Financial Assistance Program

Cooperative Match Project

To be conducted by: Cal-Wood Education Center

Project Number:	5366960
Estimated Project Cost:	\$ 17,500.00
Funding provided by CSFS:	\$ 8,750.00
Minimum Recipient Match:	\$8,750.00
Project to be completed by:	September 30, 2013

Based on the strength of the application submitted by the Cal-Wood Education Center, the Colorado State Forest Service is providing funding in the amount up to but not exceeding **\$8,750.00** to accomplish the project described in the attached scope of work.

As the cooperator, Cal-Wood Education Center will be reimbursed for actual 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 CSFS Boulder District Office periodic Grant Report(s)/Reimbursement Request(s) using the forms provided in "*Exhibit B, B-1 and Form D*", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. The District Forester or designee will then forward Exhibit B to the State Office for payment.

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, 2013. Extension is available for this project if requested prior to September 1, 2013.

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

Cooperator Signature:

Date: |-3|-13

Angie Busby PO Box 347; 2282 CR 87 Jamestown, CO 80455 Telephone Number: 303-449-0576 Email Address: angie@calwood.org Fax: 303-449-0576



EXHIBIT A Financial Assistance Program

Cooperative Match Project

SCOPE OF WORK

<u>Project Number:</u> 5366960 <u>Project Name:</u> Cal-Wood 2013 Hazardous Fuels Reduction Project

Cooperator: Cal-Wood Education Center

Work to be completed: The following is an excerpt from the application for this grant and will be used to describe the expected work standards:

Grant funding will be used to conduct hazardous fuels reduction throughout a total of 10 acres on the Cal-Wood Education Center property. Project work will continue upon past fuel break projects. Project work will be conducted on the access road, along with areas on the western edge of the property. Using a "thin from below" management technique, project work will create a variety of shaded fuel breaks. In an effort to increase the overall average crown spacing of the residual trees in the intended project areas, small diameter and suppressed vegetation will be targeted for removal. Mountain pine beetle infested trees, trees with excessive dwarf mistletoe infestations, and trees displaying obvious poor growth characteristics may be prioritized for removal to enhance forest health. All slash will be dealt with in a CSFS approvable fashion. All stumps will be cut to an average of 4 inches or less on the uphill side throughout the project areas. Residual trees in the project areas will be limbed to a minimum of six feet above the ground, or up to 25% of the lowest green limbs, whichever is less. All work will reflect CSFS standards of approvable forest stewardship.

The defensible space standards for this project will follow those outlined in CSFS's publication "Fire 2012-1".

Milestone dates: (Example from 4Mile's SOW) B KB

- December 2012: Flagging, mapping and marking of trees throughout the project areas

-January 2013: Begin cutting the intended project areas

-July 2013: Begin chipping of slash

-August 2013: Project completion

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

Project Period: October 1, 2012 - September 30, 2013

Funded Amount: \$ 8,750.00 Minimum cooperator match: \$ 8,750.00

Deliverables: 10.0 acres of hazardous fuels reduction to CSFS standards

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.



Colorado State Forest Service State Fire Assistance Grant Application

AL USE ONLY
Boulder
\$ 8,750,00
\$ 8.750.00

*For guidance on filling in each box in this application, refer to the Criteria and Instructions

and the state of the second states	Applicant Information
Applicant:	Cal-Wood Education Center
Contact Person:	Angie Busby
Address:	PO Box 347, 2282 County Road 87
City/Zip Code:	Jamestown, CO 80455
Phone (Work/Cell):	303-449-0603
Email:	angie@calwood.org
Fax:	303-449-0576
Federal Tax ID\DUNS #:	14-937-7319
	Contact Person: Address: City/Zip Code: Phone (Work/Cell): Email: Fax:

		Community At Risk Information
	Name of Project:	Cal-Wood Fuel Break Thinning
2	Community Name:	Jamestown
	County(ies):	Boulder
1	Congressional District:	2nd
	Latitude: 105.384 W	Longitude: 40.153 N

		Grant Contributors (Matchin d if insufficient match is identified; federal dollars DO N Specify each match contributor and the dollar amount NOT show grant requested funds in this table. This is	OT qualify- see criteria & instructions for exception) of each contribution.
3	Contributors Name:	Cal- Wood	TOTAL
1	Dollars (Hard Match):	\$0.00	\$0.00
Í	In-Kind (Soft Match):	\$8,750.00	\$8,750.00
	TOTAL:	\$8,750.00	\$8,750.00

Total Project Expense (break down matching share totals from
--

Budget Detail (Provide additional	Grant Share (\$ Amount	Match (fro	om block #3)	TOTAL
information in Block 7)	Requested)	Dollars	In-Kind	
Personnel / Labor:	\$4,000.00	and and	\$8,750.00	\$12,750.00
Fringe Benefits:				
Travel:	A State Sector 1			
Equipment:	\$3,000.00			\$3,000.00
Supplies:	\$1,000.00		·	\$1,000.00
Contractual:	the second second			and the second
Construction:	Saulto Base Sa			and the second second
Other:				
Indirect Costs:	\$750.00	and the second		\$750.00
TOTAL:	\$8,750.00	\$0.00	\$8,750.00	\$17,500.00

