

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete	
District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	3-1-2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Roger D. Caswell
Contact Person:	Roger D. Caswell
Address:	3665 Colard Ln.
City/Zip Code:	Lyons, CO 80540
Phone (Work/Cell):	949-933-0271
Email:	Rcaswell3@cox.net
Fax:	

Community At Risk Information			
Name of Project:	Caswell Property		
Community Name(s):	Spring Gulch		
County:	Boulder	Congressional District:	T3N, R71W, Sec#3
Latitude (decimal degrees):	40.261 N	Longitude (decimal degrees):	105.333 W
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/> X	Number of:	1
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Infrastructure:	<input type="checkbox"/>	Estimated value of:	
Economic Viability:	<input type="checkbox"/>	Estimated value of:	
Historic Structures:	<input type="checkbox"/>	Number of:	
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	\$15,980.00
Will this Project be conducted as a Pass-Through Grant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>The project area is located on mild to moderate slopes, predominantly on a southeast aspect. Tree species composition is largely ponderosa pine, with juniper and douglas fir randomly scattered throughout. Understory composition consists of random native grasses, shrubs, and ground juniper. Access throughout the project area is very good, as 75% of the property/project area is bordered by a road. The main drive is accessed at the center of the southern boundary, leading to the residence, located centrally on the property.</p>	

Scope of Work / Project Timeline

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

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

4 Project work will improve upon the defensible space around the residence and the entry road corridor as the primary objective. The secondary objective will be to thin the remaining forested areas throughout the project area. Thinning will strive to remove a great deal of the encroaching, suppressed trees, with an emphasis on retaining the dominant, healthy overstory trees. Additional thinning will occur in the overstory trees, in order to achieve an average tree-crown spacing of 15 feet in the forested areas throughout the project area. Slash will be hauled to a local burn area, chipped, or lopped and scattered, depending upon landowner preference in any given area. Bole wood will be cut to manageable and desirable lengths and stacked appropriately, depending upon landowner preference.

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

Landowner will continually monitor property for any new growth, and remove any undesired encroachment. Landowner will also monitor property for any new insect and disease activity, and make efforts to eradicate upon detection. Landowner will limb younger, growing vegetation, to eliminate ladder fuels.

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

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

Provide a timeline for the project

Project work will begin as soon as layout is complete, and will continue through completion, which is targeted for Spring, 2012.

Interagency Collaboration

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

5 None.

Community Wildfire Protection Plan (CWPP)

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

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	34	Estimated cost per acre:	\$750
	Project Type (check all that apply)			
	Defensible Space	<input checked="" type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>	
Thinning w/ Product	<input type="checkbox"/>	Other	<input type="checkbox"/>	

Total Project Expense (Pass Through)		
<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
7	Contractual Services:	\$ 15,980.00
	TOTAL:	\$ 15,980.00

