

August 30, 2006

From: Glen Haven Association
P.O. Box 34
Glen Haven, CO 80532

To: Larimer County Emergency Services
c/o Tony Simons
1303 North Shields
Fort Collins, CO 80524

Item: Chipping and slash disposal

Total Cost: \$4312.50

Amount to be reimbursed to Glen Haven Association by Emergency Services \$1500.00

Larimer County Emergency Services
 1303 North Shields
 Fort Collins, CO 80524

Invoice No. 4578

INVOICE

Customer

Name Larimer County Wildfire Safety
 Address 1303 North Shields
 City Fort Collins State CO ZIP 80524
 Phone 970-498-5303

Misc

Date 03/23/2007
 Order No.
 Rep
 FOB

Qty	Description	Unit Price	TOTAL
1	Personnel for Fossil Creek RX project	\$ 174.72	\$ 174.72
1	Supplies for Fossil Creek RX project	\$ 125.00	\$ 125.00
1	Personnel for preperation of RX project	\$ 74.85	\$ 74.85

SubTotal \$ 374.57

Shipping

Payment

Comments
 Name
 CC #
 Expires

Tax Rate(s)

Tax Rate(s)	
TOTAL	\$ 374.57



Empty rectangular box for additional information or notes.

Larimer County Emergency Services
 1303 North Shields
 Fort Collins, CO 80524

Invoice No. 5879

INVOICE

Customer

Name Larimer County Wildfire Safety
 Address P.O. Box 1190
 City Fort Collins State CO ZIP 80521
 Phone 970-498-5303

Misc

Date 04/11/2007
 Order No.
 Rep
 FOB

Qty	Description	Unit Price	TOTAL
1	Personnel (Wages and Benefits) for Buckskin Heights Thinning project	\$ 2,219.06	\$ 2,219.06
1	Equipment expense Buckskin Thinning	\$ 180.00	\$ 180.00
3	Fuel cost	\$ 25.00	\$ 75.00

SubTotal \$ 2,474.06

Shipping

Payment

Comments
 Name
 CC #
 Expires

Tax Rate(s)

TOTAL \$ 2,474.06



Empty rectangular box for additional information or notes.



Invoice

Bill To
Larimer County c/o Tony Simons

Date
4/19/2007

Item	Description	Qty	Rate	Amount
Chipping Services Deduct	Chipping Services - 3 man crew full day County discount/multi day discount	1	1,150.00 -50.00	1,150.00 -50.00
			<p><i>OK TS 62000610 4/23/07</i></p>	
Thank You for your business			Total	\$1,100.00

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Estes Park Fire Department
 for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)	939.90	1400.00	2339.90
2. Operating Expense		492.70	492.70
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)	1893.40	1892.70	3786.10

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 1892.70

Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Red Feather Lakes Association
 for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)	7738	\$7738	7738
2. Operating Expense			
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)	7738	7738	7738

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 3500.00
 Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Rist Canyon Lakes Association
 for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)	5265.00	3500	8765.00
2. Operating Expense			
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)	5265.00	3500.00	8765.00
GRANT AMOUNT (awarded through CSFS, <i>if applicable</i>) \$ <u>3500</u> Grant Type/Name/Number: <u>G-6636-005</u>			

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Sundance Trail Ranch

for the purpose of: Fuels Mitigation -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)		\$6894.10	6894.10
2. Operating Expense		\$1900.75	1900.75
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)		\$8794.85	8794.85

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 3250.00

Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for six (6) years.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Retreat landowners Association
 for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)		\$850.00	850.00
2. Operating Expense			
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)		\$850.00	850.00

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 425.00
 Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip: 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Glen Haven Association

for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)		\$4312.50	4312.50
2. Operating Expense			
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)		\$4312.50	4312.50

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 1500.00

Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

COOPERATIVE EXPENDITURE REPORT

Report Period _____
 Summary of expenditures incurred by: Emergency Services Specialist—Tony Simons, Justin Whitesell

for the purpose of: Planning and Implementing Fossil Creek Prescribed Fire

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)		2219.06	2219.06
2. Operating Expense		205	205
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)			2474.06
GRANT AMOUNT (awarded through CSFS, <i>if applicable</i>) \$ <u>374.57</u>			
Grant Type/Name/Number: _____			

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$11.68 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: _____

Name / Title: Tony Simons—Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Buckskin Heights Department
 for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)	78 hours @17.55 1368.90	3574.06	4942.96
2. Operating Expense			
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)	1368.90	3574.06	4942.96

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 3574.06

Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for six (6) years.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Retreat landowners Association

for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)		\$850.00	850.00
2. Operating Expense			
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)		\$850.00	850.00

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 425.00

Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Glen Haven Association
 for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)		\$4312.50	4312.50
2. Operating Expense			
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)		\$4312.50	4312.50
GRANT AMOUNT (awarded through CSFS, <i>if applicable</i>) \$ <u>1500.00</u>			
Grant Type/Name/Number: <u>G-6636-005</u>			

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip: 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

August 30, 2006

From: Glen Haven Association
P.O. Box 34
Glen Haven, CO 80532

To: Larimer County Emergency Services
c/o Tony Simons
1303 North Shields
Fort Collins, CO 80524

Item: Chipping and slash disposal

Total Cost: \$4312.50

Amount to be reimbursed to Glen Haven Association by Emergency Services \$1500.00

Glen Haven Residents Participating in the 2006 Slash Cleanup Program**North Fork Road**

Robert Kilbourn
JoLea Maffei
Robert & Diane Miller
Ruth Thomas
Walter Butz
Don Schell
Margaret Sewell
Richard Weaver
James Hewitt
Betty Rex
Elaine Foe Family
Chad Street
Naugle-Moulden Families
Erich Draht
Steve & Nancy Green
Ermel Hillard Family
Holley/Rector/Root Families
Jay McNeil
Richard Casebeer
White Families
Hugh & Sonja McTeague

Fox Creek Road

Bickwith/Ruston
Mary Sue Haskett
Chuck & Nancy Grob
Tony & Sarah Fink
Tim & Jenny Koehl
Bob & Sue Schreck
Donn Parmelee
Joan Van Horn
John & Betty McKinley
John McKinley/Richard McKinley

County Road 43

Robert & Anna Bauming
Kevin Geisler

Hummingbird Road

Roger Wiegand
Stephen Greenway
Frank Faiella
Jennes/Reed

Pinebrook Road

Cartherine Hoover



WILDFIRE PREVENTION AND PROTECTION SERVICES

5201 Greenview Drive Fort Collins, CO 80525 970-481-8814 fortcollins@fireready.com

Invoice

Bill To
Glen Haven HOA c/o Tony Pink

Date
8/29/2006

Item	Description	Qty	Rate	Amount
Chipping Services	Curbside chipping services - 2.75 days	2.75	900.00	2,475.00
Deduct	As we had previously discussed we would discount the daily rate to \$750 and NOT charge you for the additional worker (daily chipping rate usually includes 2 guys, chipper, and gear for an 8 hr day for \$900; every additional worker is approx \$200 a day)		-412.50	-412.50
	We had a very good turnout for both chipping sessions - alot of folks in the neighborhood took advantage of the chipping this summer. Please let us know how we can help in the future.			
Thank You for your business			Total	\$2,062.50

32-11
8-30-06



WILDFIRE PREVENTION AND PROTECTION SERVICES

5201 Greenview Drive Fort Collins, CO 80525 970-481-0814 fortcollins@fireready.com

Invoice

Bill To
Glen Haven HOA c/o Tony Fink

Date
6/10/2006

Item	Description	Qty	Rate	Amount
Chipping Services	Roadside Chipping Services	3.25	900.00	2,925.00
Deduct	Per our conversation we'll limit the bill to 3 days at a discounted rate.		-675.00	-675.00
We appreciate your business - Thank You			Total	\$2,250.00

PA# 3255
6-18-06

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Red Feather Lakes Association
 for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)	7738	\$7738	7738
2. Operating Expense			
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)	7738	7738	7738

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 3500.00

Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for six (6) years.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

June 3
Chipping sign-up

	Name	Phone	Address	Comments	PKUP Ld
1	Vicki Duneman	(970)216-5351	468 Shagwa (Wapiti)	pile it don't spread	1
2	Marilyn Ramming	881-2561	255 Bogie Ave		2
3	Karen Unfug	970-339-5868	387 Minnehaha Rd	Call with am/pm time	2
4	Larry Caswell	881-3559	64 Dowdy Lane	prefers am	6
5	Amy Wolf	881-2195, 420-0189	76 Deer Dr.	5-10 ft from drive OK?	1
6	Cris Meeks	881-2672	28 Birdie St	spread chips	1.5
7	Jim O'Roark	881-3433	857 Prairie Divide Rd	any time back on property	1
8	Jim Milchalka	881-3990	237 Lakeview Drive	1st thing in am	2
9	Teresa Barker	303/499-1227 881-2132	256 Piney Knolls	spread chips	2
	Total Pick-up loads				18.5
	Owner participation @ 3hrs/pickup load				55.5
	Luke - 980-7357				

**August 5
Chipping Sign-up**

	Name	Phone	Address	Comments	PKUP Ld
1					
2	Scott Shilling	566-4066	373 Sinnissippi		2
3	Teresa Barker	303/499-1227/2131	256 Piney Knolls		4
4	Jim Milchalka	223-1332	237 Lakeview Dr		2
5	Jim McIver	482-7002	153 Bogie Ave	pile W of garage on Ramona	1
6	Ross Reid	881-2594	188 Creedmore Lks Rd		2
	Total Pick-up loads				11
	Owner participation @ 3hrs/pickup load				33

Chipping Sign-up
Sept.9, 2006

	Name	Phone	Address	Comments	PKUP Ld
1	Joan Rosecrans	881-2498	114 Leticia Cir	scatter, may need help	2.5
2	Carla Keesecker	303-933-9389	19 Little Sioux Tr		3
3	Jim Clark	482-4528hm 217-4213cell	50 Dowdy Ln	part scatter, part pile?	10
4	Kathi Lafollette	214-2877	35 Blue Jay Cir	wants piles, (ski gate)	2
5	Sandy Haselden	881-2095	153 Shagwa Dr	in pile, in front of camper in	1.5
6	Vicki Duneman	(970)216-5351	468 Shagwa (Wapiti)	pile it don't spread	1
7	Kenneth Duncan	970-330-0213,881-2229	74 Pappoose Way	wants to be contacted	2
8	Karen Edstrom	970-641-3810	155 Shagwa Dr	scattered	2
9	Timi Burdette	881-3953	81 Snake Lake	pile chips	1
10	Willa		88 Red Feather Cir		5
11	Steve Ray	282-1852hm482-1977wk2	2038 Prairie Divide Rd	piled behind gate	4
12	Tonia Winkler	970/635-3366	219 Shagwa Dr	scatter	1.5
13	Sue Weise	881-2736	137 Piney Knolls	scatter, on east side	1
14			433 Blue Jay Cir.		2
15	Lee Blooding		Monoma Path		3
	Total Pick-up loads				41.5
	Owner participation @ 3hrs/pickup load				124.5 hrs



**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. _____

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

Applicant name (please print): Red Feather Lakes Vol. Fire Dept

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost	\$ 3,500. ⁰⁰	\$ 4,238	A Labor Cost= \$ 7,738
Operating Exp ^{3,*}			B Oper. Exp.=
Revenue Generated (from sale of wood products only) ^{4,*}			C Revenue=
Project Cost			D Total Project (A+B-C) = \$ 7,738
			Amount Originally Approved = \$ 7000
How much of your total cost was paid to CSFS for Products and/or Services? \$ _____			Amount to be Reimbursed ⁵ (.5XD) \$ 3,500

- 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: Charissa Marks Date: 10/12/06
 Mailing Address: RFLVFD, PO Box 67, Attn: Chris City: RFL
 County: Larimer State: CO Zip: 80545 Phone: 970/881-2672

Practice certified by: _____
CSFS Service Representative

Payment Approval: _____ Amount: _____ Date: _____
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.