Page 1 of 4 CSFS State Fire Assistance Grant Application - 2012

Budget Narrative

Cal-Wood will provide \$8,750.00 in soft match funds. These soft match funds will be met through volunteer work of slash management and hauling wood rounds out of the field. The volunteer work will be completed by Cal-Wood staff as well as many other volunteer groups in the area. The soft match funds will also be met by having the natural resource manager at Cal-Wood flag the boundaries of the project sites, mapping it, and cut all the trees necessary to follow the scope of work and State Forest Service guidelines.

5

6

7

Grant funds provided by the Colorado State Forest Service will be used to rent a chipper and man it, buy chainsaw supplies and fuel, buy tree marking paint, as well as contractual labor to assist in the tree cutting. Renting a chipper will be the bulk of the budget as well as labor costs.

Project Area Description

The project areas are located due north of Jamestown, off of CR 87. The forest is composed of dense stands of ponderosa pines and Douglas fir. Rocky mountain juniper and random native grasses and brush occupy the understory. Some of the project area consists of dense ponderosa pine, Douglas fir, and Rocky mountain juniper within meadows and aspen forests. Slopes throughout the project area range from gentle sloping to steep. There has been recent fire activity outside the project area through the Overland Fire and US Forest Service Land off of Overland Road. Project work will look to reduce the hazardous fuels that are present throughout the project area and create shaded fuel breaks for fire mitigation practices.

Scope of Work

Project funding will be used to conduct hazardous fuels reduction along the access road to Cal-Wood, the western boarders of the property, and within natural meadows and drainages throughout the property. Creating a healthy shaded fuel break will be the objective of the project work. Using a "thin from below" approach, small diameter and suppressed vegetation will be targeted for removal, to increase the residual crown spacing. Mountain pine beetle infested trees, trees with excessive dwarf mistletoe infestations, and trees displaying obvious poor growth characteristics may be prioritized for removal to enhance forest health. All slash will be dealt with in an appropriate fashion. Slash will either be burned or chipped based on the access and slope of the project site. All stumps will be cut to 4" on the uphill side on average throughout the project areas. All trees left uncut throughout the project area will be limbed to a minimum of six feet above ground level, or up 25% of the bottom limbs (whichever is lesser). All work will reflect CSFS standards of approvable forest stewardship. There are three project sites that total ten acres that are great tie ins to past fuel break projects.

Project Summary (check all that apply and answer related questions) Project Category 1: Hazard Fuels Reduction / Fire Adapted Ecosystem Restoration Number of acres to be treated: 10 Acres Estimated cost per acre: \$1,750.00 Number of communities directly affected by this project: 3 plus rural communities Project Category 2: Information & Education Number of citizens to be reached: 5,000 children and 1,000 adults Project Category 3: Planning Number of residences affected: 4 residences on site plus Balarat DPS residences and residences to the east

Interagency Collaboration

The State Forest Service guidelines will be followed on fire mitigation and fuel reduction practices. They will be helping out with guidance as needed. We will have volunteer organizations that come to Cal-Wood to work on fire mitigation management. One of the main groups that may be helping us move logs and slash is AmeriCorps NCCC; which is a federal agency. There will be many other small organizations that will volunteer their time with this project as well. Cal-Wood staff will help with the bulk of this project in the winter and summer months.

Community Wildfire Protection Plan (CWPP)

Does this community have a wildfire protect	ion plan	that foll	ows the Hea	Ithy Forest Restoration
Act CWPP guidelines? (check one)	X	yes	no	in development
Is this project part of the plan? (check one)	Х	yes	no	
Where would we obtain a copy of this plan?	Left Han	d Fire Dep	artment	
Is this project identified in your Statewide Fo	orest Re	source A	ssessment a	nd Strategy?
	X	yes	no	

Project Timeline

The project will be completed at different intervals throughout the year. Flagging, mapping, and marking trees for the 10 acres will be completed in December 2012 and January 2013 or as soon as funding is in place. We plan on having our school-age program students help mark the trees as an indepth forestry lesson. Tree cutting will start in January. The bulk of the cutting, bucking up wood, creating slash piles, chipping, and hauling out wood rounds will be in May, June, July, and August. Cal-Wood has many volunteer groups as well as staff members during these months to assist in slash treatment and with hauling wood out of the field. The Cal-Wood Natural Resource Manager will be cutting the trees with assistance of staff members. Cal-Wood staff will assist with chipping (we will rent one) in July and will help burn any slash piles we may have the following winter. All in all, we will have the project completed by the end of August 2013.