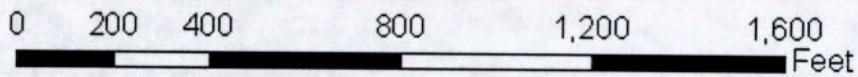
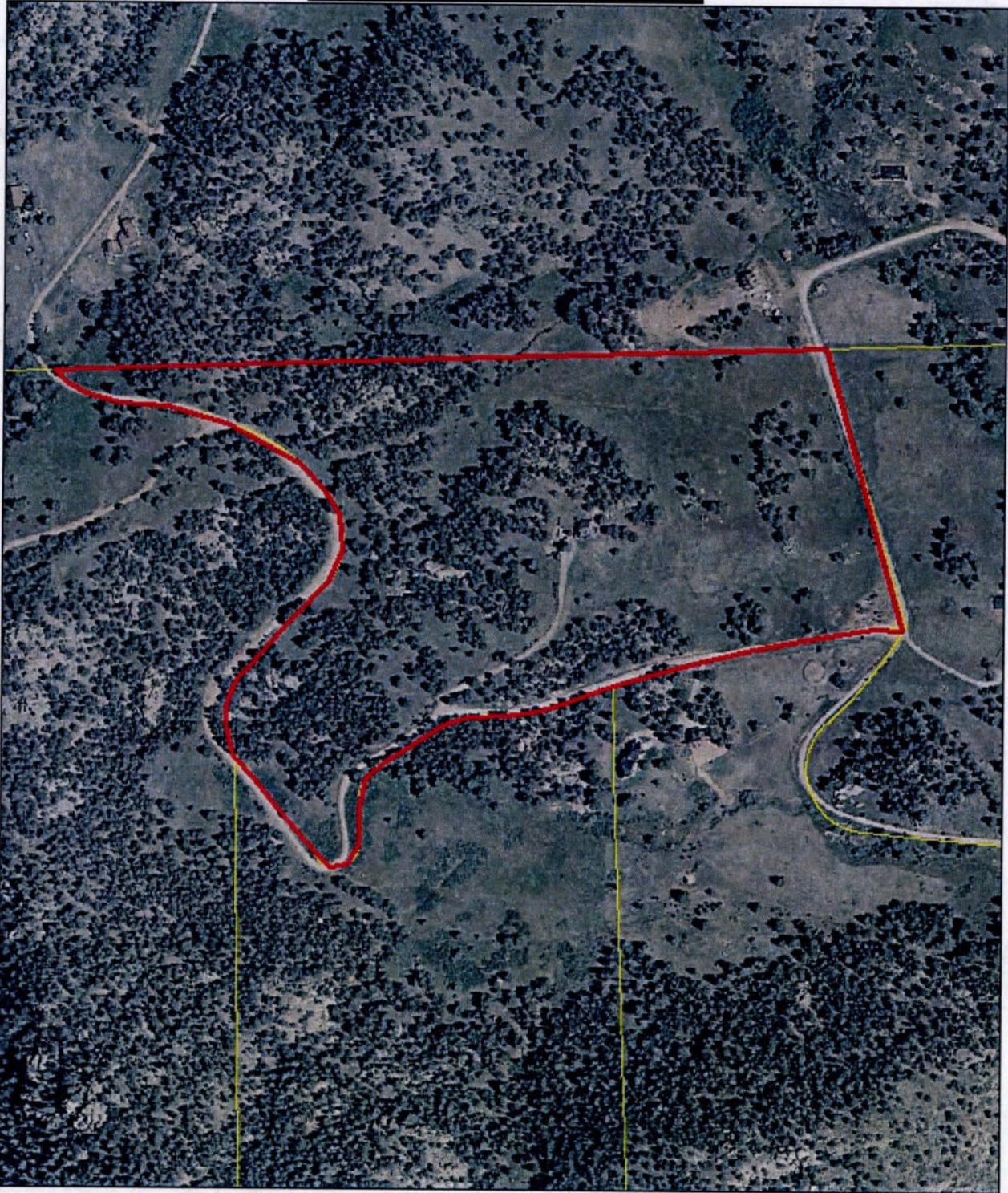
Grant funding may only be used for Contractual Service.

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

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

Attach Project Map Showing Specific Treatment Areas

Caswell Proposal



Caswell Property: 34acres

-  Caswell_Property
-  BOCO_PARCELS1209



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





COPY

**Colorado State Forest Service
Program Payment Request**

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

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 05-17-12
kc

Name: ROGER CASWELL

Address: 3665 COLLARD LN.
LYONS, CO 80540

Approved for Payment
C.S.F.S.
1855281
05-17-12
kc

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

Grant Number: 5308400-BO-24 ~

Approved Funding: \$15,980.00 ~

Total Project: \$2,187.00 ~

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

Amount of Payment: \$2,021.00 ~

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

Approved by: [Signature]
(Program manager signature)

Date: 5/14/12

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

Project No. 5308400-30-24 ✓
(For Official Use Only-
No. from original application)

Applicant name (please print): ROGER CASWELL ✓

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$ 2,187.00	A Labor Cost= \$ 2,187.00
Operating Exp ^{3,4} (Actual)			B Oper. Exp.= ✓
Project Cost			C Total Project (A+B) = \$ 2,187.00
			Amount Originally Approved = \$ 15,980.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,021.00

¹ Any contracted services where payment was made for services.
² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable. ✓
³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.
⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: Roger Caswell ✓ Date: 4-28-12

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

Mailing Address: 3665 Colard Ln City: Lyon S

County: Boulder State: CO Zip: 80590 Phone: 949 933 0271

Practice certified by: Bryan Boer (B B)
CSFS forester

Payment Approval: [Signature] Amount: \$2,021.00 Date: 5/14/12
CSFS program manager

