



### Colorado State Forest Service Program Payment Request

*Mailed to  
Scott Woods  
on  
8/4/14*

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	✓
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: Crystal Lakes Association

Address: 300 Tami Road  
Red Feather Lakes, CO 80545  
Attn: Shirley Pfankuch

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: 53 66950-3 Cooperator Match: \$ 3,965.<sup>38</sup>

Approved Funding: \$ 10,000 Total Project: \$ 6,569.<sup>55</sup>

CSFS Account Number: 5366950-6693 Amount of Payment: \$ 2,304.<sup>17</sup>

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

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

**EXHIBIT B**  
**CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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

**SUMMARY TO DATE**

1. Project/Account #:		2. Total Award Amount:	10,000.00
3. Project Name:	CRYSTAL LAKES ASSOCIATION	4. Reimbursement Amount to Date:	\$ 3,000
5. Make Payment To:	CRYSTAL LAKES ASSOCIATION	6. Period of Performance (Project Period):	
Name:		From:	5/1/2013
Attn:	Shirley Pfankuch	To:	8/1/2014
Address:	300 Tami Rd - Red Fe Lks CO 80545		

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Multiple property owner contributions which have accomplished defensible space mitigation.

5 acres / Defensible spaces on 5 private lots.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
\$ 10,000	\$ 6569.55		\$ 6569.55	\$ 2304.17	35 %

\* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

DS

Reimbursement Request: I request reimbursement in the amount of \$ 2,304.17 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: Shirley L Pfankuch Treasurer CLRRRA Date: 3-Aug-14

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: [Signature] Date: 8/4/2014

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Crystal Lakes Association**  
**CSFS Project # 5366950-3**  
**SFA / WUI GRANT**