Maintenance / Sustainability

Cal-Wood will continually monitor property once a year for any new undesirable re-growth of trees, and remove upon detection. Cal-Wood will also monitor maturing, growing vegetation, and continually remove limbs and other ladder fuels as they become present. Monitoring and removal of pine beetle infested trees as well as dwarf mistletoe infested trees will continue in the future. Blow-down occurrences will be cleaned up every late spring to reduce ladder fuels and fuel continuity. The project sites will also be used to educate our school-aged children as well as adults about forest management, forest health, and fire mitigation practices. Cal-Wood will also keep an eye out for any invasive species that may move in and treat them as necessary according to our invasive species management plan.

11

Landscape Scale

A large portion of this project ties in and meets up with the Jamestown Fuel Reduction Project cutting that was done several years ago. The project sites will compliment this community defensible space during a wildfire event. The project sites will also tie in with previous grant work that has been funded through the State Forest Service as well as the NRCS on the Cal-Wood property. In the event of a wildfire, we are hoping that by creating these shaded fuel breaks we can provide a safe environment for firefighters to work in as well as having a place for a good initial attack. Our primary focus is to create a safe escape route for our employees and our program participants in the event of a fire. There are several communities and Boulder County Open Spaces located due east of us that would benefit from an initial wildfire attack at Cal-Wood as well as communities to our north and south. This project also ties in with the goals of the Left Hand Fire CWPP.

ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.

Form 828 - Rev. 12/15/09

Colorado State University



Colorado State Forest Service Program Payment Request

	GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
	Forest Restoration Grant (SB71 and HB1199)	
	Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
	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)	
	Emergency Supplemental Funds (a.k.a.: ESF)	
Name: Address:	Checked for Federal suspension and debarment (State Office) http://www.epls.g <u>CALWOOD EDUCATION CENTER ATTN</u> <u>PO Box 347</u>	(Ara)
	JAMESTOWN, CD 80455	
		oved for Payment C.S.F.S.
		2625369
		09-25-13
approv	bove named has submitted a project application that has been revealed by the Colorado State Forest Service for funding from Federal Assistant $5366960 - C_{ALWOOD}$ Cooperator Match: $$10,5$	nce.
		12.36 N
Approved	Funding: \$ 8,750.00 ~ Total Project: \$ 19,262	36 N
	SFA CG4 Projects Under SFA-BOULDER	50.00 ~
Circle one		\sum_{n}
Approved	by Date: Date:	