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

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

Project No. 5308400-130-24

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): _____

4.3 ACRES
HAZ FUELS RED.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) - LOA Practice Number:

#1 Plan Acres = _____

#5 Acres = _____

#9 Acres treated = _____

#2 Acres tree planting = _____

#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____

Roger Caswell
ESF Grant - Project Number 5308400-BO-24

Award \$15,980

<u>Payment History:</u>	<u>Amount</u>	<u>Reference</u>	<u>Date</u>
1st Payment	\$3,760.00	Doc Nbr 1225968	3/22/2011
2nd Payment	\$5,170.00	Doc Nbr 1260887	4/11/2011
3rd Payment	\$2,679.00	Doc Nbr 1358260	6/13/2011
4th Payment	\$2,350.00	Doc Nbr 1599321	11/21/2011
Current Payment	<u>\$2,021.00</u>	Doc Nbr 1855281	5/17/2012
Total	<u><u>\$15,980.00</u></u>		

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

Project No. 5308400-30-24
(For Official Use Only-
No. from original application)

Applicant name (please print): ROGER CASWELL

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$ 2,187. ⁰⁰	A Labor Cost= \$ 2,187. ⁰⁰
Operating Exp ^{3,4} (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B)= \$ 2,187. ⁰⁰
			Amount Originally Approved = \$ 15,980. ⁰⁰
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,021. ⁰⁰

¹ Any contracted services where payment was made for services.

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

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

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

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

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

Landowner Signature: Roger Caswell

Date: 7-28-12

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

Mailing Address: 3665 Colorado Ln

City: LYONS

County: BOULDER State: CO Zip: 80570

Phone: 944 933 0271

Practice certified by: Bryan Boer (B B)
CSFS forester

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

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

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

Project No. 5308400-BO-24

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): _____

4.3 ACRES
HAZ. FUELS RED.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) - LOA Practice Number:

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



COPY

Colorado State Forest Service Program Payment Request

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

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

11-26-11
KC

Name: ROGER CASWELL

Address: 3665 COLLARD LN.

LYONS, CO 80540

Approved for Payment

C.S.F.S.
1599321

11-21-11
KC

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

Grant Number: 5308400-BO-24 ~

Approved Funding: \$15,980.00 ~

Total Project: \$2,754.00 ~

CSFS Account Number: 5308400-6693

Amount of Payment: \$2,350.00 ~

'09SUP HAZ FUELS Fr BO

Circle one: 1st Payment 2nd Payment

4th Payment

Final Payment

Approved by [Signature]
(Program manager signature)

Date: 11/17/11

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

Project No. 5308400-Bo-24 -
(For Official Use Only-
No. from original application)

Applicant name (please print): Roger Caswell

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$ 2,754.00	A Labor Cost= \$ 2,754.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B)= \$ 2,754.00
			Amount Originally Approved = \$ 15,980.00 ~
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,350.00 ~

¹ Any contracted services where payment was made for services.
² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.
³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.
⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: [Signature] Date: 10-11-11

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

Mailing Address: 3665 COLARD LN. City: LYONS

County: BLAOKER State: CO Zip: 80540 Phone: 949 933 0271

Practice certified by: Bryan Baer
CSFS forester

Payment Approval: [Signature] Amount: \$2,350.00 Date: 11/17/11
CSFS program manager

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

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

Project No. 5308400-BO-24

To be completed by CSFS forester:

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

5.0 Acres
Haz. Fuels Red.

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

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 = _____		



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

Project No. 5308100-Bo-24
(For Official Use Only-
No. from original application)

Applicant name (please print): Roger Caswell

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$ 2,754.00	A Labor Cost= \$ 2,754.00
Operating Exp ^{3,4} (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$ 2,754.00
			Amount Originally Approved = \$ 15,980.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,350.00

¹ Any contracted services where payment was made for services.
² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.
³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.
⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: [Signature] Date: 10-11-11

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

Mailing Address: 3665 COLARD LN. City: LYONS

County: ROUNDER State: CO Zip: 80540 Phone: 949 933 0271

Practice certified by: Bryan Baer
CSFS forester [Signature]

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.

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

Project No. 5308400-BO-24

To be completed by CSFS forester:

PROGRAM:

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

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

5.0 Acres
Haz. Fuels Red.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

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 = _____ | | |

06-16-11

Hi, Allen.

This copy is for your
Boulder District Office
files.

