



COPY

## 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/> 10-07-10 KC

Name: Glen Haven Association

Address: P.O. Box 34

Glen Haven, CO 80532  
~ ~

Approved for Payment

**C.S.F.S.**

1000156

10-08-10

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: 5308420-02-FC ~ Cooperator Match: \$ 3,985

Approved Funding: \$2000 ~ ~ Total Project: \$ 5,985 ~

CSFS Account Number: 5308420-6663 ~ Amount of Payment: \$2,000 ~ ~  
109SUP HAZ FUELS FR FC

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

Approved by [Signature]  
(Program manager signature)

Date: 10/5/10

COPY



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
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Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

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

Name: Glen Haven Association

Address: P.O. Box 34

Glen Haven, CO 80532

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: 5308420

Cooperator Match: \$ 3,985

Approved Funding: \$2000

Total Project: \$ 5,985

CSFS Account Number: 5308420 - 66693

Amount of Payment: \$2,000

Circle one: 1<sup>st</sup> Payment

2<sup>nd</sup> Payment

3<sup>rd</sup> Payment

Final Payment

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

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

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

Project No. 5308420-02  
(For Official Use Only-  
No. from original application)

Applicant name (please print): GLEN HAVEN Association

% ANTHONY FINK

	<b>Total Contracted Services<sup>1</sup></b>	<b>Total Landowner Services<sup>2</sup></b>	<b>Totals</b>
Labor Cost (Actual)	-	\$ 3847.50	A Labor Cost= 3847.50
Operating Exp <sup>3,*</sup> (Actual)	2137.50	-	B Oper. Exp.= 2137.50
Project Cost	2137.50	3847.50	C Total Project (A+B)= \$ 5985.00
			Amount Originally Approved = \$ 2,000
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2000.00

<sup>1</sup> Any contracted services where payment was made for services.

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

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

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

<sup>5</sup> 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: Anthony Fink

Date: 9-23-2010

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

Mailing Address: P.O. Box 34 - GHA

City: GLEN HAVEN

County: LARIMER State: COLO Zip: 80532

Phone: 970-586-6032

Practice certified by: 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. 5308420-02

*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 = 10      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 = \_\_\_\_\_



Form A-ES

**EMERGENCY SUPPLEMENTAL FUNDS  
LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION****PROJECT NUMBER:** 5308420-02

(For Official Use Only)

**NAME:** Glen Haven Association % ANTHONY FINK**MAILING ADDRESS:** P.O. BOX 297**City:** GLEN HAVEN **State:** COLO**Zip code:** 80532**TELEPHONE NO:** 970-586-6032**PROJECT ADDRESS/LEGAL DESCRIPTION:** GLEN HAVEN Association Homeowners**PRACTICES TO BE COMPLETED BY:** 03/31/2011

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
LOA 9- fire risk reduction	\$2000	\$2000
		Total: \$2000

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:** 4/7/2010

To be completed by CSFS forester:

**CSFS FIELD REVIEW SIGNATURE:** \_\_\_\_\_**DATE:** \_\_\_\_\_

(Additional USFWS guidelines addressed)

**PROGRAM:****ESF:****Funding Allocated:** \_\_\_\_\_ **AMOUNT:** \$ \_\_\_\_\_ **DATE:** \_\_\_\_\_

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.

