

Boulder County Thu Oct 14 10:04:10 MDT 2010 This map is intended for display purposes only and is not intended for any legal representations



Boulder County, Colorado (Aerial Photographs: Spring/Summer 2006)

MARION MACKAY
42 MTN KING RD
SUGARLOAF

[@2:30 A:]

Dakers/Deborah Silver
Gowens
914-216-9270
914-671-3901

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	10/15/2010
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Sugarloaf Fire Protection District
Contact Person:	David Lasky
Address:	1360 Sugarloaf Rd.
City/Zip Code:	Boulder, CO 80302
Phone (Work/Cell):	303-588-3440
Email:	davidlasky@sugarloaf.net
Fax:	

Community At Risk Information			
Name of Project:	King Arkansas Fork		
Community Name(s):	Sugarloaf		
County:	Boulder	Congressional District:	
Latitude (decimal degrees):	40.03 N	Longitude (decimal degrees):	105.38 W
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/> X	Number of:	12-20
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Other (Describe):			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	\$20,656.50
Will this Project be conducted as a Pass-Through Grant?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>The King Arkansas Fork project area is located off of Sugarloaf Road to the north, in Boulder County. The majority of the project area is located on Mountain King Rd, Arkansas Mountain Rd, and Left Fork Rd. There are many properties within the project area in which the Four Mile Canyon Fire had varying degrees of impact. Conversely, there are several areas where there was no fire activity at all. The overall objective of the project work will be to create a series of linked D-Spaces and forest thinning to create one contiguous Shaded Fuel Break.</p>	

Scope of Work / Project Timeline

All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.

Provide a brief scope of work that clearly describes how grant funds will be spent. (This should be more specific than the project description)

- 4 Grant Funding will be spent to reduce the hazardous fuels present throughout each property within the project area. Primary efforts will focus on removal of small diameter mid-understory trees to reduce the amount of ladder fuels present, as well as to promote overall forest health of the remaining trees. Increasing the spacing between tree crowns will also be conducted through project work. Mitigation efforts will also be conducted to remove insect and disease infested trees where possible. Slash will most likely be chipped (new depth not to exceed 4") or piled for burning at an optimal time. Remaining trees will be limbed up to a minimum of 6 feet off the ground.

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

Landowner's will continue to monitor their properties for undesired encroaching vegetation and remove as necessary. Landowners will also continue to limb new desired trees as necessary, as well as continually mow back grasses around their homes.

What is the duration of this project? (check one) ☒ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years

Is this a continuing project from previous year/s? (check one) ☐ Yes ☒ No

Provide a timeline for the project

Project will begin as soon as possible, and will continue through completion, which is set for Fall, 2011.

Interagency Collaboration

Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).

- 5 Homeowner's will donate time to complete project work that is within their safety parameters and capacity. SLFPD Mitigation Crew will complete the remaining project where homeowners cannot.

Community Wildfire Protection Plan (CWPP)

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

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	43.95	Estimated cost per acre:	\$2,000.00
	Project Type (check all that apply)			
	Defensible Space	<input checked="" type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
	Fuelbreak	<input checked="" type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	<input type="checkbox"/>	Other	<input type="checkbox"/>	

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:	\$20,656.50	\$ 20,656.50
	TOTAL:	\$20,656.50	\$ 20,656.50

Grant funding may only be used for Contractual Service.

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

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


Attach Project Map Showing Specific Treatment Areas

KingArkansasFork Proposal



0 0.125 0.25 0.5 0.75 Miles

King Arkansas Fork Project Area: 60.0 acres

 KingArkansasFork_Proposal



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





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-80-11

(For Official Use Only)

NAME: SUGARLOAF FIRE PROTECTION DISTRICT

MAILING ADDRESS: 1360 SUGARLOAF ROAD

City: BOULDER

State: CO

Zip code: 80302

TELEPHONE NO: 303-588-3440

PROJECT ADDRESS/LEGAL DESCRIPTION: T1N, R71W, Section #19 & 30
R72W, Section #24 & 25

PRACTICES TO BE COMPLETED BY: 12-31-2011
Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
		Total:

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre.

