

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	
Forester Submitting Project:	
District Priority Number:	
Date Submitted:	
FOR REVIEWER'S USE ONLY:	
Rating:	

1	Applicant Information	
	Applicant:	Joe Jacobs
	Contact Person:	Joe Jacobs
	Address:	PO Box 7296
	City/Zip Code:	Boulder, CO 80306
	Phone (Work/Cell):	720-988-4474
	Email:	joejacobs@me.com
	Fax:	

2	Community At Risk Information			
	Name of Project:		233 Gold Trail Road	
	Community Name(s):		Gold Hill Community	
	County:	Boulder	Congressional District:	T1N, R72W, Sec#14
	Latitude (decimal degrees):	40.045 N	Longitude (decimal degrees):	105.413 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):			

3	Requested Grant Amount / Project Description	
	All information for the project must fit into the space provided below. The review committee will not consider attachments.	
	Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
	Dollar Amount Requested	\$4,700.00
	Will this Project be conducted as a Pass-Through Grant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
	<p>The project area is located at 233 Gold Trail Road, in the vicinity of the town of Gold Hill. The project area has had recent fire activity through the Four Mile Canyon Fire. Fire intensity throughout the majority of the project area has been severe. Vegetation across the property consists of largely ponderosa pine and douglas fir in the overstory, with random native grasses and rocky mountain juniper scattered throughout the understory. Access to the project area will be exclusively from Rim Road. Slope throughout the project area is steep, with the majority at or above 30% grade.</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 Grant funding will be used to conduct hazardous fuels reduction across the project area. The majority of trees felled will be used for erosion control, as the stems will be contour felled and set in place. Smaller vegetation will be felled, lopped and scattered, and broadcast over the project area as best as possible. Slash that is close to the roadway may be chipped, with a new depth not to exceed 4 inches. Bole-wood not used for contour felling purposes will either be hauled off site, cut into manageable length and stacked accordingly for firewood consumption at a later time, or dealt with using other CSFS approved methods of stewardship. All remaining vegetation will be limbed to reduce fuel ladders. Stumps will be cut as low as possible, with no stumps over 4 inches on the uphill side.

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

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

Landowner will continually monitor property for new, undesirable re-growth, and remove upon detection. Landowner will also monitor trees growing in desirable locations, and limb vegetation as necessary.

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.).

None.

Community Wildfire Protection Plan (CWPP)

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

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	10.0	Estimated cost per acre:	\$2,000.00
	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"/>

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

Grant funding may only be used for Contractual Service.

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

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



Attach Project Map Showing Specific Treatment Areas

Joe Jacobs Project



0 125 250 500 750 1,000 Feet

Joe Jacobs Proposal: 10.0acres

-  Jacobs
-  BOCO_PARCELS1209



Created By: Bryan Baer
CSFS - Boulder Dist.
May, 2011





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-BO-34
(For Official Use Only)

NAME: JOE JACOBS
MAILING ADDRESS: P O Box 7296
City: Boulder State: CO
Zip code: 80306
TELEPHONE NO: 720 988 4474

PROJECT ADDRESS/LEGAL DESCRIPTION: 233 Gold trail

PRACTICES TO BE COMPLETED BY: SPRING 2012
Date

Landowner and CSFS forester: CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
		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: Joe Jacobs DATE: 4/13/11
To be completed by CSFS forester:

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

PROGRAM:

ESF: X

Funding Allocated: [Signature] AMOUNT: \$4,100.00 DATE: 5/2/11
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/>
Name: JOSEPH JACOBSAddress: PO Box 7296BOULDER, CO 80306

Approved for Payment

C.S.F.S.

2040577

09-05-12

ke

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-34Approved Funding: \$ 4,700.00Total Project: \$ 2,430.00CSFS Account Number: 5308400-6693'09 SUP HAZ FUELS Fr BOAmount of Payment: \$ 2,350.00Circle one: 1st Payment 2nd Payment 3rd Payment Final PaymentApproved 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 34

(For Official Use Only-

No. from original application)

Applicant name (please print): Joseph Jacobs

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$ 2,430.00	A Labor Cost= \$ 2,430.00
Operating Exp ³ (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$ 2,430.00
			Amount Originally Approved = \$ 4,700.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,350.00

¹ Any contracted services where payment was made for services.² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)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/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: [Signature]Date: 8/17/12

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

Mailing Address: P O Box 7296 City: BoulderCounty: Boulder State: CO Zip: 80306 Phone: _____Practice certified by: BRYAN BAER (B R)
CSFS foresterPayment Approval: [Signature] Amount: \$2,350.00 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.