01/19/10



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

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

  
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
4/19/10	TONY F	Limb & SLASH TRIMMING	3 <sup>0</sup>	
4/24/10	"	"	3 <sup>0</sup>	
5/5/10	"	"	5 <sup>0</sup>	
5/18/10	"	"	5 <sup>0</sup>	
5/19/10	"	"	4 <sup>0</sup>	
5/24/10	"	"	2 <sup>0</sup>	
5/25/10	"	"	3 <sup>0</sup>	
5/25/10	Barry Emmett	TREE Removal	3 <sup>0</sup>	
5/27/10	TONY F	"	2 <sup>0</sup>	
5/28/10	TONY & T.J. JACKSON	"	4 <sup>0</sup>	
6/1/10	TONY F	"	5 <sup>0</sup>	
6/1/10	HUGH MCT, STEVE GREEN	"	8 <sup>0</sup>	
6/7/10	TONY/HUGH/STEVE	"	6 <sup>0</sup>	
6/15/10	TONY-John Mck-Wiley A- Dick C/walt/STEVEJ (CHIPPING)		18 <sup>0</sup>	
6/15/10	TONY JACK walt Dick (CHIPPING)		24 <sup>0</sup>	
8-15-25	BETH SINNER Kale Sinner - Judy			
8/20/25		(SLASH TRIMMING)	30 <sup>0</sup>	
8/25	TONY F- John Mck -	" "	5 <sup>0</sup>	
9/2/10	TONY F	" "	2 <sup>0</sup>	
9/6/10	TONY F- Barry Emmett.	tree Removal - slash	6 <sup>0</sup>	
9/8/10	TONY F	SLASH TRIM	2 <sup>0</sup>	
9-15-10	TONY F/Dick C/Hugh MCT/STEVE G/TJ JAY/walt.	Chipping 2 1/2 each.	15 <sup>0</sup>	
9-22/10	TONY F/Dick C/STEVE G/DAVE J/John Mck	7 <sup>0</sup> EACH	35	
			190 HRS @ \$20.25	
				3847.50

9:30-12:30  
1-7 PM.





Adam's Tree Service  
P.O. Box 4420  
Estes Park, CO 80517



**ADAM'S TREE  
SERVICE**  
— Estes Park, Co —

## Invoice

**Bill To:**

Glen Haven Association  
c/o Tony Fink  
P.O. Box 297  
Glen Haven, CO 80532

Date	Invoice No.
09/27/10	1097

Item	Description	Amount
Chipping	9 hrs @ \$100 per hour	900.00
Dump Fee	9 yards @ \$12.50 per yard	112.50
Total		\$1,012.50

Per # 3595  
9/28/2010

## CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

Doc. Nbr. 885943

CSFS # 805 Rev. 02/04/05

Date: 7/23/10		Requested By: Diana Selby		Resale to:		CSFS Invoice #:	
Vendor: <u>Glen Haven Association</u> <u>P.O. Box 297</u> <u>Glen Haven, CO 80532</u> (PLEASE PROVIDE COMPLETE ADDRESS)				Ship To: <u>Fort Collins District</u>  (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)			
Reason for Vendor Selection: <input type="checkbox"/> Sole Source (attach completed Sole Source Justification Form) <input type="checkbox"/> Previous Supplier <input checked="" type="checkbox"/> Other						Terms: <b>ENCUMBERED</b> 07-26-10 (X)	
Shipping Instructions: <input type="checkbox"/> FOB Fort Collins, Colorado <input type="checkbox"/> FOB			Delivery Date:		Deliver to: Initials ___ Bldg ___ Room ___ Phone ___		
#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	5308420	lele93			Glen Haven Association will	\$2,000	
2	109 SUP HAZ FUELS FA FC				integrate fuels in mixed conifer		
3					on a minimum of 10 acres		
4					throughout the community.		
5							
6							
7					Project Number: 5308420-02-FC		
8							
9							
10							
SPECIAL INSTRUCTIONS: PLEASE ENCUMBER				Expenditure Approval: Authorized Signature: <u>Bydo Lebeda</u> Date: <u>7/26/10</u>			Subtotal: \$ <u>2,000</u> Discount: \$ _____ TOTAL: \$ <u>2,000</u>

100 200 300 400 500 600 700 800 900 1000

SubA

per 1000





EMERGENCY SUPPLEMENTAL FUNDS  
LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION

Form A-ES

PROJECT NUMBER: 5308420-02

(For Official Use Only)

NAME: Glen Haven Association % A.G. Fink

MAILING ADDRESS: P.O. Box 297

City: Glen Haven State: Colo

Zip code: 80532

TELEPHONE NO: 970-586-6032

COPY

PROJECT ADDRESS/LEGAL DESCRIPTION: Glen Haven Forest Reduction Project

Glen Haven Colo

PRACTICES TO BE COMPLETED BY: 03/31/2011

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
LOA 9- fire risk reduction	\$2000	\$2000
		Total: \$2000

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: 4/4/2010

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

(Additional USFWS guidelines addressed)

PROGRAM:

ESF:

Funding Allocated: [Signature]

AMOUNT: \$2000

DATE: 7/26/10

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.