

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete	
District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	8/11/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	David B. Daniel
Contact Person:	Same
Address:	2874 Eagle Ridge Rd.
City/Zip Code:	Longmont, CO 80503
Phone (Work/Cell):	303-823-5995 (H), 303-272-7715 (W), 303-775-3459 (C)
Email:	kcowjn@gmail.com
Fax:	

Community At Risk Information			
Name of Project:	Daniel Property		
Community Name(s):	Lyons		
County:	Boulder	Congressional District:	2 nd
Latitude (decimal degrees):	40.247 N	Longitude (decimal degrees):	105.264 W
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	1
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	\$4,700.00
Will this Project be conducted as a Pass-Through Grant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>The project area is located outside of the Lyons area. The project area overstory is composed of predominantly ponderosa pine, with juniper, random native grasses and shrubs in the understory. Slope throughout the project area is moderate to steep. Access will most likely be from the main road and driveway.</p>	

Scope of Work / Project Timeline

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

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

4

Project funding will be used to conduct hazardous fuels reduction throughout the intended project area. Thinning to obtain desirable tree-crown spacing for wildfire defensibility purposes will be of highest priority. Also, removal of any beetle infested trees will be of highest priority. Additional suppressed trees and non-suppressed trees will be removed to obtain the desired tree-crown spacing. All slash will either be hauled off site, chipped, piled for burning at a later date, lopped and scattered, or some combination of the described practices. All logs will be hauled off site, chipped, cut into firewood/manageable lengths and stacked in appropriate areas, or some combination of the described practices. Stumps will be cut as low to the ground as possible, with the average stump height being at or below 4" on the uphill side. All remaining trees will be limbed to a minimum of six feet above the ground, or up to 25%, whichever is of the lesser. All work completed will reflect CSFS standards of approvable forest stewardship.

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

Landowner will continually monitor property for encroaching vegetation, and remove any undesired growth upon detection. Landowner will continue to monitor desirable tree growth, and limb to remove any fuel ladders.

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

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

Provide a timeline for the project

Project work will begin as soon as available contractor can start, and will continue through completion, which is targeted for Fall 2012.

Interagency Collaboration

Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. - donating time/equipment, funding, etc.).

5

None

Community Wildfire Protection Plan (CWPP)

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

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	10.0	Estimated cost per acre:	\$1,000.00
	Project Type (check all that apply)			
	Defensible Space	<input checked="" type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
	Fuelbreak	<input checked="" type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 4,700.00
	TOTAL:	\$4,700.00	\$ 4,700.00

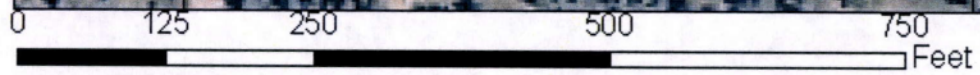
Grant funding may only be used for Contractual Service.

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



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

Attach Project Map Showing Specific Treatment Areas

Daniel Proposal Area



Daniel Property: 10 acres

-  Daniel_Proposal
-  BOCO_PARCELS1209



Created By: Bryan Baer
CSFS-Boulder District
August, 2011





Colorado State Forest Service Program Payment Request

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

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

Name: DAVID DANIEL

Address: 2874 EAGLE RIDGE RD.

LONGMONT, CO 80503

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

Grant Number: 5308400-B0-55

Approved Funding: \$ 4,700.00

Total Project: \$ 3,402.00

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 2,350.00

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

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308400-B0-55
(For Official Use Only-
No. from original application)

Applicant name (please print): DAVID DANIEL

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$3,402.00	A Labor Cost= \$3,402.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$3,402.00
			Amount Originally Approved =
			Amount to be Reimbursed not to exceed \$470 Per Acre \$2,350.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.

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

⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.

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

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

Landowner Signature: [Signature]

Date: 2-22-13

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

Mailing Address: 2874 EAGLE RIDGE ROAD

City: LONGMONT

County: BOULDER State: CO Zip: 80503

Phone: 303-823-5995

Practice certified by: BRYAN BAER (BB)
CSFS forester

Payment Approval: _____
CSFS program manager

Amount: _____ Date: _____

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

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

Project No. 5308400-B4-55

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ I & D Prevention and Suppression – Bark Beetle: _____
 FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: Forest
 Restoration Grant (SB71 and HB1199): _____

**5.0 ACRES
HAZ FUELS RED.**

WUI D-space Accomplishment:

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

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____
 Acres inspected and treated: _____
 Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

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


**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

Labor Rate = \$20.25/HR

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

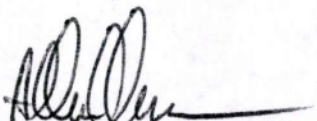
Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
10/6/12	DAVE, TINA, PAUL	TREE CUTTING, SLASH HAULING	18	\$364.50
10/13/12	DAVE, TINA	↓	12	\$243.00
10/20/12	" "		12	\$243.00
10/27/12	" "		12	\$243.00
11/3/12	DAVE, TINA, PAUL		18	\$364.50
11/10/12	" "		18	\$364.50
12/1/12	" "		18	\$364.50
12/8/12	" "		18	\$364.50
12/15/12	" "		18	\$364.50

*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.