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

EXHIBIT B CSFS GRANT REPORT/REIMBURSEMENT REQUEST

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

	1. 110jecu	Account #: 536696	0 - CALWOOD			2. Total Award Ame	ount: \$ 8,750.00
5. Make Payment To: Name: (Al-WoodD Ed. (Enfer Att: Arcie Bussing Ed. (Enfer Address: 10 & 804/55 7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Wo Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary. IO. D ACRES OF HAZAPDOUS FUELS REDUCTION 8. Reimbursement Request: I request reimbursement in the amount of \$ <u>6,750.°°</u> for the work completed and documented above. Accord and accord the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed to total project costs to recipient. A ward Amount Contribution Contribution D. Total E. Reimbursement F. Total Match Requested Amount Radio % B + C ED * Determine the above. Include Exhibit B. Financial Assistance Programs Exhibits researce and all outlays reported are for the purposes set forth in the courtents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate. Grant Recipient Signature: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. Date: <u>9/11/13</u> Date: <u>9/11/13</u> . Funding is available and request is approved for reimbursement. For more a Manage Signature: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Work meets minimum s	3. Project 1	Name: CALWOOD	SFA				
10: SEPTEMBER 2013 10: Description of accomplished; Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary. 10: D. ACRES OF HAZAPOOUS FUELS REDUCTION 3. Reimbursement Request: I request reimbursement in the amount of \$ €,150.00 for the work completed and documented above. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement equest amount amount cannot exceed to contribution D. Total Match Requested Amount Request and Reguested Amount Request proved deconcatation with Exhibit B to request reimbursement. F. Total Match Request for the purposes set forth in the counter support deconcatation with Exhibit B to request reimbursement. 10: A ward Amount Contribution Contribution Contribution Requested Amount Exhibit B and Form D <	5. Make Pa	ayment To:			6. Period of Perfo	rmance (Project Perio	
Additional Status Contribution Contribution 7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work Please be specific and report numbers such as a access treated, numbers of defensible spaces, toos of cubic feet or yards of slash collected, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary. ID-D ACREES OF HAZARDOWS FUELS Reductional sheets as necessary. 8. Reimbursement Request: I request reimbursement in the amount of \$ $\underline{C}, 150$ \underline{C}^{OO} for the work completed and documented above. For the work completed and documented above. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement equest amount tunst comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement equest amount cannot exceed the total project award being billed. The reimbursement amount cannot exceed the total project costs to recipient. A award Amount B. Recipient C. Non-recipient D. Total E. Reimbursement Request a mount cannot exceed the total project award obligation worksets to complete table above. Include Exhibit B: and Form D * Use results from Exhibit B: Financial Axistater Program Reimbursement Contributions E. Reimbursement for the purposes set forth in the occuments (i.e. award notification, scope of work, etc.). All expenses	Name: (al-woop Ed. (enter		From: OCTO	BER 2012	
Additional Section (Co. S04435) 7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Wool Please be specific and report numbers such as a accessary. <i>ID-D ACRESS oF HAZAPOOUS FUELS REDUCTION</i> 3. Reimbursement Request: I request reimbursement in the amount of \$ $\underline{C}, 150$ <i>for for</i> the work completed and documented above. Reimbursement Request: I request reimbursement in the amount of \$ $\underline{C}, 150$ <i>for for</i> the work completed and documented above. Reimbursement Request: I request reimbursement in the amount of \$ $\underline{C}, 150$ <i>for for</i> the work completed and documented above. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award obligation as identified in the project award notification. The reimbursement terust comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the total project award obligation as identified in the project award bound terust and the terust and the state accelerate the contributions is the state addition and terust and ter	Address:	DO BUX 347		N	TO: SEPTE	MBER 2013	
7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of WolPlease be specific and report numbers such as acres trated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of please written, etc., for which the award was granted. Attach additional sheets as necessary. ID-D ACRES OF HAZARDOWS FUELS Reductional sheets as necessary. Reimbursement Request: I request reimbursement in the amount of \$ @, 750.00 for the work completed and documented above. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimburseme request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement mount cannot exceed to contribution A Award Amount B. Recipient C. Non-recipient D. Total E. Reimbursement for the period being billed. The reimbursement fraction. The reimbursement equest amount cannot exceed to 2000 and 2000 at		jamestown, co	804953				
Present equest anount cannot exceed the total project award obligations is acress treated, number of ALTACA ALTAC							
10.0 ACRES OF HARAPOOUS FUELS REDUCTION 8. Reimbursement Request: I request reimbursement in the amount of $\$ \underbrace{0,750}_{K} \underbrace{0,750}_{K}$ for the work completed and documented above. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement equest amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement equest amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the total project costs to recipient. A Award Amount B. Recipient C. Non-recipient D. Total Requested Amount F. Total Match Ratio A Award Amount B. Recipient C. Non-recipient D. Total Requested Amount F. Total Match Ratio A Award Amount B. Recipient C. Non-recipient D. Total Requested Amount F. Total Match Ratio A Award Amount B. Recipient C. Non-recipient D. Total Requested Amount Ratio A Award Amount B. Recipient C. Non-recipient D. Total Requested Amount Ratio A Award Amount B. Recipient C. Non-recipient D. Total Requested Amount Ratio A Award Amount B. Recipient C. Non-recipient D. Total Requested Amount Ratio A Award Amount Ratio A Award Amount B. Recipient C. Non-recipient D. Total Requested Amount Ratio A Award Amount B. Recipient C. Non-recipient D. Total Requested Amount Ratio B -C D. Total Requested Amount Ratio A Award Amount B. Recipient C. Non-recipient D. Total Requested Amount Ratio A Award Amount B. Recipient C. Non-recipient B Financial Assistance Programs Reimbursement Catulation Worksheet to complete table above. Include Exhibit B: stand Form D Cost Documentation A other Approved documentation Work meets minimum standards and specifications as set	lease be sp	pecific and report numb	ers such as acres trea	ted, numbers of defe	insible spaces, tons of	f cubic feet or vards or	the project Scope of V f slash collected, numb
