

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

In order to receive reimbursement, you <u>must</u> 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 Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. 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 you must show corresponding match.

1. Project/A	ccount #: 53669	50-5			2. Total Award Amo	ount: <del>2,000.0</del> 0	8,000	(5)
3. Project N	ame: John Parker				4. Reimbursed Amou	int to Date: 0	6,000	
Attn: Address:	ment To: Girl Scouts of Colorado Myrnan Fronczak 3801 East Florida Avenu Denver, CO 80201			6. Period of Perfor From: 9/14 To: 9/15	rmance (Project Perio	d):		
specific and a number of pl	report numbers such as a ans written, etc., for whi	ease provide a description acres treated, numbers of o ch the award was granted g of slash piles on 4/28/15	lefensible spaces, ton  Attach additional sh	s of, cubic feet or y eets as necessary.	ards of slash collected	d, number of pres	sentations,	
	comply with the approp	nnot exceed the total projection of the cost-share requirements						
	A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non- recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%	<b>(</b> )	
		(						
formed by Lar	<b>"四个学院的现在分</b>				B+C+D	(C+D)/E		
formed by Lar		549.16	549.16		B+C+D 1.098.32	5	)%	
	* Use results from Form D CS with Exhibit B to request reim	549.16 FS Financial Assistance Cost Doo	cumentation Worksheet to		1.098.32	50 proved documentation		
Reimbursemer  O. I certify documents (i	* Use results from Form D CS with Exhibit B to request reim  at Request: I request reimbut that to the best of my kn .e. award notification, so	549.16 FS Financial Assistance Cost Doobursement.	549.16 fo	r the work completed	and documented above ported are for the purpurate.	proved documentation or attached.	on	t
Reimbursemer  O. I certify documents (i	* Use results from Form D CS with Exhibit B to request reim  at Request: I request reimbut that to the best of my kn i.e. award notification, so ipient Signature:	549.16 FS Financial Assistance Cost Document.  Discrement in the amount of \$	549.16 fo	r the work completed	and documented above ported are for the purpurate.	proved documentation or attached.	on	:t
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O. I certify locuments (i  Grant Reci  O. Certifica  Work mee  District Fo	* Use results from Form D CS with Exhibit B to request reim  at Request: I request reimbe that to the best of my kn .e. award notification, so spient Signature: tion: ets minimum standards a prester Signature:	549.16  FS Financial Assistance Cost Doubursement.  Discrement in the amount of \$	549.16 for rect and complete, an penses and all cost-shorth by the CSFS in the	the work completed d that all outlays re are are true and acc	and documented above ported are for the purpurate.  Date:	proved documentation or attached.	on	t

Final

Fifth

Fourth



#### CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

#### Project/Account #:

Award Amount (obligated from funding source):

Reimbursement Request:

A. Remaining Award Amount:

\$2,000.00
\$0.00

☐ Third

Second

	Mato	ch		
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost*b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$549.16	\$549.16	\$0.00	\$1,098.32	50%

✓ First

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
4/28/2015	Larimer County	Burning of slash piles by Laimer County Emergency Services crew		\$1,098.32	
		Invoice is for labor, equipment and fuel.		\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
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				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
	10			\$0.00	

TOTALS: G. Cumulative Recipient Cost=

\$0.00

H. Recipient Cost (Match)=

\$549.16

I. Non-recipient Cost (Match)=

\$0.00

Grant Recipient Signature:

District Forester Signature:

Date: 2/8/16

Date: 2/9/

Revised November 2013

# Larimer County Sheriff's Office -Emergency Services Section

INVOICE

C/O Theresia Cline 2501 Midpoint Avenue Fort Collins, Co 80525 Phone 970-498-5133

DATE: INVOICE # April 30, 2015

NVOICE # FOR: 1500 Pile Burning

4/28/2015

#### Bill To:

John Parker Girl Scouts of Colorado - Magic Sky Ranch 17900 Red Feather Lakes Road Red Feather, CO 80545 970-493-6789 john.parker@gscolorado.org

DESCRIPTION		AMO	TNUC
Labor and Benefits - Pile Burn		\$	1,028.32
Equipment		\$	30.00
Fuel		\$	40.00
	- 1		
To	OTAL	\$	1,098.32

Make all checks payable to Larimer County Sheriff's Office

If you have any questions concerning this invoice, contact N Tony Simons, 970-498-5303, simonsap@co.larimer.c



Disbursement Voucher

C	P	Y

Status: FINAL Doc Nbr: 8225676

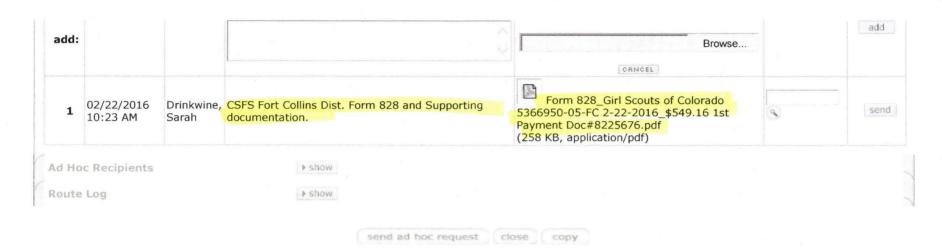
Initiator: sarahcd@colostate.edu Created: 10:06 AM 02/22/2016

