

2007 Colorado Western States
Wildland Urban Interface
Grant Application

| FOR OFFICIAL USE ONLY | |
|--------------------------------------|------|
| District or Unit Submitting Project: | |
| District or Unit Priority Number: | |
| Statewide Risk Assessment Rating: | |
| Hazard Description / Other: | |
| Dollar Amount Requested: | \$ 0 |
| Matching Share: | \$ 0 |

| Applicant Information | |
|-----------------------|--|
| Applicant: | R Double Quarter Circle Ranch |
| Contact Person: | Carroll V. SoRelle |
| Address: | P.O. Box 336430 |
| City/Zip Code: | Greeley, CO 80633 |
| Phone (Work/Cell): | (970) 435-5796-ranch / (303) 888-1647-cell |
| Email: | |
| Fax: | |

| Community At Risk Information | | | |
|---|--|------------------------------|---------------|
| Name of Project: | R Double Quarter Circle Mitigation Project | | |
| Community Name: | Laramie River Valley (nearby Glendevy) | | |
| County: | Larimer | Congressional District: | 4th |
| Latitude (decimal degrees): | | Longitude (decimal degrees): | |
| Threat Description (check all that apply) | | | |
| Homes: | <input checked="" type="checkbox"/> | Number of: | Home & cabins |
| Businesses: | <input type="checkbox"/> | Number of: | |
| Watersheds: | <input type="checkbox"/> | Number of: | |
| Other (Describe): | | | |

| Project Area Description | |
|--|--|
| All information for the project must fit into the space provided below. Attachments will not be considered by the review committee. | |
| 3 | Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types.) Provide a "shaded fuel break" along the cabins. Cut and remove hazardous trees from around cabins. We will continue work from previous years to create a fuel break in and around cabins. |

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 which clearly describes how grant funds will be spent. (This should be more specific than the project description)

4

We will work with a contractor to cut and Remove hazardous trees from around buildings and behind the buildings along road. Focus will be MPB trees and hazardous trees.

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

These trees will be cleared, slash cleaned up and the wood will be recycled & milled on the property.

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

Project will be completed by September 30, 2010.

project will be completed by mid September

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

Summit Forestry Inc, will be the contractor completing this work.

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

Where would we obtain a copy of this plan?

| | | | | |
|-------------------------------|---|-------------------------------------|-----------------------------|-------------------------------------|
| 6 | Project Category (check all that apply and answer related questions) | | | |
| | Hazard Fuels Reduction <input checked="" type="checkbox"/> | | | |
| | Number of acres to be treated: | <i>approx. 15</i> | Estimated cost per acre: | <i>\$ 1200</i> |
| | Number of communities directly affected by this project: | | | |
| | Information & Education <input type="checkbox"/> | | | |
| | Number of citizens to be reached: | | | |
| | Planning <input type="checkbox"/> | | | |
| | Number of residences affected: | | | |
| | Project Type (check all that apply) | | | |
| | Assessment / Scoping: | <input checked="" type="checkbox"/> | Implementation / Treatment: | <input checked="" type="checkbox"/> |
| Homeowner / Community Action: | <input checked="" type="checkbox"/> | Monitoring / Evaluation: | <input type="checkbox"/> | |
| Information / Education: | <input 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. | | | | | | | |
| | Please DO NOT show grant requested funds in this table. This is for matching share only. | | | | | | | |
| | Contributors: (Please specify) | | | | | | | |
| Dollars (Hard Match): | \$9,000 | | | | | | | \$9,000 |
| In-Kind (Soft Match): | | | | | | | | \$ 0 |
| TOTAL: | \$9,000 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$9,000 |

| | | | | | |
|---|--|---|---------------------------------|----------------|-----------------|
| 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: | \$9,000 | \$9,000 | | \$18,000 |
| | Operating: | | | | \$ 0 |
| | Travel: | | | | \$ 0 |
| | Contractual Services: | | | | \$ 0 |
| | Equipment: | | | | \$ 0 |
| | Indirect Costs: | | | | \$ 0 |
| | TOTAL: | \$9,000 | \$9,000 | \$ 0 | \$18,000 |

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number:

Cooperator: R Double Quarter Circle Ranch

Work to be completed: Defensible space around home and barn. Shaded fuel-break along driveway.
Cut, chip and remove dead lodgepole pine.

Milestone dates:

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

Project Period: August 23, 2010 to September 30, 2010

Funded Amount: \$ 9,000 **Minimum cooperator match:** \$ 9,000

Deliverables:

Project Types: Hazardous fuel mitigation.

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, Grant Report/ Reimbursement Request, Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

Financial Assistance Program

Cooperative Match Project

To be conducted by: R Double Quarter Circle Ranch

Project Number:

Estimated Project Cost: \$ 18,000

Funding provided by CSFS: \$ 9,000

Minimum Recipient Match: \$ 9,000

Project to be completed by: September 30, 2010

Based on the strength of the application submitted by Carroll SoRelle, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$9,000 to accomplish the project described in the attached scope of work.

As the cooperator, **R Double Quarter Circle Ranch**, 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.

Complete and submit through the local CSFS District Office periodic 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
CSU-Foothills
5060 Campus Delivery
Fort Collins, CO 80523-5060

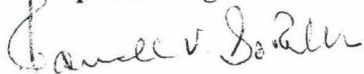
- C. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until September 30, 2010. Extension is not available for this project.

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

Cooperator Signature:

Date: 8-27-10



Mailing Address:

PO Box 336430

GREELY CO 80633

Telephone Number: 303 888 1647

Email Address: csoelle@a-od.com

Fax: 970 353 1339

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
COMPETITIVE GRANTS

Project Number: 530944-007

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 #: | 2. Project Funding Amount: | 3. Community Protected: |
|---------------|----------------------------|-------------------------|

| | |
|--|--|
| 4. Make Payment To: Name: R DOUBLE QUARTER CIRCLE Address: PO Box 336430 GREELEY CO 80633 | 5. Period of Performance: From: 8-31-2010 THRU 9-15-10 To: |
|--|--|

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.)

