

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:	11/18/2010
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Clarissa King
Contact Person:	Clarissa and/or Paul King
Address:	1615 4 th St.
City/Zip Code:	Boulder, CO 80302
Phone (Work/Cell):	303-447-8011(H); 303-579-2468(C)
Email:	Clarissa.king@comcast.net
Fax:	

Community At Risk Information			
Name of Project:	King (149 Rockledge Circle)		
Community Name(s):	Allenspark		
County:	Boulder	Congressional District:	T3N,R72W,Sec. 32
Latitude (decimal degrees):	40.18 N	Longitude (decimal degrees):	105.48 W
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/> X	Number of:	2
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	\$1,645.00
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>Project will create defensible spacing around one residence and a small guest house. Additional forest thinning throughout property, as well as limbing of the leave-trees. Aim to create adequate spacing of remaining trees, as well as increase of species diversity (Ponderosa Pine and Douglas Fir). All work completed will improve the quality of forest health, as well as to reduce the risks associated with wildfire.</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 Funding will be spent to remove undesirable trees that create overcrowded conditions on the property. The main objective will be to create adequate spacing within a defensible spacing around the home, as well as to thin the remaining acres on the property within the project area. Funding will be used to fell trees, dispose of slash (pile burning, lop-and-scatter, or haul-off), limb remaining trees to a minimum of six feet above ground level, and to create fire-wood out of the bole-wood, if possible.

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

Homeowner will continually monitor property for undesirable vegetative growth, and remove upon detection. Efforts will also be made to maintain a minimum of six feet of clearance in limbing of maturing trees. Also, homeowner will monitor property for insect and disease activity, and mitigate those hazards as they become present on the property.

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 will begin as soon as chosen contractor is available, and will continue through completion, which is targeted for December 31, 2011.

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-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	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:	3.5	Estimated cost per acre:	\$1,500.00
	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:	\$1,645.00	\$ 1,645.00
	TOTAL:	\$1,645.00	\$ 1,645.00

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

King Project



King: 3.5 Acres



King



BOCO_PARCELS1209

0 100 200 400 600 Feet

Created By: Bryan Baer
CSFS- Boulder District
November, 2010





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-BO-14

(For Official Use Only)

NAME: Clanessa King

MAILING ADDRESS: 1615 4th

City: Boulder State: CO

Zip code: 80302

TELEPHONE NO: 303 447-8011

PROJECT ADDRESS/LEGAL DESCRIPTION: T 3N, R 72W, Section # 32
149 Rockledge Circle - King

PRACTICES TO BE COMPLETED BY: FALL 2011

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: Clanessa King DATE: 11/16/10

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature] DATE: 8/4/2011

(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: [Signature] AMOUNT: \$1,645.00 DATE: 11/20/10

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	<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/>

08-23-11

ke

Name:

CLARISSA KING

Address:

1615 4TH ST.

BOULDER, CO 80302

~

Approved for Payment

C.S.F.S.

1469662

08-23-11

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-14 ~Approved Funding: \$1,645.00 ~Total Project: \$4,200.00
 CSFS Account Number: 5308400-6693
 '09 SUP HAZ FUELS Fr BO
Amount of Payment: \$1,645.00 ~

Circle one:

1st Payment2nd Payment3rd Payment

Final Payment

~

Approved by

(Program manager signature)

Date:

8/22/11

Form C-ES

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

Project No. 5308400-BO-11(For Official Use Only-
No. from original application)Applicant name (please print): Clarissa King

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$ 4,200.00		A Labor Cost= \$ 4,200.00
Operating Exp ³ . (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$ 4,200.00
			Amount Originally Approved = \$ 1,645.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 1,645.00

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: Clara KingDate: August 11 2011

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

Mailing Address: 1615 4th St.City: BoulderCounty: Boulder State: CO Zip: 80302Phone: 303 447-8011Practice certified by: BRYAN BAER (B.B.)
CSFS foresterPayment Approval: [Signature]
CSFS program managerAmount: \$1,645.00 Date: 8/22/11

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

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

Project No. 5308400-B0-14

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): _____

3.5 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 Program Payment Request

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

Name: CLARISSA KING

Address: 1615 4TH ST.

BOULDER, CO 80302

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Total Project: \$4,200.00

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

Approved by _____
(Program manager signature)

Date: _____

Form C-ES

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Landowner Signature: Clayton KingDate: August 11 2011

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