> expand all | collapse all \* required field

Print Disbursement Voucher Coversheet

Document Overview				
* Description: S	12 CPG SFA Girl Scounts of Colorado	Explanation:	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE (a.k.a. SFA) '12 CPG SFA CG Projects Under North	nern Larimer County Fuels Reduction; Project
Organization  Document Number:		Explanation.	Number 5366950-FC-5. 2nd Payment. Not Encum	bered
inancial Document Det	ail			
	* Bank Code	02 GENERAL DISBURSEME	ITS	Total Amou <mark>nt: 549.16</mark>
ayment Information		→ hide		
ayment Information				
* Payment Reason C	ode: O - Progran	n Obligations		
* Payee	EID: 8379-0			
Payee T	ype: Vendor		* Payee Name:	Girl Scouts
Invoice Num	ber:		Invoice Date:	
* Addres	ss 1: of Colo		Address 2:	3801 E Florida Ave
* (	City: Denver		State:	CO
Cour	ntry: United Stat	es	Postal Code:	80210
* Check Amo	unt: 549.16		* Due Date:	02/23/2016
Payment T	ype: Is this paye	eign payee: No ee an employee: N mployee paid outs	Other Considerations:	Check Enclosure: No  W-9/W-8BEN Completed
* Payment Met	hod: P - Check/A	кСН	* Documentation Location Code:	AP - Accounts Payable
* Check Stub T	ext: Landowner Myrnan Fro		teimbursement State Fire Assistance Grant 53669	50-FC-5 2nd Payment Form 828 2/22/2016 Att

ccounting Lines	2							bi	ide detail
ource									
* Chart	* Account I	Number	Sub- Account	* Object	Sub- Object	Project	Org Ref Id	* Amount	Actions
CO Colorado State University	5366950 12CPG SFA CG3 Project	s Under	6693 Cost S Reimb	hare ursement				549.16	
	Line Description								
SFA Form 828 Girl	Scouts of Colorado								
								Total: 549.16	
ontact Information	ĭ	→ hide							
ontact Information	1								
			* Contact Name:	Drinkwine, Sara	ah				
			* Phone Number:	000-000-0000					
			Email Address:	Sarah.Drinkwin	e@colostate.	edu			
			Campus Code	MC - CSU Main	Campus				
pecial Handling		▶ show							
onresident Alien T	ax	▶ show							
ire Transfer		► show							
reign Draft		▶ show							
on-Employee Trav	el Expense	▶ show							
e-Paid Travel Exp	enses	▶ show							
re-Disbursement P	rocessor Status	▶ show				¥			
eneral Ledger Pen	ding Entries	▶ show							
otes and Attachme	ents (1)	▼ hide							
otes and Attachme	ente						and the state of t		
	u 1 1 1 1 2								
Posted Timestamp	Author * No	te Text		Atta	ched File			Notification	Action





## **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 (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	
Checked for Federal suspension and debarment (State Office) https://ww	ww.sam.gov/portal/public/SAM/ 2/02/16 55
Name: Girl Scouts of Colorado	
Address: 3801 East Florida Avenue,	Suite 720
Denver, CO 80201	Approved for paymen
Attn: Myrnan Froncz	COFO
The above named has submitted a project application that has bee the Colorado State Forest Service.	n reviewed and approved by
Grant Number: 5366950 - 5 - FC Non-Federal N	Match: # 549-16 ~
Approved Funding: #8,000 ^ Total Project:	#1,098.32~
CSFS Account Number: 5366950-6693 - Amount of Pa 12 CPG SFA CG3 Projects Under Northern Larmer Con	lyment: # 549 16 ~
Circle one: 1 <sup>st</sup> Payment 2 <sup>nd</sup> Payment 3 <sup>rd</sup> Payment	Final Payment
Program Manager Signature Scott Ma Woods ~	Pate: 2/16/15
Program Manager Name Scott M. hbooks	_



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

In order to receive reimbursement, you <u>must</u> 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 Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. 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 you must show corresponding match.

1. Project/A 3. Project N							
3. Project N	ccount #: 53669	50-5 -			2. Total Award Amo	ount: <del>2,000.00</del> 8	1000 (5
J	ame: John Parker				4. Reimbursed Amou	int to Date: 0	,000
Attn: Address:	yment To: Girl Scouts of Colorado Myrnan Fronczak 3801 East Florida Avenu Denver, CO 80201	e, Suite 720		6. Period of Perfo From: 9/14 To: 9/15	rmance (Project Perio	d):	
specific and	report numbers such as a	ease provide a description cres treated, numbers of c ch the award was granted	defensible spaces, ton	s of, cubic feet or y			
Reimbursem	ent request is for burning	of slash piles on 4/28/15	<ol> <li>Approximately a do</li> </ol>	ozen piles burned.	Invoice includes cost	for labor, equipme	ent, and fuel.
1002/000/000/000 (PM-0000-VPM-0000-VPM-0000-VPM-0000-VPM-00000-VPM-0000-VPM-0000-VPM-0000-VPM-0000-VPM-0000-VPM-0000-VPM-00000-VPM-0000-VPM-0000-VPM-0000-VPM-0000-VPM-000000-VPM-000000-VPM-0000-VPM-00000-VPM-00000-VPM-0000-VPM-00000-VPM-00000-VPM							little (gg. 2) and a second of his large (second of
	comply with the approp	nnot exceed the total proje riate cost-share requirement					
	A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non- recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)	
formed by Lar					B+C+D	(C+D)/E	
formed by Lan		549.16	549.16		1.098.32	50%	
		DISTRICTION IN STREET STREET					•
	* Use results from Form D CSI with Exhibit B to request reim	S Financial Assistance Cost Doo oursement.	cumentation Worksheet to o	complete table above. Inc	dude Form D, and other app	proved documentation	
Reimbursemer	with Exhibit B to request reim				and documented above		
9. I certify documents (i	with Exhibit B to request reimbut Request: I request reimbut that to the best of my known, e. award notification, so	oursement.	549.16 for	r the work completed	and documented above of the purported are for the purported.	or attached.	e project
9. I certify documents (i	with Exhibit B to request reimbut Request: I request reimbut that to the best of my known, e. award notification, so ipient Signature:	rsement in the amount of \$_  owledge this report is complete of work, etc.). All exp	549.16 for	r the work completed	and documented above of the purported are for the purported.	or attached.	e project
O. I certify documents (i  Grant Reci	with Exhibit B to request reimbut Request: I request reimbut that to the best of my know.e. award notification, so ipient Signature:	owledge this report is compose of work, etc.). All exposure Parker	549.16 for rect and complete, and penses and all cost-sh	the work completed that all outlays reare are true and acc	and documented above of the purported are for the purported.	or attached.	e project
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9. I certify documents (i  Grant Reci  10. Certifica  Work mee	that to the best of my kno.e. award notification, scipient Signature:	owledge this report is compose of work, etc.). All exposure Parker	rect and complete, and penses and all cost-shorth by the CSFS in the	the work completed that all outlays reare are true and acc	and documented above of ported are for the purpourate.  Date:	or attached.  posses set forth in the $\frac{2}{9}$	
9. I certify documents (i  Grant Reci  10. Certifica  Work mee  District Fo	that to the best of my kno.e. award notification, scipient Signature:	owledge this report is composed for Parker  and specifications as set for Diana Set supproved for reimburse	rect and complete, and penses and all cost-shorth by the CSFS in the ment.	the work completed that all outlays reare are true and acc	and documented above of ported are for the purpourate.  Date:	or attached.	
9. I certify documents (i  Grant Reci  10. Certifica  Work mee  District Fo	with Exhibit B to request reimburnt Request: I request reimburnt	owledge this report is compose of work, etc.). All exposure and specifications as set for Diana Section	rect and complete, and penses and all cost-shorth by the CSFS in the ment.	the work completed that all outlays reare are true and acc	and documented above of ported are for the purpourate.  Date:	or attached.  posses set forth in the $\frac{2}{9}$	