We cut hazard trees and mpb trees, performing D-space around 12 buildings. We cut the trees and chipped the slash and harvested all good wood for firewood and lumber.

We also cut hazard trees on both sides of the "row" of cabins further reducing the fire threat and potential damage from hazardous trees.

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* | 9000 | 9000 | | 18,000 | | | | |
| Material** | | | | | SAME | | | |
| Total | 9000 | 9000 | | 18,000 | | | | |

Donated time and materials can only be counted towards the matching component.
 * Use actual costs or \$18.77/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 \$ 9000 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: *Samuel V. Dobbie* Date: 9-15-10

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

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

Work meets minimum standards as set forth by CSFS.

Signature: *[Signature]* Date: 10/1/10

Summit Forestry

LOW IMPACT FORESTRY PROFESSIONALS

PAID

Summit Forestry
5201 Greenview Dr.
Fort Collins CO 80525

Invoice

| Date | Invoice # |
|-----------|-----------|
| 9/15/2010 | 1266 |

| |
|--|
| Bill To |
| Carroll SoRelle PO Box 336430 Greeley CO 80633 |

| Item | Quantity | Description | Rate | Amount |
|--------------------------|----------|--|----------|----------|
| Active Forest Management | 2 | Work performed 8/31/10 and 9/1/10. Active Forest Management and forest thinning at property in Rawahs. 8 hrs at \$1700/hr with 4 man crew. | 1,700.00 | 3,400.00 |
| Active Forest Management | 1 | Work performed 9/2/10. Active Forest Management and forest thinning. 8 hrs at \$1500/hr with 3 man crew. | 1,500.00 | 1,500.00 |
| Active Forest Management | 4 | Work performed 9/7, 9/8, 9/9, and 9/10/10. Active Forest Management and forest thinning. 4 days at \$1950/day with 5 man crew. | 1,950.00 | 7,800.00 |
| Active Forest Management | 3 | Work performed 9/13, 9/14, and 9/15/10. Active Forest Management and forest thinning. 3 days at \$1700/day with 4 man crew. | 1,700.00 | 5,100.00 |
| Hauling | | Hauling and milling of bridge timbers. To be performed 10/2010. | 200.00 | 200.00 |

PAID CK 3216
BAL 9000⁰⁰
9-15-10
Carroll SoRelle
J Mahon 9/15/10

| | | |
|---|--------------|-------------|
| We appreciate your business. Thank you! | Total | \$18,000.00 |
|---|--------------|-------------|

| | |
|-------|--------------------------------|
| Terms | Subject to 1.25% after 30 days |
|-------|--------------------------------|

Tony & Julie Mahon - Owners
5201 Greenview Dr. • Fort Collins, CO 80525
email: summitforestry@gmail.com
phone: (970) 481-0814

FILE COPY

405947

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

Date Requested: 01/17/08

V SORELLE CARROLL
E R DOUBLE QUARTER CIR
N P O BOX 336430
D GREELEY CO 80633
O
R

COPY

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 405947
P FORT COLLINS CO 80523-6011

Contact: DENNIS, F.C.
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program

| Item # | Description | Qty | UOM | Unit Price | Extension | Acct # | Sub | User |
|--------|--|-----|-----|------------|------------|--------|------|------|
| 1) | FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; Front Range Fuels Treatment Partnership (a.k.a. FRFTP); Project # 536624-04-FC; 04 CPG Prev/Rest FRFT | 1 | LOT | 2400.0000 | 2400.00 | 536624 | 5980 | |
| TOTAL: | | | | | \$2,400.00 | | | |

FINAL PAYMENT
Program Payment Request Processed
01-19-08
FORM 828 ATTACHED

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

SIGNATURE

DATE



COPY

Colorado State Forest Service Program Payment Request

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

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 09-19-08
KC

Name: CARROLL V. SORELLE

Address: P.O. Box 336430
GREELEY, CO 80633

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

A405947
09-19-08
KC

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

Grant Number: 536624-04-FC Cooperator Match: \$2,855.00

Approved Funding: \$2,400.00 Total Project: \$5,255.00

CSFS Account Number: 536624-5980 Amount of Payment: \$2,400.00

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

Approved by Baydo Lebeda
(Program manager signature)

Date: 9/19/08



**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. 536624-04-FC
(For Official Use Only-
No. from original application)

Applicant name (please print): Carroll V. Sorelle

| | Total Contracted Services ¹ | Total Landowner Services ² | Totals |
|---|--|---------------------------------------|---|
| Labor Cost | | | A Labor Cost= PAID INVOICE ENCLOSED 4575.00 180.00 |
| Operating Exp ^{3,*} | | | B Oper. Exp.= LAND OWL 500.00 - 500.00 |
| Revenue Generated (from sale of wood products only) ^{4,*} | | | C Revenue= - |
| Project Cost | | | D Total Project (A+B-C)= 5255.00 |
| | | | Amount Originally Approved = \$ 2400.00 |
| How much of your total cost was paid to CSFS for Products and/or Services? \$ - 0 - | | | Amount to be Reimbursed ⁵ (.5XD) 2400.00 |

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. No partial payments.
 * Attach receipts, Cost Documentation Form (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Carroll V. Sorelle Date: 7-14-08
 Mailing Address: PO Box 330430 City: Green Bay
 County: Larimer State: CO Zip: 80633 Phone: Cell 303-888 1647
 Practice certified by: [Signature]
 CSFS Service Representative
 Payment Approval: [Signature] Amount: \$2400 - Date: 9/2/08
 CSFS

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

6624-04-KC
Project No. ~~530244-07~~

To be completed by CSFS:

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

WUI D-space Accomplishment:
No. of D-spaces= 2 Acres slash disposal= _____ Acres fuel breaks = _____
Acres thinned= _____ Acres pruned= _____

I & D Prevention and Suppression Accomplishment:
No. of infested trees treated: _____
Acres inspected and treated: _____
Acres thinned: _____

FLEP Accomplishment:

