

# 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:	9/21/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Laurelyn Sayah
Contact Person:	Laurelyn Sayah
Address:	3212 Ridge Rd.
City/Zip Code:	Nederland, CO 80466
Phone (Work/Cell):	303-258-8282
Email:	<a href="mailto:laurelynx@gmail.com">laurelynx@gmail.com</a>
Fax:	

Community At Risk Information			
Name of Project:	Sayah Property		
Community Name(s):	Nederland		
County:	Boulder	Congressional District:	2nd
Latitude (decimal degrees):	39.985 N	Longitude (decimal degrees):	105.458 W
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	1
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
<b>Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment</b>	
Dollar Amount Requested	\$611.00
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 composed of primarily ponderosa pine, with a small mix of douglas fir, and aspen present as well. The project area is located on fairly mild slopes, with no slope exceeding 20%. There are random native grasses and junipers in the understory, as well as a small component of regenerating tree species. Access to the project area is through Whispering Hope Way.</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 be done with a primary objective of increasing the spacing of the dominant healthy trees, as much of the area has a density above a desired level. Removal of insect and disease stricken trees will also be an objective of the project, as overall improvement to forest health is desirable. Removal of understory, suppressed trees will also be accomplished, as landowner will target those trees to improve the nutrient availability for the dominant, desired trees left uncut. Increasing the amount of aspen currently present may also be accomplished through project work, as more sunlight will penetrate to the forest floor where aspen have previously been established. All slash and bole-wood material will be dealt with appropriately, as landowner and forester see fit. All trees left uncut will be limbed up to 6 feet or by 25%, whichever is the lesser.

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

Continual maintenance will be performed by landowner, by removal of undesired re-growth of trees upon detection. Desired re-growth of trees will also be continually monitored for proper spacing and limbing as the trees grow and become established.

**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 hired contractor and landowner are able, and will continue through completion, which is targeted for Fall/Winter of 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  
N/A

### 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	<b>Project Category</b> (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:	1.3	Estimated cost per acre:	\$1,500.00
	<b>Project Type</b> (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 checked="" 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:	\$ 611.00
	<b>TOTAL:</b>	<b>\$ 611.00</b>

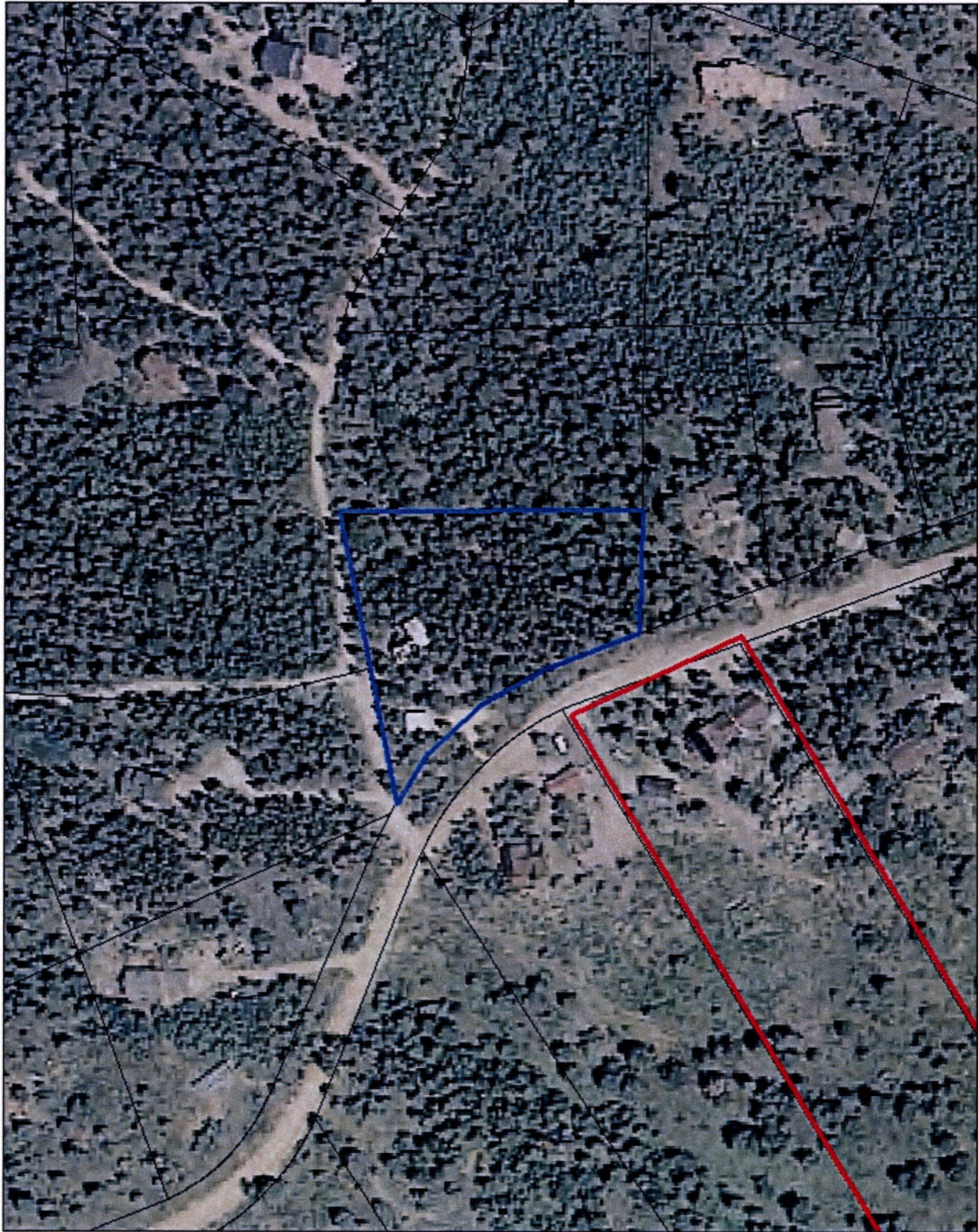
Grant funding may only be used for Contractual Service.