COOPERATIVE COST SHARE REPORT

Report Period 11/1/06 - 10/1/06
 Summary of expenditures incurred by: Red Feather Lks Volunteer Fire Dept
 for the purpose of: Chipping Grant
 (Please Specify Activity)

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time (1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits) <i>Land Owners</i>	<i>213 hrs @ 17.55/hr \$3,738.15</i>	<i>Cash Donations \$500.00</i>	<i>\$4,238.15</i>
2. Operating Expense (equipment, supplies, etc)			
3. Travel Expense (mileage rate is .14 cents/mile per the IRS) Include other related travel cost			
4. Other (specify) (meetings, handouts, rentals, training expenses, etc)			
TOTAL EXPENSE	<i>\$3,738.15</i>	<i>\$500.00</i>	<i>\$4,238.15</i>
GRANT AMOUNT (awarded through CSFS, <i>if applicable</i>) \$ <u><i>3500.00</i></u>			
Grant Type/Name/Number: <u><i>Chipping Grant</i></u>			

Documentation should be maintained for **three (3) years**.

- (1) Use **\$17.55 / hour** for volunteered time.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) **Exclude all federal funds related to this project.**

Cooperator Signature: *Clarissa Meeks* Date: *10/5/06*
 Name / Title: *Clarissa Meeks, Assistant Chief*
 Address: *PO Box 67*
 City: *Red Feather* County: _____ State: *CO* Zip: *80545*

CSFS District Signature: _____

Return this form to: _____ CSFS District Office

Fire Ready of Fort Collins
5201 Greenview Dr
Fort Collins, CO 80525

Invoice

Bill To
Red Feather Lakes VFD c/o One Meeks

Date
10/11/2006

Item	Description	Qty	Rate	Amount
Chipping Services	Chipping Services - Roadside chipping services	3	900.00	2,700.00
Deduct:	Deduct: \$100 to stay within chipping budget.		-100.00	-100.00
	<i>aug, Sept Chipping</i>			
We appreciate your business - Thank You			Total	\$2,600.00

**Red Feather Lakes Volunteer Fire Department
Purchase Authorization**

Date 6/19/06

Item Description: June Chipping day

Estimated Cost: _____

Category designation:

- Capital Outlay
 - Fire
 - Medical
 - Communications
 - Building

- Repairs
 - Fire
 - Medical
 - Communications
 - Building

- Supplies
 - Fire
 - Medical
 - Communications
 - Office

- Training
 - Fire
 - EMS

- Auxiliary Expense
- Grant
 - Hazard Mitigation
 - Capital Outlay
 - Other

Chipping

Purchase authorized by: [Signature]

Person Purchasing Cris Meeks

by:

- Open Account/Charge
invoice from Fire Ready
- Reimbursement
Please make check to _____



Fire Ready of Fort Collins
5201 Greenview Drive
Fort Collins, CO 80525

Telephone: 970-481-0814
Email: fortcollins@fireready.com

Quotation for Work

Consultant: _____ Date: 6-5-06

Client Information		How did Client hear of Fire Ready?	
Name <u>Red Fox LLC</u>	Property Address	Telephone	
Deposit Amount/Check Number	Mailing Address <u>Cirrus</u> <u>881-2672</u>	Scheduling Date(s) <u>6-3-06</u>	
Work to be Performed <u>Common area chipping</u> <u>10 some owners</u>			

Rate * Fixed

Climbing Fees

Total Price:

1 day @ 900 a day

\$ 900

Stipulations

- While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire.
- Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage.
- Payment is due upon completion of job. Late charges are 18% per annum.
- Client is responsible for marking property boundaries, septic systems, and any other special areas of concern.
- Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc).
- Fire Ready is insured. Please contact our office for certificates of insurance.
- This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done.
- Each Branch Office is independently owned and operated.
- Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss once Fire Ready leaves jobsite.

Client Signature _____ Printed Name _____ Date _____

For Fire Ready office use only Detailed Directions Meeting Time _____ Place _____ Special Equipment/Notes	Service Dates _____ _____ <u>Reasons</u> <input type="checkbox"/> Added Charges _____ <input type="checkbox"/> Discounts _____ <input type="checkbox"/> _____	Future Work <input type="checkbox"/> Spraying When _____ Quantity _____ <input type="checkbox"/> More Mitigation Needed <input type="checkbox"/> Crew Days _____ <input type="checkbox"/> Off-schedule <input type="checkbox"/> Maintenance
	Total Price _____ Less Deposit _____ Total Invoice _____	



**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. _____

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

Applicant name (please print): Red Feather Lakes Vol. Fire Dept

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost	\$ 3,500. ⁰⁰	\$ 4,238	A Labor Cost= \$ 7,738
Operating Exp ^{3,*}			B Oper. Exp.=
Revenue Generated (from sale of wood products only) ^{4,*}			C Revenue=
Project Cost			D Total Project (A+B-C) = \$ 7,738.
			Amount Originally Approved = \$ 7000
How much of your total cost was paid to CSFS for Products and/or Services? \$ _____			Amount to be Reimbursed ⁵ (.5XD) \$ 3,500

- 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: Charissa M. White Date: 10/12/06
 Mailing Address: RFLVFD, PO Box 67, Ath. Cris City: RFL
 County: Larimer State: CO Zip: 80545 Phone: 970/881-2672

Practice certified by: _____
CSFS Service Representative

Payment Approval: _____ Amount: _____ Date: _____
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.

COOPERATIVE COST SHARE REPORT

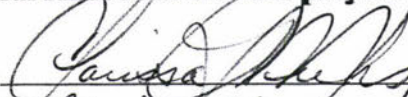
Report Period 11/1/06 - 10/1/06
 Summary of expenditures incurred by: Red Feather Lks Volunteer Fire Dept
 for the purpose of: Chipping Grant
 (Please Specify Activity)

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time (1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits) <u>Land Owners</u>	<u>213 hrs @ 17.55/hr</u> <u>\$3,738.15</u>	<u>Cash Donations</u> <u>\$500.00</u>	<u>\$4,238.15</u>
2. Operating Expense (equipment, supplies, etc)			
3. Travel Expense (mileage rate is .14 cents/mile per the IRS) Include other related travel cost			
4. Other (specify) (meetings, handouts, rentals, training expenses, etc)			
TOTAL EXPENSE	<u>\$3,738.15</u>	<u>\$500.00</u>	<u>\$4,238.15</u>
GRANT AMOUNT (awarded through CSFS, <i>if applicable</i>) \$ <u>3500.00</u>			
Grant Type/Name/Number: <u>Chipping Grant</u>			

Documentation should be maintained for **three (3) years**.

- (1) Use **\$17.55 / hour** for volunteered time.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) **Exclude all federal funds related to this project.**

Cooperator Signature:  Date: 10/5/06
 Name / Title: Clarissa Meeks, Assistant Chief
 Address: PO Box 67
 City: Red Feather County: _____ State: CO Zip: 80545

CSFS District Signature: _____

Return this form to: CSFS District Office

Fire Ready of Fort Collins
5201 Greenview Dr
Fort Collins, CO 80525

Invoice

Bill To
Red Feather Lakes VFD c/o Chris Meeks

Date
10/11/2006

Item	Description	Qty	Rate	Amount
Chipping Services	Chipping Services - Roadside chipping services	3	900.00	2,700.00
Deduct	Deduct \$100 to stay within chipping budget.		-100.00	-100.00
	<i>aug, Sept Chipping</i>			
We appreciate your business - Thank You			Total	\$2,600.00

**Red Feather Lakes Volunteer Fire Department
Purchase Authorization**

Date 6/19/06

Item Description: June Chipping day

Estimated Cost: _____

Category designation:

Capital Outlay

- Fire
- Medical
- Communications
- Building

Repairs

- Fire
- Medical
- Communications
- Building

Supplies

- Fire
- Medical
- Communications
- Office

Training

- Fire
- EMS

Auxiliary Expense

Grant

- Hazard Mitigation
- Capital Outlay
- Other

Chipping

Purchase authorized by: [Signature]

Person Purchasing Cris Meeks

by:

- Open Account/Charge
invoice from Fire Ready
- Reimbursement
Please make check to _____



Fire Ready of Fort Collins
5201 Greenview Drive
Fort Collins, CO 80525

Telephone: 970-481-0814
Email: fortcollins@fireready.com

Quotation for Work

Consultant: _____ Date: 6-5-06

Client Information		How did Client hear of Fire Ready?	
Name <u>Red Feather Lakes Fire Dept</u>	Property Address	Telephone	
Deposit Amount/Check Number	Mailing Address <u>Cris Mills CONTACT 881-2672</u>	Scheduling Date(s) <u>6-3-06</u>	
Work to be Performed <u>Community chipping day. 10 home owners</u>			

Rate * Fixed

Climbing Fees

Total Price:

1 day \$900 a day

\$900

Stipulations

- While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire.
- Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage.
- Payment is due upon completion of job. Late charges are 18% per annum.
- Client is responsible for marking property boundaries, septic systems, and any other special areas of concern.
- Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc).
- Fire Ready is insured. Please contact our office for certificates of insurance.
- This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done.
- Each Branch Office is independently owned and operated.
- Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss once Fire Ready leaves jobsite.

Client Signature _____ Printed Name _____ Date _____

For Fire Ready office use only Detailed Directions Meeting Time _____ Place _____ Special Equipment/Notes	Service Dates _____ _____ Reasons <input type="checkbox"/> Added Charges _____ <input type="checkbox"/> Discounts _____ <input type="checkbox"/> _____ Total Price _____ Less Deposit _____ Total Invoice _____	Future Work <input type="checkbox"/> Spraying When _____ Quantity _____ <input type="checkbox"/> More Mitigation Needed <input type="checkbox"/> Crew Days _____ <input type="checkbox"/> Off-schedule <input type="checkbox"/> Maintenance
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COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Rist Canyon Lakes Association
 for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)	5265.00	3500	8765.00
2. Operating Expense			
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)	5265.00	3500.00	8765.00
GRANT AMOUNT (awarded through CSFS, <i>if applicable</i>) \$ <u>3500</u>			
Grant Type/Name/Number: <u>G-6636-005</u>			

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to:

CSFS District Office

2006 Slash Pile Patrons

May 06

Tom Van Velson
Don Allender
Ron Adams
Cheryl Pyatt
Rick Moody
D. Garner
D. Bean
Phil White
Ken Neergaard
Phil Porter
Steve McGraw
Minch
Judy Grillo
Rick Morten
Sirochman
Rob Stuart
Bob Anderson
Dick Schettler
Big truck load no sign in
Total above is 50 loads!

**Total loads for 2006
is 213 + loads.**

213 -

June 06 to Oct. 1

Gene Martin
Steve McGraw
J. Grillo
Dick Schettler
Don Garner
Sandy Dahl
Jeff Schlager
Cheryl Pyatt
Minch
Van Velson
P. White
Don Kerins
Randall Stanley
Myron Pearson
David Shigerane
G. D. Fackler
Joel Halen
Bob Gann
Larry Nicastle
Paris

Chris Hubberts
J. Rochelean
D. Goff
Bob Anderson
Sirochman
Doherty
Phil Porter
Yarnell
Mitchell
K Yoder
Scott Golden
Jon Stevens
Walter
Mergler
Arndt
D. Snyder
C. Jones
Smith
Ellmann
R. Stuart

And a couple
unreadable!
June-Oct = 120 loads!