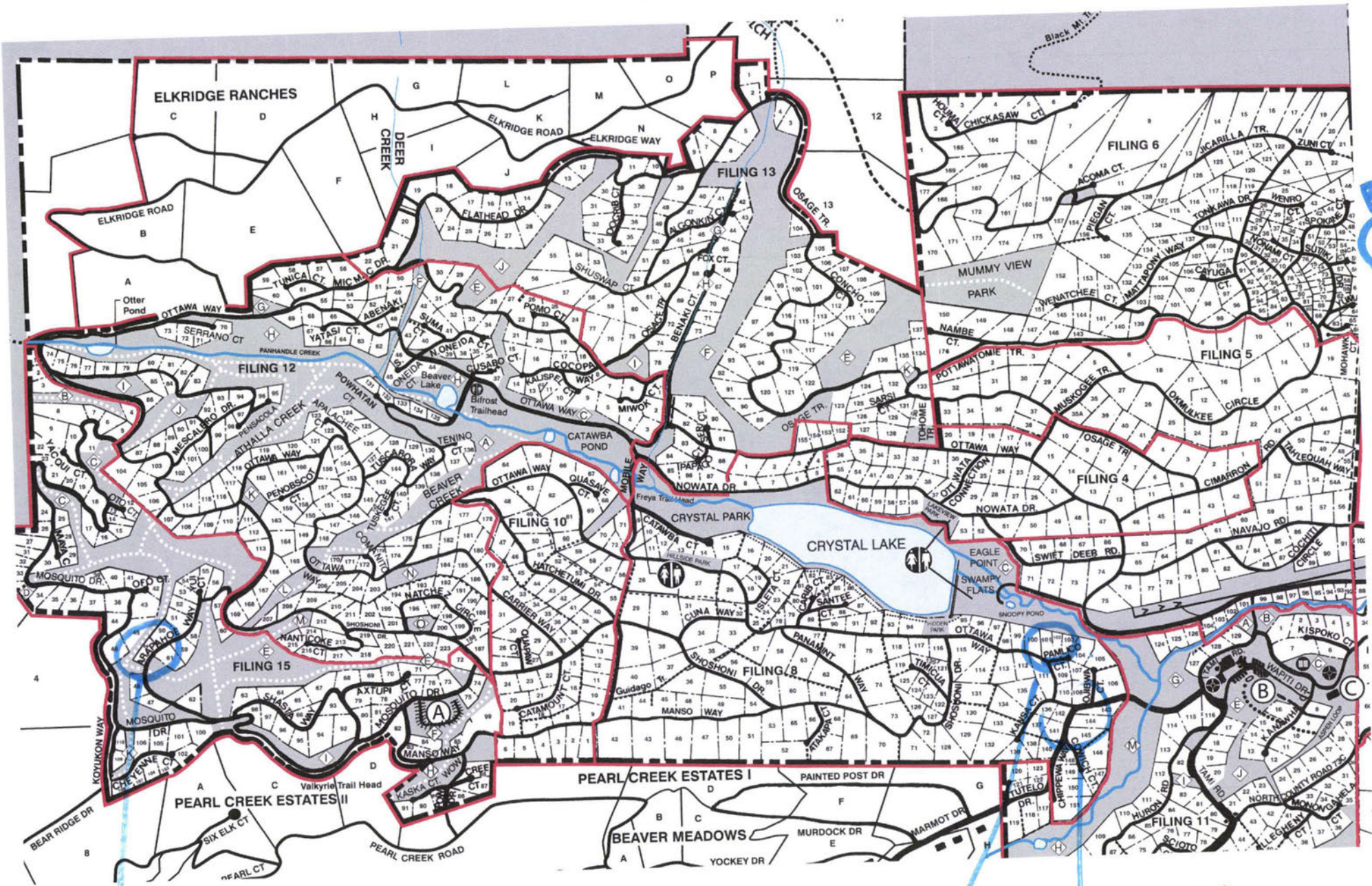
Partial Reimbursement - July 31, 2014

	Award Amount	Recipient Contribution	Non Recipient Contribution	Total Contribution	Reimb. Requested Amount	Total Match Ratio %	Volunteer Hours	Rate	Total Volunteer Labor	Other Expenses	Description	Amt Paid to Contractors	TOTALS
Previous	3,000.00		\$ 10,622.44	\$ 10,622.44	\$ 3,000.00		258		\$ 5,621.82	\$ 411.62	Reimbursed 12/13	\$ 4,589.00	\$ 10,622.44
Bedan	\$ 500.00		\$ 1,100.00	\$ 1,100.00	\$ 500.00	45%	0	\$ -	\$ -		Ft Collins Forestry	\$ 1,100.00	\$ 1,100.00
Dodero	\$ 500.00		\$ 1,156.92	\$ 1,156.92	\$ 500.00	43%	46	21.79	\$ 1,002.34	\$ 105.00	Slash Solutions Rock	\$ -	\$ 1,156.92
Goodell	\$ 500.00		\$ 2,092.00	\$ 2,091.84	\$ 500.00	24%	96	21.79	\$ 2,091.84			\$ -	\$ 2,091.84
McGee	\$ 500.00		\$ 1,612.46	\$ 1,612.46	\$ 500.00	31%	74	21.79	\$ 1,612.46	\$ -		\$ -	\$ 1,612.46
Yates	\$ 500.00		\$ 608.33	\$ 608.33	\$ 304.17	50%	27	21.79	\$ 588.33	\$ 20.00	Fuel	\$ -	\$ 608.33
<b>TOTALS</b>	<b>\$ 2,500.00</b>	<b>\$ -</b>	<b>\$ 6,569.71</b>	<b>\$ 6,569.55</b>	<b>\$ 2,304.17</b>	<b>35%</b>	<b>243</b>	<b>21.79</b>	<b>\$ 5,294.97</b>	<b>\$ 20.00</b>		<b>\$ 1,100.00</b>	<b>\$ 6,569.55</b>
<b>TO DATE</b>	<b>\$ 5,500.00</b>		<b>\$ 17,192.15</b>	<b>\$ 17,191.99</b>	<b>\$ 5,304.17</b>		<b>501</b>		<b>\$10,916.79</b>	<b>\$ 431.62</b>		<b>\$ 5,689.00</b>	<b>\$ 17,191.99</b>
Remaining Grant Funds					\$ 4,695.83								
<b>Aug 2014</b>	<b>\$ 4,695.83</b>	<b>\$ 20,000.00</b>		<b>\$ 20,000.00</b>	<b>\$ 4,695.83</b>	<b>23%</b>					BALANCE FOR BASE CAMP MITIGATION	<b>\$ 20,000.00</b>	<b>\$ 20,000.00</b>
<b>GRANT TOTALS</b>		<b>20,000</b>	<b>\$ 17,192.15</b>	<b>\$ 37,191.99</b>	<b>\$ 10,000.00</b>	<b>27%</b>				<b>\$ 431.62</b>		<b>\$ 25,689.00</b>	<b>\$ 37,191.99</b>

Crystal Lakes Association  
 CSFS Project # 5366950-3  
 SFA / WUI GRANT

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Yates	\$ 500.00		\$ 608.33	\$ 608.33	\$ 304.17	50%	27	21.79	\$ 588.33	\$ 20.00	Fuel	\$ -	\$ 608.33
<b>TOTALS</b>	<b>\$ 2,500.00</b>	<b>\$ -</b>	<b>\$ 6,569.71</b>	<b>\$ 6,569.55</b>	<b>\$ 2,304.17</b>	<b>35%</b>	<b>243</b>	<b>21.79</b>	<b>\$ 5,294.97</b>	<b>\$ 20.00</b>		<b>\$ 1,100.00</b>	<b>\$ 6,569.55</b>
<b>TO DATE</b>	<b>\$ 5,500.00</b>		<b>\$ 17,192.15</b>	<b>\$ 17,191.99</b>	<b>\$ 5,304.17</b>		<b>501</b>		<b>\$10,916.79</b>	<b>\$ 431.62</b>		<b>\$ 5,689.00</b>	<b>\$ 17,191.99</b>
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O'BRIEN

YATES

gode II

DODERO

MCGEE

1915



James H. Duffin  
1915

1915

# CRYSTAL LAKES MAP

## Crystal Lakes Associations

300 Tami Rd., Red Feather Lakes, Colorado 80545 . (970) 881-2250

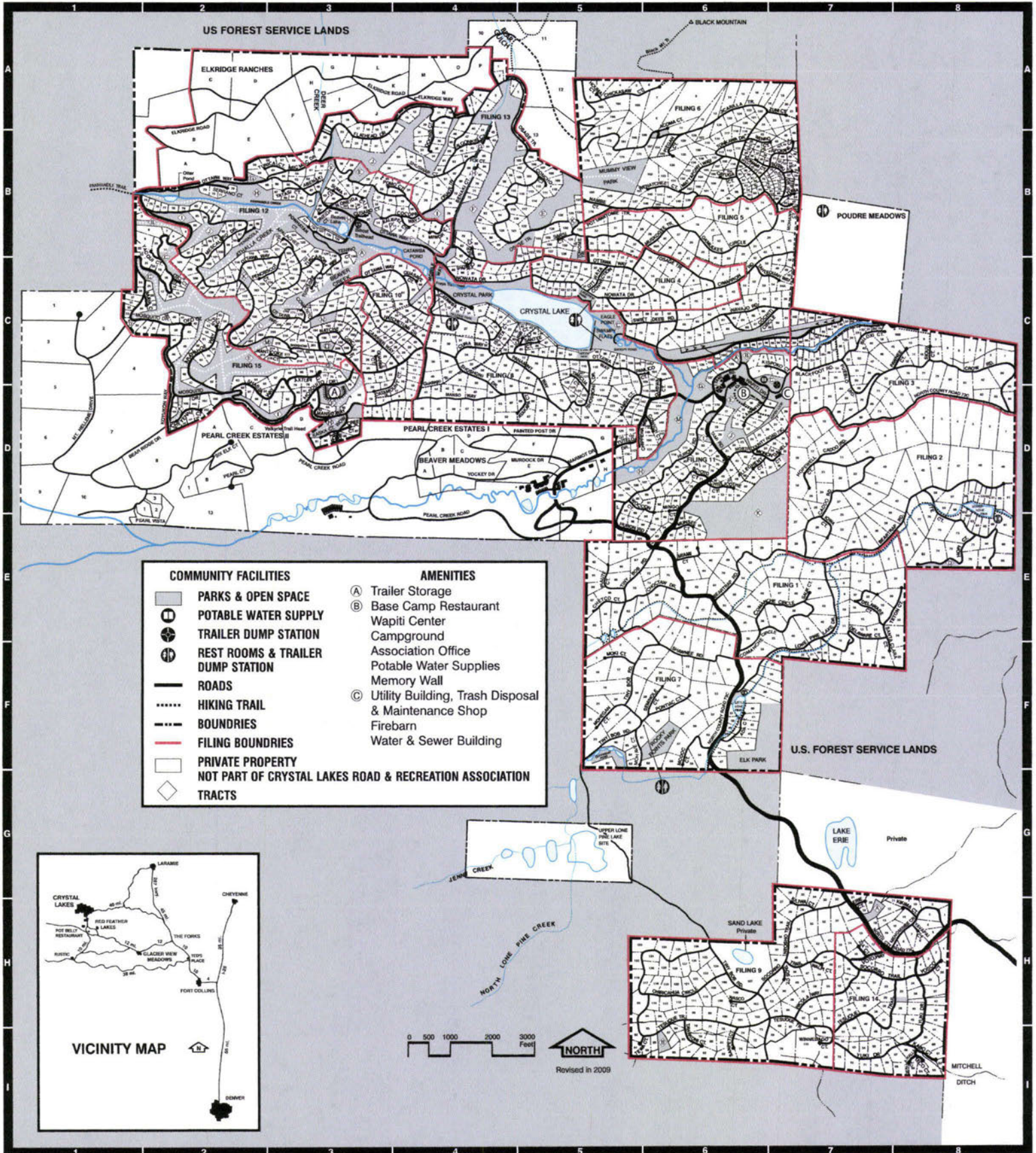


EXHIBIT B  
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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