3. Reimbursement Request: I request reimbursement in the amount of \$ @,750.00 for the work completed and documented above. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement equest amount must comply with the appropriate costs-share requirement for the period being billed. The reimbursement amount cannot exceed the total project costs to recipient. Image: the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the total project costs to recipient. Image: the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the total project costs to recipient. Image: the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the total project costs to recipient. Image: the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the total project costs to recipient. Image: the appropriate cost-share requirement for the period being billed. The reimbursement for the billed b		10.0 Aca	les of	HAZARDOUS	FUELS REI	NCTION	
Cheimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement equest amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the etual project costs to recipient. A. Award Amount B. Recipient C. Non-recipient D. Total E. Reimbursement F. Total Match Ratio % B. 2000 Contributions E. Reimbursement F. Total Match Ratio % B. 2000 B. 20000 B. 2000 B. 2000 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
Cheimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement equest amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the etual project costs to recipient. A. Award Amount B. Recipient C. Non-recipient D. Total E. Reimbursement F. Total Match Ratio % B. 2000 Contributions E. Reimbursement F. Total Match Ratio % B. 2000 B. 20000 B. 2000 B. 2000 <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
Certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the best of my knowledge this report is correct and complete. Date: 9/11/13 Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Work meets minimum standards and request is approved for				and the second second			
	. Reimbur	rsement Request: I reque	est reimbursement in	the amount of \$ 8,	750.00 for the	e work completed and	documented above
Equest amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed to true the true project costs to recipient. A ward Amount B. Recipient C. Non-recipient D. Total E. Reimbursement F. Total Match Ratio % B + C E / D <lie <="" td=""><td></td><td></td><td></td><td></td><td>N</td><td></td><td></td></lie>					N		
equest amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed to clual project costs to recipient. A. Award Amount B. Recipient C. Non-recipient D. Total E. Reimbursement F. Total Match Ratio % B + C E / D <lie d<="" li=""> E / D</lie>	Reimbursen	ment request amount car	not exceed the total p	project award obligat	tion as identified in th	ne project award notifi	ication. The reimburser
A. Award Amount B. Recipient Contribution C. Non-recipient Contributions D. Total Requested Amount F. Total Match Ratio % A. Award Amount B. Recipient Contribution Contributions B + C E / D A. Development A / 19, 262.36 A / 0.00 A / 9, 262.36 A / 9, 750.00 54.6% • Use results from Exhibit B: Financial Assistance Programs Reinbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D • Use results from Exhibit B: Financial Assistance Programs Reinbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D • Use results from Exhibit B: Financial Assistance Programs Reinbursement. Cost Documentation or other approved documentation with Exhibit B to request reinbursement. Cost Documentation, scope of work, etc.). All expenses and all cost-share are true and accurate. Grant Recipient Signature: Maddaddaddaddaddaddaddaddaddaddaddaddadd	equest amo	bunt must comply with t	he appropriate cost-sl	nare requirement for	the period being bill	ed. The reimbursemen	t amount cannot excee
A. Award Amount Contribution Contribution Contribution Requested Amount P. Noni March • Use results from Exhibit B: Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D • Use results from Exhibit B: Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D • Use results from Exhibit B: Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D • I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the focuments (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate. Grant Recipient Signature: Maguabaa More meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. Date: <u>9/11/13</u> Or tribution: More meets is approved for reimbursement. N Punding is available and request is approved for reimbursement. N Date: <u>9/11/13</u>	ctual projec	ect costs to recipient.					
A. Award Amount Contribution Contribution Contribution Requested Amount P. Nont Match • Use results from Exhibit B: Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D • Use results from Exhibit B: Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D • Use results from Exhibit B: Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D • I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the focuments (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate. Grant Recipient Signature: Maguabaabaa More meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. Date: <u>9/11/13</u> • Funding is available and request is approved for reimbursement. More and to for the more approved for reimbursement.			B. Recipient	C Non-recipient	D. Total	E Deimburgen	E T-4-INCAL
B+C E/D \$\frac{1}{2}\overline{8},750.\$\circc\$ \$\frac{1}{9},262.36 \$\frac{1}{9},26		A. Award Amount					
\$\frac{1}{8}, 750.00 \$\frac{1}{9}, 262.36 \$\frac{1}{9}, 262.36 \$\frac{1}{9}, 750.00 \$\frac{5}{9}, 64.6% * Use results from Exhibit B: Financial Assistance Programs Reinbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D Cost Documentation or other approved documentation with Exhibit B to request reimbursement. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the ocuments (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate. Grant Recipient Signature: Date: \$\frac{9}{11}\$ Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. Date: \$\frac{9}{11}\$ District Forester Signature: Image: Normal Norm							111110 70
* Use results from Exhibit B: Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D Cost Documentation or other approved documentation with Exhibit B to request reimbursement. . I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the ocuments (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate. Grant Recipient Signature: Date: <u>9/11/13</u> . Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: . Funding is available and request is approved for reimbursement.					B+C		E / D
Cost Documentation or other approved documentation with Exhibit B to request reimbursement. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the becuments (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate. Grant Recipient Signature: Date: 9/11/13 Date: 9/11/13 Date: 9/11/13 Date: 9/11/13 Date: 9/11/13 Date: 9/11/13		\$8.750.00	\$ 19.262.36	\$0.00	Contraction of the local division in the loc	\$ 8 750 00	
Grant Recipient Signature: Date: 9/11/13 O. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Date: 9/11/13 . Funding is available and request is approved for reimbursement.		* Use results from Exhibit B	Financial Assistance Prog	rams Reimbursement Cal	\$ 19, 262.36	\$ 8,750.00	54.6%
Grant Recipient Signature: Date: 9/11/13 O. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Date: 9/11/13 . Funding is available and request is approved for reimbursement.		* Use results from Exhibit B	Financial Assistance Prog	rams Reimbursement Cal	\$ 19, 262.36	\$ 8,750.00 plete table above. Include E	54.6%