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

FILE COPY

405947

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

Date Requested: 01/17/08

V SORELLE CARROLL
E R DOUBLE QUARTER CIR
N P O BOX 336430
D GREELEY CO 80633
O
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 405947
P FORT COLLINS CO 80523-6011

Contact: DENNIS, F.C.
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program

| Item # | Description | Qty | UOM | Unit Price | Extension | Acct # | Sub | User |
|--------|--|-----|-----|------------|------------|--------|------|------|
| 1) | FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; Front Range Fuels Treatment Partnership (a.k.a. FRFTP); Project # 536624-04-FC; 04 CPG Prev/Rest FRFT | 1 | LOT | 2400.0000 | 2400.00 | 536624 | 5980 | |
| TOTAL: | | | | | \$2,400.00 | | | |

ENCUMBERED

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

SIGNATURE

DATE

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

| | | | |
|--|--------------------------------|---|-----------------------|
| Date: <u>1/15/08</u> | Requested By: <u>M. Hughes</u> | Resale to: _____ | CSFS Invoice #: _____ |
| Vendor: <u>Fort Collins District</u> <u>COLO. STATE FOREST SERVICE, BLDG. 1052</u> <u>FOOTHILLS CAMPUS DELIVERY 5060</u> <u>CSU, FT. COLLINS, CO 80523</u> (PLEASE PROVIDE COMPLETE ADDRESS) | | Ship To: _____ _____ _____ _____ (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS) | |

| | |
|---|--------------|
| Reason for Vendor Selection: <input type="checkbox"/> Sole Source (attach completed Sole Source Justification Form) <input type="checkbox"/> Previous Supplier <input type="checkbox"/> Other | Terms: _____ |
|---|--------------|

| | | |
|---|----------------------|---|
| Shipping Instructions: <input type="checkbox"/> FOB Fort Collins, Colorado <input type="checkbox"/> FOB | Delivery Date: _____ | Deliver to: Initials _____ Bldg _____ Room _____ Phone _____ |
|---|----------------------|---|

| # | Account | Subcode | Qty | UOM | Description of Supplies or Services | Unit Price | Item Total |
|----|---------------|-------------|-----|-----|--------------------------------------|------------|-----------------------------|
| 1 | <u>536624</u> | <u>5980</u> | | | <u>Rawah Ranch LLC/ Pat Timmins</u> | | <u>3600.⁰⁰</u> |
| 2 | <u>536624</u> | <u>5980</u> | | | <u>Carroll V. SoRelle</u> | | <u>2,400.⁰⁰</u> |
| 3 | <u>split:</u> | | | | <u>34 Applicants -- See Attached</u> | | |
| 4 | <u>536624</u> | <u>5980</u> | | | <u>Spreadsheet</u> | | <u>11,200.⁰⁰</u> |
| 5 | <u>536944</u> | <u>5980</u> | | | | | <u>20,730.⁰⁰</u> |
| 6 | | | | | <u>PLEASE ENCUMBER</u> | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

| | | |
|-----------------------------|---|---|
| SPECIAL INSTRUCTIONS: _____ | Expenditure Approval: Authorized Signature: <u>M. Hughes</u> Date: <u>1/15/08</u> | Subtotal: \$ _____ Discount: \$ _____ TOTAL: \$ _____ |
|-----------------------------|---|---|



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

Form A

PROJECT NUMBER: _____
(For Official Use Only)

NAME: Carole V. Sohier

MAILING ADDRESS: PO Box 33430

City: Century State: CO

Zipcode: 80633

TELEPHONE NO: 970 352-1199 cell 303 8881647

PROJECT ADDRESS/LEGAL DESCRIPTION: LCE 103 12006

PRACTICES TO BE COMPLETED BY: 9-30-08
Date

Landowner and CSFS forester:

CSFS forester:

| Practice No. & Component Title | Quantity Requested | Quantity Approved | Maximum C/S Amount eligible | C/S Amount Requested | C/S Amount Approved |
|--------------------------------|--------------------|-------------------|-----------------------------|----------------------|---------------------|
| <u>D-4 FLEP D-space</u> | <u>2</u> | | | <u>\$ 2400</u> | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Total: | | <u>\$ 2400</u> | |

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS forester: *make sure the correct program is checked below.* One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. I understand that I will not be reimbursed for any expenses incurred prior to approval of my application. Work must be completed according to approved plan and application, and must meet the standard set for each component. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: Carole V. Sohier DATE: 12-20-07

To be completed by CSFS forester:

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

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

C/S Allocated: _____ AMOUNT:\$ _____ DATE: _____
CSFS District Forester

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

PLEASE SEND CK TO
R DOUBLE QUARTER CIRCLE RANCH
PO Box 336430
GREELEY CO 80633

CALL ME WHEN YOU CAN
MEET ME AT THE RANCH
AND APPROVE THE JOB.

Paul V. Sobell

CALL 303 888 1647

OFFICE 970 352 1199

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

Project No. 530853
(For Official Use Only-
No. from original application)

Applicant name (please print): Carroll V. SoRelle

| | Total Contracted Services¹ | Total Landowner Services² | Totals |
|---|--|---|--|
| Labor Cost (Actual) | 5,500 | | A Labor Cost= \$5,500 |
| Operating Exp ^{3,*} (Actual) | | | B Oper. Exp.= |
| Value of donated services and materials (not an actual cost) | | | C Total value of donations |
| Revenue Generated (from sale of wood products only) ^{4,*} | | | D Revenue= |
| Project Cost | | | E Total Project (A+B+C-D) = \$5,500 |
| | | | Amount Originally Approved = 900 ^{ev} |
| How much of your total cost was paid to CSFS for Products and/or Services? \$ _____ | | | Amount to be Reimbursed ^{5,6} (.5XE) not to exceed Actual Costs Except for Emergency Supplemental Funds ⁶ 900 ^{ev} |

- ¹ Any contracted services where payment was made for services.
- ² Use up to \$ 20.25/hour for Landowner and volunteer time. This is the maximum allowable.
- ³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
- ⁴ Any revenue generated from the sale of wood products is deducted from total project cost.
- ⁵ Reimbursement amount cannot exceed amount approved. No partial payments.
- ⁶ Reimbursement amount cannot exceed \$470/acre for Actual Costs for Emergency Supplemental Funds.