1. Project/Account #:	2. Total Award Amount: <span style="float: right;">\$500.00</span>
3. Project Name: Brad Yates Filing 15 Lot 49	4. Reimbursement Amount to Date:
5. Make Payment To: Name: Brad Yates Attn: Brad Yates Address: 3477 Larkspur Longmont, CO 80503	6. Period of Performance (Project Period): From: 6/1/2013 To: 9/30/2013

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Zone #1 - Dead tree and slash removal and general clean-up of that zone  
 Zone #2 - Dead tree and slash removal and general clean-up of that zone  
 Zone #1 and zone #2 - Treatment of insecticide to all LIVE trees in both zones

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
500		608.33	608.33	304.17	0.50

\* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 304.17 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: Brad E Yates Date: 7-29-14

10. Certification:  
 Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

<b>Date m/d/yr</b>	<b>By Whom</b>	<b>Activity/Expense*</b>	<b>Hours</b>	<b>Value (\$)</b>
8-11-2013	Owner	Zone #1 - Clean-up – Dead tree removal (6 standing dead trees)	4	80.00
9-3-2013	Owner	Zone #1 - Clean-up – Slash removal from 5 standing dead trees	2	40.00
7-12-2013	Owner	Zone #1 - Rake and remove slash and needles and ground general cleanup	3	60.00
8-10-2013	Owner	ATV Fuel for log and slash removal 3 gallon # 3.35 a gallon = \$10.00 / Gas saw gas and Oil = \$10.00	-	20.00
8-10-2013	Owner	Zone #2 - Clean up – Dead Tree removal (12 standing dead tree removal)	8	160.00
9-3-2013	Owner	Zone # 2 - Clean-up – Slash removal of the 12 standing dead trees	3	60.00
6-29-2013	Owner	Zone # and #2 - Spraying insect side on all "Live" trees In zones #1 and #2	4	80.00
		Zone #2 - Rake and remove slash and needles and general ground cleanup	3	60.00

\*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Brad E. Yates  
Grant Recipient Signature

7-29-14  
Date

\_\_\_\_\_  
District Forester Signature

\_\_\_\_\_  
Date

**EXHIBIT B**  
**CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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1. Project/Account #:	2. Total Award Amount: <span style="float: right;">\$500.00</span>
3. Project Name: <span style="float: right;">Brad Yates Filing 15 Lot 49</span>	4. Reimbursement Amount to Date:
5. Make Payment To: <span style="float: right;">Brad Yates</span> Name: Attn: Address:	6. Period of Performance (Project Period): From: <span style="float: right;">6/1/2013</span> To: <span style="float: right;">9/30/2013</span>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Zone #1 - Dead tree and slash removal and general clean-up of that zone  
 Zone #2 - Dead tree and slash removal and general clean-up of that zone  
 Zone #1 and zone #2 - Treatment of insecticide to all LIVE trees in both zones

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			<b>B + C</b>		<b>E / D</b>
500	540	20	560	500	0.9

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Reimbursement Request: I request reimbursement in the amount of \$\_\_\_\_\_ for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

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7-12-2013	Owner	Zone #1 - Rake and remove slash and needles and ground general cleanup	3	60.00
8-10-2013	Owner	ATV Fuel for log and slash removal 3 gallon @ 3.35 a gallon = \$10.00 / Gas saw gas and Oil = \$10.00	-	20.00
8-10-2013	Owner	Zone #2 - Clean up – Dead Tree removal (12 standing dead tree removal)	8	160.00
9-3-2013	Owner	Zone # 2 - Clean-up – Slash removal of the 12 standing dead trees	3	60.00
6-29-2013	Owner	Zone # and #2 - Spraying insect side on all “Live” trees In zones #1 and #2	4	80.00
		Zone #2 - Rake and remove slash and needles and general ground cleanup	3	60.00

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\_\_\_\_\_  
**Grant Recipient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**District Forester Signature**

\_\_\_\_\_  
**Date**

Job #		# tress	Date performed
	Zone #1 clean-up		
1	Removal of standing dead trees	6	8/11/2013
2	Removal and disposal of slash		9/3/2013
3	Thin clumps or stands in zone #1		not done
4	Ground cleanup in Zone #1		7/12/2013
5	Rake and remove slash and needles and general cleanup		6/9/2013
	Misc Cost		
1	Chain Saw gas and Oil		7/12/2013
2	ATV gas for hauling logs		8/10/2013
3	Spraying insecticide on Live trees In zones #1 and #2		6/29/2013
	Zone #2 Clean-up		
1	Removal of standing dead trees	12	8/10/2013
2	Removal and disposal of slash		9/3/2013
3	Thin clumps or stands in zone #2		not done

Grand total

Slash removal fee

Pictures

Note

0 Y

Y

0 Y

no charge for chemicals

0 y  
y

see zone #2 pictures

y



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Brad E Yates  
Grant Recipient Signature

7-29-14  
Date

\_\_\_\_\_  
District Forester Signature

\_\_\_\_\_  
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5. Make Payment To: <span style="float: right;">Brad Yates</span> Name: Attn: Address:	6. Period of Performance (Project Period): From: <span style="float: right;">6/1/2013</span> To: <span style="float: right;">9/30/2013</span>

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\_\_\_\_\_  
**Grant Recipient Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**District Forester Signature**

\_\_\_\_\_  
**Date**

Job #		# trees	Date performed
	Zone #1 clean-up		
1	Removal of standing dead trees	6	8/11/2013
2	Removal and disposal of slash		9/3/2013
3	Thin clumps or stands in zone #1		not done
4	Ground cleanup in Zone #1		7/12/2013
5	Rake and remove slash and needles and general cleanup		6/9/2013
	Misc Cost		
1	Chain Saw gas and Oil		7/12/2013
2	ATV gas for hauling logs		8/10/2013
3	Spraying insecticide on Live trees In zones #1 and #2		6/29/2013
	Zone #2 Clean-up		
1	Removal of standing dead trees	12	8/10/2013
2	Removal and disposal of slash		9/3/2013
3	Thin clumps or stands in zone #2		not done