Grant Recipient Signature: Anglaham Date: 9/11/13 O. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. Date: 9/11/13 District Forester Signature: N Date: 9/11/13 Funding is available and request is approved for reimbursement. N		* Use results from Exhibit B	Financial Assistance Prog	rams Reimbursement Cal	\$ 19, 262.36	\$ 8,750.00 plete table above. Include E	54.6%
Grant Recipient Signature: Date: 9/11/13 0. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Date: 9/11/13 . Funding is available and request is approved for reimbursement.		* Use results from Exhibit B	Financial Assistance Prog	rams Reimbursement Cal	\$ 19, 262.36	\$ 8,750.00 plete table above. Include E	54.6%
Grant Recipient Signature: Anglahay Date: 9/11/13 0. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Manager Signature: Date: 9/11/13 1. Funding is available and request is approved for reimbursement.		* Use results from Exhibit B Cost Documentation or othe	Financial Assistance Prog r approved documentation	rams Reimbursement Cal with Exhibit B to request a	# 19, 262.36 culation Worksheet to com reimbursement.	plete table above. Include E	54.6% xhibit B1 and Form D
D. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Date: 9/11/13	I certify	* Use results from Exhibit B Cost Documentation or othe	Financial Assistance Prog r approved documentation	rams Reimbursement Cal with Exhibit B to request r	# 19, 262.36 culation Worksheet to com reimbursement.	plete table above. Include E	54.6%
0. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Date: 9/11/13 1. Funding is available and request is approved for reimbursement. Program Manager Signature:	I certify ocuments (i	* Use results from Exhibit B Cost Documentation or othe	Financial Assistance Prog r approved documentation	rams Reimbursement Cal with Exhibit B to request r	# 19, 262.36 culation Worksheet to com reimbursement.	plete table above. Include E	54.6%
0. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Date: 9/11/13 1. Funding is available and request is approved for reimbursement. Program Manager Signature:	I certify ocuments (i	* Use results from Exhibit B Cost Documentation or othe	nowledge this report scope of work, etc.).	is correct and comple	# 19, 262.36 culation Worksheet to com reimbursement.	plete table above. Include E	54.6%
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Image: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Image: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work. District Forester Signature: Image: Work meets minimum standards and request is approved for reimbursement. Program Manager Signature:	ocuments (1	* Use results from Exhibit B Cost Documentation or othe that to the best of my k i.e. award notification, s	nowledge this report scope of work, etc.).	is correct and comple	# 19, 262.36 culation Worksheet to com reimbursement.	plete table above. Include E ys reported are for the id accurate.	54.6%
District Forester Signature: . Funding is available and request is approved for reimbursement. Program Manager Signature:	Grant Rec	* Use results from Exhibit E Cost Documentation or othe that to the best of my k i.e. award notification, s cipient Signature:	nowledge this report scope of work, etc.).	is correct and comple	# 19, 262.36 culation Worksheet to com reimbursement.	plete table above. Include E ys reported are for the id accurate.	54.6%
District Forester Signature: . Funding is available and request is approved for reimbursement. Program Manager Signature:	Grant Rec	* Use results from Exhibit E Cost Documentation or othe that to the best of my k i.e. award notification, s cipient Signature:	nowledge this report scope of work, etc.).	is correct and comple	# 19, 262.36 culation Worksheet to com reimbursement.	plete table above. Include E ys reported are for the id accurate.	54.6%
I. Funding is available and request is approved for reimbursement.	Grant Rec	* Use results from Exhibit E Cost Documentation or othe that to the best of my k i.e. award notification, s cipient Signature:	nowledge this report scope of work, etc.).	is correct and comple All expenses and all of the state of the state o	# 19, 262.36 culation Worksheet to com reimbursement. ete, and that all outla cost-share are true ar	plete table above. Include E ys reported are for the id accurate. Date:	54.6%
Program Manager Signature	Grant Rec	* Use results from Exhibit E Cost Documentation or othe that to the best of my k i.e. award notification, s cipient Signature:	nowledge this report scope of work, etc.).	is correct and comple All expenses and all of the state of the state o	# 19, 262.36 culation Worksheet to com reimbursement. ete, and that all outla cost-share are true ar	plete table above. Include E ys reported are for the id accurate. Date:	54.6%
Program Managar Simpling	Grant Rec O. Certifica Work mee	* Use results from Exhibit E Cost Documentation or othe that to the best of my k i.e. award notification, s cipient Signature: ation: ets minimum standards	nowledge this report scope of work, etc.).	is correct and comple All expenses and all of the state of the state o	\$ 19, 262.36 culation Worksheet to com reimbursement. ete, and that all outla cost-share are true an S in the Scope of Wo	plete table above. Include E ys reported are for the id accurate. Date: -	54.6%
Program Manager Signature: Date: 9/23/13	Grant Rec O. Certifica Work mee District Fo	* Use results from Exhibit E Cost Documentation or othe that to the best of my k i.e. award notification, s cipient Signature: ation: ets minimum standards orester Signature:	and specifications as	is correct and complete All expenses and all of Ball of the correct of the correc	\$ 19, 262.36 culation Worksheet to com reimbursement. ete, and that all outla cost-share are true an S in the Scope of Wo	plete table above. Include E ys reported are for the id accurate. Date: -	54.6%
	Grant Rec O. Certifica Work mee District Fo	* Use results from Exhibit E Cost Documentation or othe that to the best of my k i.e. award notification, s cipient Signature: ation: ets minimum standards orester Signature: is available and request	and specifications as	is correct and complete All expenses and all of Ball of the correct of the correc	tulation Worksheet to comreimbursement.	plete table above. Include E ys reported are for the id accurate. Date: -	54.6%
	Grant Rec O. Certifica Work mee District Fo	* Use results from Exhibit E Cost Documentation or othe that to the best of my k i.e. award notification, s cipient Signature: ation: ets minimum standards orester Signature: is available and request	and specifications as	is correct and complete All expenses and all of Ball of the correct of the correc	tulation Worksheet to comreimbursement.	plete table above. Include E ys reported are for the d accurate. Date: 	54.6%
Rev.	Grant Rec O. Certifica Work mee District Fo	* Use results from Exhibit E Cost Documentation or othe that to the best of my k i.e. award notification, s cipient Signature: ation: ets minimum standards orester Signature: is available and request	and specifications as	is correct and complete All expenses and all of Ball of the correct of the correc	tulation Worksheet to comreimbursement.	plete table above. Include E ys reported are for the d accurate. Date: 	54.6% xhibit Bi and Form D purposes set forth in t 9/11/13 9/23/13