Oct. 1 to Nov. 5

White
Paris
Bartel
McGraw
Maxwell ?
Sirochman
Fackler
Porter
Schneider
Sherriff
Van Velson
Maxwald
Armstrong
Oct./Nov = 43 loads



Fire Ready of Fort Collins
5201 Greenview Drive
Fort Collins, CO 80525

Telephone: 970-481-0814
Email: fortcollins@fireready.com

Quotation for Work

Consultant: _____

Date: 7-17-04 #4024

Client Information		How did Client hear of Fire Ready?	
Name <u>Risk Company</u> <u>Mountain Fire Dept</u>	Property Address <u>Risk Company Stackpile</u>	Telephone	
Deposit Amount/Check Number	Mailing Address <u>PO Box 2</u> <u>Bolivar CO 80512</u>	Scheduling Date(s) <u>June chip day</u>	
Work to be Performed <u>Richard as we discussed earlier</u> <u>the \$3500 divided by 4 chipping days equal</u> <u>\$875 a day.</u> <u>Thank You Again - will see you in a few days.</u>			

Rate Fixed

Climbing Fees

Total Price:

875

Stipulations

- While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire.
- Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage.
- Payment is due upon completion of job. Late charges are 18% per annum.
- Client is responsible for marking property boundaries, septic systems, and any other special areas of concern.
- Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc).
- Fire Ready is insured. Please contact our office for certificates of insurance.
- This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done.
- Each Branch Office is independently owned and operated.
- Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss once Fire Ready leaves jobsite.

Client Signature _____

Printed Name R Lund

Date 7-17-04

For Fire Ready office use only
Detailed Directions

Thank You

Meeting Time _____ Place _____

Special Equipment/Notes

Service Dates

Reasons

Added Charges _____

Discounts _____

Total Price _____

Less Deposit _____

Total Invoice _____

Future Work

Spraying
When _____

Quantity _____

More Mitigation Needed

Crew Days _____

Off-schedule

Maintenance



Fire Ready of Fort Collins
5201 Greenview Drive
Fort Collins, CO 80525

Telephone: 970-481-0814
Email: fortcollins@fireready.com

Quotation for Work

Consultant: _____ Date: 8-15-06

Client Information		How did Client hear of Fire Ready?	
Name <u>Rick Canyon</u>	Property Address <u>Rick Canyon slash pile</u>	Telephone	
Deposit Amount/Check Number	Mailing Address <u>PO Box 2</u> <u>Bellvue, CO 80512</u>	Scheduling Date(s)	
Work to be Performed <u>1/2 day of chipping end of July</u> <u>1/2 day on 8/12</u> <u>\$100 a day less \$25</u> Pd <u>8-19-04</u> ✓ <u>4048</u>			

Rate Fixed Climbing Fees

\$ 875

Total Price:
4875

- Stipulations**
- While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire.
 - Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage.
 - Payment is due upon completion of job. Late charges are 18% per annum.
 - Client is responsible for marking property boundaries, septic systems, and any other special areas of concern.
 - Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc).
 - Fire Ready is insured. Please contact our office for certificates of insurance.
 - This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done.
 - Each Branch Office is independently owned and operated.
 - Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss once Fire Ready leaves jobsite.

Client Signature [Signature] Printed Name Richard Lund Date 8-19-04

For Fire Ready office use only Detailed Directions Meeting Time _____ Place _____ Special Equipment/Notes	Service Dates _____ _____ Reasons <input type="checkbox"/> Added Charges _____ <input type="checkbox"/> Discounts _____ <input type="checkbox"/> _____	Future Work <input type="checkbox"/> Spraying When _____ Quantity _____ <input type="checkbox"/> More Mitigation Needed <input type="checkbox"/> Crew Days _____ <input type="checkbox"/> Off-schedule <input type="checkbox"/> Maintenance
	Total Price _____ Less Deposit _____ Total Invoice _____	

Richard Lund signed and gave me a copy of your contract 8/15/04



Fire Ready of Fort Collins
5201 Greenview Drive
Fort Collins, CO 80525

Telephone: 970-481-0814
Email: fortcollins@fireready.com

Quotation for Work

Consultant: _____ Date: 9/25/14

Client Information		How did Client hear of Fire Ready?	
Name <u>Rust Canyon slash pile</u>	Property Address <u>c/o Richard Lund</u>	Telephone _____	
Deposit Amount/Check Number _____	Mailing Address _____	Scheduling Date(s) _____	

Work to be Performed Richard we completed our share of work on "the pile". That gives us 1 1/2 days of work completed. I'll bill you for 1 day and save the other 1/2 day until we finish next month. We've got 1/2 day of chipping left on the grant. As I mentioned I'll bill

Rate Fixed you want some of the Climbing Fees

cleanup free of charge

Total Price: \$75

- Stipulations**
- While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire.
 - Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage.
 - Payment is due upon completion of job. Late charges are 18% per annum.
 - Client is responsible for marking property boundaries, septic systems, and any other special areas of concern.
 - Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc).
 - Fire Ready is insured. Please contact our office for certificates of insurance.
 - This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done.
 - Each Branch Office is independently owned and operated.
 - Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss once Fire Ready leaves jobsite.

Temp site closed Oct 31st Can we schedule final chipping soon after?
Richard

Please sign and return one copy to back you!

Client Signature _____ Printed Name R Lund Date 10-7-14

For Fire Ready office use only Detailed Directions	Service Dates _____	Future Work
	Reasons	<input type="checkbox"/> Spraying When _____
Meeting Time _____ Place _____	<input type="checkbox"/> Added Charges _____	Quantity _____
Special Equipment/Notes	<input type="checkbox"/> Discounts _____	<input type="checkbox"/> More Mitigation Needed
<u>pd 10-7-14 #6070</u>	<input type="checkbox"/> _____	<input type="checkbox"/> Crew Days _____
	Total Price _____	<input type="checkbox"/> Off-schedule
	Less Deposit _____	<input type="checkbox"/> Maintenance
	Total Invoice _____	



Invoice

Bill To <i>Rist Canyon VFD</i>
PO Box 2 Bellvue, CO 80512

Date
12/3/2006

Item	Description	Qty	Rate	Amount
Chipping Services	Chipping Services	1	875.00	875.00
Thank you again Richard, Please let me know how we can help in the future.				
Thank you very much for your business.			Total	\$875.00

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Estes Park Fire Department

for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)	939.90	1400.00	2339.90
2. Operating Expense		492.70	492.70
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)	1893.40	1892.70	3786.10

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 1892.70
 Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Buckskin Heights Department
 for the purpose of: Slash Collection Site -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)	78 hours @17.55 1368.90	3574.06	4942.96
2. Operating Expense			
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)	1368.90	3574.06	4942.96

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 3574.06
 Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years.**

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

COOPERATIVE EXPENDITURE REPORT

Report Period _____

Summary of expenditures incurred by: Emergency Services Specialist—Tony Simons, Justin Whitesell

for the purpose of: Planning and Implementing Fossil Creek Prescribed Fire

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)		2219.06	2219.06
2. Operating Expense		205	205
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)			2474.06
GRANT AMOUNT (awarded through CSFS, <i>if applicable</i>) \$ <u>374.57</u>			
Grant Type/Name/Number: _____			

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$11.68 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: _____

Name / Title: Tony Simons—Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office

ESTES PARK FIRE DEPARTMENT
(VOLUNTEER)

PO Box 1200, Estes Park, CO 80517
Phone (970) 577-0900; Fax (970) 577-0923

December 20, 2006

Tony Simons, Wildfire Safety Specialist
Larimer County Emergency Services
PO Box 1190
Fort Collins, CO 80522-1190

Re: 2006 Slash Disposal Grant

Dear Tony,

We have completed this year's Slash Disposal project, and it was a great success. Over the four Saturdays in October, eighty-five residents brought slash to the collection site, amounting to approximately twenty-seven yards of material.

I have included all of the grant close-out documentation for your records; please let me know if there is any other documentation that you would require.

Sue Pinkham was of invaluable assistance in getting this program going and managing it throughout the process. We appreciate all of the help that you have provided as well, and look forward to being able to provide this service to our community in the future, if the funding is available.

Please let me know if you have any questions concerning this project or future projects. Once again, thank you for helping us in reducing the wildfire risk in our community.

Sincerely,



Scott Dorman, Chief
Estes Park Fire Department

Enclosure/ Slash collection documents

Slash Collection Grant Check-off Sheet

- Copy of Grant Application
- Fire Ready invoice (Chipping Company)
- Trail Gazette invoice
- Estes Park News invoice
- Master Graphic's Printing (post card)
- Grant/in kind spreadsheet
- User sign-up sheets
- Newspaper articles
- Copy of postcard mailed to residents
- Copy of contractor's business license
- Slash Collection final report dated 12/12/06 (S. Pinkham)



Invoice

Bill To
EP Vol Fire Dept attn: Chief Scott Dorman PO Box 1200 Estes Park, CO 80517

Date
12/3/2006

Item	Description	Qty	Rate	Amount
Chipping Services	Chipping Services - 1 day of chipping services with 4 man crew	1	1,250.00	1,250.00
Hauling	Removal of 3 large loads of slash, chips, stumps, etc.	3	50.00	150.00
			<i>PD 12-7-06</i> <i>✓ # 2534</i> <i>\$ 1400.00</i>	
Thank you very much for your business.			Total	\$1,400.00

ESTES PARK TRAIL-GAZETTE
 251. MORAIN E AVE
 PO BOX 1707
 ESTES PARK CO 80517-1707

DATE 10/31/06
 ACCOUNT NUMBER 9075 017

DATE 10/31/06
 ACCOUNT NUMBER 9075 017

Copy No. 1

EP VOLUNTEER FIRE

EP VOLUNTEER FIRE DEPT
 ESTES PARK CO 80517

To insure proper credit
 please check those items
 being paid in the "✓"
 column and return this
 portion of the statement
 with your payment.

PAGE NO. 1

REFERENCE	DATE	CODE	DESCRIPTION	AMOUNT	BALANCE	REFERENCE	CODE	AMOUNT
85141	10/20/06	DA	ROP DISPLAY AD	133.50	133.50	85141	DA	133.50
85214	10/25/06	DA	ROP DISPLAY AD	79.80	213.30	85214	DA	79.80

CODES	C-CR MEMO D-DR MEMO	P-PAYMENT I-INVOICE	A-DISCOUNT ALLOWED	F-FINANCE CHARGE	PLEASE PAY	213.30	TOTAL	213.30
	30 DAYS	60 DAYS	90 DAYS	120 DAYS				
	.00	.00	.00	.00				



EP. Fire

Slash card

130 - 33⁰⁰
2's " T.E.

What was ~~the~~ ~~for~~
this for? ~~costs for~~
Postcards for
advertising
Slash pill
Disposal

S. Parkham

Slash Collection Grant Expense Spreadsheet

Description	Grant Share (Dollars)	In-Kind Match
Advertising		
Trail Gazette	\$ 213.30	
Estes Park News	\$ 246.40	
Postcards- printing	\$ 33.00	
Contractual Services		
Fire Ready- contractor	\$ 1,400.00	
Chip hauling- Dennis Classen		\$ 201.00
Personnel / Labor		
Volunteer labor- 27 hr @ \$17.50		\$ 472.50
Administrative Expense		
Grant Administration (8hr @ \$35)		\$ 280.00
Planning & Supervision (23hr @ \$17.55)		\$ 403.65
Rental Expense		
Site rental expense- Town of EP (33 days @ \$16.25)		\$ 536.25
Totals	\$ 1,892.70	\$ 1,893.40

Slash Collection Report 12/12/06

Slash was collected in Stanley Park Fairgrounds next to Barn "W" for four consecutive Saturdays in October from 9-noon.

Postcards announcing the event were printed and mailed to all the property owners who had requested defensible space property evaluations or had invited either Tanna or me to speak at homeowners' association types of meetings. The mailing list was created from property evaluation sign up sheets from 2003-2006.

Press releases were distributed to three newspapers, The Trail Gazette, the Estes Park News and the Reporter-Herald (Loveland).

Posters were on view at the Elk Fest and then distributed to Safeway, True Value, National Park Shopping Center and the Allenspark Community Church.