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

Landowner Signature: Carroll V. SoRelle Date: _____

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

Mailing Address: P.O. Box 336430 City: Greeley

County: Larimer State: CO Zip: 80633 Phone: 970-433-5796

Practice certified by: [Signature]
CSFS forester

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

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

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

Project No. 530853

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) _____

WUI D-space Accomplishment:

No. of D-spaces = _____ Acres slash disposal = _____ Acres fuel breaks = _____
Acres thinned = 2ac 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 = _____





Summit Forestry

LOW IMPACT FORESTRY PROFESSIONALS

Summit Forestry
5201 Greenview Dr.
Fort Collins CO 80525

Invoice

| Date | Invoice # |
|-----------|-----------|
| 8/18/2009 | 1060 |

| |
|--|
| Bill To |
| Carroll SoRelle PO Box 336430 Greeley CO 80633 |

| Item | Quantity | Description | Rate | Amount |
|---|--------------------------------|--|--------------|------------|
| Active Forest Management | 5 | Work completed Aug 10-14, 2009. Active Forest Management and forest thinning. Removal of various trees containing Mountain Pine beetle. Area of focus is around home, guest cabin, cabin 1 and cabin 2. Chipping of slash along N end of barn. Cutting and chipping of various dead and ground fallen trees. Good timber poles to be saved for sawmilling. Other logs not containing MPB to be cut for firewood. 5 days at \$1600/day with 4 man crew. | 1,600.00 | 8,000.00 |
| Discount | | 4 days of lodging at \$50/day at cabins | -200.00 | -200.00 |
| Discount | | Crew completing job prior to 8 hr/day Friday. Discount for crew not fully completing 8 hrs for the day. | -300.00 | -300.00 |
| Deposit | | Deposit received for work to be performed \$2000.00 | -2,000.00 | -2,000.00 |
| | | <p>Hello Carroll-</p> <p>Thank you again for your business. We will be in touch regarding additional tree cutting and upcoming sawmilling.</p> <p>Tony and Julie Mahon Summit Forestry</p> <p><i>PAID CC 3278 8/10/09</i></p> | | |
| We appreciate your business. Thank you! | | | Total | \$5,500.00 |
| Terms | Subject to 1.25% after 30 days | | | |

Tony Mahon - Owner
5201 Greenview Dr. • Fort Collins, CO 80525
email: summitforestry@gmail.com

We are a family owned and operated, Colorado business. We appreciate your support.



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

Form A

PROJECT NUMBER: 530853
(For Official Use Only)

NAME: R DOUBLE QUARTER CIRCLE RANCH % CARROLL V. SORELL
MAILING ADDRESS: PO Box 336430

City: GREELEY State: CO
Zipcode: 80633

TELEPHONE NO: 970 352 1199 CELL 303 888 1647 RANCH 970 435 5796

PROJECT ADDRESS/LEGAL DESCRIPTION: 12006 LCR 103

PRACTICES TO BE COMPLETED BY: 11-1-09

Landowner and CSFS forester: Date CSFS forester:

Table with 6 columns: Practice No. & Component Title, Quantity Requested, Quantity Approved, Maximum C/S Amount eligible, C/S Amount Requested, C/S Amount Approved. Includes handwritten entries for practices 394-1, 394-2, 660, 666-2 PINE BEETLE, and a total of \$900.00.

* SUMMIT FORESTRY WILL DO THIS WORK

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS forester: make sure the correct program is checked below. One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. I understand that I will not be reimbursed for any expenses incurred prior to approval of my application. Work must be completed according to approved plan and application, and must meet the standard set for each component. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: [Signature] DATE: 8-15-09

To be completed by CSFS forester:

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

PROGRAM: WUI Incentives D-space: FLEP:
I & D Prevention and Suppression - Bark Beetle:
FRFTP: Stevens' Funds: SFA:

C/S Allocated: [Signature] AMOUNT: \$ 900.00 DATE: 10/9/09
CSFS District Forester

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



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

PROJECT NUMBER: _____

(For Official Use Only)

NAME: R DOUBLE QUARTER CIRCLE RANCH % CARROLL V. SORELL
MAILING ADDRESS: PO Box 336430
City: Greeley State: CO
Zipcode: 80633
TELEPHONE NO: 970 352 1199 CELL 303 888 1647 RANCH 970 435 5796

PROJECT ADDRESS/LEGAL DESCRIPTION: 12006 LCR 103

PRACTICES TO BE COMPLETED BY: 11-1-09

Date
Landowner and CSFS forester: CSFS forester:

Table with 6 columns: Practice No. & Component Title, Quantity Requested, Quantity Approved, Maximum C/S Amount eligible, C/S Amount Requested, C/S Amount Approved. Includes handwritten entries for practices 394-1, 394-2, 660, 666-2, and a total of \$900.00.

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS forester: make sure the correct program is checked below. One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. I understand that I will not be reimbursed for any expenses incurred prior to approval of my application. Work must be completed according to approved plan and application, and must meet the standard set for each component. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: [Signature] DATE: 8-15-09