Grand total

**# Of hour worked**

**20 per hour labor**

		\$20.00
4.00		\$80.00
2.00		\$40.00
2.00		
3.00		\$60.00
3.00		\$60.00
		\$10.00
	3 gallons @ 3.50	\$10.00
4.00		\$80.00
8.00		\$160.00
3.00		\$60.00

\$560.00

Slash removal fee

Pictures

Note

0

Y

Y

0

Y

no charge for chemicals

0

y

y

y

see zone #2 pictures

**EXHIBIT B**  
**CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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

1. Project/Account #:	2. Total Award Amount: \$500.00
3. Project Name:	4. Reimbursement Amount to Date:
5. Make Payment To: Name: <b>Tanya Bedan</b> Attn: <b>19252 E. Nassau Dr.</b> Address: <b>Aurora, CO 80013</b>	6. Period of Performance (Project Period): From: <b>July 2013</b> To: <b>July 2014</b>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Hired Fort Collins Forestry to clean up our half-acre property. They chipped approximately 25 cubic yards of slash, cut down and stacked 2 still-standing dead trees, cut up 10-15 already downed trees and stacked the wood, and did general pine needle and slash clean up around the property.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
\$500	\$1,100	→	\$1,100	\$500	45%

\* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

**500.00**

Reimbursement Request: I request reimbursement in the amount of \$ 500.00 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: **Tanya Bedan** Digitally signed by Tanya Bedan  
DN: cn=Tanya Bedan, o, ou,  
email=tanyarose11@gmail.com, c=US  
Date: 2014.07.15 17:42:44 -0600 Date: **07/15/2014**

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.  
District Forester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11. Funding is available and request is approved for reimbursement.  
Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
7/15/14	Fort Collins Forestry	Contracted service for slash chipping, log cutting and stacking, and general lot cleanup	9	\$1,100

\*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Tanya Bedan  
Digitally signed by Tanya Bedan  
 DN: cn=Tanya Bedan, o=CSFS, email=tanya-bedan@csfs.com, c=US  
 Date: 2014.07.15 17:09:36 -0500  
 \_\_\_\_\_  
**Grant Recipient Signature**

7/15/14  
 \_\_\_\_\_  
**Date**

\_\_\_\_\_

**District Forester Signature**

\_\_\_\_\_

**Date**















**EXHIBIT B**  
**CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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

1. Project/Account #:	2. Total Award Amount: \$500.00
3. Project Name:	4. Reimbursement Amount to Date:
5. Make Payment To: Name: <b>Tanya Bedan</b> Attn: <b>19252 E. Nassau Dr.</b> Address: <b>Aurora, CO 80013</b>	6. Period of Performance (Project Period): From: <b>July 2013</b> To: <b>July 2014</b>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

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A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
\$500	\$1,100	→	\$1,100	\$500	45%

\* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

**500.00**

Reimbursement Request: I request reimbursement in the amount of \$ 500.00 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: **Tanya Bedan** Digitally signed by Tanya Bedan  
DN: cn=Tanya Bedan, o, ou,  
email=tanyarose11@gmail.com, c=US  
Date: 2014.07.15 17:42:44 -06'00' Date: **07/15/2014**

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
7/15/14	Fort Collins Forestry	Contracted service for slash chipping, log cutting and stacking, and general lot cleanup	9	\$1,100

\*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Tanya Bedan  
Digitally signed by Tanya Bedan  
 DN: cn=Tanya Bedan, o=CSFS, email=tanyabedan@csfs.com, c=US  
 Date: 2014.07.15 12:49:06 -0600  
 \_\_\_\_\_  
**Grant Recipient Signature**

7/15/14  
 \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**District Forester Signature**

\_\_\_\_\_  
**Date**















**EXHIBIT B**  
**CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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

1. Project/Account #:	2. Total Award Amount: \$500
3. Project Name:	4. Reimbursement Amount to Date: \$0.00
5. Make Payment To: Name: <b>Mark McGee</b> Attn: <b>1721 Riverglen Dr.</b> Address: <b>Berthoud CO 80513</b>	6. Period of Performance (Project Period): From: <b>6/26/2013</b> To: <b>11/09/2013</b>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Forest management - cutting and removal of trees and slash. Approximately 30 trees cut in an area on the west southwest side of property (map attached). Created a thinned area that adjoins neighbors property to the south, creating a thinned area that spans both properties. Trees cut, much of the slash and some of the tree logs have been removed. Work will continue in 2014 to remove all slash and logs. (more info attached)

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
\$500	\$1612.46	→	\$1612.46	\$500	31%

\* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request. I request reimbursement in the amount of \$ **500** for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: \_\_\_\_\_

*Mark McGee*

Date: 1 JULY 2014

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: \_\_\_\_\_

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

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: \_\_\_\_\_

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

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
6/26/13	Mark & Cindy McGee	Tree cutting and slash removal (4yds slash removed)	12	261.48
6/27/13	Mark & Cindy McGee	Tree cutting and slash removal (4yds slash removed)	8	174.32
8/9/13	Mark & Cindy McGee	Tree cutting and slash removal (4yds slash removed)	12	261.48
8/10/13	Mark & Cindy McGee	Tree cutting, cut & stack for firewood	10	217.90
8/11/13	Mark & Cindy McGee	Tree cutting	10	217.90
10/8/13	Mark & Cindy McGee	Tree cutting, choke logs (move) with winch	8	174.32
10/9/13	Mark & Cindy McGee	Tree cutting, choke logs (move) with winch	4	87.16
10/25/13	Mark & Cindy McGee	Tree cutting, choke logs (move) with winch	6	130.74
11/9/13	Mark McGee	Cut logs to firewood length, haul off 1.5 yards	4	87.16