Information in the form of an e-mail or note was to be distributed to all Town of Estes Park employees and posters hung in the employees' lounges. (I don't know if this was done)

Over the four Saturdays, 85 people brought 106 loads of slash to the site. Most of the people were from the immediate Estes Park area. However, the message was heard in Allenspark as 4 residents came from there and 5 came up from the Pinewood Springs area after seeing the ads in the newspapers. One person brought a pickup truck and trailer load from his neighborhood; a homeowners association that heard me speak about creating and maintaining defensible space earlier in the year. 4 made special arrangements with me to drop off loads during the week as they couldn't be there or in addition to being there on Saturdays.

In the future, the area needs to have at least one slash collection event like this each year so the property owners can count on getting rid of their slash and will be more apt to create defensible space around their structures.

4 Contractors, from the approved CSFS list, submitted bids to chip and haul the slash. Fire Ready from Fort Collins obtained the contract. Tony Mahon, brought his crew to the site on Tuesday, November 21. Dennis Classen, an Estes Park resident, took four loads of chips and spent the entire day helping the Fire Ready crew or hauling away the next load of chips. Another Estes Park resident took one load of chips. Tony Mahon had to return on Wednesday and again on Friday to clean up the piles of slash that were too small to be chipped.

In-kind services provided were:

- Free rent for the slash collection site. Rent of $\frac{1}{4}$ acre for 8 weeks = ?
- Fire fighters & volunteers to open the collection site and check loads (a small amount of trash did find its way under some brush) and lock the site after the stated hours. 24 hours x \$17.55 = \$421.20
- Announcing and advertising event
 - Design and mailing postcards

- Design and posting posters
- Writing press releases and ads
- KEZZ radio interview
- Process of finding and contracting with the chipper/hauler
- Volunteer assist chipping crew and hauling away 4 loads of chips at 17.55 x 7 hours = \$122.85
- 106 property owners brought slash to the site at 1 hour per person = 106 hours x \$17.55 total \$1860.30

Allowable in-kind cost @ \$17.55 per hour for each yard of slash.

Tony Simons estimated yards 27 x 17.55 = \$473.85

Actual costs:

\$364.00 -advertisements in local papers

\$1400 – Fire Ready

\$33.00 - postcards

~~\$24.00 - postage~~

STATEMENT

December 20, 2005

From: Retreat Landowners Association (RLA)

P.O. Box 160

Glen Haven, CO 80532

(970) 586-5481

To: Larimer County Emergency Services

c/o Tony Simons

1303 North Shields

Fort Collins, CO 80524

Item: Chipping and Hauling of RLA Slash Pile

Total Cost: \$850.00 (Mike's Tree Service - Estes Park)

Amount to be Paid by Larimer County Emergency Services: \$425.00

Estes Park Fire Department
 Attn: Scott Dorman
 P.O. Box 1200
 Estes Park, CO 80517

Invoice No. 4580

INVOICE

Customer

Name Larimer County Wildfire Safety/Emergency Services
 Address 1303 North Shields
 City Fort Collins State CO ZIP 80524
 Phone 970-498-5303

Misc

Date 01/03/2007
 Order No. _____
 Rep _____
 FOB _____

Qty	Description	Unit Price	TOTAL
1	50/50 Cost share for fuels reduction in Estes Park	\$ 1,892.70	\$ 1,892.70

Payment

Comments _____
 Name _____
 CC # _____
 Expires _____

SubTotal	\$ 1,892.70
Shipping	
TOTAL	\$ 1,892.70

Tax Rate(s)



Red Feather Lakes Volunteer Fire Department
 Attn: Cris Meeks
 P.O. Box 67
 Red Feather Lakes, CO 80545

Invoice No. 4578

INVOICE

Customer

Name Larimer County Wildfire Safety/Emergency Services
 Address 1303 North Shields
 City Fort Collins State CO ZIP 80524
 Phone 970-498-5303

Misc

Date 10/16/2006
 Order No.
 Rep
 FOB

Qty	Description	Unit Price	TOTAL
1	50/50 Cost share for fuels reduction in Red Feather lakes	\$ 3,500.00	\$ 3,500.00

SubTotal	\$ 3,500.00
Shipping	
TOTAL	\$ 3,500.00

Payment

Comments
 Name
 CC #
 Expires

Tax Rate(s)



Empty rectangular box for additional information or notes.

Rist Canyon Volunteer Fire Department
P.O. Box 2
Bellvue, CO80512

Invoice No. 4590

INVOICE

Customer

Name Larimer County Wildfire Safety/Emergency Services
Address 1303 North Shields
City Fort Collins State CO ZIP 80524
Phone 970-498-5303

Misc

Date 11/22/2006
Order No.
Rep
FOB

Qty	Description	Unit Price	TOTAL
1	50/50 Cost share for fuels reduction in Rist Canyon	\$ 3,500.00	\$ 3,500.00

SubTotal	\$ 3,500.00
Shipping	
TOTAL	\$ 3,500.00

Payment

Comments _____
Name _____
CC # _____
Expires _____

Tax Rate(s)



Sundance Trail Guest Ranch
 17931 Red Feather lakes Road
 Red Feather lakes, CO 80545
 C/O Dan Morin

Invoice No. 4596

INVOICE

Customer

Name Larimer County Wildfire Safety/Emergency Services
 Address 1303 North Shields
 City Fort Collins State CO ZIP 80524
 Phone 970-498-5303

Misc

Date 04/16/2007
 Order No.
 Rep
 FOB

Qty	Description	Unit Price	TOTAL
1	50/50 Cost share for fuels reduction in Sundance Trail Guest Ranch	\$ 3,250.00	\$ 3,250.00

SubTotal	\$ 3,250.00
Shipping	
TOTAL	\$ 3,250.00

Payment

Comments
 Name
 CC #
 Expires

Tax Rate(s)



Empty rectangular box for additional notes or terms.



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)	X
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)	

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 03-03-08
KC

Name: *LaRimer County Emergency Services*

Address: *1303 North Shields*
 Fort Collins, CO 80524

Approved for Payment
C.S.F.S.
A 408414
 03-03-08
 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: *536636-004-FC* Cooperator Match: *40,305.10 N 17,178.25*

Approved Funding: *37,000 N* Total Project: *77,305.10 31,543.45*

CSFS Account Number: *536636-5980* Amount of Payment: *14,365.20 N*

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

Approved by *R. [Signature]* Date: *3-2-08*
 (Program manager signature)

FILE COPY

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

Date Requested: 03/03/08

V LARIMER COUNTY
E EMERGENCY SERVICES
N 1303 N SHIELDS ST
D FORT COLLINS CO 80524
O
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 408414
P FORT COLLINS CO 80523-6011

Contact: RICH HOMANN
Phone: (970)491-7538
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; State Fire Assistance (a.k.a. SFA); Project # 536636-004-FC; 05 CPG SFA NFP; Final Payment	1	LOT	14365.2000	14365.20	536636	5980	
TOTAL:					\$14,365.20			

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

SIGNATURE

DATE

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3 _____

In order to receive reimbursement, you must provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds cannot be used as sources for meeting the cost sharing (matching) provisions. Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.

1. Grant Award #: <u>G-6636-005</u>	2. Total Award Amount: <u>18,000</u>	3. Community Protected: <u>Larimer County</u>
4. Make Payment To: Name: <u>Tony Simmons</u> Address: <u>Larimer County Emergency Services</u> <u>1303 N Shields</u> <u>Fort Collins, CO 80524</u>		5. Period of Performance: From: <u>7/12/05</u> To: <u>12/1/06</u>

6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)	Cost	Amount	
① RETREAT LANDOWNERS Association - slash sight	850.00	425.00	<u>Reimburse</u>
② Glen Haven - on site chipping	4312.50	1500.00	
③ Red Feather Lakes on-site chipping	7738.00	3500.00	
④ East Canyon - slash sight	7343.00	3500.00	
⑤ Estes Park - slash sight	623.00	1400.00	
	<u>20,871.50</u>	<u>10,325.00</u>	

7. Reimbursement Request:

Project to Date Reimbursement Request Amount cannot exceed the total obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.

	Current Period			Project to Date		
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs
Labor*	10,325.00	10,325.00	20,650.00	10,325.00	10,325.00	20,650.00
Material**						
Total	<u>10,325.00</u>	<u>10,325.00</u>	<u>20,650.00</u>	<u>10,325.00</u>	<u>10,325.00</u>	<u>20,650.00</u>

Donated time and materials can only be counted towards the matching component.

* Use actual costs or \$11.68/hour for donated or volunteers' time.

** Use actual costs or fair market value of donated materials, supplies, or equipment use.

8. Amount Paid to CSFS for Products and/Or Services : \$ _____

9. I request reimbursement in the amount of \$ 10,325.00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents.

Signature: Tony Simmons Date: 11/28/06

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature: Bobo Libede Date: 11/28/06

Larimer County Emergency Services
 Attn: Tony Simons
 1303 N. Shields
 Fort Collins, CO 80524

Invoice No. 5687

INVOICE

Customer

Name Colorado State University
 Address Sponsored Programs
 City Fort Collins State CO ZIP 80523
 Phone 970-491-4878

Misc

Date 11/28/2006
 Order No.
 Rep
 FOB

Qty	Description	Unit Price	TOTAL
1	Reimbursement -- for grant G-6636-005	\$ 10,325.00	\$ 10,325.00

SubTotal \$ 10,325.00
 Shipping

Payment

Comments
 Name
 CC #
 Expires

Tax Rate(s)

TOTAL \$ 10,325.00

Empty rectangular box for additional information or signature.

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3_____

In order to receive reimbursement, you must provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds cannot be used as sources for meeting the cost sharing (matching) provisions. Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.

1. Grant Award #: <u>6-6636-005</u>	2. Total Award Amount: <u>18,000</u>	3. Community Protected: <u>LAZIMER COUNTY</u>
4. Make Payment To: Name: <u>Tommy Simons</u> Address: <u>LAZIMER COUNTY EMERGENCY SERVICES</u> <u>1303 N SHIELDS</u> <u>FORT COLLINS, CO 80524</u>		5. Period of Performance: From: <u>12/1/06</u> To: <u>5/1/07</u>

6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)

SUNRISE TRAIL Fuels Reduction	12 ACRES
Fossil CREEK Fuels Reduction	4 ACRES
BOCKSKIN HEIGHTS Fuels Reduction	15 ACRES

7. Reimbursement Request: 7,675.00

Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.

	Current Period			Project to Date		
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs
Labor*	7675 ⁰⁰	12,177.80 ⁰⁰	19,852.80	7675 ⁰⁰	12177.80 ⁰⁰	19852.80
Material**						
Total						

Donated time and materials can only be counted towards the matching component.
 * Use actual costs or \$11.68/hour for donated or volunteers' time.
 ** Use actual costs or fair market value of donated materials, supplies, or equipment use.

8. Amount Paid to CSFS for Products and/Or Services : \$ _____

9. I request reimbursement in the amount of \$ 7675⁰⁰ for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents.

Signature: Tommy Simons Date: _____

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature: _____ Date: _____

ATTACHMENT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Subaward No. G5-3 _____

In order to receive reimbursement, you must provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds cannot be used as sources for meeting the cost sharing (matching) provisions. Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.

1. Grant Award #: 6-6636-001 2. Total Award Amount: 37,000 3. Community Protected: LARIMER COUNTY

4. Make Payment To:
Name: Tony Simons
Address: LARIMER COUNTY EMERGENCY SERVICES
1303 North Shields
Fort Collins, CO 80524

5. Period of Performance:
From: 7/12/05
To: 12/1/06

6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)

N-KIND HOUSE TOOTH MOUNTAIN PARK 26 ACRES — \$15,000 *Hard Dollar Contribution*
Ramsay-Shockey OPEN SPACE 8 ACRES — \$2,663.73
Alternative Sanitizing Unit 123 hours @ 17.68 = 2,174.64
CITIZENS - FIREWOOD 186 hours @ 17.68 = 3,288.48
20,952.21

7. Reimbursement Request:
Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.

	Current Period			Project to Date		
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs
Labor*	<u>20,734.80</u>	<u>20,536.85</u>	<u>41,271.65</u>			
Material**	<u>1900</u>	<u>2590</u>	<u>4490</u>	<u>SAME</u>		
Total	<u>22,634.80</u>	<u>23,126.85</u>	<u>45,768.50</u>			

Donated time and materials can only be counted towards the matching component.
* Use actual costs or \$11.68/hour for donated or volunteers' time.
** Use actual costs or fair market value of donated materials, supplies, or equipment use.