I understand that I will not be reimbursed for any expenses incurred prior to approval of my application. Work must be completed according to approved plan and application, and must meet the standard set for each component. Practices must be maintained for a minimum of 10 years. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: [Signature] DATE: OCT 1, 2010
To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature] DATE: 2-27-2013
(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: [Signature] AMOUNT: \$20,656.50 DATE: 11-22-10
CSFS District Forester

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



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (a.k.a.: SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

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

Name: MARTIN WINGER

Address: 595 LEFTFORK RD

BOULDER, CO 80302

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

Grant Number: 5308400-Bo-11 Cooperator Match: \$ 113.50

Approved Funding: \$ 20,656.50 Total Project: \$ 1,782.00

CSFS Account Number: 5308400-6693 Amount of Payment: \$ 1668.50

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

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308400-B0-11
(For Official Use Only-
No. from original application)

Applicant name (please print): MARTIN WINGER

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$ 1,782. ⁰⁰	✓	A Labor Cost= \$ 1,782. ⁰⁰
Operating Exp ^{3,4} (Actual)			B Oper. Exp.= ✓
Project Cost			C Total Project (A+B) = \$ 1,782. ⁰⁰
			Amount Originally Approved = \$ 20,656.50
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 1,668.50

¹ Any contracted services where payment was made for services.

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

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

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

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Martin Winger Date: 1/10/2013

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

Mailing Address: 595 LEFT FORK RD City: BOULDER

County: BOULDER State: CO Zip: 80302 Phone: _____

Practice certified by: BRYAN BAER (BB)
CSFS forester

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

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

01/19/10

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

Project No. 5308-100-BO-11

To be completed by CSFS forester:

PROGRAM:

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

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

3.55 ACRES
HAZ FUELS RED.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

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

DOUG LEE

2299 Pearl Street #307
BOULDER, CO 80302
720-289-3188

Martin Wenger and Cindy Holden
595 Left Fork Rd
Boulder, CO 80302

Re: mitigation work

Dear Martin and Cindy,

Below is an invoice for the work completed per Colorado State Forest Service and Bryan Baer.

Total acres treated	3.55	\$470/acre	reimbursement=	\$1668.50
Total hours worked	88	\$20.25/hr	per hour payment=	\$1782

I confirm payment according to the state reimbursement rate of \$1668.50

Sincerely,

Doug Lee



COPY

Colorado State Forest Service Program Payment Request

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

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

09-17-12

Name:

SUGARLOAF FPD

Address:

1360 SUGARLOAF RD.BOULDER, CO 80302

Approved for Payment

C.S.F.S.

2057446

09-17-12

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

Grant Number: 5308400-BO-11Approved Funding: \$ 20,656.50Total Project: \$ 4,981.50CSFS Account Number: 5308400-6693Amount of Payment: \$ 3,995.00'09 SUP HAZ FUELS Fr BOCircle one: 1st Payment 2nd Payment 4th Payment Final Payment

Approved by

(Program manager signature)

Date:

9/11/12

COPY

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

Project No. 5308400-BO-11
(For Official Use Only-
No. from original application)

Applicant name (please print): SUGARLOAF FPD

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$ 4,981.50	A Labor Cost= \$ 4,981.50
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$ 4,981.50
			Amount Originally Approved = \$ 20,656.50
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 3,995.00

¹ Any contracted services where payment was made for services.

