
| State Fire Assistance (a.k.a.: SFA) | |
| Front Range Fuels Treatment Partnership (a.k.a.: FRFTP) | |
| Stevens Fuels Treatment Funds | |
| Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01) | |
| Emergency Supplemental Funds (a.k.a.: ESF) | X |

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 05-23-12
Kc

Name: LASZLO NEMETH

Address: 617 COLLEGE AVE

BOULDER, CO 80302

Approved for Payment
C.S.F.S.

1865704
05-24-12
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-35 ~

Approved Funding: \$13,160.00 ~

Total Project: \$7,816.50 ~

CSFS Account Number: 5308400-6693
'09SUP HAZ FUELS Fr BO

Amount of Payment: \$5,640.00 ~

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

Approved by [Signature]
(Program manager signature)

Date: 5/22/12

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

Project No. 5308400-B0-35
(For Official Use Only-
No. from original application)

Applicant name (please print): LASZLO NEMETH

| | Total Contracted Services ¹ | Total Landowner Services ² | Totals |
|---|--|---|---|
| Labor Cost (Actual) | | \$ 7,816.50 | A Labor Cost= \$ 7,816.50 |
| Operating Exp. ³ (Actual) | | | B Oper. Exp.= N/A |
| Project Cost | | | C Total Project (A+B) = \$ 7,816.50 |
| | | | Amount Originally Approved = \$ 13,160.00 |
| | | | Amount to be Reimbursed not to exceed \$470 Per Acre \$ 5,640 |

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.25/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 Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: [Signature]

Date: 5/4/2012

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

Mailing Address: 617 College Ave

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303 931 5645

Practice certified by: BRYAN BAER (B B)
CSFS forester

Payment Approval: [Signature]
CSFS program manager

Amount: \$5,640.00 Date: 5/22/12

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

01/19/10

COPY

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

Project No. 5308400-B0-35

To be completed by CSFS forester:

PROGRAM:

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

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

12 ACRES
HAZ. FUELS RED

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) - LOA Practice Number:

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



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 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"/> |
| Emergency Supplemental Funds (a.k.a.: ESF) | <input checked="" type="checkbox"/> |

☐ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>

Name: LASZLO NEMETH

Address: 617 COLLEGE AVE

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: 5308400-R0-35

Approved Funding: \$ 13,160.00

Total Project: \$ 7,816.50

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 5,640.00

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

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308400-BO-35
(For Official Use Only-
No. from original application)

Applicant name (please print): LASZLO NEMETH

| | Total Contracted Services ¹ | Total Landowner Services ² | Totals |
|--|--|---|---|
| Labor Cost (Actual) | | \$ 7,816.50 | A Labor Cost= \$ 7,816.50 |
| Operating Exp ³ , (Actual) | | | B Oper. Exp.= N/A |
| Project Cost | | | C Total Project (A+B) = \$ 7,816.50 |
| | | | Amount Originally Approved = \$ 13,160.00 |
| | | | Amount to be Reimbursed not to exceed \$470 Per Acre \$ 5,640 |

¹ Any contracted services where payment was made for services.

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

Landowner Signature: [Signature]

Date: 5/4/2012

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

Mailing Address: 617 College Ave

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303 931 5645

Practice certified by: BRYAN BAER (B B)
CSFS forester

Payment Approval: _____ Amount: _____ 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.

01/19/10

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

Project No. 5308400-B0-35

To be completed by CSFS forester:

PROGRAM:

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

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HAZ. FUELS RED.

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Acres thinned = _____ Acres pruned = _____

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No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

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| | | |
|-------------------------------------|--------------------------|----------------------------------|
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| Acres treated = _____ | #7 Acres treated = _____ | #11 Acres = _____ |
| #3 Acres treated = _____ | #8 Acres treated = _____ | |
| #4 Acres planted/ renovated = _____ | | |

Form D-ES

**EMERGENCY SUPPLEMENTAL FUNDS
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 \$20.25/hr. Separate expenses by component (activity). Attach receipts.