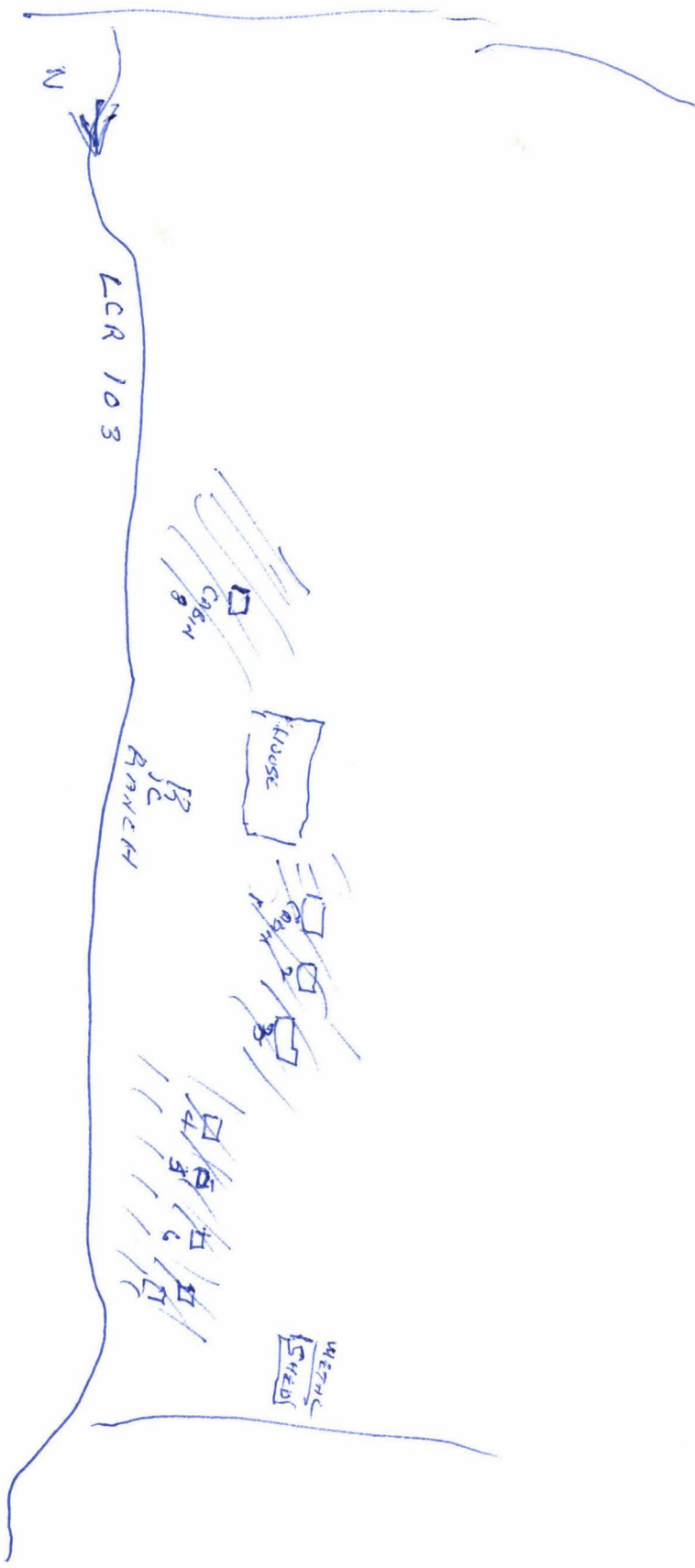
To be completed by CSFS forester:

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


PROGRAM: WUI Incentives D-space: _____ FLEP: _____
I & D Prevention and Suppression - Bark Beetle: _____
FRFTP: _____ Stevens' Funds: _____ SFA: _____

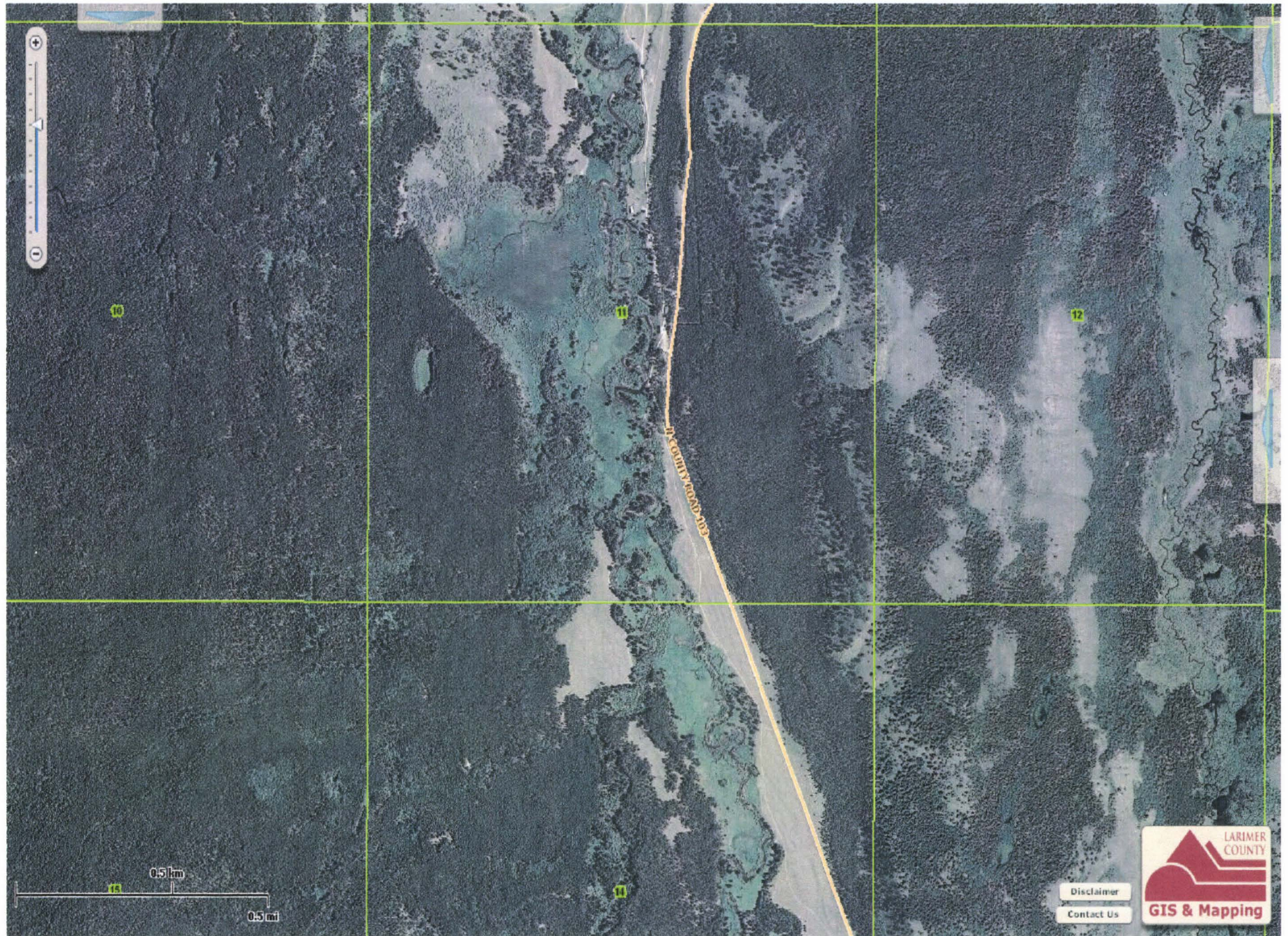
C/S Allocated: [Signature] AMOUNT: \$ 900.00 DATE: 10/9/09
CSFS District Forester