Grant Recipient Signature

2-22-13
Date



District Forester Signature

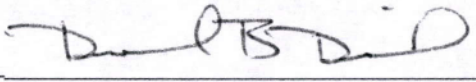
3/1/13
Date

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

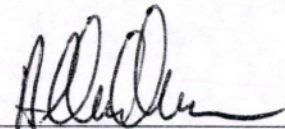
The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
1/26/13	DAVE & TINA	CHIPPING	12	\$ 243.00
1/27/13	DAVE & TINA	CHIPPING	12	\$ 243.00
		TOTAL	168	\$ 3,402.00

*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.


Grant Recipient Signature

2-22-13
Date


District Forester Signature

3-1-13
Date

Exhibit B 1

(Accompanies Exhibit B-CSFS Grant and Cost-Share Program Reimbursement Request)

CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet*

A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs) INCLUDES: (contracted services with receipts) (recipients' own labor to be valued at current volunteer labor rate) (labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented) (equipment rental with receipts) (use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.) (materials with receipts) (materials, if provided to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) <i>Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost share rate.</i>	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer) INCLUDES: (volunteers' labor to be valued at current volunteer labor rate) (donated materials/supplies to be valued at market value) (donated use of equipment to be valued at rental rate) (meeting room provided to be valued at market price) While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.	D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Match Ratio (Cost-share rate) (E / D)
\$0.00 \$4,700.00	\$0.00 \$3,402.00	\$0.00 \$0.00	\$0.00 \$3,402.00	\$0.00 \$2,350.00	69.08% #DIV/0!

*Use From D-CSFS Financial Assistance Cost-Share Program Cost Documentation or other approved documentation to support calculations



COPY

**Colorado State Forest Service
Program Payment Request**

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

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

09-14-12
ko

Name: DAVID DANIEL

Address: 2874 EAGLE RIDGE RD.

LONGMONT, CO 80503

Approved for Payment
C.S.F.S.

2055402

09-14-12

ko

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

Grant Number: 5308400-80-55 N

Approved Funding: \$4,700.00 N

Total Project: \$2,688.19 N

CSFS Account Number: 5308400-6693
'09 SUP HAZ FUELS Fr 80

Amount of Payment: \$2,350.00 N

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

Approved by [Signature]
(Program manager signature)

Date: 9/11/12

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

Project No. 5308400-80-55
(For Official Use Only-
No. from original application)

Applicant name (please print): DAVID B. DANIEL

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$ 2,688.19	A Labor Cost= \$ 2,688.19
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$ 2,688.19
			Amount Originally Approved = \$ 4,700.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,350.00

¹ Any contracted services where payment was made for services.
² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.
³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
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* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: [Signature] Date: 8/30/12

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

Mailing Address: 2974 EAGLE RIDGE ROAD City: LONGMONT

County: BOWDER State: CO Zip: 80503 Phone: 303-823-5995

Practice certified by: BRYAN BAER (BBA)
CSFS forester

Payment Approval: [Signature] Amount: \$2,350.00 Date: 9/11/12
ESFS program manager

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

COPY

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

Project No. 5308400-80-55

To be completed by CSFS forester:

PROGRAM:
 WUI Incentives D-space: _____ I & D Prevention and Suppression – Bark Beetle: _____
 FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: X Forest
 Restoration Grant (SB71 and HB1199): _____

5.0 Acres
Haz. Fuels Red

WUI D-space Accomplishment:
 No. of D-spaces = _____ Acres slash disposal = _____ Acres fuel breaks = _____
 Acres thinned = _____ Acres pruned = _____

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 Acres inspected and treated: _____
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Colorado State Forest Service Program Payment Request

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

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

Name: DAVID DANIEL

Address: 2874 EAGLE RIDGE RD.
LONGMONT, CO 80503

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Grant Number: 5308400-130-55

Approved Funding: \$ 4,700.00

Total Project: \$ 2,688.19

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 2,350.00

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

Approved by _____
(Program manager signature)

Date: _____

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

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Landowner Signature: [Signature]

Date: 8/30/12

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Mailing Address: 2974 EAGLE RIDGE ROAD

City: LONGMONT

County: BOWDER State: CO Zip: 80503

Phone: 303-823-5995

Practice certified by: BRYAN BAER (Signature)
CSFS forester

Payment Approval: _____ Amount: _____ Date: _____
CSFS program manager

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

Project No. 5308400-80-55

To be completed by CSFS forester:

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 Restoration Grant (SB71 and HB1199): _____

5.0 Acres
Haz. Fuels Red

WUI D-space Accomplishment:

No. of D-spaces = _____ Acres slash disposal = _____ Acres fuel breaks = _____
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Acres treated = _____	#7 Acres treated = _____	#11 Acres = _____
#3 Acres treated = _____	#8 Acres treated = _____	
#4 Acres planted/ renovated = _____		

Emergency Supplemental Funds
 Landowner Assistance Program
 Cost Documentation
 Updated 8/31/2012