Landowner Signature

| Date | By Whom: | Activity/Expense: | Hours | Expenses |
|------|----------|-------------------|-------|----------|
| 1/2 | LAGLO | Cutting | 8 | |
| 1/4 | | | 8 | |
| 1/6 | | | 8 | |
| 1/9 | | | 8 | |
| 1/16 | | | 8 | |
| 1/18 | | | 8 | |
| 1/20 | | | 8 | |
| 1/23 | | | 8 | |
| 1/25 | | | 8 | |
| 1/27 | | | 8 | |
| 1/30 | | | 8 | |
| 2/1 | | | 8 | |
| 2/7 | | Slash Burn | 10 | |
| 2/6 | | Cutting | 8 | |
| 2/10 | | | 8 | |
| 2/13 | | | 8 | |
| 2/17 | | | 8 | |
| 2/17 | | | 8 | |
| 2/20 | | | 8 | |
| 2/22 | | | 8 | |
| 2/24 | | | 8 | |
| 2/27 | | | 8 | |
| 2/29 | | | 8 | |
| 3/2 | | | 8 | |
| 3/5 | | | 8 | |
| 3/7 | | | 8 | |
| 3/9 | | | 8 | |
| 3/12 | | | 10 | |
| 3/14 | | | 6 | |
| 3/16 | | | 10 | |

Jan
85

Feb 98

March
50

1/2010

70
28
98

Total this page
236 hours

Total
236



| Date | By Whom: | Activity/Expense: | Hours | Expenses |
|------|----------|--|-------|----------|
| 3/19 | Loszko | cutting | 10 | |
| 3/21 | | | 6 | |
| 3/23 | | | 10 | |
| 3/26 | | | 10 | |
| 3/28 | | | 6 | |
| 3/30 | | | 10 | |
| 4/2 | | | 10 | |
| 4/4 | | | 6 | |
| 4/6 | | | 10 | |
| 4/9 | | Cutting/Beetle Survey Ryan Ludlow | 10 | |
| 4/11 | | Cutting | 6 | |
| 4/13 | | | 10 | |
| 4/16 | | | 10 | |
| 4/18 | | | 6 | |
| 4/20 | | Cutting/Second Opinion Beetle Bryan Boer | 10 | |
| 4/23 | | Cutting | 10 | |
| 4/25 | | | 4 | |

April
98

Total hours this page
150

Total hours Bott pages

$$366 = \$7,816.50$$



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"/> |
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| Insect and Disease Prevention and Suppression Program | <input type="checkbox"/> |
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| Front Range Fuels Treatment Partnership (a.k.a.: FRFTP) | <input 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"/> |
| Emergency Supplemental Funds (a.k.a.: ESF) | <input checked="" type="checkbox"/> |

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

Name: LASZLO NEMETH

Address: 617 COLLEGE

BOULDER, CO 80302

Approved for Payment

C.S.F.S.

1648054

12-30-11

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-35 ~

Approved Funding: \$13,160.00 ~

Total Project: \$3,847.50 ~

CSFS Account Number: 5308400-6693 ~

'09 SUP HAZ FUELS Fr BO

Amount of Payment: \$3,760.00 ~

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

Approved by

[Signature]
(Program manager signature)

Date:

12/23/11

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

Project No. 5308400-B0-35 -
(For Official Use Only-
No. from original application)

Applicant name (please print): Laszlo Nemeth

| | Total Contracted Services ¹ | Total Landowner Services ² | Totals |
|--|--|---|--|
| Labor Cost (Actual) | | \$ 3,847.50 | A Labor Cost= \$ 3,847.50 |
| Operating Exp ^{3,*} (Actual) | | | B Oper. Exp.= N/A |
| Project Cost | | | C Total Project (A+B) = \$ 3,847.50 |
| | | | Amount Originally Approved = \$ 13,160.00 - |
| | | | Amount to be Reimbursed not to exceed \$470 Per Acre \$ 3,760.00 ~ |

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

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

Landowner Signature: [Signature]

Date: 12/14/2011

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

Mailing Address: 617 College Ave

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 3039318645

Practice certified by: Bryan Baer (B.B.)
CSFS forester

Payment Approval: [Signature]
CSFS program manager

Amount: \$3,760.00 Date: 12/23/11

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.