8. Amount Paid to CSFS for Products and/Or Services : \$ 0.00

9. I request reimbursement in the amount of \$ 22,634.80 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents.

Signature: Tony Simons Date: 11/28/06

10. Certification (To be completed by CSFS District):
Work meets minimum standards as set forth by CSFS.
Signature: Boyd White Date: 11/28/06

Larimer County Emergency Services
 Attn: Tony Simons
 1303 N. Shields
 Fort Collins, CO 80524

Invoice No. 5688

INVOICE

Customer			
Name	Colorado State University		
Address	Sponsored Programs		
City	Fort Collins	State	CO ZIP 80523
Phone	970-491-4878		

Misc	
Date	11/28/2006
Order No.	
Rep	
FOB	

Qty	Description	Unit Price	TOTAL
1	Reimbursement -- for grant G-6636-004	\$ 22,634.80	\$ 22,634.80

SubTotal	\$ 22,634.80
Shipping	

Payment	
Comments	
Name	
CC #	
Expires	

Tax Rate(s)	
TOTAL	\$ 22,634.80



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2007 CWPP
Grant Application

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

Applicant Information	
Applicant:	Larimer County Emergency Services
Contact Person:	Tony Simons
Address:	1303 N. Shields Street
City/Zip Code:	Fort Collins, CO 80524
Phone (Work/Cell):	970-498-5303
Email:	simonsap@co.larimer.co.us
Fax:	970-493-2795

Community At Risk Information			
Name of Project:	CWPP Facilitator		
Community Name:	Livermore FPD and Glacier View FPD		
County:	Larimer	Congressional District:	4th
Latitude (decimal degrees):	n/a	Longitude (decimal degrees):	n/a
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	500
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input checked="" type="checkbox"/>	Number of:	1
Infrastructure:	<input type="checkbox"/>	Estimated value of:	
Economic Viability:	<input type="checkbox"/>	Estimated value of:	
Historic Structures:	<input checked="" type="checkbox"/>	Number of:	2+
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.	
Dollar Amount Requested \$ 4,500	Projected Match \$ 4,500
3	<p>Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types.)</p> <p>Interest in Community Wildfire Protection Planning is on the increase in Larimer County. There have been a number of different approaches to CWPP development in the County including: citizen led; contractor facilitated; agency facilitated; and fire department facilitated. This proposal is intended to select one of these approaches that matches the stage that these two communities are in. These two communities are ready to move forward in this process at this time. The purpose of this proposal is to provide leadership, coordination and facilitation in the development of Community Wildfire Protection Plans for two communities within Larimer County: the Livermore FPD area and the Glacier View FPD area. This contracted facilitator would work in conjunction with the CSFS, USFS, Larimer County and the Larimer County Coordinating Group to guide these communities.</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.

4

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

This Contracted facilitator effort is designed to assist the Larimer County Coordinating Group with leadership and coordination for these two communities in the CWPP process. Utilizing the Larimer County CWPP template and guidance from the Larimer County Coordinating Group this facilitator will guide communities in the development of CWPP's. Both communities have had strong FireWise efforts in the past and have indicated interest in CWPP's. Both communities have respected fire departments that are committed to helping the community in the CWPP process. Limited available staff time by the agencies (CSFS, USFS, Larimer County) creates the need for the facilitator. These completed CWPP's would be adjacent to two ongoing CWPP efforts (Poudre Canyon FPD and Red Feather Lakes). The Livermore FPD is adjacent to Poudre Fire Authority who completed a CWPP in 2006.

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

Tracking sheets will be completed for the plans progress, completed plans and projects identified within the CWPP will be maintained by the Larimer County Coordinating Group.

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

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

Provide a timeline for the project

Award date plus one month to contract the facilitator. Followed by initial briefing with facilitator to provide guidance and introduce to community contacts. Facilitator to launch the CWPP process for the communities and complete designated CWPP's using the Larimer County CWPP template (or format selected by community) by September 30, 2007.

Interagency Collaboration

5

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.).

Larimer County Emergency Services (time/equipment/funding), Larimer County Coordinating Group (time), Colorado State Forest Service (time), USFS (time), Volunteer Fire Departments (time), Homeowner Associations (time), Community Groups (time).

Community Wildfire Protection Plan (CWPP)

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

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

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input type="checkbox"/>			
	Number of acres to be treated:		Estimated cost per acre:	
	Number of communities directly affected by this project:			
	Information & Education <input type="checkbox"/>			
	Number of citizens to be reached:			
	Planning <input checked="" type="checkbox"/>			
	Number of residences affected:	500		
	Project Type (check all that apply)			
	Assessment / Scoping:	<input checked="" type="checkbox"/>	Implementation / Treatment:	<input type="checkbox"/>
Homeowner / Community Action:	<input checked="" type="checkbox"/>	Monitoring / Evaluation:	<input checked="" type="checkbox"/>	
Information / Education:	<input checked="" type="checkbox"/>			

7	Grant Contributors (Matching Share)							
	(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception)							
	Please specify each match contributor and the dollar amount of each contribution.							
	Contributors: (Please specify)	LC Emergency Services	Community Citizens					TOTAL
	Dollars (Hard Match):	\$250						\$ 250
In-Kind (Soft Match):	\$1,000	\$3,250					\$4,250	
TOTAL:	\$1,250	\$3,250	\$ 0	\$ 0	\$ 0	\$ 0	\$4,500	

8	Total Project Expense (break down matching share totals from block seven)				
		Grant Share (\$ Amount Requested)	Match (from block seven)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:	4000		4250	\$4,250
	Operating:	500	250		\$ 750
	Travel:				\$ 0
	Contractual Services:				\$ 0
	Equipment:				\$ 0
	Indirect Costs:				\$ 0
	TOTAL:	\$4,500	\$ 250	\$4,250	\$5,000

Lebeda,Boyd

From: Campbell,Ralph [Ralph.Campbell@ColoState.EDU]
Sent: Wednesday, May 16, 2007 11:12 AM
To: Boyd O. Lebeda (blebeda@lamar.colostate.edu)
Subject: Larimer County
Attachments: Reimbursement Request.xls; Agreement.doc; Larimer County Application.doc; Memo.doc

Boyd

The following has been sent to to Larimer County Emergency Services for their CWPP project award. It is for your records.

- * A copy of their application
- * The e-mail I sent them
- * A copy of the award packet (reimbursement request is part of the packet but a separate attachment)

They have been notified.

Any questions please let me know.

Take care

Ralph Campbell

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
COMPETITIVE GRANTS

Project Number: 03 07/536790

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Project #: 03 07/536790	2. Project Funding Amount: \$4,500	3. Community Protected: Larimer County Emergency Services						
4. Make Payment To: Name: Larimer County Emergency Services Address: 1303 N Shields Street Fort Collins, Colo. 80524 Attn: Tony Simmons		5. Period of Performance: From: May-07 To: Sep-07						
6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)								
7. Reimbursement Request: Project to Date Reimbursement Request Amount cannot exceed the total Project obligation as identified in the Project Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.								
	Current Period			Project to Date				
	Reimbursement Amount Requested For Out of Pocket Expenses	Matching Funds		Total Costs	Reimbursement Amount Requested For Out of Pocket Expenses	Matching Funds		Total Costs
		Cash (hard match)	Donated (Inkind match)			Cash (hard match)	Donated (Inkind match)	
Labor*								
Material**								
Total								
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use.								
8. Amount Paid to CSFS for Products and/Or Services : \$								
9. I request reimbursement in the amount of \$_____ for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the project documents.								
Signature: _____					Date: _____			
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS.								
Signature: _____					Date: _____			

**Financial Assistance Program
Cooperative Match Project**

To be conducted by:

Larimer County Emergency Services

Project Number: 03 07/536790

Estimated Project Cost: \$9,000

Funding provided by CSFS: \$4,500

Minimum Recipient Match: \$4/500

Project to be completed by: 09/20/07

Based on the strength of the application submitted by **Larimer County Emergency Service**, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$ **4,500** to accomplish the project described in the attached scope of work.

As the cooperator, **Larimer County Emergency Services**, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Exhibit A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit Grant Report(s)/Reimbursement Request(s) using the form provided in "Exhibit B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service
Colorado State University
Foothills 5060 Campus Delivery
Fort Collins, Colorado 80523-5060
Attn: Ralph Campbell

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

This funding will remain available until **09/20/07**. **No extension will be given. All work must be completed by 09/20/07. All reports must be submitted prior to 10/10/07 to qualify for reimbursement.**

By my signature below I certify that I am authorized to sign on behalf of the cooperator and that I have read and understand the conditions of participating in this cooperative match project. I understand that no reimbursement will be provided until all work is completed and accepted. Incomplete projects will not be funded.

Cooperator Signature: _____ **Date:** _____

Print Name: _____

Mailing Address: Larimer County Emergency Services, 1303 N Shields Street, Fort Collins, Colorado 80524, Attn: Tony Simmons

Telephone Number: 970-498-5303

Email Address: simonsap@co.larimer.co.us

EXHIBIT A
**Financial Assistance Program
Cooperative Match Project**

SCOPE OF WORK

Project Number: 03 07/536790

Cooperator: Larimer County Emergency Services

Work to be completed:

Provide leadership, coordination and facilitation in the development of Community Wildfire Protection Plans for two communities within Larimer County.

Milestone dates:

June 2007 – Select a facilitator

July – September 2007: Facilitator meets with the Livermore and Glacier View FPD's

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

Project Period: May 2007 – September 2007

Funded Amount: \$ 4,500

Minimum cooperator match: \$ 4,500

Deliverables:

Facilitator meets with the Livermore and Glacier View FPD's and assists them in the CWPP planning process established by Larimer County.

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Exhibit B to the project entitled "Exhibit B, Grant Report/ Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

Rev. March 2007

Cost Sharing or Matching (OMB Circular A-110)

All contributions, including cash and third party in-kind, shall be accepted as part of the recipient's cost sharing or matching when such contributions meet all of the following criteria:

- 1) Are verifiable from the recipient's (CSFS) records.
- 2) Are not included as contributions for any other federally-assisted project or program.
Exclude time and mileage occurring by CSFS and federal employees. (Matching dollars can only be reported once)
- 3) Are necessary and reasonable for proper and efficient accomplishment of project or program objectives. (volunteer time necessary to complete the project)
- 4) Are provided for in the approved budget when required by the Federal awarding agency. (identified on the federal assistance form 424a as state match or cooperator contribution or both)
- 5) Unrecovered indirect costs may be included as part of cost sharing or matching only with the prior approval of the Federal awarding agency. (This occurs when we are only allowed to charge a rate less than the negotiated rate of 23%. The unrecovered indirect would be the difference between that rate and 23%. This difference can be used as match if approved by the Federal Agency)
- 6) Volunteer services furnished by professional and technical personnel, consultants, and other skilled and unskilled labor may be counted as cost sharing or matching if the service is an integral and necessary part of an approved project or program.
 - a. Rates for volunteer services shall be consistent with those paid for similar work in the recipient's organization. (presently using the "Independent Sector" estimated value of a volunteer hour)
 - b. When an employer other than the recipient furnishes the services of an employee, these services shall be valued at the employee's regular rate of pay, plus fringe benefits.
 - c. Volunteer services shall be documented and, to the extent feasible, supported by the same methods used by the recipient for its own employees.
- 7) Donated supplies may include such items as expendable equipment, office supplies, laboratory supplies or workshop and classroom supplies and rental equipment (chippers, backhoes etc). Value assessed to donated supplies included in the cost sharing or matching share shall be reasonable and shall not exceed the fair market value of the property at the time of the donation or rental.
- 8) The value of donated space shall not exceed the fair rental value.