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



Approx 10 ac
 where DEMO PILES
 REMOVED







Larimer County Land Information Locator



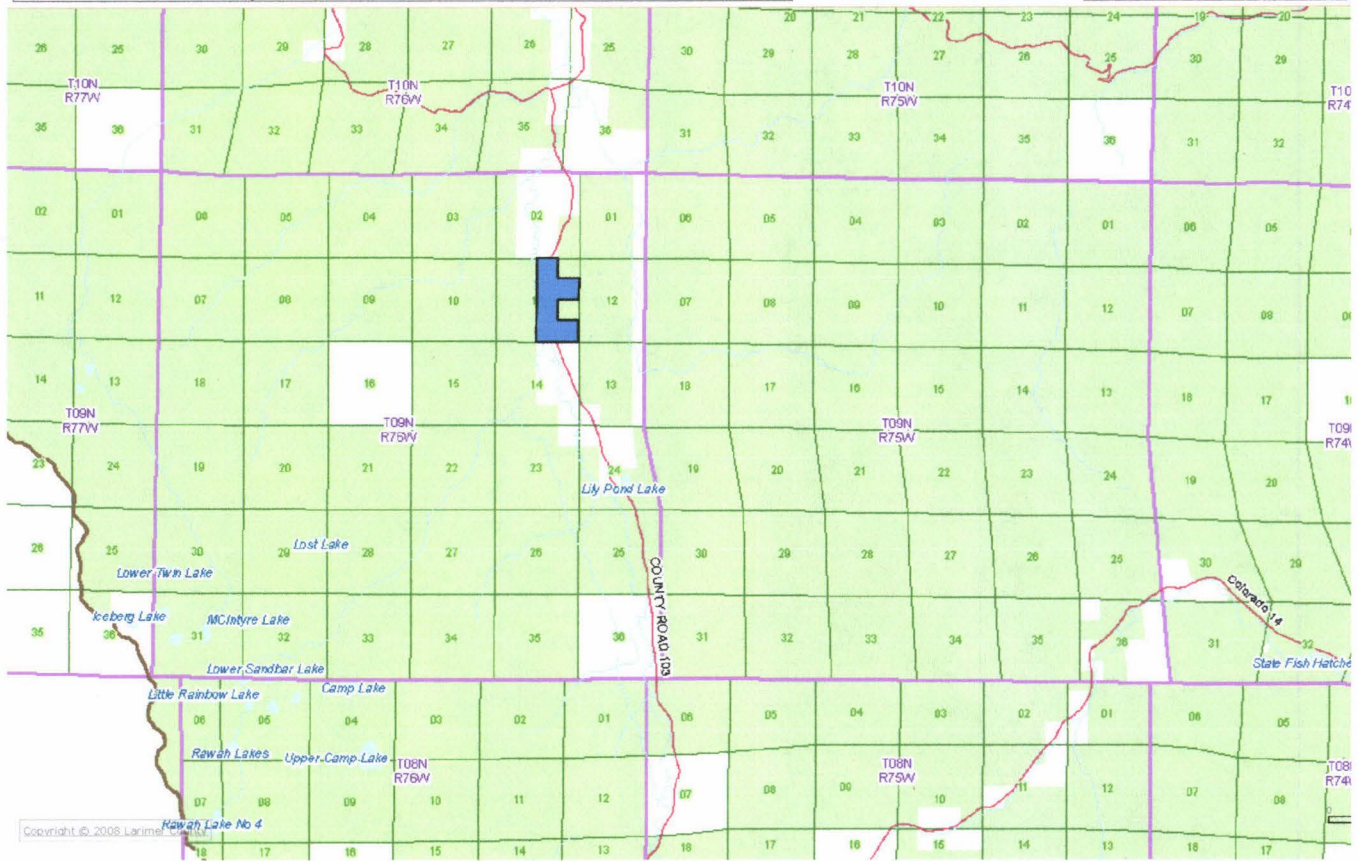
Maps: Property Assessment Tax Parcel

Search Owner Notification

Lite Version Landscape & Imagery Explorer

Table Of Contents Selected Results

Vicinity Map





**LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. 536624-04-KC
~~530944-07~~
(For Official Use Only-
No. from original application)

Applicant name (please print): _____

| | Total Contracted Services ¹ | Total Landowner Services ² | Totals |
|---|--|---------------------------------------|---|
| Labor Cost | | | A Labor Cost= PAID INVOICE ENCLOSED 4575.00 180.00 |
| Operating Exp ^{3,*} | | | B Oper. Exp.= LAND OWNE 500.00 |
| Revenue Generated (from sale of wood products only) ^{4,*} | | | C Revenue= — |
| Project Cost | | | D Total Project (A+B-C) = 5255.00 |
| | | | Amount Originally Approved = \$ 2400.00 |
| How much of your total cost was paid to CSFS for Products and/or Services? \$ - 0 - | | | Amount to be Reimbursed ⁵ (.5XD) 2400.00 |