COPY

01/19/10



Colorado State Forest Service Program Payment Request

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BOULDER, CO 80302

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Amount of Payment: \$ 3,760.00

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(Program manager signature)

Date: _____

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

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| | | | Amount Originally Approved = \$ 13,160.00 |
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County: Boulder State: CO Zip: 80302

Phone: 3039318645

Practice certified by: BOYAN BAER (BB)
CSFS forester

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CSFS program manager

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Please consult your tax advisor.

01/19/10

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

Project No. 5308400 - B0 - 35

To be completed by CSFS forester:

PROGRAM:

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

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

80 Acres
Hbz. Fuels Red.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) - LOA Practice Number:

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

Form D-ES

**EMERGENCY SUPPLEMENTAL FUNDS
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 \$20.25/hr. Separate expenses by component (activity). Attach receipts.

Landowner Signature

| Date | By Whom: | Activity/Expense: | Hours | Expenses |
|-------|-----------|--------------------------|-------|--------------|
| 10/10 | Landowner | Cutting | 8 | |
| 10/12 | | | 5 | |
| 10/14 | | | 10 | |
| 10/17 | | | 6 | |
| 10/18 | | | 4 | |
| 10/21 | | | 10 | |
| 10/22 | | | 10 | |
| 10/24 | | | 8 | |
| 10/26 | | | 10 | |
| 11/2 | | Cutting + chipping | 8 | |
| 11/4 | | | 4 | |
| 11/7 | | | 8 | |
| 11/8 | | | 8 | |
| 11/13 | | Cutting + Breaking chips | 8 | |
| 11/14 | | Cutting | 4 | |
| 11/16 | | | 8 | |
| 11/18 | | | 8 | |
| 12/3 | | Slash Burn | 8 | |
| 12/5 | | Cutting | 8 | |
| 12/7 | | | 8 | |
| 12/8 | | | 8 | |
| 12/10 | | | 8 | |
| 12/12 | | | 8 | |
| 12/14 | | | 7 | |
| | | Total | 190 | = \$3,847.50 |

1/2010



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 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"/> |
| Emergency Supplemental Funds (a.k.a.: ESF) | <input checked="" type="checkbox"/> |

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

08-23-11
KC

Name: LASZLO NEMETH

Address: 617 COLLEGE

BOULDER, CO 80302

~

Approved for Payment

C.S.F.S.

146,959.5

08-23-11

KC

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

Grant Number: 5308400-80-35 ~

Approved Funding: \$13,160.00 ~

Total Project: \$4,121.25

CSFS Account Number: 5308400-6693

'09 SUP HAZ FUELS Fr ~ BO

Amount of Payment: \$3,760.00 ~

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

Approved by

[Signature]
(Program manager signature)

Date:

8/22/11

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

Project No. 5308400-80-35-
(For Official Use Only-
No. from original application)

Applicant name (please print): Leslie Nemeth

| | Total Contracted Services ¹ | Total Landowner Services ² | Totals |
|--|--|---|---|
| Labor Cost (Actual) | | \$4,017.25 | A Labor Cost= \$4,017.25 |
| Operating Exp ^{3,*} (Actual) | | | B Oper. Exp.= \$104.00 |
| Project Cost | | | C Total Project (A+B) = \$4,121.25 |
| | | | Amount Originally Approved = \$13,160.00 - |
| | | | Amount to be Reimbursed not to exceed \$470 Per Acre \$3,760.00 ~ |

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.25/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 Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: [Signature]

Date: 8/10/2011

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

Mailing Address: 617 college City: Boulder

County: Boulder State: CO Zip: 80302 Phone: _____

Practice certified by: Bryan Baer (B. Baer)
CSFS forester

Payment Approval: [Signature] Amount: \$3,760.00 Date: 8/22/11
CSFS program manager