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

 1 JULY 2014  
 Grant Recipient Signature Date

\_\_\_\_\_  
 District Forester Signature

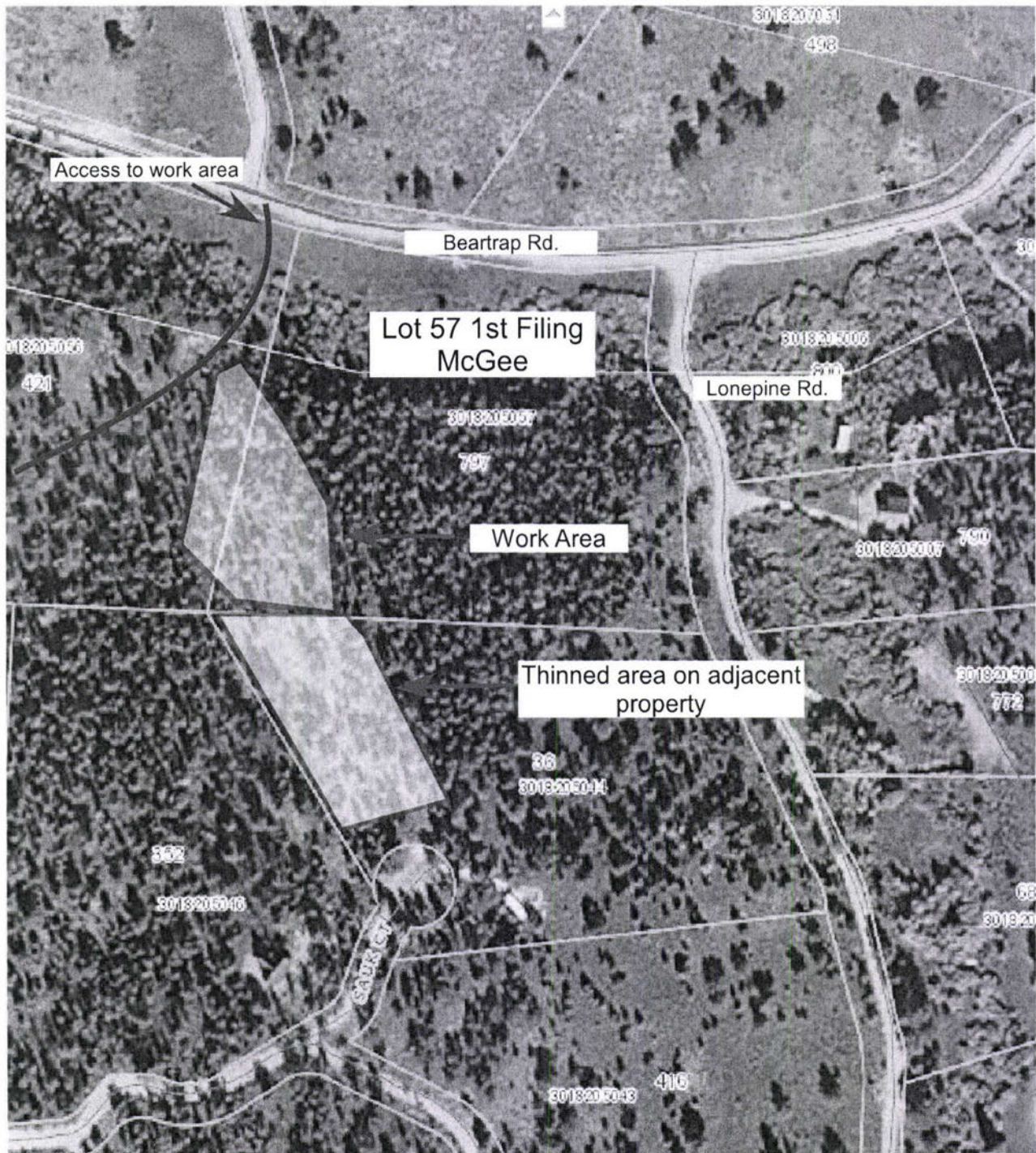
\_\_\_\_\_  
 Date

Steven's Grant Project - Crystal Lakes - Lot 57, 1st Filing. Mark and Cindy McGee.  
Property is located at the corner of Beartrap Rd & Lonepine Rd.

Contact info: Mark and Cindy McGee, 1721 Riverglen Dr., Berthoud CO 80513. Home:(970)532-5903, Cell:  
(303)641-4966, email: pmv\_flyer@yahoo.com

Work area is the west southwest area of the lot. Work area is accessed from neighbor's property on Beartrap Rd.

The intent of the project is to remove trees and slash in the area indicated. Neighbor to south has also removed trees along the west side of their property. Joining these two areas create a contiguous thinned area along the west side of both properties where heavy beetle kill occurred. Note that the yellow lot boundaries shown are not accurate.

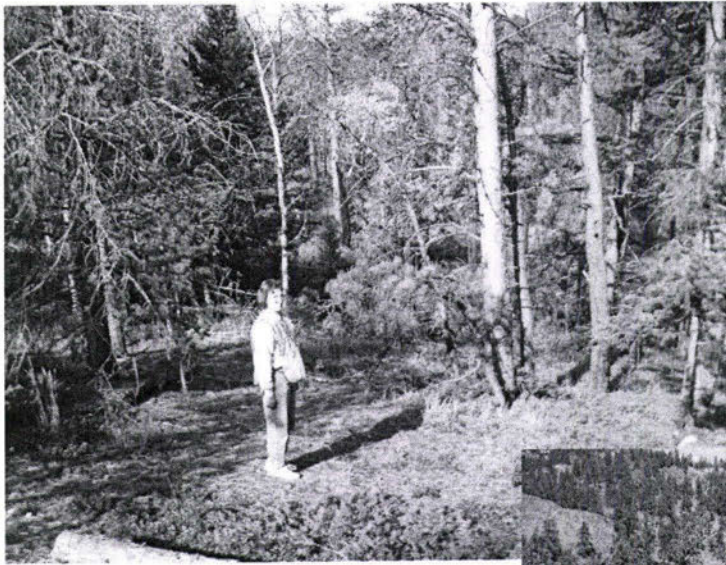




8/9/13



10/8/13



10/8/13



11/9/2013

**EXHIBIT B**  
**CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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1. Project/Account #:	2. Total Award Amount: \$500
3. Project Name:	4. Reimbursement Amount to Date: \$0.00
5. Make Payment To: Name: <b>Mark McGee</b> Attn: <b>1721 Riverglen Dr.</b> Address: <b>Berthoud CO 80513</b>	6. Period of Performance (Project Period): From: <b>6/26/2013</b> To: <b>11/09/2013</b>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Forest management - cutting and removal of trees and slash. Approximately 30 trees cut in an area on the west southwest side of property (map attached). Created a thinned area that adjoins neighbors property to the south, creating a thinned area that spans both properties. Trees cut, much of the slash and some of the tree logs have been removed. Work will continue in 2014 to remove all slash and logs. (more info attached)

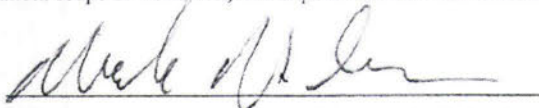
8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
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Reimbursement Request. I request reimbursement in the amount of \$ **500** for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature:  Date: 1 JULY 2014

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11. Funding is available and request is approved for reimbursement.