Some examples of Cooperator Cost Share:

- 1) Volunteers time to plant trees
- 2) Hourly wage of County or FPD/Fire Dept personnel attending a Fire Education meeting
- 3) Hourly wage or volunteer rate of VFD attending a training session
- 4) Landowner's time to create D-Space, not funded with SFA or any federal grant dollars
- 5) City personnel's time devoted to the Urban/Community Forestry program
- 6) Landowner's time and operating expense to accomplish Forest Pest Management, not funded with Federal grant dollars
- 7) Home Owners Association actual expense and volunteer time to accomplish Forest Pest Management, not funded with Federal grant dollars
- 9) Rental space used for Fire Education etc, either actual or donated expense.

for the purpose of: C.W.P.P.

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time (1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)			
2. Operating Expense (equipment, supplies, etc)			
3. Travel Expense (mileage rate is .14 cents/mile per the IRS) Include other related travel cost			
4. Other (specify) (meetings, handouts, rentals, training expenses, etc)			
TOTAL EXPENSE			

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 4,500
Grant Type/Name/Number: 03 07/536790

Documentation should be maintained for **three (3) years**.

(1) Use **\$17.55 / hour** for volunteered time.

(2) Exclude payments to the Colorado State Forest Service for services related to this project.

(3) **Exclude all federal funds related to this project.**

Cooperator Signature: _____ Date: _____

Name / Title: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

CSFS Signature: _____

Hi Tony

Attached are the project award documentation and the grant report/reimbursement request for the **Larimer County Emergency Services**. Please **DO NOT** make any changes to any of the documentation without discussing with me as this will slow down the process.

You will need to take the following steps in order to execute this award and request reimbursement.

Things to do immediately:

1. Financial Assistance Program: Review this form to make sure it is correct. If not correct contact me at 303-877-0263. If it is correct print out four copies and sign each on at the bottom where the cooperator signature is required. Please make sure you date this form. Retain one copy for your records, and return three hard copies to the address below.

2. Exhibit A – Scope of Work: Review this form to make sure it correct. Print out four copies and at the bottom initial all four copies. Please retain one copy for your records, and return three hard copies to the address below.

Both of the above forms should be sent to me as one packet prior to starting the project.

3. Cost Sharing or Matching (OMB Circular A-110): Please read this sheet as it describes allowable cost for your match.

4. Form D – Cost Documentation: Please print out this sheet and keep it current. This will be used to verify your match. Your match can and in most cases will exceed what you originally submitted on your grant application. Exceeding the original match estimate is okay, as it will help track the total cost of implementing the project. At the completion of the project, you will need to sign this form and return to me.

Things to do when the project is complete:

5. CSFS #901-Cooperator Cost Share Report: At the completion of the project, please print this form out and fill in the items highlighted in red. You do not need to fill out this form, I will complete from the information you provide on Form D.

6. Exhibit B – Grant Report and Reimbursement Request: At the completion of the project, when you are requesting reimbursement, please print this form out and complete numbers 6 – 9.

Form D, the CSFS 901, and Exhibit B should be mailed to me as one packet as soon as the project is complete and all documentation has been completed.

My mailing address is:

Colorado State Forest Service
Colorado State University
Foothills 5060 Campus Delivery
Fort Collins, Colo. 80523-5060
Attn: Ralph Campbell

If you have any questions please contact me at 303-877-0263.

Memorandum

To: Rich Homann

From: Tony Simons, Larimer County Emergency Services Specialist

Subject: Grant Extension

Date: February 2, 2007

Rich,

Larimer County Wildfire Safety Program/ Emergency Services request a grant extension on grant # G-6636-005 until 9/1/2007. This extension is requested due to the recent snow and the inability for contractors and landowners to complete projects within the original time frame.

Projects	Status
• Estes Park Community collection site	Completed
• Red Feather Slash collection days	Completed
• Rist Canyon Slash collection site	Completed
• Lady Moon Ranch fuels reduction	Ongoing, completed in Sept. 2007
• Sunrise Trail Ranch fuels reduction	Ongoing, completed in Dec. 2006
• Retreat Slash collection site	Completed
• Glen Haven slash collect sites	Completed
• Culver Open Space fuels reduction	Completed

To reiterate the Larimer County Wildfire Safety Program/ Emergency Services request an extension, until 9/1/2007, to ensure completion of the work on-going and scheduled. This extension will ensure the success and assist in reducing the wildfire danger through Larimer County.

Thank You

CC: Boyd Lebeda

fc copy

**Financial Assistance Program
Cooperative Match Project**

To be conducted by:

Larimer County Emergency Services

Project Number:	530907-009
Estimated Project Cost:	\$27,472
Funding provided by CSFS:	\$13,736
Minimum Recipient Match:	\$13,736
Project to be completed by:	September 30, 2009

Based on the strength of the application submitted by Larimer County Emergency Services, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$13,736 to accomplish the project described in the attached scope of work.

As the cooperator, Larimer County Emergency Services, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Attachment A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "Attachment B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to: CSFS Fort Collins District Office, 5060 Campus Delivery, Colorado State University, Fort Collins, CO 80523
- D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until September 30, 2009. It may be extended at any time at the discretion of CSFS.

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

Cooperator Signature:

Date:

Mailing Address: Larimer County Emergency Services
1303 North Shields Street
Fort Collins, CO 80524

Telephone Number: 970.498.5303

Email Address: simonsap@co.larimer.co.us

2006 Colorado Western States
Wildland Urban Interface
Grant Application

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

Applicant Information	
Applicant:	Larimer County Emergency Services
Contact Person:	Tony Simons
Address:	1303 North Shields
City/Zip Code:	Fort Collins, CO 80524
Phone (Work/Cell):	970-498-5303
Email:	simonsap@co.larimer.co.us
Fax:	970-493-2795

Community At Risk Information			
Name of Project:	Fuels Reduction with Alternative Sentencing Unit		
Community Name:	Larimer County		
County:	Larimer County	Congressional District:	4th
Latitude (decimal degrees):	n/a	Longitude (decimal degrees):	n/a
Threat Description (check all that apply)			
Homes:	<input type="checkbox"/>	Number of:	105392
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):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.	
Dollar Amount Requested \$ 13,736	Projected Match \$ 13,736
3	<p>Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types.)</p> <p>Develop and expand a fuels reduction crew – thinning and burning within the montane and upper montane ecosystems; the crew will utilize emergency firefighters as the sawyers and the ASU (Alternative Sentencing Unit) as a labor force to stack slash into burn piles or chipping sites throughout Larimer County. This crew would focus efforts on priorities established in the Larimer County Community Wildfire Protection Plan, or the individual communities CWPP.</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.

4

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

Grant dollars would be utilized to fund salaries of an individual to coordinated and manage projects, conduct piles burns and prescribed fires; plus the salaries of emergency firefighters that serve as sawyers and assist in burning operations. No grant dollars would be used for the ASU labor force, all costs or ASU would be provided by Larimer County Sheriffs Department. Fuels reduction projects may be located on community or county open space, community green belts, access improvement, chipping and the construction of fuel breaks on private property. Additionally, fuels reductions projects will serve as an interpretive FireWise demonstration sites.

Describe all planned maintenance (grant funded or other) if this project is funded.
Larimer County Parks and Open Lands with the assistance of the Emergency Services program and the Nature Conservancy is developing a comprehensive monitoring plan that coincides with fuels treatments and the use of prescribed fire. Monitoring points have been established and are being maintained by LC Parks and Open Lands staff. Community projects will be maintained and monitored by the respective community.

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

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

Provide a timeline for the project
Award date-end of project --hire and train staff on projects identified in the Larimer County Community Wildfire Protection Plan or by Larimer County Parks and Open Lands. Additionally, work with communities to assist them in identifying projects that will be economical and beneficial to reduce the impact of wildfire.

Interagency Collaboration

5

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.).

LC Wildfire Safety Program (time/funding), LC Emergency Services(time/equipment), LC Sheriffs Dept(time)., LC Coordinating Group(time), LC Parks and Open Lands (time/equipment/funding) Colorado State Forest Service (time), United States Forest Service(time), Rocky Mountain National Park (time), 17 Career and Volunteer Fire departments(time), Homeowners associations(time), Community Groups(time), The Nature Conservancy(time/funding)

Community Wildfire Protection Plan (CWPP)

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

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

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input type="checkbox"/>			
	Number of acres to be treated:	25	Estimated cost per acre:	\$550.00
	Number of communities directly affected by this project: 10			
	Information & Education <input checked="" type="checkbox"/>			
	Number of citizens to be reached:	2,500		
	Planning <input type="checkbox"/>			
	Number of residences affected:			
	Project Type (check all that apply)			
	Assessment / Scoping:	<input type="checkbox"/>	Implementation / Treatment:	<input checked="" type="checkbox"/>
Homeowner / Community Action:	<input type="checkbox"/>	Monitoring / Evaluation:	<input checked="" type="checkbox"/>	
Information / Education:	<input checked="" type="checkbox"/>			

7	Grant Contributors (Matching Share)							
	(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception)							
	Please specify each match contributor and the dollar amount of each contribution.							
	Contributors: (Please specify)	LC Emergency Services		LC Parks and Open Lands				TOTAL
	Dollars (Hard Match):			\$10,000				\$10,000
In-Kind (Soft Match):	\$3,736						\$3,736	
TOTAL:	\$3,736	\$ 0	\$10,000	\$ 0	\$ 0	\$ 0	\$13,736	

8	Total Project Expense (break down matching share totals from block seven)				
		Grant Share (\$ Amount Requested)	Match (from block seven)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:		10000	0	\$10,000
	Operating:	3736	0	0	\$3,736
	Travel:	0	0	0	\$ 0
	Contractual Services:	0	0	0	\$ 0
	Equipment:	0	0	0	\$ 0
	Indirect Costs:	0	0	0	\$ 0
	TOTAL:	\$3,736	\$10,000	\$ 0	\$13,736

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

November 16, 2011

Tony Simons
Larimer County Sheriff's Office
2501 Midpoint Drive
Fort Collins, CO 80525

Dear Tony Simons:

This letter is in regards to the HB09-1199 Colorado Fuels Mitigation Grant Program of three awards for fuels reduction work on County Open Space properties. The awards are:
\$18,800 for work on 30 acres within Horsetooth Mountain Open Space
\$20,000 for work on 40 acres within Hermit Park and
\$20,000 for work on 40 acres within Chimney Hollow Open Space
Enclosed you should find all required forms including Forms A, C, and D.

I need the three forms 'A' signed and returned to me at your earliest convenience. Forms C and D are for your completion and submittal when requesting reimbursement. Original receipts, invoices showing "paid" or copies of checks will also be required with reimbursement paperwork.

All forms should be mailed to:

Diana Selby
CSFS- Fort Collins District
5060 Campus Delivery
Fort Collins, CO 80523-5060

If you have any questions about filling out the documents please feel free to contact me at 970-491-8839 or diana.selby@colostate.edu.

Thank you,



Diana Selby
Assistant District Forester

Enclosures



COOPERATIVE EXPENDITURE REPORT

Report Period 7/12/05-4/30/2007

Summary of expenditures incurred by: Sundance Trail Ranch

for the purpose of: Fuels Mitigation -50/50 Cost Share

(Indicate whether activity is: Forest Pest Management; Mountain Pine Beetle; Rural Development; Community Forestry; Fire; Forest Stewardship; Economic Action; Forest Legacy; Front Range Fuels Treatment or other activities)

CATEGORY	VOLUNTEERED \$ Value of Time & Effort(1)	ACTUAL \$ Expenditure (2)	TOTAL COSTS (3)
1. Personal Services (salaries & benefits)		\$6894.10	6894.10
2. Operating Expense		\$1900.75	1900.75
3. Travel Expense			
4. Other (specify)			
TOTAL EXPENSE (4)		\$8794.85	8794.85

GRANT AMOUNT (awarded through CSFS, *if applicable*) \$ 3250.00
 Grant Type/Name/Number: G-6636-005

Supporting documentation for costs (volunteered and actual) is to be maintained in the cooperator's records. Retain documentation such as receipts and payment records for **six (6) years**.