Final

Fifth

Fourth

#### Form D



#### CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Accoun	ıt	#:	
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Award Amount (obligated from funding source):

Reimbursement Request:

A. Remaining Award Amount:

\$2,000.00	
\$0.00	

☐ Third

Second

	Mato	ch .		1 1
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	1	D. Non-recipient Cost*b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$549.16	\$549.16	\$0.00	\$1.098.32	50%

✓ First

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
4/28/2015	Larimer County	Burning of slash piles by Laimer County Emergency Services crew		\$1,098.32	
		Invoice is for labor, equipment and fuel.		\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
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				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost=

\$0.00

H. Recipient Cost (Match)=

\$549.16 \$0.00

I. Non-recipient Cost (Match)=

Grant Recipient Signature:

District Forester Signature:

Date: 2/8/16

Date: 2/9/16

Revised November 2013





## Colorado State Forest Service Program Payment Request

	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 <mark>.: SFA)</mark>	
	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.g	ov/ 08-15-13
Name:	Girl Scouts of Colorado	(Ko
Address:	400 South Broadway	
	Denver, CO 80209	ved for Payment C.S.F.S.
	~	2563638
	Attn: Myrnan Fronczak	08-15-13
		(Xe)
	above named has submitted a project application that has been reved by the Colorado State Forest Service for funding from Federal Assista	
Crant Nu	mber: 5366950-5-FC Cooperator Match:	.000 N
Static IVu		
Approved	Funding: \$\\\\ 8,600  \tag{Total Project:} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Commence of the Commence of the Party of the Commence of the C
CSFS Acc	ount Number: 531do950 - 61093 (Amount of Payment:	6,000 ~
Circle one	e: 1 <sup>st</sup> Payment 2 <sup>nd</sup> Payment 3 <sup>rd</sup> Payment Final Payment	t ·
Approved	by (Program manager signature)  Date:	6