Best regards,
Karen Cahill
(970) 491-3006

COPY



Colorado State Forest Service Program Payment Request

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

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 06-13-11 kc

Name: ROGER CASWELL

Address: 3665 COLARAD LANE

LYONS ~~WASH~~, CO 80540

Approved for Payment
C.S.F.S.
1358260
06-13-11
kc

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

Grant Number: 5308400-80-24 ~

Approved Funding: \$15,980.00 ~

Total Project: \$12,474.00

CSFS Account Number: 5308400 - 6693
109SUP HAZ FUELS Fr 80

Amount of Payment: \$2,679.00 ~

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

Approved by [Signature]
(Program manager signature)

Date: 6/13/11

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

Project No: 5308400-60-24
(For Official Use Only-
No. from original application)

Applicant name (please print): ROGER CASWELL

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	N/A	\$3,240	A Labor Cost= \$3,240
Operating Exp. ³ (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B) = \$3,240.00
			Amount Originally Approved = \$15,980.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$2679
5.7 acres @ \$470 per acre			

¹ Any contracted services where payment was made for services.

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

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

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

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

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

Landowner Signature: Roger Caswell

Date: 5-18-2011

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

Mailing Address: 3665 Colorado Ln

City: LYONS

County: BOULDER State: CO Zip: 80540

Phone: 949 933 0271

Practice certified by: B. B. (Bryan Brier)
CSES forester

Payment Approval: [Signature]
CSES program manager

Amount: \$2,679.00 Date: 6/13/11

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



Colorado State Forest Service Program Payment Request

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

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

Name: ROGER CASWELL

Address: 3665 COLARD LANE
LYONS ~~ILLINOIS~~, CO 80540

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

Grant Number: 5308400-BO-24

Approved Funding: \$15,980.00 Total Project: \$12,474.00

CSFS Account Number: 5308400 - 6693 Amount of Payment: \$ 2,679.00

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

Approved by _____ Date: _____
 (Program manager signature)

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

Project No. 5308/10-60-24
(For Official Use Only-
No. from original application)

Applicant name (please print): ROGER CASWELL

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	N/A	\$3,240 -	A Labor Cost= \$3,240. -
Operating Exp ^{3,4} (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B) = \$3,240.00
			Amount Originally Approved = \$15,980.00
5.7 acres @ \$470 per acre			Amount to be Reimbursed not to exceed \$470 Per Acre \$2679 -

- ¹ Any contracted services where payment was made for services.
- ² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.
- ³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
- ⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.
- ⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: Roger Caswell Date: 5-18-2011

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

Mailing Address: 3665 Colandrea Ln City: Lyons

County: Deuel State: CO Zip: 80540 Phone: 919 933 0271

Practice certified by: B. B. (Bryan Brier)
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.

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

Project No. 308400-Bo-24

To be completed by CSFS forester:

PROGRAM:

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

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

5.7 Acres
H2z Fuels Red.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

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



#530400-BO-24
 3665 Colorado
 Lyons, Co 80540

**EMERGENCY SUPPLEMENTAL FUNDS
 LANDOWNER ASSISTANCE PROGRAMS
 COST DOCUMENTATION**

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$20.25/hr. Separate expenses by component (activity). Attach receipts.

Logan Powell

 Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
4-7-11	OWNER	Mitigation of 5.7 acres	8	
8			8	
		cut & clear by owner	OFF	—
4-11-11			8	
12			8	
13			8	
14			8	
15			8	
16			8	
			OFF	—
4-18			8	
19			8	
20			8	
21			8	
22			8	
23			8	
24			OFF	—
4-25			8	
26			8	
27			8	
28			8	
29			4	
30			4	
			OFF	—
5-2		5.7 acres x # 470 = 2679-	4	
3			4	
		TOTAL	160	\$3240

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**Colorado State Forest Service
Program Payment Request**

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

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 04-13-11
kc

Name: ROGER CASWELL

Address: 3665 COLARD LN

LYONS, CO 80540

Approved for Payment
C.S.F.S.
1260887
04-14-11
kc

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

Grant Number: 5308400-80-24 ~

Approved Funding: \$ 15,980.00 ~

Total Project: \$ 9,234.00

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

Amount of Payment: \$ 5,170.00 ~

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

Approved by [Signature]
(Program manager signature)

Date: 4/12/11

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

Project No. 5308400-80-24
(For Official Use Only-
No. from original application)

Applicant name (please print): ROGER CASWELL

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		<u>5346</u>	A Labor Cost= <u>264 hrs. = \$5,346.00</u>
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = <u>\$5,346.00</u>
			Amount Originally Approved = <u>\$15,980.00 -</u>
			Amount to be Reimbursed not to exceed \$470 Per Acre <u>\$5,170.00 -</u>