- (1) Use **\$17.55 / hour** for volunteered time and effort.
- (2) Exclude payments to the Colorado State Forest Service for services related to this project.
- (3) Exclude all federal source funds related to this project.
- (4) Qualifying expenses should relate directly to the forestry project reported on this form.

Cooperator Signature: _____ Date: 4/30/2007

Name / Title: Tony Simons, Larimer County Emergency Services Specialist

Address: 1303 N. Shields

City: Fort Collins County: Larimer State: CO Zip 80524

CSFS Signature/Title: _____

CSFS District Signature: _____

Return this form to: CSFS District Office



Sundance Trail Guest Ranch

17931 Red Feather Lakes Road

Red Feather Lakes, CO 80545

970-224-1222 800-357-4930

www.SundanceTrail.com ride@SundanceTrail.com

April 7, 2007

Mr. Tony Simons
Larimer County Emergency Services
1303 North Shields
Ft. Collins, CO 80525

Dear Tony,

Enclosed, please find my report for the 2006 Fuels Mitigation Project grant, for Sundance Trail Ranch Zone "F". Summary table is attached.

First, thank you for your patience! As we discussed on the phone, this last 18 months has been one of the most adventurous of my adult life.

The adventure started with a September 2005 accident in which I fractured my pelvis in three places, requiring a full week of hospitalization, about 8 months on crutches, and two months on a cane. I had stopped using the cane for almost two weeks in June 2005 when I sustained a bucket handle tear to my left knee, requiring yet another 5 months on crutches, followed by surgery in October of 2006, followed by yet three more months on crutches and seven weeks with a cane. I am now again ambulatory again!

Every aspect of my business has piled up – loss of mobility and pain control can have a devastating effect on productivity.

I am very grateful for you're extending the reporting deadline.

Second, thank you for your patience! For the first time in years, our business has picked up. In fact, this has been our most busy year ever! This has proven to be both a terrific blessing, and provided extra challenges to the adventure.

The first sawyer that I hired for this project (I can't even remember his name) was released from employment almost immediately after his arrival due to his obnoxious behavior. (He was "voted off" the ranch by the other staff.) I did not include his training hours in this grant report. Tyler, who was hired to replace this fella on the fuels mitigation project fell out of her attic and broke her leg in three places and moved home to mom's.

Drew, one of my wrangler/sawyer/swamper's fell off his horse, broke his arm and became the ranch librarian. Then Linda, who was hired to replace Drew, fell in love and moved to Boston...

Meanwhile, I was hobbling around (or driving the tractor) supervising the survivors.

Finally, thank you for your patience!

Although all of the trees and brush that needed cutting in Zone "F" were felled and bucked; swamping, stumping and removal of logs was not completed. I have hired two sawyers this spring, who will be completing this as soon as snow allows.

These two fellas will also be working on the next zones in the master plan.

If there is funding available to assist us with this ongoing project, I would be very interested in applying – I promise that all paperwork will be completed in a timely fashion! Honest! (It is likely that I will be replacing the knee later this fall, will be hiring staff to replace me, and will have lots of time to do this deskwork.)

Sincerely yours,


Dan Morin

Summary

	Total Spent	Request from Grant	Sundance Trail Matching
Labor/Payroll	\$6,894.10	\$2,350.00	\$4,544.10
O & E	\$1,028.83	\$514.41	\$514.42
Indirect	\$871.92	\$400.00	\$471.92
Total	\$8,794.85	\$ 3,264.41	\$5,530.44

Note: Operating supplies and Equipment, PPE and parts were not restocked, nor was periodic maintenance performed at end of grant period as planned. See letter attached.

Account: TOTALS

Date:	To/From/Comments:	Amount:	Balance:
11/05	PAYROLL ↓	309.31	
12/05		118.04	
5/06		439.69	
6/06		297.25	
7/06		419.80	
8/06		991.53	
9/06		994.66	
10/06		1,242.60	
11/06		877.76	
12/06		1,205.46	6,894.10 ✓
11/05	INDIRECTS ↓	39.13	
12/05		14.93	
5/06		55.60	
6/06		37.60	
7/06		53.10	
8/06		125.42	
9/06		125.74	
10/06		157.13	
11/06		111.04	
12/06		152.23	871.92 ✓
11/05	OPERATING + EQUIP ↓	28.12	
12/05		18.19	
5/06		176.62	
6/06		176.62	214.88
7/06		219.08	162.07
8/06		163.07	52.10
9/06		52.10	163.16
10/06		163.16	163.16
11/06			127.88
12/06			80.61

Account: PAYROLL + INDIRECTS

Date:	To/From/Comments:	Amount:	Balance:
11/05	PETE 21.5 HRS @ 12.34	265.31	
	DAN 2 HRS @ 22.00	44	
			309.31 ✓
	SOCH/CME @ 7.65%	23.67	
	COMP @ 4%	12.37	
	FUTA/SUTA @ 1%	3.09	39.13 ✓
12/05	PETE 6 HRS	74.04	
	DAN 2 HRS	44.00	118.04 ✓
	SOCH/CME	9.03	
	COMP	4.72	
	FUTA/SUTA	1.18	17.93 ✓
5/06	ELLEN 4.5 @ 12.34	55.53	
	PEPER 4.5 " "	55.53	
	LUCI 3.5 " "	43.19	
	JANIE 3.5 " "	43.19	
	BEN 4.5 " "	55.53	
	CAROLINE 3.5 " "	43.19	
	JIM 4.5 " "	55.53	
	DAN 4 @ 22.00	88.00	439.69 ✓
	SOCH/CME	33.64	
	COMP	17.56	
	FUTA/SUTA	4.40	55.60 ✓

Account: PAYROLL & INDIRECTS

Date:	To/From/Comments:	Amount:	Balance:
6/06	VINCE @ 12.34 - 3.5 HRS	43.19	
	LUCI " " - 2.5 HRS	30.85	
	DREW " " - 4.0 HRS	49.36	
	BEN " " - 2.5 HRS	30.85	
	DAN @ 22.00 - 6.5 HRS	143.00	297.25 ✓
	SOCIAL/CAFE 765 ²⁵	22.74	
	Comp 4 ⁰⁰	11.89	
	FUTA/SUTA 1 ⁰⁰	2.97	37.60 ✓
7/06	VINCE 4.5		
	LUCI 0	55.53	
	DREW 8.5	0	
	BEN 13	104.85	
	DAN 4.5	160.42	
		99	419.80 ✓
	SOCIAL/CAFE	32.12	
	Comp	16.99	
	FUTA/SUTA	4.19	53.10 ✓
8/06	BEN 25	308.50	
	VINCE 4	49.36	
	DREW 7	86.38	
	BRUCE 18.5	228.29	
	DAN 14.5	319.00	991.53 ✓
	SOCIAL/CAFE	75.85	
	Comp	39.66	
	FUTA/SUTA	9.91	125.42 ✓
09/06	DAN - 6.5	143.00	
	BEN - 19.5	240.83	
	LUCI 6.5	80.21	
	JIM 6.5	80.21	
	CASS 6.5	80.21	

Account: _____

Date:	To/From/Comments:	Amount:	Balance:
09/06	Bryce -30	370.20	994.66
			994.66 ✓
	SOCH/CARE	7601	
	COMP	39.79	
	FUTA/SUTA	9.94	125.94 ✓
10/06	LINDA -7	86.38	
	TYLER 27.5	339.35	
	DAN 6	132.00	
	BRYCE 41.5	512.11	
	CASS 14	172.76	1,242.60 ✓
	SOCH/CARE	95.00	
	COMP	49.70	
	FUTA/SUTA	12.43	157.13 ✓
11/06	DAN -4	88.00	
	BRYCE -36	444.24	
	CASS -28	345.52	877.76 ✓
	SOCH/CARE	67.15	
	COMP	35.11	
	FUTA/SUTA	8.78	111.04 ✓
12/06	DAN -16		
	BRYCE -39.5	352.00	
	CASS -29.5	487.43	
		364.03	1203.46 ✓
	SOCH/CARE		
	COMP	92.06	
	FUTA/SUTA	48.14	
		12.03	152.23 ✓

Account: O&E

Date:	To/From/Comments:	Amount:	Balance:
5/15/05	TRADING POST - GAS	28.12	
5/16/05	TRADING POST - GAS	18.19	
6/1	TRADING POST - GAS	12.87	
6/5	RON'S - PANTS	7.14	
6/9	LONGMONT FARM - PANTS	73.29	
6/10	TRADING POST - GAS	18.91	
6/15	COLD METAL - PANTS	13.81	
6/19	TRADING POST - GAS	12.12	
6/26	JAX - PANTS	25.89	
6/26	USPS - POSTAGE	5.64	
6/27	TRADING POST - GAS	6.95	
		176.62	
7/3	JAX - PANTS + PPE	116.53	
7/5	GAS TRADING POST	12.16	
7/20	GAS TRADING POST	14.21	
7/26	JAX - PANTS	66.34	
7/27	TRADING POST GAS	9.84	
		219.08	
8/9	TRADING POST - GAS	20.72	
8/16	TRADING POST - GAS	18.12	
8/22	JAX - PANTS	76.43	
8/23	TRADING POST - GAS	19.02	
8/28	BATH - PANTS	10.69	
8/30	TRADING POST - GAS	18.09	
		163.57	
9/9	TRADING POST - GAS	19.46	
9/14	TRADING POST - GAS	14.41	
9/22	TRADING POST - GAS	18.23	
		52.10	
10/1	TRADING POST - GAS	23.19	
10/8	TRADING POST GAS	22.94	
10/14	JAX - PPE + PANTS	63.18	
10/15	TRADING POST - GAS	21.88	
10/20	TRADING POST - GAS	12.04	
10/26	TRADING POST - GAS	19.93	
		163.16	

RON'S EQUIPMENT
1200 W. 10th St. S
Tulsa, OK 74106
918-581-1234

6/5/06
Ron's Equip
PARTS \$7.14

STATE OF OKLAHOMA
DEPARTMENT OF REVENUE

DATE: 6/5/06 TIME: 08:11 PM

AMOUNT: \$7.14
TAX: \$0.00
TOTAL: \$7.14

AMOUNT: \$7.14

PLEASE PRINT: RECEIPTED AMOUNT
ACCORDING TO CARD ISSUED AGREEMENT
MERCHANT SIGNATURE AND CHECK NUMBER



MERCHANT PRINTED NAME (PLEASE PRINT)

NEW HOLLAND

(800) 339-0631

SOLD TO
SUNDOO SUNDANCE TRAIL GUEST RANCH
DANIEL MORIN
17931 RED FEATHER
LAKES ROAD
RED FEATHER LAKES CO 80545
Freon Cert# L

SHIP TO

Sold By: 008 PO #:
Ship By: Tax #:

Date 6/09/06 COUNTER INVOICE LI88836
10:47:43

Tax	D	Qty	Description	Price	Amount
PARTS COUNTER					
00000		1 02	6A320-58862	ASSY FILTER,	15.16
00000		2 02	15248-63700	KEY STARTER F-021D	5.99
00000		5 01	9613295	80W-90 GL-5 SHED	4.01
00000		2 01	9624656DS	OIL, HYDRAUL SHED	13.05
** TOTAL PARTS COUNTER					73.29

ALL CLAIMS AND RETURNS MUST BE ACCOMPANIED BY THIS BILL.

This account is subject to a FINANCE CHARGE for late payment. This charge is computed at an ANNUAL RATE OF 18% (PERIODIC RATE 1.5%) on the total past due balance.

I agree to pay the total amount of this invoice
in accordance with the Cardholder Agreement.