# $\label{eq:exhibitb} \textbf{EXHIBIT B} \\ \textbf{CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST}$

In order to receive reimbursement, you <u>must</u> 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/A	ccount #:	5366950-5			2. Total Award Amo	unt: \$8,000.00	
3. Project Na	ame: Magic Sky Ranch				4. Reimbursement Ar	mount to Date: -0-	
5. Make Pay Name:	ment To: Girl Scouts of Colorado				mance (Project Period November, 2012	1):	
Attn:	Myrnan Fronczak		/	To:	1/9/2014		
Address:	400 South Broadway, D	enver, CO 80209	•				
	been accomplished? Ple						
	ecific and report numbers s, number of plans writter					f slash collected, nu	umber of
1	•				•		
Treatment of	18+ acres, trees de-limb	ed and slash piled,	trunks bucked to 8 -	10 ft. lengths which	will be hauled and uti	lized for firewood of	on the ranch.
	ement request amount car						
1	ant must comply with the costs to recipient.	appropriate cost-sh	nare requirement for t	he period being bill	ed. The reimbursemen	t amount cannot ex	ceed the
actual projec	t costs to recipient.						
		D.D	C.N	D. T	r. D. I. I.		
1	A. Award Amount	B. Recipient	C. Non-recipient	D. Total	E. Reimbursement	F. Total Match	
		Contribution	Contribution	Contributions	Requested Amount	Ratio %	
		Contribution	Contribution	Contributions B+C	Requested Amount	E / D	
	\$8,000.00	Contribution	Contribution 0		Requested Amount		
	\$8,000.00 * Use results from Exhibit B <sub>1</sub> F	\$12,000.00	0 t-Share Program Reimburs	B+C 12,000.00 ement Calculation Works	\$6,000.00	E / D 50% Include Exhibit B <sub>1</sub> and	
	\$8,000.00	\$12,000.00	0 t-Share Program Reimburs am Cost Documentation, or	B+C 12,000.00 ement Calculation Works	\$6,000.00	E / D 50% Include Exhibit B <sub>1</sub> and	
Dairehusana	\$8,000.00  * Use results from Exhibit B <sub>1</sub> F Form D, CSFS Financial Assist	\$12,000.00 Financial Assistance Cost tance Cost-Share Progra	0 t-Share Program Reimburs im Cost Documentation, or ~	B + C 12,000.00 ement Calculation Works other approved document	\$6,000.00 heet to complete table above ation with Exhibit B to requ	E / D 50% Include Exhibit B <sub>1</sub> and	
Reimbursemer	\$8,000.00 * Use results from Exhibit B <sub>1</sub> F	\$12,000.00 Financial Assistance Cost tance Cost-Share Progra	0 t-Share Program Reimburs im Cost Documentation, or ~	B + C 12,000.00 ement Calculation Works other approved document	\$6,000.00 heet to complete table above ation with Exhibit B to requ	E / D 50% Include Exhibit B <sub>1</sub> and	
Reimbursemer	\$8,000.00  * Use results from Exhibit B <sub>1</sub> F Form D, CSFS Financial Assist	\$12,000.00 Financial Assistance Cost tance Cost-Share Progra	0 t-Share Program Reimburs im Cost Documentation, or ~	B + C 12,000.00 ement Calculation Works other approved document	\$6,000.00 heet to complete table above ation with Exhibit B to requ	E / D 50% Include Exhibit B <sub>1</sub> and	
9. I certify	\$8,000.00  * Use results from Exhibit Bi F Form D, CSFS Financial Assist  It Request: I request reimbut  that to the best of my known	\$12,000.00 Financial Assistance Cost tance Cost-Share Programment in the amount owledge this report	One-Share Program Reimburs am Cost Documentation, or the state of \$6,000.00 for the state of \$6,000.00	B+C 12,000.00 ement Calculation Works other approved document work completed and do	\$6,000.00 heet to complete table above action with Exhibit B to require the complete above.  Exhibit B to require the complete above.	E / D 50%  Include Exhibit B1 and lest reimbursement.	in the project
9. I certify	\$8,000.00  * Use results from Exhibit Bi F Form D, CSFS Financial Assist nt Request: I request reimbu	\$12,000.00 Financial Assistance Cost tance Cost-Share Programment in the amount owledge this report	One-Share Program Reimburs am Cost Documentation, or the state of \$6,000.00 for the state of \$6,000.00	B+C 12,000.00 ement Calculation Works other approved document work completed and do	\$6,000.00 heet to complete table above action with Exhibit B to require the complete above.  Exhibit B to require the complete above.	E / D 50%  Include Exhibit B1 and lest reimbursement.	in the project
9. I certify documents (i	* Use results from Exhibit Bi F Form D, CSFS Financial Assist at Request: I request reimbut that to the best of my known i.e. award notification, see	\$12,000.00 Financial Assistance Cost tance Cost-Share Programment in the amount owledge this report	One-Share Program Reimburs am Cost Documentation, or the state of \$6,000.00 for the state of \$6,000.00	B+C 12,000.00 ement Calculation Works other approved document work completed and do	\$6,000.00 heet to complete table above action with Exhibit B to require the complete above.  Exhibit B to require the complete above.	E / D 50%  Include Exhibit B1 and lest reimbursement.	in the project
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mailed to Scott w. on 7/24/13

# Colorado State Forest Service Program Payment Request

1	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.g	ov/
Name:	Girl Scouts of Colorado	
Addrossi	400 South Broadway	
Address:	The Story Broadway	
	Denver, CO 80209	
	Attn: Myrnan Fronczak	
	bove named has submitted a project application that has been reved by the Colorado State Forest Service for funding from Federal Assista	
appro	ved by the Colorado State Forest Service for funding from Federal Assista	
appro	ved by the Colorado State Forest Service for funding from Federal Assista	nce.
approduced	wed by the Colorado State Forest Service for funding from Federal Assistanter: 5366950-5 Cooperator Match: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	000 000
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approduced Approved	red by the Colorado State Forest Service for funding from Federal Assistant Final Payment with the Colorado State Forest Service for funding from Federal Assistant Final Payment with the Cooperator Match:    Cooperator Match:	1,000 1,000 16,000

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

In order to receive reimbursement, you <u>must</u> 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/A	account #:	5366950-5			2. Total Award Amo	unt: \$8,000.00	
3. Project N	lame: Magic Sky Ranch				4. Reimbursement Ar	mount to Date: -0-	
5. Make Pay Name: Attn: Address:	yment To: Girl Scouts of Colorado Myrnan Fronczak 400 South Broadway, D			6. Period of Perfor From: To:	mance (Project Period November, 2012 1/9/2014	I):	
Please be spe presentations	been accomplished? Ple ecific and report numbers s, number of plans written f 18+ acres, trees de-limber	such as acres treat n, etc., for which th	ted, numbers of defense award was granted.	sible spaces, tons of Attach additional sl	cubic feet or yards oneets as necessary.	f slash collected, nu	imber of
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request amou	ement request amount car unt must comply with the ct costs to recipient.  A. Award Amount	appropriate cost-sl  B. Recipient	nare requirement for t	he period being bille  D. Total	ed. The reimbursemen	t amount cannot ex  F. Total Match	
1		Contribution	Contribution	Contributions	Dequested Amount	Datio V/a	
3		Contribution	Contribution	Contributions B+C	Requested Amount	Ratio %	
	\$8,000.00	Contribution \$12,000.00	Contribution 0	Contributions B + C 12,000.00	Requested Amount	E / D 50%	
9	* Use results from Exhibit B <sub>1</sub> F	\$12,000.00	0 t-Share Program Reimburse	B + C 12,000.00 ement Calculation Works	\$6,000.00	E / D 50% Include Exhibit B <sub>1</sub> and	
Reimburseme		\$12,000.00 inancial Assistance Cost ance Cost-Share Progra	0 t-Share Program Reimburso im Cost Documentation, or	B + C 12,000.00 ement Calculation Works other approved document	\$6,000.00 heet to complete table above ation with Exhibit B to requ	E / D 50% Include Exhibit B <sub>1</sub> and	
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## Magic Sky Ranch