ource To earn the obligated award mount, the recipient must omplete 100% of the eliverables agreed to in the tatement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs) INCLUDES: (contracted services with receipts) (recipients's 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) (meeting room rental with receipts) (printing with receipts) <i>Current volunteer labor rate is the current rate at the</i> <i>time of reimbursement request. Any recipient</i> <i>contributions can be used as market to an award</i>	Cost-Share Program Reimbursement 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 market value) (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	F. Total Matcl Ratio (Cost-share rate (E / D)
#0	Reimbursement for these contributions can not exceed the obligated amount and must meet the cost share rate. \$19, 262.36	\$0.00	\$ 19,262.36	\$ 8,750.00	54.6%

Exhibit B 1 (Accompanies Exhibit B-CSFS Grant and Cost-Share Program Reimbursement Request)

Revised August 2012

Form 828 - Rev. 12/15/09

Colorado State University

Colorado State Forest Service Program Payment Request

	PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
	Grant (SB71 and HB1199)	
Volunteer or Rural	Fire Assistance (a.k.a.: VFA/RFA)	
Insect and Disease	Prevention and Suppression Program	
State Fire Assistan	ce (a.k.a.: SFA)	X
Front Range Fuels	Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Trea	tment Funds	
Cooperative Fire Ag 24-103-206-01)	reement (Active Fire Suppression Cooperators; CRS#R-	
Emergency Supple	mental Funds (a.k.a.: ESF)	
^	Tederal suspension and debarment (State Office) http://www.epls.g	
	Box 347	

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: 5366960 - CALWOOD	Cooperator Match: \$ 10,512.36
Approved Funding: \$ 8,750.00	Total Project: _ \$ 19, 262.36
CSFS Account Number: <u>5366960 - 6693</u>	Amount of Payment: 8,750 . ~~
Circle one: 1 st Payment 2 nd Payment	3 rd Payment Final Payment
Approved by(Program manager signature)	Date:

Colorado State Forest Service

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





EXHIBIT B CSFS GRANT REPORT/REIMBURSEMENT REQUEST

In order to receive reimbursement, you <u>must</u> provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by receipts for actual costs (out of pocket expenses) incurred by the recipient. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and have corresponding match.