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




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

*Attach Project Map Showing Specific Treatment Areas*

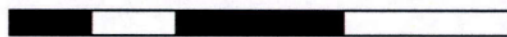
# Sayah II Proposal



**Sayah Property: 1.3 Acres**

-  Sayah
-  Sayah II
-  BOCO\_PARCELS1209

150 75 0 150 300 Feet



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



CSFS fax  
303-823-5768



EMERGENCY SUPPLEMENTAL FUNDS  
LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-80-60  
(For Official Use Only)

NAME: Laurelyn Sayah  
MAILING ADDRESS: PO Box 693  
City: Nederland State: CO  
Zip code: 80466  
TELEPHONE NO: 303-258-8282

PROJECT ADDRESS/LEGAL DESCRIPTION: 3159 Ridge Rd.  
owners Rick & Teri Wray, rwray11@cox.net Nederland, CO  
PRACTICES TO BE COMPLETED BY:

Laurelyn Sayah Date 10/1/2012  
Landowner and CSFS forester: CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
	2.0 acre	1.3 acre
		Total:

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre. I understand that I will not be reimbursed for any expenses incurred prior to approval of my application. Work must be completed according to approved plan and application, and must meet the standard set for each component. Practices must be maintained for a minimum of 10 years. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: Teri Wray DATE: 9/14/11  
To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: BZ DATE: 8/17/2012  
(Additional USFWS guidelines addressed)

PROGRAM:  
ESF: X

Funding Allocated: Al Miller AMOUNT: \$ 611.00 DATE: 9/2/11  
CSFS District Forester

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



COPY

### Colorado State Forest Service Program Payment Request

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

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 09-04-12 (ko)

Name: LAURELYN SAYAH

Address: PO Box 693

NEDERLAND, CO 80466

Approved for Payment  
C.S.F.S.

2037070

09-04-12

(ko)

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

Grant Number: 5308400-BO-60 ~

Approved Funding: \$ 611.00 ~

Total Project: \$ 1,528.88 o.k.

CSFS Account Number: 5308400-6693 ~  
109SW HAZ FUELS FR 80

Amount of Payment: \$ 282.00 ~

Circle one: 1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Approved by [Signature]  
(Program manager signature)

Date: 8/30/12

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

Project No. 5308400-30-60 ~  
(For Official Use Only-  
No. from original application)

Applicant name (please print): Laurelyn Sayah -

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)		\$ 1,528. <sup>88</sup>	A Labor Cost= \$ 1,528. <sup>88</sup>
Operating Exp. <sup>3,4</sup> (Actual)		\$ 79.-	B Oper. Exp.= \$ 79
Project Cost			C Total Project (A+B) = 1,607. <sup>88</sup>
			Amount Originally Approved = \$ 611.-
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 282. <sup>00</sup>

- <sup>1</sup> Any contracted services where payment was made for services.
- <sup>2</sup> Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.
- <sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
- <sup>4</sup> Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.
- <sup>5</sup> 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: Laurelyn Sayah Date: 8/17/12