17900 Red Feather Lakes Road Red Feather Lakes, CO 80545 Phone: (970) 493-6789

Fax: (970) 493-6789 E-mail: John.Parker@gscolorado.org



400 South Broadway Denver, CO 80209 P.O. Box 9407 Phone: (303) 778-8774

Phone: (303) 778-8774 Fax: (303) 733-6345 www.girlscoutsofcolorado.org

5 July, 2013

Ms. Diana Selby Colorado State Forest Service Fort Collins District 5060 Campus Delivery, CSU Fort Collins, Co 80523

RE: 2012 SFA WUI Grant Reimbursement

Dear Diana,

Enclosed is a request for reimbursement on the 2012 SFA WUI Grant.

I think I've included all necessary documentation; if not please let me know what else is needed.

In addition, if a site visit from you is necessary, we are at your disposal – any time that fits your schedule is fine.

Sincerely,

John Parker

Site Manager Magic Sky Ranch

17900 Red Feather Lakes Road Red Feather Lakes, CO 80545

Phone: (970) 493-6789 Fax: (970) 493-6789

E-mail: John.Parker@gscolorado.org

#### Exhibit B<sub>1</sub>

(Accompanies Exhibit B-CSFS Grant and Cost-Share Program Reimbursement Request)

#### CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet\* A. Award amount B. Recipient Contribution: C. Non-recipient Contribution: D. Total Contributions E. Reimbursement F. Total Match (AKA: cash; hard match; in-kind/soft match; (AKA: Total Project Value; obligated from funding (AKA: donated; in-kind/soft match; volunteer) Amount Ratio **Total Project Costs)** actual costs) (will be equal to or less source (Cost-share rate) (B + C)than A and must meet the (To earn the obligated award INCLUDES: (E / D) matching requirement) amount, the recipient must INCLUDES: (volunteers' labor to be valued at current volunteer labor complete 100% of the (contracted services with receipts) deliverables agreed to in the (recipients's own labor to be valued at current (donated materials/supplies to be valued at market value) Statement of Work) volunteer labor rate) (donated use of equipment to be valued at rental rate) (labor of recipient's employees-salaried (meeting room provided to be valued at market price) employees-to be valued at actual amount and must be documented) While non-recipient contributions can be used as match (equipment rental with receipts) to an award, the recipient will not be reimbursed for (use of recipient-owned equipment to valued at these contributions. market rental rate) (cost of supplies with receipts: this includes items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.) (materials with receipts) (materials, if provided to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost share rate. \$12,000.00 \$0.00 \$12,000.00 \$6,000.00 50%

<sup>\*</sup>Use From D-CSFS Financial Assistance Cost-Share Program Cost Documentation or other approved documentation to support calculations

# 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 (\$)
March, 2013	Larimer County Sheriff's Office Emergency Services Section	Treatment of 18+ acres, trees de-limbed and slash piled, trunks bucked to 8 - 10 ft. lengths which will be hauled and utilized for firewood on the ranch.	238	\$4,855.27
March, 2013	46	Fuel	N/A	\$240.00
March, 2013	τ.	Equipment	N/A	\$390
April, 2013	Larimer County Sheriff's Office Emergency Services Section	Treatment of 18+ acres, trees de-limbed and slash piled, trunks bucked to 8 - 10 ft. lengths which will be hauled and utilized for firewood on the ranch.	293	\$5,823.13
April, 2013	ec .	Fuel	N/A	\$260.00
April, 2013	"	Equipment	N/A	\$435.00
			Sub – Total	\$12,003.40
			Credit	(\$3.40)
			Total	\$12,000.00

<sup>\*</sup>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 07/05/13

Date

District Forester Signature

Date

# Larimer County Sheriff's Office -Emergency Services Section

C/O Theresia Cline 2501 Midpoint Avenue Fort Collins, Co 80525 Phone 970-498-5133

DATE: INVOICE # April 19, 2013 1304

FOR:

Hazard fuel

mitigation

### Bill To:

John Parker Girl Scouts of Colorado - Magic Sky Ranch 17900 Red Feather Lakes Road Red Feather, CO 80545 970-493-6789 john.parker@gscolorado.org

DESCRIPTION		1	TANOMA
		\$	10,675.00
		\$	825.00
		\$	500.00
			12,000.00
	DESCRIPTION		\$ \$

Make all checks payable to Larimer County Sheriff's Office

If you have any questions concerning this invoice, contact N Justin Whitesell, 970.498.5301, whitesjl@co.larimer.co

# Magic Sky 2013

Grant

\$12,000.00

Total

\$12,000.00

Balance

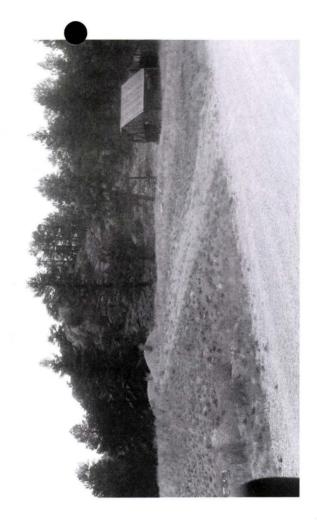
\$ (3.40)