- ¹ Any contracted services where payment was made for services.
- ² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.
- ³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
- ⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.
- ⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: Roger Caswell Date: 4-4-2011

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

Mailing Address: 3665 COCARD LN City: LYONS

County: BOULDER State: CO Zip: 80540 Phone: 979 933 0271

Practice certified by: B. B. BRYAN BAER
CSFS forester

Payment Approval: [Signature] Amount: \$5,170.00 Date: 4/12/11
CSFS program manager

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

COPY

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

Project No 5308400-BO-24

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): _____

11.0 Acres
Haz Fuels Red.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) - LOA Practice Number:

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



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

Project No. 5308400-80-24
(For Official Use Only-
No. from original application)

Applicant name (please print): ROGER CASWELL

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		<u>\$ 5346.00</u>	A Labor Cost= <u>264 hrs. = \$5,346.00</u>
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = <u>\$ 5,346.00</u>
			Amount Originally Approved = <u>\$ 15,980.00</u>
			Amount to be Reimbursed not to exceed \$470 Per Acre <u>\$ 5,170.00</u>

- ¹ Any contracted services where payment was made for services.
- ² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.
- ³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
- ⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.
- ⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

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

Landowner Signature: Roger Caswell Date: 4-4-2011

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

Mailing Address: 3665 COCARD LN City: LYONS

County: BOULDER State: CO Zip: 80540 Phone: 979 933 0271

Practice certified by: B.B. Brian Biter
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.

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

Project No. 5308400-BO-2A

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): _____

11.0 Acres
Hoz Fuels Red.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

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



**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION**

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$20.25/hr. Separate expenses by component (activity). Attach receipts.

Logan Cooney

Landowner Signature

#530840-30-24

Date	By Whom:	Activity/Expense:	Hours	Expenses
3-2-11	OWNER	Cut and Clear	8	(Large handwritten scribble)
3		Lower 11 acres	8	
4			8	
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29			8	
30			8	
31	OWNER	CUT and Clear Lower 11 acres.	8	

1/2010
C-ES
ATTACHED

03-24-11

Hi, Allen -

This copy is for the
Boulder District Office
files.

Best regards,

Karen Carler

(970) 491-3006



COPY

**Colorado State Forest Service
Program Payment Request**

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

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 03-22-11 KC

Name: ROGER CASWELL

Address: 3665 COLARD LN.

LYONS, CO 80540

~ ~

Approved for Payment
C.S.F.S.
1225968
03-22-11
KC

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

Grant Number: 5308400-80-24 ~

Approved Funding: \$15,980.00 ~

Total Project: \$3,888.00 ~

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

Amount of Payment: \$3,760.00 ~

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

Approved by [Signature]
(Program manager signature)

Date: 3/17/11

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

Project No. 5308400-EO-24
(For Official Use Only-
No. from original application)

Applicant name (please print): ROGER CASWELL

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		<u>\$3888⁰⁰</u>	A Labor Cost = <u>\$3888.00</u> (<u>192 hrs x 20.25</u>)
Operating Exp ^{3,4} (Actual)			B Oper. Exp. = <u>/</u>
Project Cost			C Total Project (A+B) = <u>\$3,888.00</u>
			Amount Originally Approved = <u>\$15,980.00</u>
			Amount to be Reimbursed not to exceed \$470 Per Acre <u>\$3,760.00</u>

¹ Any contracted services where payment was made for services.

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

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

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

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

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

Landowner Signature: Roger Caswell

Date: 3-10-2011

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

Mailing Address: 3665 COLARD LN

City: LYONS

County: Boulder State: CO Zip: 80540

Phone: 949 933 0271

Practice certified by: Bryan Beer
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.

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

Project No. 5368400-80-24

To be completed by CSFS forester:

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

→ 8.0 Acres

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

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

Accomplishment (Not included above) – LOA Practice Number:

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

**LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION**

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$20.25/hr. Separate expenses by component (activity). Attach receipts.

RCS

Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
1-31	owner	cut and clear	8	
2-1			8	
2	}	lower 8 acres	8	
3		8		
4		8		
5		8		
6		8		
7	}	cut and clear	8	
9		8		
9		lower 8 acres	8	
10		8		
11		8		
12			8	
14	}	cut and clear	8	
15				
16		lower 8 acres	8	
17				
18				
19			5	
21	}	cut and clear	8	
22		lower 8 acres	8	
23				
24				
25				8
26				
28		cut and clear lower 8 acres 8 hours	8	