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

Mailing Address: P.O. Bx 693, Nederland City: Nederland

County: Boulder State: CO Zip: 80466 Phone: 303-258-8281

Practice certified by: BRYAN BAER (BB)  
CSFS forester

Payment Approval: [Signature] Amount: \$282.00 Date: 8/30/12  
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. 5308400-80-60

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): \_\_\_\_\_

0.6 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 = _____		



## 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: LAURELYN SAYAH

Address: PO Box 693

NEDERLAND, CO 80466

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: 5308400-80-60

Approved Funding: \$ 611.00

Total Project: \$ 1,528.88

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 282.00

Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Approved by \_\_\_\_\_  
(Program manager signature)

Date: \_\_\_\_\_

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

Project No. 5308400-30-60  
(For Official Use Only-  
No. from original application)

Applicant name (please print): Laurelyn Sayah

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)		\$1,528. <sup>88</sup>	A Labor Cost= \$1,528. <sup>88</sup>
Operating Exp <sup>3,*</sup> (Actual)		\$ 79.-	B Oper. Exp.= \$79
Project Cost			C Total Project (A+B) = 1,607. <sup>88</sup>
			Amount Originally Approved = \$ 611.-
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 282.00

<sup>1</sup> Any contracted services where payment was made for services.

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

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

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

<sup>5</sup> 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: Laurelyn Sayah

Date: 8/17/12

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

Mailing Address: P.O. Bx 693, Nederland City: Nederland

County: Boulder State: CO Zip: 80466 Phone: 303-258-8281

Practice certified by: BRYAN BAER (BB)  
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. 5308400-80-60

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): \_\_\_\_\_

0.6 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)	X

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

11-30-11  
ka

Name: LAURELYN SAYAH

Address: PO BOX 693

NEDERLAND, CO 80466  
N

Approved for Payment

C.S.F.S.

1610944

12-01-11

ka

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-60 ✓

Approved Funding: \$ 611.00 ✓

Total Project: \$ 1,113.75 ✓

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 329.00 ✓

'09 SUP HAZ FUELS FR BO

Circle one: 1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Approved by [Signature]  
(Program Manager signature)

Date: 11/29/11

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

Project No. 5308400-30-60  
(For Official Use Only-  
No. from original application)

Applicant name (please print): Laurelyn Sayah

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)		\$ 1,113.75	A Labor Cost= \$ 1,113.75
Operating Exp <sup>3</sup> (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B)= \$ 1,113.75
			Amount Originally Approved = \$ 611.00 ✓
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 329.00

- <sup>1</sup> Any contracted services where payment was made for services.
- <sup>2</sup> Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.
- <sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)
- <sup>4</sup> Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.
- <sup>5</sup> Reimbursement amount cannot exceed \$470/acre 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: Laurelyn Sayah Date: 11/14/11

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

Mailing Address: PO Box 693 City: ~~Amman~~ Nederland

County: Boulder State: CO Zip: 80466 Phone: 303-258-8282

Practice certified by: BYRON BAER (B.B.)  
CSFS forester

Payment Approval: [Signature] Amount: \$329.00 Date: 11/29/11  
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. 5308400-80-60

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): \_\_\_\_\_

0.7 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 = _____		





## Colorado State Forest Service Program Payment Request

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

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

Name: LAURELYN SAYAH

Address: PO BOX 693

NEDERLAND, CO 80466

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-60

Approved Funding: \$ 611.00

Total Project: \$ 1,113.75

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 329.00

Circle one: 1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Approved by \_\_\_\_\_  
(Program manager signature)

Date: \_\_\_\_\_

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

Project No. 5308400-80-60  
(For Official Use Only-  
No. from original application)

Applicant name (please print): Laurelyn Sayah

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)		\$ 1,113.75	A Labor Cost= \$ 1,113.75
Operating Exp <sup>3,4</sup> (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B)= \$ 1,113.75
			Amount Originally Approved = \$ 611.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 329.00

<sup>1</sup> Any contracted services where payment was made for services.

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

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

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

<sup>5</sup> 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: Laurelyn Sayah

Date: 11/14/11

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

Mailing Address: PO Box 693

City: ~~Arroyo~~ Nederland

County: Boulder State: CO Zip: 80466

Phone: 303-258-8282

Practice certified by: BRYAN BAER (BB)  
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. 5308400-80-60

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): \_\_\_\_\_

0.7 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 = _____		