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

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

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

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Marilyn Heagy

Date: 9/5/12

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

Mailing Address: 1360 SUGARLOAF RD

City: BOULDER

County: BOULDER State: CO Zip: 80302

Phone: _____

Practice certified by: BRYAN BAER (B B)
CSFS forester

Payment Approval: [Signature]
CSFS program manager

Amount: \$3,995.00 Date: 9/11/12

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

01/19/10

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

Project No. 5308400-B0-11

To be completed by CSFS forester:

PROGRAM:

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

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

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) - LOA Practice Number:

#1 Plan Acres = _____

#5 Acres = _____

#9 Acres treated = _____

#2 Acres tree planting = _____

#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____



Colorado State Forest Service Program Payment Request

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

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

Name: SUGARLOAF FPD

Address: 1360 SUGARLOAF RD.

BOULDER, CO 80302

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

Grant Number: 5308400-80-11

Approved Funding: \$ 20,656.50

Total Project: \$ 4,981.50

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 3,995.00

Circle one: 1st Payment 2nd Payment 4th Payment Final Payment

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308400-B0-11

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

Applicant name (please print): SUGARLOAF FPD

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$ 4,981.50	A Labor Cost= \$ 4,981.50
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$ 4,981.50
			Amount Originally Approved = \$ 20,656.50
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 3,995.00

¹ Any contracted services where payment was made for services.

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

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

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

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Marilyn Heibig

Date: 9/5/12

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

Mailing Address: 1360 SUGARLOAF RD

City: BOULDER

County: BOULDER State: CO Zip: 80302

Phone: _____

Practice certified by: BRYAN BAER (B B)
CSFS forester

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

Return this form, along with your completed Cost Documentation Form to your local Colorado State Forest Service District Office.
Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income.
Please consult your tax advisor.

01/19/10

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

Project No. 5308400-BO-11

To be completed by CSFS forester:

PROGRAM:

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

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

WUI D-space Accomplishment:

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

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____
Acres inspected and treated: _____
Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

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

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION**

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$20.25/hr. Separate expenses by component (activity). Attach receipts.

Doug Lee

Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
3/17	Doug Lee	tree cutting, slash, terracing	6	121.50
3/24	"	"	6	121.50
3/31	"	"	6	121.50
4/7	"	"	6	121.50
4/8	"	"	6	121.50
4/14	"	"	6	121.50
4/15	"	"	6	121.50
4/28	"	"	6	121.50
4/29	"	"	6	121.50
5/5	"	"	6	121.50
5/6	"	"	6	121.50
5/12	"	"	6	121.50
5/13	"	"	6	121.50
5/19	"	"	6	121.50
5/20	"	"	6	121.50
6/2	"	"	6	121.50
6/3	"	"	6	121.50
6/9	"	"	6	121.50
6/10	"	"	6	121.50
6/16	"	"	6	121.50
6/17	"	"	6	121.50
6/23	"	"	6	121.50
6/24	"	"	6	121.50
6/30	"	"	6	121.50
7/1	"	"	6	121.50
7/7	"	"	6	121.50
7/8	"	"	6	121.50
7/14	"	"	6	121.50
7/15	"	"	6	121.50
7/21	"	"	6	121.50

COPY



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.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	X

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

Name:

SUGARLOAF FPD

Address:

1360 SUGARLOAF RD.

BOULDER, CO 80302

Approved for Payment

C.S.F.S.

1856259

05-17-12

(K)

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

Grant Number: 5308400-80-11 ~

Cooperator Match: \$1,215.00

Approved Funding: \$20,656.50 ~

Total Project: \$3,565.00

CSFS Account Number: 5308400-6693

'09SUP HAZ FUELS Fr BO

Amount of Payment: \$2,350.00 ~

Circle one: 1st Payment 2nd Payment3rd Payment

Final Payment

Approved by

(Program manager signature)

Date:

5/14/12

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

Project No. 5308400-80-11
(For Official Use Only-
No. from original application)

Applicant name (please print): SUGARLOAF FPD

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$3,565.00		A Labor Cost= \$ 3,565.00
Operating Exp ³ (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$ 3,565.00
			Amount Originally Approved = \$ 20,656.50
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,350.00

¹ Any contracted services where payment was made for services.