Date	By Whom:	Activity/Expense	Hours	Expenses
2011				
05/20/11		Stihl 362 saw, parts & accessories		\$845.75
08/22/11	David Daniel	Flag Property Boundary	1.00	\$0.00
08/22/11	David Daniel	Flag Property Boundary	1.25	\$0.00
08/22/11	Bryan Baer	Mark trees to be removed	3.50	\$0.00
08/22/11	Tina Baker	Mark trees to be removed	3.50	\$0.00
08/22/11	David Daniel	Mark trees to be removed	3.50	\$0.00
09/30/11		Agri-Fab utility cart		\$335.33
10/17/11	David Daniel	Swamping/Stacking	1.50	\$0.00
10/22/11	Tina Baker	Swamping/Stacking	3.00	\$0.00
10/22/11	David Daniel	Felling (east of driveway & house)	3.00	\$2.25
12/18/11	David Daniel	Felling (Christmas tree)	0.25	\$0.19
		IH CubCadet 1650 tractor, parts and accessories		\$400.00
2012				
03/20/12	Tina Baker	Limbing (handsaw, east of house)	2.00	\$0.00
7/15/2012	Tina Baker	Limbing (handsaw, east of house)	4.00	\$0.00
07/30/12	Margaret Baker	Pile slash	1.50	\$0.00
8/3/2012	Margaret Baker	Pile slash	5.00	\$0.00
08/04/12	David Daniel	Fell, buck & limb	3.00	\$2.25
08/04/12	Margaret Baker	Pile slash	2.00	\$0.00
08/04/12	Tina Baker	Pile slash	2.00	\$0.00
8/5/2012	David Daniel	Fell, buck & limb	4.00	\$3.00
8/5/2012	Paul Davidovich	Fell, buck & limb	3.00	\$2.25
8/6/2012	Margaret Baker	Pile slash	3.00	\$0.00
8/6/2012	Tina Baker	Pile slash	3.00	\$0.00
8/6/2012	David Daniel	Fell, buck & limb	0.50	\$0.00
8/10/2012	Paul Davidovich	Fell, buck & limb	3.00	\$0.00
8/12/2012	David Daniel	Fell, buck & limb	4.00	\$0.00
8/12/2012	David Daniel	Chip	0.50	\$0.22
8/12/2012	Paul Davidovich	Chip	0.50	\$0.22
8/12/2012	Maureen Davidovich	Pile slash	3.00	\$0.00
8/12/2012	Paul Davidovich	Fell, buck & limb	2.50	\$1.88
8/13/2012	Paul Davidovich	Fell, buck & limb	2.00	\$1.50
8/13/2012	Maureen Davidovich	Pile slash	2.00	\$0.00
8/14/2012	David Daniel	Fell, buck & limb	1.25	\$0.94
8/15/2012	Tina Baker	Stack rounds	4.00	\$0.00
8/17/2012	David Daniel	Fell, buck & limb	3.00	\$2.25
8/17/2012	Paul Davidovich	Fell, buck & limb	2.50	\$1.88
8/17/2012	Maureen Davidovich	Drag slash & stack rounds	2.50	\$0.00
8/18/2012	David Daniel	Fell, buck & limb	2.50	\$1.88
8/19/2012	David Daniel	Fell, buck & limb	1.50	\$1.13
8/20/2012	Tina Baker	Drag slash & stack rounds	2.00	\$0.00
8/21/2012	Tina Baker	Drag slash & stack rounds	2.50	\$0.00
8/22/2012	Tina Baker	Drag slash & stack rounds	2.50	\$0.00
8/23/2012	Tina Baker	Drag slash & stack rounds	2.00	\$0.00
8/23/2012	Paul Davidovich	Fell, buck & limb	3.00	\$2.25
8/23/2012	Maureen Davidovich	Drag slash & stack rounds	3.00	\$0.00
8/24/2012	Tina Baker	Drag slash & stack rounds	2.00	\$0.00
8/24/2012	Paul Davidovich	Fell, buck & limb	3.00	\$2.25
8/24/2012	Maureen Davidovich	Drag slash & stack rounds	3.00	\$0.00
8/25/2012	Tina Baker	Drag slash & stack rounds	2.00	\$0.00
8/26/2012	David Daniel	Chip	2.50	\$1.08
8/26/2012	Tina Baker	Drag slash & stack rounds	3.00	\$0.00
8/27/2012	Tina Baker	Limb	2.50	\$0.00
8/27/2012	Paul Davidovich	Fell, buck & limb	3.00	\$2.25
8/27/2012	Maureen Davidovich	Drag slash & stack rounds	3.00	\$0.00
8/28/2012	Tina Baker	Limb	2.00	\$0.00

8/29/2012	Tina Baker	Limb	2.00	\$0.00
8/30/2012	Tina Baker	Limb	1.50	\$0.00
			Totals as of 8/31/12	132.75
			CSFS hourly total	\$2,688.19 @ \$20.25/hr
			Tractor gas, hourly =	\$0.27
			Saw Gas & Oil, hourly =	\$0.75
			Chipper gas, hourly =	\$0.43
			CSFS Labor rate =	\$20.25

TOTAL = \$2,688.19