	Stapleton	Anderson	LoCascio	Darlington	Smith	Krause	Fuel	Equip
03/01/13					Annual			
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03/26/13								
03/27/13	10		10	10		10	2	
03/28/13 03/29/13	10	8	10	10 10	10	10 10	2 2	4
03/29/13		0		10	10	10	2	4
03/30/13								
03/31/13								
Hour	48	40	40	50	10	50	12	26
Wage	\$19.66	\$18.31	\$16.26	\$14.10	\$14.10	\$14.10	\$20/day	\$15/saw
Total	\$943.68	\$732.40	\$650.40	\$705.00	\$141.00	\$705.00	\$240.00	\$390.00
Benefits	\$207.61	\$336.90	\$247.15	\$84.60	\$16.92	\$84.60		
Labor	\$1,151.29	\$1,069.30	\$897.55	\$789.60	\$157.92	\$789.60	\$4,855.27	I
Material							\$630.00	l
Total							\$5,485.27	

04/01/13								
04/02/13	10		8	10	10		2	4
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04/04/13		10	10	10	10	10	2	5
04/05/13	10	10	10	10	10	10	2	6
04/06/13								
04/07/13								
04/08/13								
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04/27/13								
04/28/13								
04/29/13								
04/30/13								
4/31/2013								
Hour	49	38	57	55	52	42	13	29
Wage	\$19.66	\$18.31	\$16.26	\$14.10	\$14.10	\$14.10	\$20/day	\$15/saw
Total	\$963.34	\$695.78	\$926.82	\$775.50	\$733.20	\$592.20	\$260.00	\$435.00
Benefits	\$211.93	\$320.06	\$352.19	\$93.06	\$87.98	\$71.06		
Labor	\$1,175.27	\$1,015.84	\$1,279.01	\$868.56	\$821.18	\$663.26	\$5,823.13	
Material							\$695.00	
Total							\$6,518.13	

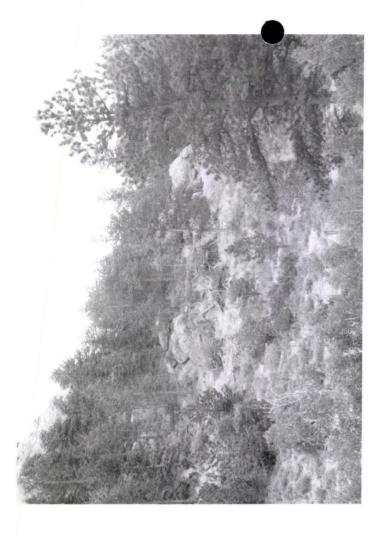
\* ~ . \*







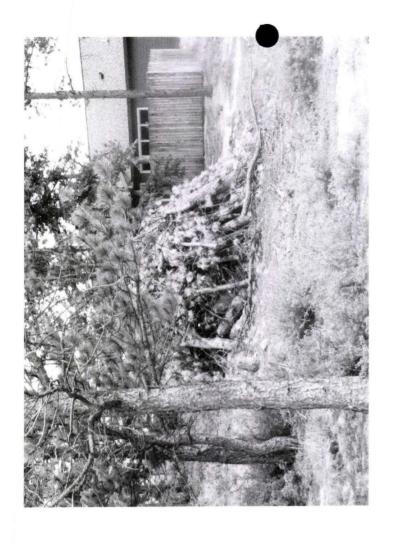








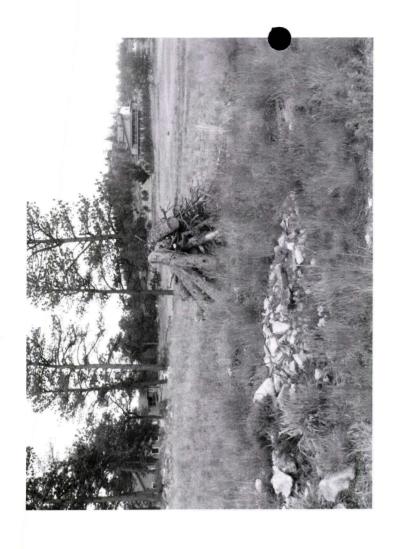










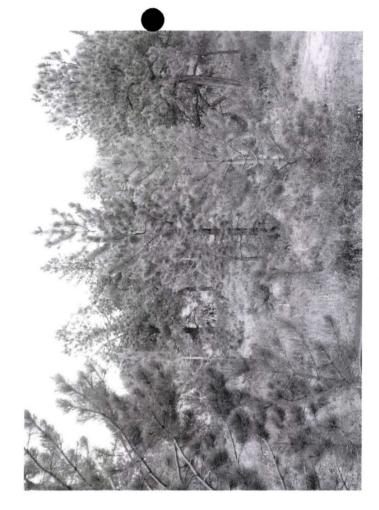
















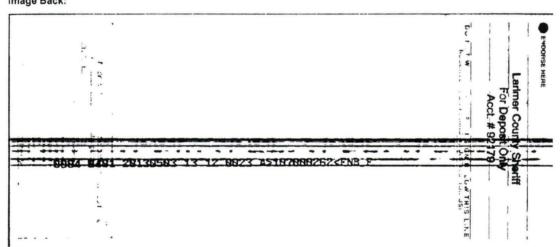


# Stops - Images - Search®

#### Image Front:



#### Image Back:



Item Details

Amount: 12,000.00 Check #: 31439 Posting Date: 05/06/2013 As of Date: 05/06/2013

Issue Date: 04/26/2013

Additional Item Details: 0000002 +00000000761820

REF#: 0000008789118762 VAN

Account Name: Controlled Disbursement Acct

Account Number: 9600096925 Routing Number: 241253823

Type Code/Description: 475/CHECK PAID

Payee: LARIMER COUNTY SHERIFF'S OFFICE

Item Sequence Number: 8789118762

Privacy, Security & Legal

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\* \* 1

# Financial Assistance Program Cooperative Match Project

To be conducted by:

## Girl Scouts of Colorado\_

**Project Number:** 

5366950-5

**Estimated Project Cost:** 

\$16,000

**Funding provided by CSFS:** 

\$8,000

**Minimum Recipient Match:** 

\$8,000

Project to be completed by:

September 1, 2014

Based on the strength of the application submitted by <u>Girl Scouts of Colorado</u>, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$\\$8,000\$ to accomplish the project described in the attached scope of work.