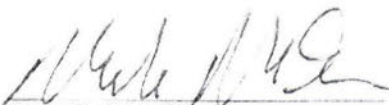
Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
6/26/13	Mark & Cindy McGee	Tree cutting and slash removal (4yds slash removed)	12	261.48
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8/11/13	Mark & Cindy McGee	Tree cutting	10	217.90
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10/9/13	Mark & Cindy McGee	Tree cutting, choke logs (move) with winch	4	87.16
10/25/13	Mark & Cindy McGee	Tree cutting, choke logs (move) with winch	6	130.74
11/9/13	Mark McGee	Cut logs to firewood length, haul off 1.5 yards	4	87.16

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

 1 JULY 2014  
 Grant Recipient Signature                      Date

\_\_\_\_\_  
 District Forester Signature

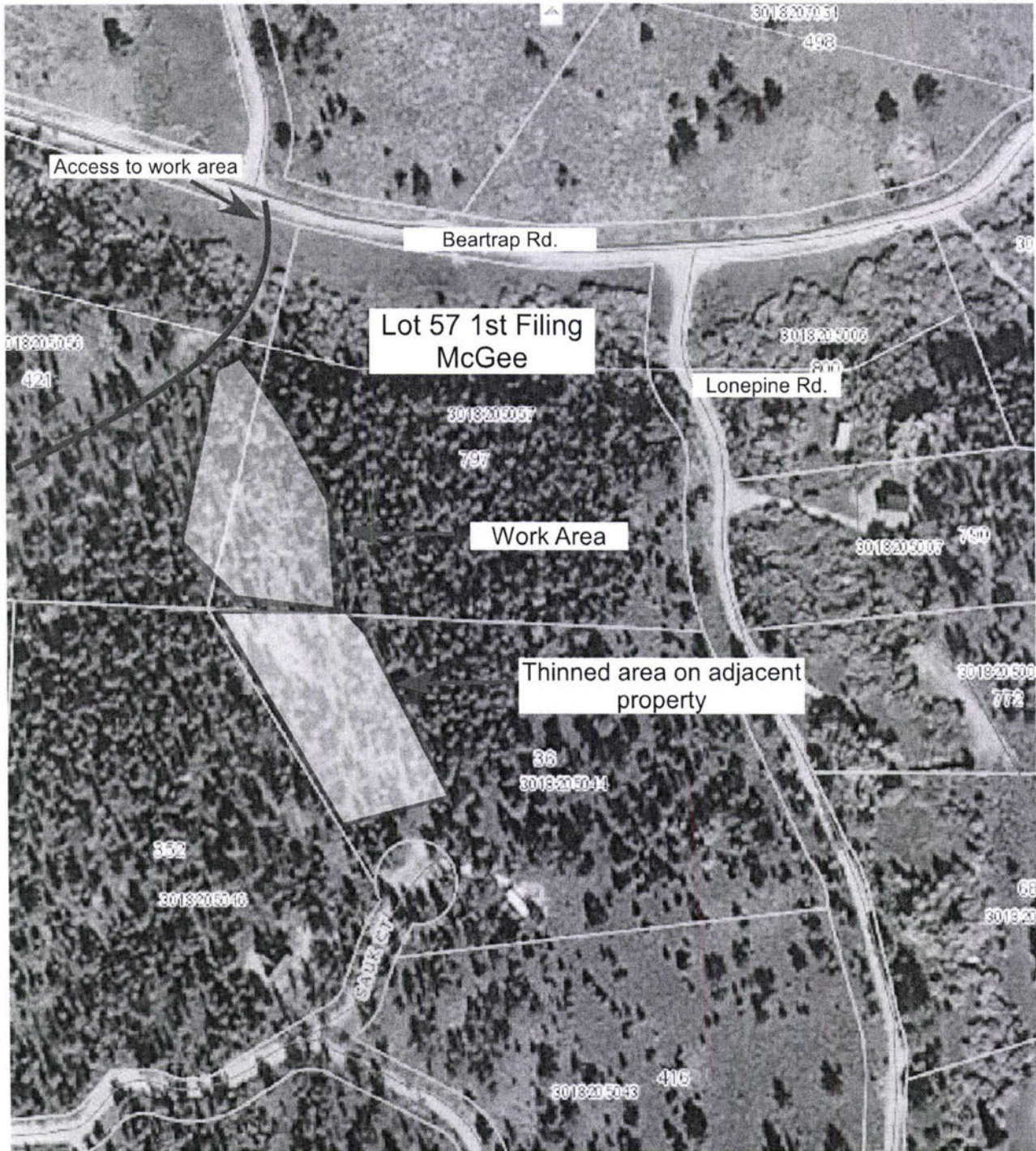
\_\_\_\_\_  
 Date

Steven's Grant Project - Crystal Lakes - Lot 57, 1st Filing. Mark and Cindy McGee.  
Property is located at the corner of Beartrap Rd & Lonepine Rd.

Contact info: Mark and Cindy McGee, 1721 Riverglen Dr., Berthoud CO 80513. Home:(970)532-5903, Cell:  
(303)641-4966, email: pmv\_flyer@yahoo.com

Work area is the west southwest area of the lot. Work area is accessed from neighbor's property on Beartrap Rd.

The intent of the project is to remove trees and slash in the area indicated. Neighbor to south has also removed trees along the west side of their property. Joining these two areas create a contiguous thinned area along the west side of both properties where heavy beetle kill occurred. Note that the yellow lot boundaries shown are not accurate.