~

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

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

Project No. 5308400-Bo-35

To be completed by CSFS forester:

PROGRAM:

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

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

8.0 Acres
Haz. Fuels Red.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

#1 Plan Acres = _____

#5 Acres = _____

#9 Acres treated = _____

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#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____



Colorado State Forest Service Program Payment Request

| GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE): | |
|---|-------------------------------------|
| Bureau of Land Management Task Order Program | <input type="checkbox"/> |
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| 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 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"/> |
| Emergency Supplemental Funds (a.k.a.: ESF) | <input checked="" type="checkbox"/> |

☐ Checked for Federal suspension and debarment (State Office) <http://www.epis.gov/>

Name: LASZLO NEMETH

Address: 617 COLLEGE

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: 5308400-80-35

Approved Funding: \$13,160.00

Total Project: \$4,121.25

CSFS Account Number: 5308400-6693

Amount of Payment: \$3,760.00

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

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308400-80-35

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

Applicant name (please print): Leslie Nemeth

| | Total Contracted Services ¹ | Total Landowner Services ² | Totals |
|--|--|---|--|
| Labor Cost (Actual) | | \$4,017.25 | A Labor Cost= \$4,017.25 |
| Operating Exp ^{3,4} (Actual) | | | B Oper. Exp.= \$104.00 |
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Landowner Signature: [Signature]

Date: 8/10/2011

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

Mailing Address: 617 college City: Boulder

County: Boulder State: CO Zip: 80302 Phone: _____

Practice certified by: Bryan Bae (B. Bae)
CSFS forester

Payment Approval: _____ Amount: _____ 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.

01/19/10

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

Project No. 5308400-BO-35

To be completed by CSFS forester:

PROGRAM:

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

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

8.0 Acres
H2E. Fuels Red.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

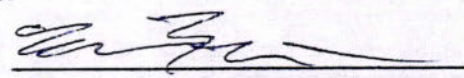
Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

- | | | |
|-------------------------------------|--------------------------|----------------------------------|
| #1 Plan Acres = _____ | #5 Acres = _____ | #9 Acres treated = _____ |
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| #4 Acres planted/ renovated = _____ | | |

**EMERGENCY SUPPLEMENTAL FUNDS
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 \$20.25/hr. Separate expenses by component (activity). Attach receipts.


Landowner Signature

| Date | By Whom: | Activity/Expense: | Hours | Expenses |
|------|----------|---|------------|-------------------|
| 5/1 | Laz | cutting | 6 | |
| 5/5 | | cutting + Marking with Bryan | 8 | |
| 5/6 | | cutting + Marking with Bryan | 2 | |
| 5/7 | | cutting | 6 | |
| 5/9 | | | 8 | |
| 5/13 | | | 7 | |
| 5/16 | | | 5 | 49 |
| 5/20 | | | 8 | |
| 5/22 | | | 8 | |
| 5/23 | | | 8 | |
| 5/25 | | cutting + hauling slash with Boy Scout + Fair View Volunteers | 8 | 27 |
| 6/5 | | cutting | 8 | 40 |
| 6/13 | | | 7 | |
| 6/19 | | | 6 | |
| 6/25 | | | 7 | |
| 6/27 | | | 8 | |
| 6/29 | | | 4 | |
| 6/30 | | | 8 | 40 |
| 7/1 | | | 10 | |
| 7/2 | | | 7 | |
| 7/5 | | cutting + Marking with Bryan | 10 | |
| 7/9 | | cutting + Moving slash with tractor | 11 | |
| 7/10 | | | 13 | 131 |
| 7/11 | | | 13 | 62 |
| | | TOTAL A | 193 | \$4,017.25 |
| | | 6 Gallons Gas @ 3.50 | | 21.00 |
| | | 10 Gallons Diesel @ 3.50 | | 35.00 |
| | | 2 Gallons Bar Oil @ 16.00 | | 32.00 |
| | | 6 pack of 2 Stroke Oil @ 16.00 | | 16.00 |

TOTAL B → 104.00 ^{1/2010}

TOTAL (A+B) → 4,121.25