As the cooperator, \_\_<u>Girl Scouts of Colorado</u>, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Attachment A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "Attachment B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service 5060 Campus Delivery, Bldg. 1052 Fort Collins, CO 80523-5060 Attn: Diana Selby

D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until <u>September 1, 2014</u>. It may be extended at any time at the discretion of CSFS.

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature: John Parker

**Date:** 12/10/12

Mailing Address: 17900 West County Road 74E, Red Feather Lakes, CO 80545

**Telephone Number:** (970) 493-6789

Email Address: john.parker@gscolorado.org

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To be conducted by:

## **Girl Scouts of Colorado**\_

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**Project to be completed by:** September 1, 2014

Based on the strength of the application submitted by <u>Girl Scouts of Colorado</u>, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$\\$8,000\$ to accomplish the project described in the attached scope of work.

As the cooperator, \_\_<u>Girl Scouts of Colorado</u>, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Attachment A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "Attachment B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

Colorado State Forest Service 5060 Campus Delivery, Bldg. 1052 Fort Collins, CO 80523-5060 Attn: Diana Selby

D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until <u>September 1, 2014</u>. It may be extended at any time at the discretion of CSFS.

Date: 12/10/12

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature: John Parker

Mailing Address: 17900 West County Road 74E, Red Feather Lakes, CO 80545

**Telephone Number:** (970) 493-6789

Email Address: john.parker@gscolorado.org

# Colorado State Forest Service State Fire Assistance Grant Application

Indirect Costs:
TOTAL:

FOR OFFICE	AL USE ONLY
District Submitting Project	Fort Collins
District Priority Number:	
Dollar Amount Requested:	8,000
Matching Share:	8,000

			Applic	ant Informa	tion	
	Applicant:	Gi	rl Scouts of Color	rado		
	Contact Person:	Jo	hn Parker – Site N	Manager		
1	Address:	17	900 Red Feather	Lakes Road		
	City/Zip Code:	80	545			
	Phone (Work/Cell):	97	0-493-6789			
	Email:	Jo	hn.parker@gscolo	orado.org		
	Fax:	97	0-493-6789 (call	prior to faxing)		
	Federal Tax ID\DUNS #:					
			Community	At Risk Info	ormation	
	Name of Project	ct:	Magic Sky 2012	Fuels Project		
2	Community Nam	ie:	Magic Sky Ranc	h		
	County(ies	s):	Larimer			
	Congressional Distric	ct:	4			
	<b>Latitude:</b> 40' 46" 5	56.31	1	Lon	<b>gitude:</b> 105' 24" 03	.33
3	DO NO	nsuffi cify e	icient match is identi ach match contribut ow grant requested fu	or and the dollar amou		
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3	Contributors Name:    Special DO NO   March	nsufficify e T sho Tagio Sky	icient match is identi ach match contribut ow grant requested fu	fied; federal dollars D or and the dollar amou	O NOT qualify- see criteria ant of each contribution.	TOTAL
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	Contributors Name:  Dollars (Hard Match):  In-Kind (Soft Match):  TOTAL:  Budget Detail (Provide additional information in Block 7)	nsufficity e or T sho	ase (break derant Share \$ Amount	fied; federal dollars D or and the dollar amounds in this table. This own matchin  Match (from	o NOT qualify- see criteria int of each contribution. s is for matching share only g share totals from block #3)	8,000 8,000 com block #3)
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	Contributors Name:  Dollars (Hard Match):  In-Kind (Soft Match):  TOTAL:  Budget Detail (Provide additional information in Block 7)  Personnel / Labor:  Fringe Benefits:  Travel:	nsufficity e or T sho	ase (break derant Share \$ Amount	fied; federal dollars D or and the dollar amounds in this table. This own matchin  Match (from	o NOT qualify- see criteria int of each contribution. s is for matching share only g share totals from block #3)	8,000 8,000 com block #3)
	Contributors Name:  Dollars (Hard Match):  In-Kind (Soft Match):  TOTAL:  Budget Detail (Provide additional information in Block 7)  Personnel / Labor:  Fringe Benefits:  Travel:  Equipment:	nsufficity e or T sho	ase (break derant Share \$ Amount	fied; federal dollars D or and the dollar amounds in this table. This own matchin  Match (from	o NOT qualify- see criteria int of each contribution. s is for matching share only g share totals from block #3)	8,000 8,000 com block #3)
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	Contributors Name:  Dollars (Hard Match):  In-Kind (Soft Match):  TOTAL:  Budget Detail (Provide additional information in Block 7)  Personnel / Labor:  Fringe Benefits:  Travel:  Equipment: Supplies:	nsufficity e or T sho	ase (break derant Share \$ Amount Requested)	own matchin  Match (from Dollars	o NOT qualify- see criteria int of each contribution. s is for matching share only g share totals from block #3)	TOTAI 8,000 8,000 TOTAL

8,000

8,000

16,000

# **Budget Narrative**

This application is a collaborative effort across 3 communities in Larimer County: Red Feather Lakes (RFL), Crystal Lakes, and Magic Sky Ranch.