01/19/10

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

Project No. 5308400-Bo-34

To be completed by CSFS forester:

PROGRAM:

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

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

5 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

01/19/10



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)	

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

Name: JOSEPH JACOBS

Address: PO Box 7296

BOULDER, CO 80306

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-34

Approved Funding: \$ 4,700.00

Total Project: \$ 2,430.00

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 2,350.00

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

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308400-130-34

(For Official Use Only-

No. from original application)

Applicant name (please print): Joseph Jacobs

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$ 2,430.00	A Labor Cost= \$ 2,430.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$ 2,430.00
			Amount Originally Approved = \$ 4,700.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,350.00

¹ Any contracted services where payment was made for services.² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)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: 8/17/12

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

Mailing Address: P O Box 7296 City: BoulderCounty: Boulder State: CO Zip: 80306 Phone: _____Practice certified by: BRYAN BAER (B R)
CSFS foresterPayment 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.

01/19/10

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

Project No. 5308400-Bo-34

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 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: _____

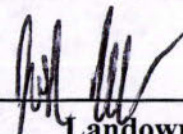
Acres thinned: _____

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
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.



Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
4/2	JOE	tree thinning / slash management	6	121.50
4/3				
4/4				
4/5				
4/6				
4/9				
4/10				
4/11				
4/12				
4/13				
4/16				
4/17				
4/18				
4/19				
4/20				
4/23				
4/24				
4/25				
4/26				
4/27				
		total	120	2430



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.epis.gov/> 06-13-11 KC

Name: JOE JACOBS

Address: PO Box 7296

BOULDER, CO 80306

Approved for Payment
C.S.F.S.

1358770

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-BO-34 ~

Approved Funding: \$4,700.00 ~

Total Project: \$2,531.25

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

Amount of Payment: \$2,350.00

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-BS-3
(For Official Use Only-
No. from original application)

Applicant name (please print): JOE JACOBS

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	N/A	\$2,531.25	A Labor Cost= \$2,531.25
Operating Exp ³ . (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B) = \$2,531.25
			Amount Originally Approved = \$4,700.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$2,350.00

¹ Any contracted services where payment was made for services.

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

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

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: 5/26/11

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

Mailing Address: P O Box 7296

City: Boulder

County: Boulder State: CO Zip: 80306

Phone: 720 988 4474

Practice certified by: Bryan Baer
CSFS forester

Payment Approval: [Signature]
CSFS program manager

Amount: \$2,350.00 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.

01/19/10

COPY



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: JOE JACOBS

Address: PO Box 7296

BOULDER, CO 80306

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: 5308400-80-34

Approved Funding: \$4,700.00

Total Project: \$2,531.25

CSFS Account Number: 5308400-6693

Amount of Payment: \$2,350.00

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

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308400-B0-34
(For Official Use Only-
No. from original application)

Applicant name (please print): JOE JACOBS

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	N/A	\$2,531.25	A Labor Cost= \$2,531.25
Operating Exp ^{3,4} (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B) = \$2,531.25
			Amount Originally Approved = \$4,700.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$2,350.00

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Landowner Signature: [Signature]

Date: 5/26/11

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Mailing Address: P O Box 7296

City: Boulder

County: Boulder State: CO Zip: 80306

Phone: 720 988 4474

Practice certified by: Bryan Baer
CSFS forester

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

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

Project No. 5308400-Bo-34

To be completed by CSFS forester:

PROGRAM:

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

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

5.0 Acres
Haz-Fuels Red.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

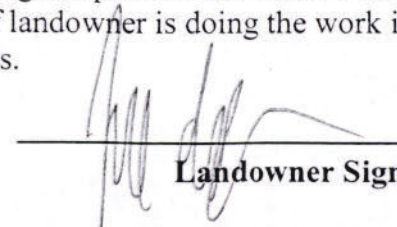
Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

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

**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.



Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
4/20	Joe	cutting	5	\$101.25
4/21	"	"	5	\$101.25
4/22	"	"	5	\$101.25
4/23	"	"	5	\$101.25
4/26	"	"	5	\$101.25
4/27	"	"	5	\$101.25
5/2	"	"	5	\$101.25
5/3	"	"	5	\$101.25
5/4	"	"	5	\$101.25
5/9	"	"	5	\$101.25
5/11	"	"	5	\$101.25
5/12	"	"	5	\$101.25
5/16	"	"	5	\$101.25
5/17	"	"	5	\$101.25
5/18	"	"	5	\$101.25
5/19	Joe & Steve	"	10	\$202.50
5/20	Joe & Steve	"	10	\$202.50
5/21	Joe	"	5	\$101.25
5/22	"	"	5	\$101.25
5/23	"	"	5	\$101.25
5/24	"	"	5	\$101.25
5/25	"	"	5	\$101.25
5/26	"	"	5	\$101.25
TOTAL →				\$2,531.25