	1140 100) - CALWOOD			2. Total Award Am	ount: \$ \$ 750 00	>
3. Project	Name: CALWOOD	SFA			4. Reimbursement A		
Name: (Attn: Ar Address:	ayment To: Cal-Woo:D Ed. (E Cyle Businy PO BUX 347 Jaimestown, CO			From: OCTO	OFFRANCE (Project Perio OBER 2012 EMBER 2013	d):	
7. What hat Please be sp	s been accomplished? Pl pecific and report number ns, number of plans writte	lease provide a desc rs such as acres trea en, etc., for which th		l. Attach additional s	t cubic feet or yards o	the project Scope of f slash collected, nur	f Work nber o
eimbursen quest amo	sement Request: I request nent request amount cann unt must comply with the ct costs to recipient.	ot exceed the total r e appropriate cost-sh	project award obligat	ion as identified in t	e work completed and he project award notifi ed. The reimbursemen		sement eed the
	A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %	
		Contribution		Contributions B + C		F. Total Match Ratio % E / D	
	\$ 8,750.00 * Use results from Exhibit B: F	Contribution	Contribution	Contributions B+C $ _1, 262, 36$	Requested Amount	Ratio % E/D	
	\$8,750.00	Contribution	Contribution	Contributions B + C 19, 262.36 culation Worksheet to com- eimbursement.	Requested Amount	Ratio % E/D 54.6% xhibit B1 and Form D	n the p
Grant Rec	* Use results from Exhibit Bi F Cost Documentation or other a that to the best of my kno e. award notification, sco ipient Signature:	Contribution	Contribution	Contributions B + C 19, 262.36 culation Worksheet to com- eimbursement.	Requested Amount	Ratio % E/D 54.6% xhibit B1 and Form D	n the p
Grant Rec). Certifica Work mee	* Use results from Exhibit Bi F Cost Documentation or other a that to the best of my kno e. award notification, sco ipient Signature:	Contribution \$19,262.36 Financial Assistance Prog ppproved documentation owledge this report in ope of work, etc.). A Angula	Contribution	Contributions B+C \$19,262.36 culation Worksheet to com- eimbursement. ete, and that all outla cost-share are true ar	Requested Amount	Ratio % E/D 54.6% xhibit B1 and Form D	n the p
Grant Rec Certifica Work mee District Fo	* Use results from Exhibit B. F Cost Documentation or other a that to the best of my kno e. award notification, sce ipient Signature: tion:	Contribution \$19,262.36 Financial Assistance Prog approved documentation powledge this report in powledge this report in powledge this report in the powledge the powled	Contribution	Contributions B+C \$19,262.36 culation Worksheet to com- eimbursement. ete, and that all outla cost-share are true ar	Requested Amount	Ratio % E/D 54.6% xhibit B1 and Form D	n the p

		Cost-Share Program Reimbursement		Sheet	
	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs) INCLUDES: (contracted services with receipts) (recipients's 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) (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</i> <i>time of reimbursement request. Any recipient contributions can be used as match to an award.</i> <i>Reimbursement for these contributions can not</i> exceed the obligated amount and must meet the cost share rate.		Total Project Costs) (B + C)	E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Matc Ratio (Cost-share rate (E / D)
\$ \$ 8,750.00	\$19,262.36	\$0.00	\$ 19,262.36	et 0	54.6%

Exhibit B 1 (Accompanies Exhibit B-CSFS Grant and Cost-Share Program Reimbursement Request)

Form D

Project/Account # 53669100 - CALLOOD

Page 1 of 2

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** Main Road Project	Hours	Value (\$)
5/17/13	Fire saws	cutting them localing slash buck was along to along	1	
5/18/13	Fire Saws	cutting theirs, having slash, bucking wood, limbing	100	2,179
5/19/13	Five Saws	cutting trees, having slash, budging wood, limbing	160	3,486
6/12/13	Angle	cutting tices in project area	120	2,615
1 .	NCCC(2)	more wood/slash to wad	3	65.37
3/1/13	Angre	atting tres in main gate area	4	87.16
8/8/13	Angre	Citting tipes In main gate and	4	87.10
127/13	Angie	citting trees in main gate area	. 1	108.95
	, ingle	atting trees C CW main lodge		87.16
se Exhibit E	BI Financial Ass	istance Programs Reimbursement Calculation Workshotten 1	400	\$8,716.0

*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

8/29/13 Date

District Forester Signature

Revised 7/2012

Project/Account # 5366960 - CALWOOD

Form D

Page 2 of 3

\$ 21.7

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 (\$)
8/28/13	Angle	Cutting trus CCW main lodge cutting trus C CW Main lodge how slash and nunds to nod C CW main lodge have slash/nunds to meadow C CW main gate	4	87.16
8/29/13	Angle	citting trees C CW main lodge	10	130.74
7/8/13	Cottonwood	have stash and rounds to road @ (W main lodge	54	1,176.66
9/10/13	Day of Caning	have shash/hunds to meadow @ Cw main gate,	180	3,922.20
		,		
e Exhibit F	BI Financial Ass	istance Programs Reinhursement Calculation Westerland total	244	15,316,70
enses and o	other contributio	istance Programs Reimbursement Calculation Worksheet to be sure you account for the ns provided to complete project, or phase of project. (pG# 152)	type of ac legg HLS	tivities, § 14 ₁ 032.
Angela	have	9/11/13	arou	21.1.2

Grant Recipient Signature

9/11/13 Date

District Forester Signature

9/1/13 Date

Revised 7/2012

Form D

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 (\$)
9/13/13	AMERICORP	MERICORP 40 PERSON CREW > HAUL SLASH, CHIP SLASH, CUT TREES		\$ 5,229.6
	Kar ya Naja			
<u></u>				
		GRAND TOTAL (PG#1,2:3)	884	\$ 19.7623

*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

<u>9/16 /13</u> Date

Date

District Forester Signature

Revised 7/2012