The goal of the project on Magic Sky Ranch is to reduce wildfire hazard in and around the camp facilities including the removal of dead, dying, diseased trees, performing patch-cuts among pockets of dead trees, and general thinning along roads and around camp buildings.

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Project work will include thinning, shaded fuels breaks and evacuation route fuel breaks and defensible space around camp cabins, buildings and other facilities.

Magic Sky Ranch manager will hire the Larimer County wildfire mitigation crew to do all the cutting, stacking and burning of materials. A hard dollar match plus the grant will pay for the project.

# Project Area Description Magic Sky Ranch is a year round camp facility owned and operated by the Girl Scouts of Colorado and located in northern

Larimer County. The camp includes a complete infrastructure with water treatment, wastewater treatment, telephone and data. Dining hall, office building, activity center, equestrian center, cabins and housing. This project will constitute the fifth year of a successful long-term Forest Stewardship and Fuels Reduction plan for Magic Sky Ranch.

The elevation varies between 7000 and 9000 feet. The topography includes valleys, slopes, rocky cliffs and mountains. The vegetation in the rangeland, woodland, and forest areas include dense to very dense populations of ponderosa pine, Douglas-fir, juniper and shrubs. The area is rated "high" to "very high" wildfire hazard by the Larimer County Fire Plan. The ranch manager is working to mitigate severe infestations of dwarf mistletoe and mountain pine beetle and reduce wildfire risk to surrounding communities plus maintain and improve wildlife habitat. In the Statewide Forest Resource Assessment, the area is considered very high priority for "Enhance Public Benefits" and the "Aggregate" maps. This project will reduce wildfire risks in the WUI and address the potential for post-fire erosion in the watersheds, declining forest resiliency, and potentially air quality threats if a wildfire did occur in the area.

## Scope of Work

The scope of work for this project will be to reduce hazardous fuels by thinning, breaking up tree canopy, removal of dwarf mistletoe and MPB kill.

Residual basal area will be an average of 60 sqft/acre or less and will be based on the recommendations of local CSFS foresters and the recommendations made in the forest management plan prepared for Magic Sky Ranch. A total of 18 acres will be treated. Total cost will be \$16,000, including an \$8,000 hard match. Logs will be bucked to firewood length and stacked or scattered. Slash piles will be constructed and burned under Larimer County pile burning permitted conditions. Firewood may be donated to local churches or disadvantaged local residents.

	Project Summary (check all that apply and answer related questions)  Project Category 1: Hazard Fuels Reduction / Fire Adapted Ecosystem Restoration X	
8	Number of acres to be treated: 18	Estimated cost per acre: \$888.89
	Number of communities directly affected by this project: 1	
	<b>Project Category 2: Information &amp; Education</b>	
	Number of citizens to be reached:	
	<b>Project Category 3: Planning</b>	
	Number of residences affected:	

## **Interagency Collaboration**

COLORADO STATE FOREST SERVICE - Assist in evaluation and management of Forest Stewardship plan, CWPP.

Grant management.

LARIMER COUNTY SHERIFF'S OFFICE - Provide fuel mitigation crews for cutting and slash pile burning. Alternate Sentencing Unit program may provide labor for piling slash/stacking firewood.

GIRL SCOUTS OF COLORADO - Coordinate with Colorado State Forestry, fuel mitigation crews, ASU crews, and community volunteers, plus continue to provide staff support in management and burning of slash piles, volunteer removal of firewood and annual fuel evaluation.

RED FEATHER LAKES and CRYSTAL LAKES- adjacent complementary fuels reduction work and education efforts. USFS- adjacent fuels reduction work, support of project.

## **Community Wildfire Protection Plan (CWPP)**

Does this community have a wildfire protection plan that follows the Healthy Forest Restoration
Act CWPP guidelines? (check one)

Is this project part of the plan? (check one)

Where would we obtain a copy of this plan? CSFS CWPP website

Is this project identified in your Statewide Forest Resource Assessment and Strategy?

X yes no

## **Project Timeline**

Project work will begin in the fall of 2012. Larimer County mitigation crew will walk and assess the property and identify priority locations to work with CSFS input and advice. Cutting and piling will take place in the fall and winter months and be complete by the spring of 2013. Pile burning may occur during the winter of 2012-2013 if fuels are dead/dry and snow and burning conditions exist. All remaining piles will be burned in the winter of 2013-2014 with total project completion and wrap up expected by spring of 2014.

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# Maintenance / Sustainability Magic Sky Ranch - In coordination with the Colorado State Forest Service, and the Larimer County Sheriff's Office of Emergency Services (fire mitigation management), the Girl Scouts of Colorado will annually evaluate and reduce hazardous fuels on ranch property as necessary in accordance with long-term Forest Stewardship and Fuels Reduction plans. Given typical conifer growth patterns, any fuel breaks will need to be assessed at four to five year intervals and maintained as needed by ranch staff or Larimer County mitigation crews (with Girl Scout funding).

## Landscape Scale

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This grant application is a part of several neighboring communities in the Red Feather Lakes area, totaling over 12,000 acres. Each community borders other private property and National Forest. The work scoped in this application complements fuels reduction efforts of neighboring private property owners and ties into National Forest fuels reduction projects, such as the Fuels Reduction Project planned to commence in the next year near Magic Sky Ranch, previously completed work near Crystal Lakes, and Poudre Valley Rural Electric Association work targeting fuels reduction along their power lines in Red Feather Lakes.

Magic Sky Ranch has been committed to forest stewardship, MPB removal and ranch safety for the past 10 years and will continue to fund similar projects as well as maintenance in the future. By multiple years of work, the "small" projects of 10-20 acres have been expanded and now serve as landscape scale thinning within the property as well as tying in with adjacent fuels reduction treatments.

ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.