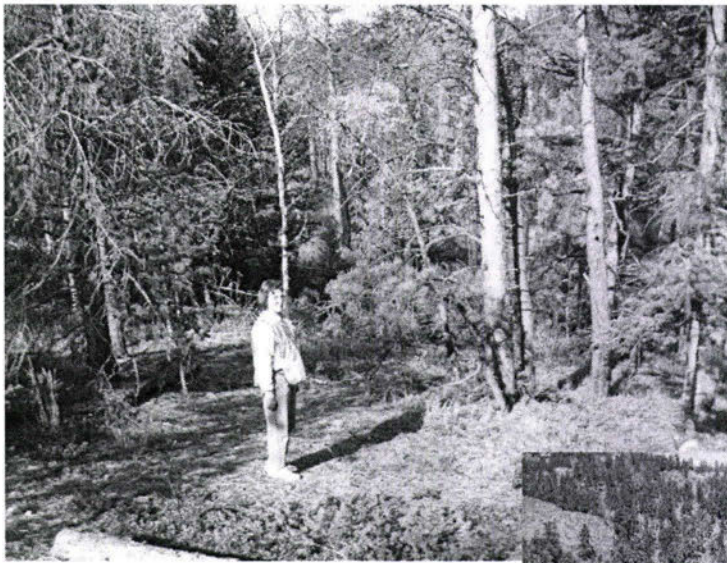




8/9/13



10/8/13



10/8/13



11/9/2013

**EXHIBIT B  
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

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*Photos  
Emailed*

1. Project/Account #:		2. Total Award Amount: <u>1000.00</u>			
3. Project Name:		4. Reimbursement Amount to Date: <u>0</u>			
5. Make Payment To: Name: <u>Judy DeDero</u> Attn: <u>2248 10th Ave</u> Address: <u>Longmont, CO 80501</u>		6. Period of Performance (Project Period): From: <u>7-5-2013</u> To: <u>5-29-2014</u>			
7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. <u>Attach additional sheets as necessary.</u> <u>We thinned and cleared trees. We hauled away the slash. We trimmed low limbs we cut weeds with a weed eater. We filled in the space under the front deck and added flagstone around the front of the cabin and rock all along the east side of the cabin.</u>					
8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.					
A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
<u>1000.00</u>	<u>9156.92</u>	<u>→</u>	<u>1156.92</u>	<u>500.00</u>	<u>E / D</u>
<small>* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.</small>					
Reimbursement Request: I request reimbursement in the amount of \$ <u>500.00</u> for the work completed and documented above.					
9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.					
Grant Recipient Signature: <u>Judy DeDero</u>				Date: <u>7-10-14</u>	
10. Certification: Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.					
District Forester Signature: _____				Date: _____	
11. Funding is available and request is approved for reimbursement.					
Program Manager Signature: _____				Date: _____	

Rev August 2013

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

21.79

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)	
7-5-13	Judy Tony	Chainsawing trees - hauling slash	4	87.16 35.00	slash
9-24-13	Judy Tony	fill in under front deck, added to flagstone	10	217.90	
9-25-13	Judy Tony	cut trees, branches	12	261.48	
9-26-13	Judy Tony	hauled slash	8	174.32 70.00	slash
5-28-14	Tony	added to flagstone, laid rock	8	174.32	
5-29-14	Tony	laid rock	4	87.16 49.58	rock
				1156.92	

\*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.


Grant Recipient Signature \_\_\_\_\_

Date \_\_\_\_\_

District Forester Signature \_\_\_\_\_

Date \_\_\_\_\_

003592



(970) 881-3737  
1337 CR 73C  
Red Fe Lks CO 80545  
www.slashsolutionsllc.com

**Slash Solutions, LLC**

Date: 9-26-13

Name: Tony DeLoro


Address: 97 Clipperton Rd Feather Lake  
email address optional:

Material	Cub Yds	Rate	TOTAL
Slash	10	\$ 5	\$ 70 <sup>00</sup>
Logs Cut / Lengths		\$ 6	\$
Stumps		\$ 6	\$
<b>TOTAL</b>			<b>\$ 70<sup>00</sup></b>

DR	CR	MC	VISA	OTHER	PUNCH	CASH
				<u>Other</u>		

I acknowledge: I am entering this site at my own personal risk to unload material and accept full responsibility for any injury or damage to either myself or others occurring as a result.

Signature: Tony DeLoro



**Slash Solutions, LLC**

SLASH SOLUTIONS  
1337 CR 73C  
RED FEATHER LAKES, CO  
80545

REG 07-08-2013 12:41  
000010

5 SlashYds \$35.00  
5 No  
TL \$35.00  
CASH \$35.00

Date: 9-26-13

Name: Tony DeLoro

Address: 97 Clipperton Rd Feather Lake  
email address optional:

Material	Cub Yds	Rate	TOTAL
Slash	5	\$ 5	\$ 25
Logs Cut / Lengths		\$ 6	\$
Stumps		\$ 6	\$
<b>TOTAL</b>			<b>\$</b>

DR	CR	MC	VISA	OTHER	PUNCH	CASH

I acknowledge: I am entering this site at my own personal risk to unload material and accept full responsibility for any injury or damage to either myself or others occurring as a result.

Signature: Tony DeLoro

REGISTRATION  
 COLORADO MATERIALS, INC.  
 1000 WESTERN AVE  
 LAUREL, CO 80601  
 303-642-7224



Form 11-2004 Rev. 4-2011

**Sale**

000000004579  
 VISA Entry Method: Sales  
 05/27/14 08:11:49  
 Inv #: 000001 Acct Code: 170040  
 Apprv: Colare Batch#: 147001  
 Total: \$ 49.58

Customer Code

**COD Sales Receipt**

Date	Sale No
5/27/2014	21779

Description	Qty	U/M	Rate	Amount	Check No.	Payment Method	Rep	Other
						Visa	Yard	
Local 3/4	2.00	Ton	21.95	45.881				
<p>I have accepted the above in good condition. Colorado Materials will not be responsible for color or size variations. Customers' personal vehicles will be loaded at their own risk. Damage may occur to personal vehicles by loading or unloading products. Colorado Materials drivers will make every effort to place material where customers designate, however Colorado Materials assumes no responsibility for damage (including concrete) inside of curb or property line. I have read the above and agree to the terms and conditions thereof and agree that Colorado Materials will not be held responsible for such damages. I understand that any returns may be subject to a restocking fee of up to 25%.</p>					<b>Subtotal</b>		\$45.88	
Signature: _____					<b>Sales Tax (8.075%)</b>		\$3.70	
					<b>Total</b>		\$49.58	

EXHIBIT B  
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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

1. Project/Account #:	2. Total Award Amount:
3. Project Name:	4. Reimbursement Amount to Date:
5. Make Payment To: Name: <b>Jack &amp; Cindy Goodell</b> Attn: <b>714 Parkview Mountain Dr</b> Address: <b>Windsor, CO 80550</b>	6. Period of Performance (Project Period): From: <b>May-August 2013</b> To:

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

Clean up defensible space. Tree/slash removal. Removal of vegetation from under steps and rock.