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

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

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

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Marilyn Hartig

Date: 5/1/12

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

Mailing Address: 1360 SUGARLOAF RD

City: BOULDER

County: BOULDER State: CO Zip: 80302

Phone: _____

Practice certified by: B. R. (BRYAN BAER)

CSFS forester

Payment Approval: [Signature]

CSFS program manager

Amount: \$2,350.00 Date: 5/14/12

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

01/19/10

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

Project No. 5308400-80-11

To be completed by CSFS forester:

PROGRAM:

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

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

5.0 ACRES
HAZ. FUELS RED.

WUI D-space Accomplishment:

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

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____
Acres inspected and treated: _____
Acres thinned: _____

Accomplishment (Not included above) - LOA Practice Number:

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



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (a.k.a.: SFA)	<input type="checkbox"/>
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds	<input type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

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

Name: SUGARLOAF FPD

Address: 1360 SUGARLOAF RD.

BOULDER, CO 80302

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

Grant Number: 5308400-80-11 Cooperator Match: \$1,215.00

Approved Funding: \$20,656.50 Total Project: \$3,565.00

CSFS Account Number: 5308400-6693 Amount of Payment: \$2,350.00

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

Approved by _____ Date: _____
(Program manager signature)

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

Project No. 5308400-80-11
(For Official Use Only-
No. from original application)

Applicant name (please print): SUGARLOAF FPD

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$3,565.00		A Labor Cost= \$ 3,565.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$ 3,565.00
			Amount Originally Approved = \$ 20,656.50
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,350.00

¹ Any contracted services where payment was made for services.

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

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

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

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Marilyn Hartig

Date: 5/1/12

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

Mailing Address: 1360 SUGARLOAF RD

City: BOULDER

County: BOULDER State: CO Zip: 80302

Phone: _____

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

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

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.
Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income.
Please consult your tax advisor.

01/19/10

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

Project No. 5308400-80-11

To be completed by CSFS forester:

PROGRAM:

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

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

5.0 ACRES
HAZ. FUELS RED.

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

#1 Plan Acres = _____

#5 Acres = _____

#9 Acres treated = _____

#2 Acres tree planting = _____

#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____

Invoice

Attention:	Deborah Martin	Project Title:	349 Mt. King
Title:		Project Description:	Fire Mitigation
Company Name:		P.O. Number:	
Address:	349 Mountain King	Invoice Number:	1
City, State Zip Code:	Boulder, CO 80302	Term:	Net 10
Date:	4/6/12		

Description	Quantity	Unit Price	Cost
5 acres, Fire Mitigation, Sawyer	52	\$25.00	\$1,300.00
5 acres, Fire Mitigation, Swamper	41	\$15.00	\$615.00
1 acre, Chipping	11	\$150.00	\$1,650.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
		Subtotal	\$3,565.00
	Tax		\$0.00
Total			\$3,565.00

Thank you very much. We paid David Lasky directly.

Please make check payable to:

David Lasky

206 Shasta Trail

Hesperus, CO 81326



COPY

Colorado State Forest Service Program Payment Request

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

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>
04-13-11
kcName: Sugarloaf FPD (David Lasky)Address: 1360 Sugarloaf Rd.Boulder, CO 80302

Approved for Payment

C.S.F.S.

1260942

04-14-11

kc

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

Grant Number: 5308400-BO-11 ~Approved Funding: \$ ^{21,150.00} ~~20,200.00~~ ~Total Project: \$14,175.00CSFS Account Number: 5308400-6693 ~
109SUP HAZ FUELS Fr BOAmount of Payment: \$1,363.00 ~Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by

(Program manager signature)

Date:

4/12/11

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

Project No. 5308460-BO-11

(For Official Use Only-

No. from original application)

Applicant name (please print): SUGARLOAF FIRE PROTECTION DIST. (DAVID LASKY)

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$2,640.00		A Labor Cost= \$2,640.00
Operating Exp ³ , (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$2,640.00
			Amount Originally Approved = \$28,200.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$1,363.00

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

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: DR (DAVID LASKY) Date: 4-7-11

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

Mailing Address: 1360 Sugarloaf Rd. City: BoulderCounty: Boulder State: CO Zip: 80302 Phone: 303-588-3440Practice certified by: DR BRYAN BAER
CSFS foresterPayment Approval: DR Amount: \$1,363.00 Date: 4/12/11
CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.
Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income.
Please consult your tax advisor.