** SUBTOTAL 73.29

X _____ *VI XXXXXXXXXXXXX0206

08144B

Phone: (970) 224-1222

PAY THIS
AMOUNT

\$73.29

6/15/2008 1:47:10 PM
Cofra

Sales Receipt # 63495

REPAIR
PARTS
CHAIN SAW

Customer Copy
Colorado Iron & Metal Inc
1400 E. Mulberry
Fort Collins, CO 80524

Cashier: ME

DESCRIPTION	QTY	PRICE	EXT PRICE
ST1410	1	\$8.50	\$8.50
STEEL EXPANDED SHEET			
PR	1	\$5.00	\$5.00
shear fee			
2 Item(s)		Subtotal	\$13.50
Taxes	3.700 % Tax		+ \$0.31
RECEIPT TOTAL:			\$13.81

Credit Card \$ 13.81 XXXXXXXXXXXXXXXXXX VISA
Reference # 0000004015 Auth- 042008
Entry Swiped Merchant # ***16837

Signature

Thank you! Have a nice day!
All Sales Final No Returns



63495

CHAIN SAW
MILWAUKEE
POWER

Sales Receipt
Jax Farm & Ranch Inc.
1800 North Highway 537
Ft Collins, CO 98524 970-404-2221

Receipt No: 9254200 12/48 6/26/80
Invoice No: 9144163
Salesperson: Jim H.

Qty	Description	Price
1	BAR OIL 1 GAL	14.98
1	Safety DVD	9.99
Subtotal		24.97
Inst Tax		0.92
TOTAL		25.89

Amount Tendered: \$25.89 Visa

Account No Exp Ref No Auth No
45678910111213141516171819202122232425262728293031323334353637383940

Signature _____

I agree to pay above total amount -
according to card issuer agreement
(merchant agreement if credit voucher)

THANK YOU FOR SHOPPING AT JAX FARM &
RANCH.
Returns must be voided condition with
tag.
30 days from purchase with receipt
required.

BAR OIL 14.98
SAFETY DVD 9.99

24.97
 .92

25.89

ORIGINALS FILED E 6/06 RECEIVED

CHAIN SAW
MITIGATOR
PROJECT

Sales Receipt
JAY Tools & Hardware
1000 North Highway 657
Ft Collins, CO 80524 970-484-2221

Receipt #: 8204207
Invoice Not Printed
Salesperson: JAY B.

DATE 06/26/06 20-900142944-01 TIME 11:50

P S POSTAL SERVICE #0729550406
55 800 FEATHER LAKES RD
LIVERMOR CO 88536

Qty	Description	Price
2	BAR OIL 1 GAL	14.98
	SAFETY VIDS	9.59
Subtotal		24.57
Tax		1.40
TOTAL		25.97

TRAN # 302 CLERK ID 3 AUTH 081928

VISA SALE

ACCT. NUMBER XXXXXXXXXXXX0206 EXP XXXX

TOTAL \$5.64

Amount tendered: 105.00 Visa
Account No / Exp / Ref No / Auth No
XXXXXXXXXXXX0206 05/01/06 111857389 04

Signature

ALL SALES FINAL ON STAMPS AND POSTAGE
REFUNDS FOR GUARANTEED SERVICES ONLY

WE DELIVER FOR YOU

CUSTOMER COPY

POSTAGE TO RETURN SAFETY VIDEOS
#1 TO COLORADO SAFETY ASSN/PINNACOL (CATHY)

I agree to pay above total amount according to card issuer agreement (Merchant Agreement if credit voucher)

PHONE CALL FOR SHIPPING AT JAY TOOLS & HARDWARE
Returns must be mailed condition with tags
30 days from purchase with receipt

JAY 6/26/06
2 BAR OIL 14.98
1 SAFETY VIDEOS 9.59
24.97
TAX 92
TOTAL 25.89

JAY FARM + RANCH
 RECEIPT # S2P4275
 1438m 7/3/06

GLASSES
 HEARING PROTECT
 AIR FILT
 2 AIR FILT INSERT
 GUIDE BAND
 (SENIOR FEE)

Sale Receipt
 Jay Farm & Ranch Inc.
 1868 North Highway 87
 Fr. Collins, CO 80714 370-484-2221
 Receipt #: S2P4275 1438 7/3/06
 Invoice No: S2P4275
 Please return this to:

Qty	Description	Price
	1 PAIR CONTOURED GLASSES	
1	HEARING PROTECT	5.00
1	AIR FILT	15.95
2	AIR FILT INSERT	24.99
1	GUIDE BAND	18.74
1	SENIOR FEE	47.96
Subtotal		158.62
Tax		3.87
TOTAL		164.49

5.00
 15.95
 24.99
 18.74
 1870
 47.96
 (47.96)

Amount Tended: 164.49 Visa

Account No. Exp. Ref No. Auth No.
 4281XXXX XXXX0601 0507AVS:P 1137593657 86

Signature 

I agree to pay above total amount according to card issuer's approval (merchant agreement if credit voucher)

THANK YOU FOR SHOPPING AT JAY FARM & RANCH. Returns must be in original condition with tags & receipt within 30 days of purchase.
 Signed _____

158.62
 5.87
 164.49
 47.96
 116.53 LESS 52.10m

ROUTE
 Fox & Ranch Inc.
 2000 North Highway 280
 Fort Collins, CO 80526 970-484-2221

7/23/06

*2 Lots *
 Date No: 000462 12:39 PM 7/23/06
 Invoice No: 2194431
 Salesperson: Dave W.

Qty	Description	Price
2	FOX BIRCHING P/BUFFS Teacher Open Reading 1/211	2.99
1	Quada Bar 154 SI 2.4-250 Pince	63.98
	Subtotal	71.44
	Tax	2.84
	TOTAL	74.28

63.98
 2.36

 66.34

Amount tendered: \$74.28 Visa

Account No. Exp. Date Auth No.
 4364XX 07/23/06 850000000 1158593800 08
 PAGE

Signature

I agree to pay above total amount
 according to card issuer agreement
 merchant agreement or credit voucher

THANK YOU FOR SHOPPING AT FOX FARM &
 RANCH. Returns must be in original
 condition with tags & receipt within 30
 days of purchase.
 01/02/06

BATH POWER EQUIPMENT
 1505 TIMBERLINE RD
 FT COLLINS, CO 80524
 (970) 484-5024

Date.....: 08-28-06 13:56:32
 Invoice #....: 065371, Page 1
 Customer #...: CASH
 Salesperson.: 5
 P.O. #.....:

BILL TO: CASH
 C A S H

SHIP TO:
 C A S H

- INVOICE -
 TERMS: CASH

MFR	PART/MODEL #	DESCRIPTION	QTY SLD	QTY B/O	PRICE	NET	TOTAL	T	S
STI	0000 953 6605	SHOULDER STUD	2	0	5.01	5.01	10.02	T	

25% RESTOCKING FEE ON ALL RETURNS. NO RETURNS ON SPECIAL ORDER ITEMS
 LABOR GAURANTEED FOR 30 DAYS FROM NOTIFICATION. THANK YOU FOR YOUR PATRONAGE

SUBTOTAL 10.02
 TAX 0.67
 INVOICE TOTAL 10.69
 (CCard) AMOUNT TENDERED 10.69
 CHANGE 0.00

RECEIVED BY

BATH POWER EQUIPMENT
 1505 TIMBERLINE RD
 FORT COLLINS, CO 80524

TERMINAL I.D.: 00000001
 MERCHANT # : 000000000955016

VISA
 *****0206

SALE

BATCH: 001597
 DATE: AUG 28, 06
 RRN: 624000015152

REF NO.: 000005
 TIME: 2:28
 AUTH NO: 035378

TOTAL

\$10.69

GEORGE MORIN

CUSTOMER COPY

*OK ASAW
 PARTS*

Sales Receipt

Jax Farm & Ranch Inc.
1000 North Highway 287
Ft Collins, CO 80524 970-484-2221

Receipt #: R3P088925 2:39 PM 10/14/06
Salesperson: Carly F.

Qty	Description	Price
1	CHORE GLOVE 5 PK	4.99
1	Western Goatskin M	8.99
2	Unlined Grain Elkskin 71L	15.98
2	Unlined Grain Elkskin 71XL	15.98
1	BAR OIL 1 GAL	7.49
1	FILLER CAP C12B	7.49

	Subtotal	60.92
	Totl Tax	2.26
	TOTAL	63.18

Amount Tendered: \$63.18 Visa

Account No	Exp	Ref No	Auth No
-----	-----	-----	-----
4266XXXXXXXX0206	0509AVS:P	1223681021	010

Signature

I agree to pay above total amount
according to card issuer agreement
(merchant agreement if credit voucher)

THANK YOU FOR SHOPPING AT JAX FARM &
RANCH! Returns must be in unused
condition with tags & receipt within 30
days of purchase.

Signed _____

Check 2161

FILES

Sales Receipt
Jax Farm & Ranch Inc.
1000 North Highway 287
Ft Collins, CO 80524 970-221-2121

Receipt #: R2P245327 3:28 PM 11/6/86
Invoice No: R2P245764
Customer: C6559
Salesperson: Marisa M.

Morin & Morin, Inc
17901 Koo Feather Lakes Rd
Red Feather Lakes, CO 80445

Qty	Description	Price
1	ROUND FILES 1 3/64"	3.39
1	ROUND FILES 1 3/64"	3.39
1	ROUND FILES 5/32"	3.39
1	ROUND FILES 5/32"	3.39
1	2 1/2" 25 b/w H/L/BAG (AKD) FILE/ 2	5.59
Subtotal		19.15
Totl Tax		0.00
TOTAL		19.15

Amount Tendered: \$19.15 Check: 2161

THANK YOU FOR SHOPPING AT JAX FARM &
RANCH! Returns must be in unused
condition with tags & receipt within 30
days of purchase.
Signed _____



NEW HOLLAND

LONGMONT FARM SUPPLY, INC.
10683 W I-25 Frontage Road
Longmont, Colorado 80504-5364
www.longmontfarmsupply.com
PHONE: (303) 776-0031 FAX: (303) 776-1742
(800) 339-0631



SOLD TO
SUND00 SUNDANCE TRAIL GUEST RANCH
DANIEL MORIN
17931 RED FEATHER
LAKES ROAD
RED FEATHER LAKES CO 80545
Freon Cert# L

SHIP TO

Sold By: 023 PO #: Date 11/15/06 COUNTER INVOICE LI11818
Ship By: Tax #: 14:23:56

Tax	D	Qty	Description	Price	Amount
			PARTS COUNTER		
00000		1 02	67950-56530 ASSY END, TI	29.91	29.91
00000			FREIGHT		6.25

FREIGHT

ALL CLAIMS AND RETURNS MUST BE ACCOMPANIED BY THIS BILL.
This account is subject to a FINANCE CHARGE for late payment. This charge is computed at an ANNUAL RATE OF 18% (PERIODIC RATE 1.5%) on the total past due balance.

I agree to pay the total amount of this invoice in accordance with the Cardholder Agreement. ** SUBTOTAL 36.16

X _____ *VI XXXXXXXXXXXXX0206 06344B

Phone: (970) 224-1222

PAY THIS AMOUNT

\$36.16

12/24/06

AutoZone 0821

1180 N. COLLEGE DR.
FT COLLINS, CO
(970) 484-3412

#004933 7513 RADIATOR CAP	9.99 P
#547034 PRA003 PEAK LONG	9.99 N
#547034 PRA003 PEAK LONG	9.99 N
SUBTOTAL	29.97
TOTAL TAX @ 6.700%	2.01
TOTAL	31.98
XXXXXXXXXXXX1888 MASTERCARD	31.98
APPROVAL #	699103

TRACTOR
COOLANT
d
PARTS

Transmission problem? AutoZone customers
get it checked for free at AAMCO.
Visit aamco.com/ez or call 800-GO-AAMCO
for the nearest location.

Ref No:
0821-348120-061224-2

ENTER FOR A CHANCE
TO WIN \$5,000
Visit www.AutoZoneCares.com
Take a brief survey about your
experience at AutoZone today
See store manager for Official Rules
Sweepstakes ends 02/28/07