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. No partial payments.
 * Attach receipts, Cost Documentation Form (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Samuel V. Solis Date: 7-14-08
 Mailing Address: PO, Box 330430 City: Greely
 County: Larimer State: CO Zip: 80633 Phone: cell 303-888 1647
 Practice certified by: [Signature]
 CSFS Service Representative
 Payment Approval: [Signature] Amount: \$2400 - Date: 9/2/08
 CSFS

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 three (3) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

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

Project No. 530944-07

To be completed by CSFS:

PROGRAM:

WUI Incentives D-space: _____

FLEP: _____

I & D Prevention and Suppression – Bark Beetle: _____

WUI D-space Accomplishment:

No. of D-spaces= 2 Acres slash disposal= _____ Acres fuel breaks = _____

Acres thinned= _____ Acres pruned= _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

FLEP Accomplishment:

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

TODAY'S TREATMENT INCLUDED:

- Merit WSP 75
- Orthene
- Talster
- M-Pede
- Agri Strep
- Astro
- Horticultural Oil
- Other

Mountain Pine Beetle \$180.00

(12 trees sprayed)

SERVICE ADDRESS:

Carroll SoRelle
R Double Quarter Circle Fishing Club
Gelm, WY 82063

CUSTOMER #:

2702

SPECIALIST:

AJ Wade

DATE:

7-3-08

TIME:

8:00 am

- 1 DUE TO HOT WEATHER, YOU SHOULD WATER YOUR _____ TREES.
- 1 LAWN MOWER DAMAGE NOTICED ON THE TRUNK OF YOUR TREES.
- 1 KEEP CHILDREN & PETS INDOORS UNTIL PLANTS ARE DRY (approximately 30 min.)
- 1 LAWN FURNITURE OR TOYS WERE COVERED OR REMOVED DURING SPRAYING.
- 1 GARDEN AREA WAS NOT SPRAYED

Prev. Balance as of 07/02/08 0.00
Charge 180.00

PAID
7-10-08
WYCC

Today's Charge 180.00
Please Remit 180.00
Please pay within 15 days.

PLEASE NOTE _____

COMMERCIAL APPLICATIONS ARE LICENSED BY THE COLORADO DEPARTMENT OF AGRICULTURE
THANK YOU FOR ALLOWING US TO SERVE YOU. PLEASE KEEP THIS PORTION FOR YOUR RECORDS.



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

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

Consultant: Kevin McLaughlin Date: 07/02/08

Quotation for Work

| | | | |
|---|---|--------------------------------------|--|
| Client Information | | How did Client hear of Fire Ready? | |
| Name <u>R Double Quarter Circle</u> | Property Address <u>12006 Larimer City Rd 103</u> | Telephone <u>970-435-5796 chavez</u> | |
| Deposit Amount/Check Number | Mailing Address | Scheduling Date(s) <u>wk of 6/26</u> | |
| Work to be Performed <u>Spend 3/4 day thinning @ Jim's place. Spend 2 1/4 day thinning around cabins and guest cabin. Cutting MPB trees around property broadcast chips back into forest.</u> | | | |

Rate Fixed

Climbing Fees

Total Price:

3 days @ 1500 a day plus \$25 a day fuel charge \$4575

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.

PAID 7-11-08
by CK

Client Signature _____ Printed Name _____ Date _____

Trees @ Jim's that are "big tree" should be left log for wood to SAW.

| | | |
|---|---|--|
| For Fire Ready office use only Detailed Directions <u>+1 splitter</u> <u>* Marked 11 trees for spraying, total of 12</u> | Service Dates _____ _____ _____ | Future Work <input type="checkbox"/> Spraying When _____ Quantity _____ |
| | Meeting Time _____ Place _____ Special Equipment/Notes _____ | Reasons <input checked="" type="checkbox"/> Added Charges _____ <input type="checkbox"/> Discounts _____ <input type="checkbox"/> _____ |
| | Total Price _____ Less Deposit _____ Total Invoice _____ | |



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/> 12-18-07
KC

Name: CARROLL SORELLE

Address: R DOUBLE QUARTER CIRCLE
P.O. BOX 336430
GREELEY, CO 80633

Approved for Payment
C.S.F.S.
A 404645
 12-18-07
 KC

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

Grant Number: 530944-003 Cooperator Match: \$ 12,600.00

Approved Funding: \$ 2,400.00 Total Project: \$ 15,000.00

CSFS Account Number: 536739-5980
~~530944-5980~~ Amount of Payment: \$ 2,400.00

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

Approved by R. Hornum
 (Program manager signature)

Date: 12-18-07

FILE COPY

404645

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

Date Requested: 12/18/07

V CARROLL SORELLE
E R DOUBLE QUARTER CIRCLE
N P O BOX 336430
D GREELEY CO 80633
O
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 404645
P FORT COLLINS CO 80523-6011

Contact: HOMANN, RICH
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program

| Item # | Description | Qty | UOM | Unit Price | Extension | Acct # | Sub | User |
|--------|---|-----|-----|------------|------------|--------|------|------|
| 1) | FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; State Fire Assistance (a.k.a. SFA); Project # 530944-003 FC; Final Payment | 1 | LOT | 2400.0000 | 2400.00 | 536739 | 5980 | |
| TOTAL: | | | | | \$2,400.00 | | | |

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

SIGNATURE

DATE

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

May 30, 2008

R Double Quarter Circle
Carroll SoRelle
P.O. Box 336430
Greeley, CO 80633

Dear Carroll:

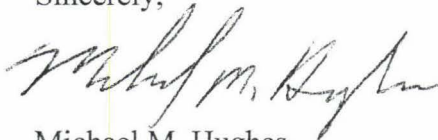
I apologize for the delay in getting you these forms.

Your Landowner Assistance application for \$2400 was approved. This grant is a 50/50 fund match. The project must be completed by September 15, 2008. If it becomes apparent you will not be able to complete the project by this day, please contact our office as soon as possible.