01/19/10

COPY

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

Project No. 5308400-80-11

To be completed by CSFS forester:

PROGRAM:

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

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

2.9 Acres
Haz. Fuels Red

WUI D-space Accomplishment:

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

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____
Acres inspected and treated: _____
Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

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



Colorado State Forest Service Program Payment Request

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

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

Name: Sugarloaf FPD (David Lasky)

Address: 1360 Sugarloaf Rd.
Boulder, CO 80302

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

Grant Number: 5308400-B0-11

Approved Funding: 21,150.00
~~\$28,200.00~~

Total Project: \$14,175.00

CSFS Account Number: 5308400-6693

Amount of Payment: \$1,363.00

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

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308460-BO-11
(For Official Use Only-
No. from original application)

Applicant name (please print): SUGARLOAF FIRE PROTECTION DIST. (DAVID LASKY)

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$2,640.00		A Labor Cost= \$2,640.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$2,640.00
			Amount Originally Approved = \$28,200.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$1,363.00

¹ Any contracted services where payment was made for services.

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

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

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

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: DR (DAVID LASKY) Date: 4-7-11

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

Mailing Address: 1360 Sugarloaf Rd. City: Boulder

County: Boulder State: CO Zip: 80302 Phone: 303-588-3440

Practice certified by: DR BRYAN BAER
CSFS forester

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

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**. Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income. Please consult your tax advisor.

01/19/10

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

Project No. 5308400-B0-11

To be completed by CSFS forester:

PROGRAM:

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

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

2.9 Acres
Haz. Fuels Red

WUI D-space Accomplishment:

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

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

Accomplishment (Not included above) – LOA Practice Number:

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

LumberJacks Logging & Firewood, LLC
5324 Highway 72
Black Hawk, CO 80422

Invoice

Invoice #: 00000176
Date: 12/15/10
Ship Via:
Page: 1

Bill To:

Marion Mckay
Mtn King Road
Boulder, CO 80302

Ship To:

Marion Mckay
42 Mtn King Road
Boulder, CO 80302

Description

Amount Tx

Tree Service dec 8 Jack Juan & Adrian
Tree Service dec 10 Jack Adrian and Al
Tree Service dec 14 Jack Adrian & Juan
for forest fire restoration

~~980.00~~
\$770.00
~~990.00~~

paid 1.25.11

Your Order #:
Shipping Date:

Terms: C.O.D.

Freight: \$0.00
Sales Tax: \$0.00
Total Amount: \$2,640.00
Fees: \$0.00
2,640.00

01-27-11

Hi, Allen.

This copy is for the
Boulder District Office
files.

Best regards,

Karen Carlin

(970) 491-3006



COPY

Colorado State Forest Service Program Payment Request

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

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/>
Name: Sugarloaf Fire Protection District (David Lasky)Address: 1360 Sugarloaf Road
Boulder, CO 80302
~Approved for Payment
C.S.F.S.

1145757

01-26-11
KC

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

Grant Number: 5308400-BO-11 ~Approved Funding: \$28,200.00 ~Total Project: \$11,535.00 ~CSFS Account Number: 5308400-6693
'09SUP HAZ FUELS FR BO ~Amount of Payment: \$5,170.00 ~Circle one: 1st Payment 2nd Payment 3rd Payment Final PaymentApproved by: [Signature]
(Program manager signature)Date: 4/21/11