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
500.00		2091.84	2,091.84	500.00	23.9%

\* Use results from Exhibit B: Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

**500.00**

Reimbursement Request: I request reimbursement in the amount of \$ 500.00 for the work completed and documented above.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature:  Date: 3/30/2014

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: \_\_\_\_\_ Date: \_\_\_\_\_

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
5-12-13	Jack Goodell	labor to take down trees	3	
5-12-13	Jack Goodell	Skid Loader - Take down trees & cleanup	3	
6-1-13	Jack Goodell	Labor Take down Trees	6	
6-1-13	Jack Goodell	Skid Loader remove slash & cleanup	6	
6-8-13	Jack Goodell	Labor Take down trees & skid loader slash cleanup	4	
6-9-13	Briana Goodell	Labor slash cleanup	4	
6-9-13	matt Goodell	Skid Loader & Labor Take down Trees & slash cleanup	4	
6-9-13	Cindy Goodell	Labor clean up slash	3	
6-2-13	Jack Goodell	Skid Loader Take down tree Labor clean up slash	3	
7-12-13	Jack Goodell	Labor Take down tree Skid Loader clean up slash	2	

\*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Jack W. Goodell  
Grant Recipient Signature

3/30/14  
Date

\_\_\_\_\_  
District Forester Signature

\_\_\_\_\_  
Date

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
7-12-13	matt Goodell	Labor / skid loader Take down Trees Clean up Trees	2	
7-12-13	Bre Goodell	Labor Clean up slash	2	
7-13-13	Jack Goodell	4 wheeler & Labor Clean up slash	2	
7-20-13	sarah Goodell	Labor Clean up slash	3	
7-20-13	Brett Goodell	Labor Clean up slash	3	
7-20-13	matt Goodell	Skid loader / Labor Take down Trees Clean up slash	5	
7-20-13	Bre Goodell	Labor Clean up slash	5	
7-20-13	Jack Goodell	Labor Take down trees Clean up slash	5	
8-10-13	Jack Goodell	Take out bark from under deck & replace with rock - Labor	4	

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Jack W. Goodell  
Grant Recipient Signature

3/30/14  
Date

\_\_\_\_\_  
District Forester Signature

\_\_\_\_\_  
Date

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
8-10-13	Matt Goodell	Labor/skid loader Take down trees Cleanup slash	2	
8-10-13	Bre Goodell	Labor Cleanup slash	2	
8-24-13	Jack G.	Put rock under deck - Labor	2	
8-24-13	Bre Goodell	Put rock under deck - Labor	2	
9-7-13	Jack Goodell	Skid Loader/Labor Trees Removed	3	
9-14-13	Jack Goodell	Clean up slash - Labor + skid loader	4	
9-21-13	Jack Goodell	Tree removal + slash clean up labor	2	
8-31-13	Matt Goodell	skid loader + labor Tree removal	3	
8-31-13	Bre Goodell	Labor - slash cleanup	3	

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Jack W. Goodell  
Grant Recipient Signature

3/30/14  
Date

\_\_\_\_\_  
District Forester Signature

\_\_\_\_\_  
Date

Before



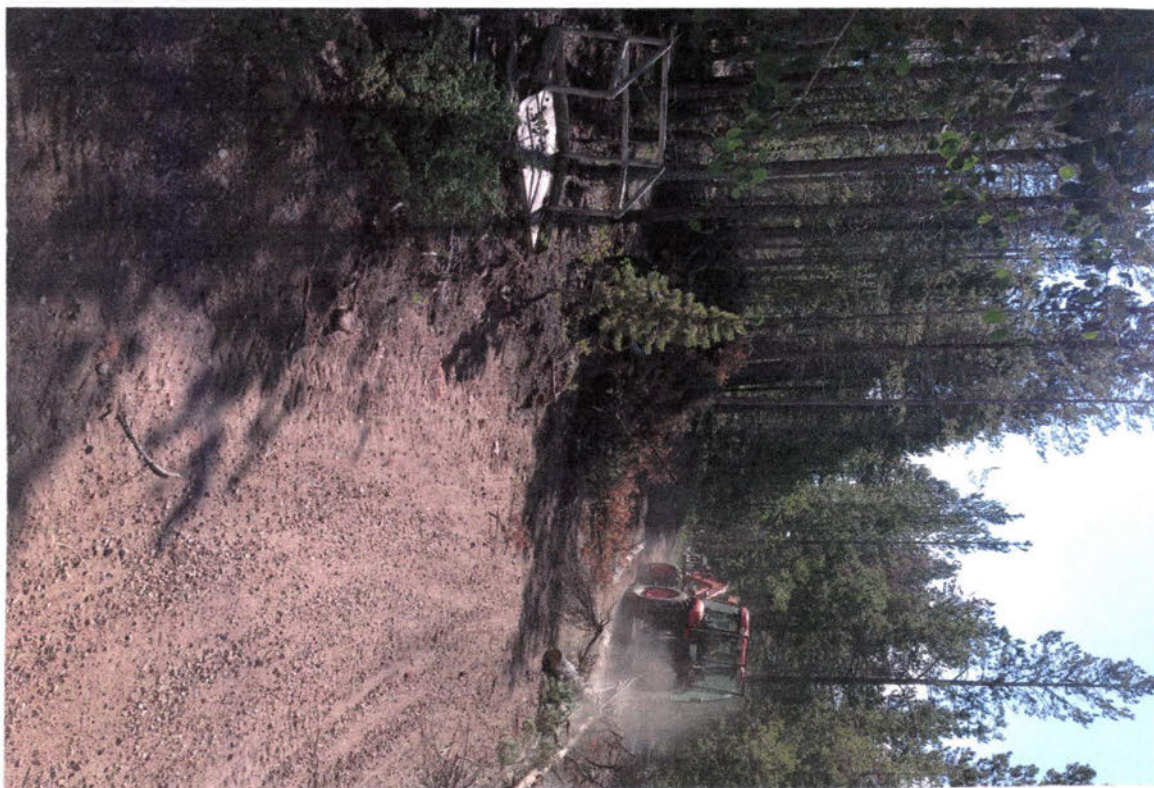
After



Goodell



Goodell



Goodell Property



Jack Goodell

Over 100 Trees

Removed - Beetle Kill & mitigation



Bre Goodell

Subject: IMG\_0544.jpeg

From: Cindy Goodell (cgoodell6@yahoo.com)

To: Jack.Goodell@yahoo.com;

Date: Wednesday, November 6, 2013 8:29 AM

Goodell



Sent from my iPad

Subject: IMG\_0543.jpeg

From: Cindy Goodell (cgoodell6@yahoo.com)

To: Jack.Goodell@yahoo.com;

Date: Wednesday, November 6, 2013 8:29 AM

Goodell



Sent from my iPad





Goodell