Enclosed you will find an Accomplishment Report and a Cost Document form. Upon completion of the practice, contact our office to schedule a final inspection. All costs and revenues must be documented on these forms. Final reimbursement cannot be processed without completion of these forms.

If you have any questions or concerns, please call me at (970) 491-8453. Thank you for your interest in the stewardship of your forest and in our Landowner Assistance Program.

Sincerely,



Michael M. Hughes
Assistant District Forester
Fort Collins District

Enclosures



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

Form A

PROJECT NUMBER: (For Official Use Only)

NAME: Cannon V. Sobier
MAILING ADDRESS: PO Box 336430
City: Greeley State: CO
Zipcode: 80633
TELEPHONE NO: 970 352-1199 cell 303 8881647

PROJECT ADDRESS/LEGAL DESCRIPTION: LCR 103 12006

PRACTICES TO BE COMPLETED BY: 9-30-08

Date

Landowner and CSFS forester:

CSFS forester:

Table with 6 columns: Practice No. & Component Title, Quantity Requested, Quantity Approved, Maximum C/S Amount eligible, C/S Amount Requested, C/S Amount Approved. Row 1: D&F, DSPACE Space, 2, \$2400. Total: \$2400.

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS forester: make sure the correct program is checked below. One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. I understand that I will not be reimbursed for any expenses incurred prior to approval of my application. Work must be completed according to approved plan and application, and must meet the standard set for each component. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: Cannon V. Sobier DATE: 12-20-07

To be completed by CSFS forester:

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

PROGRAM: WUI Incentives D-space: FLEP: I & D Prevention and Suppression - Bark Beetle: FRFTP: Stevens' Funds: SFA:

C/S Allocated: AMOUNT: \$2400 DATE: 1/18/08 CSFS District Forester

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

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

Project No. 530944-003
(For Official Use Only-
No. from original application)

Carnell V. Sorelle

Applicant name (please print): R Double Quarter Circle

| | Total Contracted Services¹ | Total Landowner Services² | Totals |
|--|--|---|--|
| Labor Cost (Actual) | <u>15,000.00</u> | | A Labor Cost= <u>\$ 15,000.00</u> |
| Operating Exp ^{3,*} (Actual) | | | B Oper. Exp.= |
| Value of donated services and materials (not an actual cost) | | | C Total value of donations |
| Revenue Generated (from sale of wood products only) ^{4,*} | | | D Revenue= |
| Project Cost | <u>15,000.00</u> | | E Total Project (A+B+C-D) = <u>15,000.000</u> |
| | | | Amount Originally Approved = <u>2,400.00</u> |
| How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>0</u> | | | Amount to be Reimbursed⁵ (.5XE) not to exceed Actual Costs <u>2,400.00</u> |

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

Landowner Signature: Carnell V. Sorelle Date: _____
 Mailing Address: P.O. Box 336430 City: Greeley
 County: _____ State: CO Zip: 80633 Phone: 970.352.1199
 Practice certified by: Brydo Lebida
CSFS forester
 Payment Approval: _____ Amount: _____ Date: _____
CSFS program manager

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

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

SoRelle
R Double Quarter Circle

Project No. 530944-003

To be completed by CSFS forester:

PROGRAM:

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

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

WUI D-space Accomplishment:

No. of D-spaces = 7 Acres slash disposal = 4.25 Acres fuel breaks = _____
Acres thinned = 4.25 Acres pruned = 4.25

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: 500
Acres inspected and treated: 60
Acres thinned: 3

FLEP Accomplishment (Not included above):

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

Invoice

| |
|---|
| Bill To |
| Carroll SoRelle PO Box 336430 Greeley, CO 80633 |

| |
|------------|
| Date |
| 10/29/2007 |

| Item | Description | Qty | Rate | Amount |
|--------------|--|-----|--------------|-------------|
| Tree Removal | Removal of Mountain Pine beetle trees around cabin North of main house. Broadcast chipped branches and tops of trees. Trunks cut into firewood and left on site. 10 days at \$1500/day 10/8-10/19/07. And an additional 2 days of tree removal and thinning in exchange for 4 weeks of lodging 10/22 and 10/23/07. | 10 | 1,500.00 | 15,000.00 |
| Deduct | Deduct \$3000.00 deposit | | -3,000.00 | -3,000.00 |
| | <p>Carroll- Thank you so much for the lodging for the crew. That was very helpful. We really appreciate it. I also wanted to make a note that CSFS has committed to \$2400 matching funds for work completed. Thank you again.</p> <p>Take Care-</p> <p><i>Julie</i> Julie Mahon</p> <p><i>Carroll- I also enclosed a copy of the original quote, just so you have a copy as well. Thanks!</i></p> | | | |
| | | | Total | \$12,000.00 |

*PAID 11-12-07
CK # 3173*



LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHARE

PROJECT NUMBER: 530944-003
(For Official Use Only)

NAME: CAROL V. SORELLE
MAILING ADDRESS: PO Box 336430
City: Greeley State: CO
Zipcode: 80633-0608
TELEPHONE NO: 970 352 1199 cell 303 888 1647

PROJECT ADDRESS/LEGAL DESCRIPTION: LCR 103 12006

PRACTICES TO BE COMPLETED BY: 9/30/08

Landowner and CSFS forester: Date CSFS forester:

Table with 6 columns: Practice No. & Component Title, Quantity Requested, Quantity Approved, Maximum C/S Amount eligible, C/S Amount Requested, C/S Amount Approved. Row 1: Defensible Space, 2, 2, \$1200, \$2400, \$2400. Total: \$2400.

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. CSFS forester: make sure the correct program is checked below. One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. I understand that I will not be reimbursed for any expenses incurred prior to approval of my application. Work must be completed according to approved plan and application, and must meet the standard set for each component. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE: Carol V. Sorelle DATE: 8-15-07

To be completed by CSFS forester:

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

PROGRAM: WUI Incentives D-space: FLEP:
I & D Prevention and Suppression - Bark Beetle:
FRFTP: Stevens' Funds: SFA:

C/S Allocated: \$2400 DATE: 8/15/07
CSFS District Forester

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

