

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

mailed to Scott Woods
on 6/15/15

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

1. Project/Account #: 5379590-1-3	2. Total Award Amount: \$5,600
3. Project Name: Fire Mitigation on Outlots A, C & F	4. Reimbursement Amount to Date: 0
5. Make Payment To: Name: The Uplands at Fish Creek Attn: Grant Reimbursement Address: 2000 Uplands Circle Estes Park, CO 80517	6. Period of Performance (Project Period): From: April 2014 To: May 2015

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

Wildfire mitigation, including tree removal, pruning/limbing, thinning and chipping/removal of slash has been completed on Uplands out lots A (4.209 acres), C (3.691 acres) & F (3.519 acres). Due to the aging population of the neighborhood and the desire to ensure CSFS mitigation guidelines were met, a professional fire mitigation company was hired to conduct all of the work.

Total: 11.5 acres DC

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

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
\$5,600	\$11,100 (5)		\$11,100 (5)	\$5,550	50/50

* Use results from Exhibit B Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B1 and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

5,550

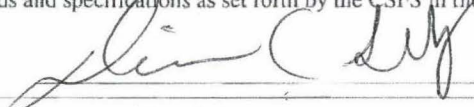
Reimbursement Request: I request reimbursement in the amount of \$ 5,550 for the work completed and documented above.

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

Grant Recipient Signature:  Date: 5-21-15

10. Certification:

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

District Forester Signature:  Date: 6/15/15

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

Program Manager Signature: _____ Date: _____



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: The Uplands at Fish Creek

Address: 2000 Uplands Circle
Estes Park, CO 80517

Attn: Grant Reimbursement

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

Grant Number: 5379590-1-3 Non-Federal Match: \$ 5,550

Approved Funding: \$ 5,600 Total Project: \$ 11,100

CSFS Account Number: 5379590-6693 Amount of Payment: \$ 5,550

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

Program Manager Signature _____ Date: _____

Program Manager Name _____

**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 (\$)
4/28/2014	BD Timber	Thinning along side Fish Creek in out lot C	20	1500.00
1/10/2015	BD Timber	Completed fire mitigation on out lot C	40	3000.00
2/26/2015	BD Timber	Fire mitigation on Out lot A and F	60	6600.00

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



Grant Recipient Signature

5-21-2015
Date



District Forester Signature

6/15/15
Date

BD Timber Inc.

2404 Aral Dr
Longmont, CO
80504

Invoice

Date	Invoice #
04/28/2014	WEB000023

Bill To

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	Thinning along side Fish Creek in Out lot C.	1500.00	1500.00
		Total	\$1500.00

BD Timber Inc.

2404 Aral Dr
CO 80504

Invoice

Date	Invoice #
1/10/2015	24

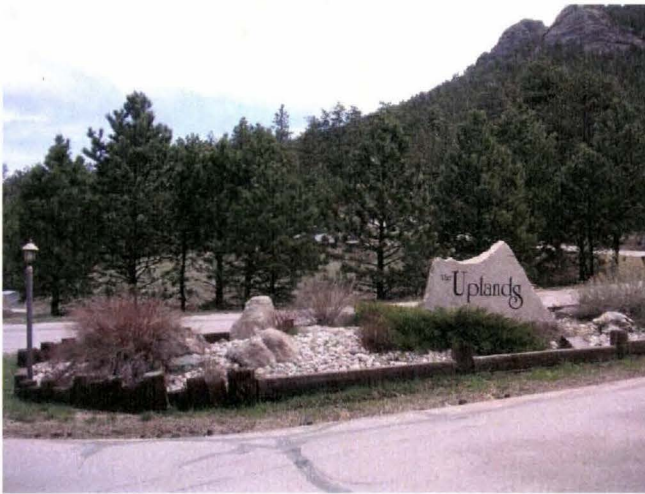
Bill To
2198 Govenors Ln Estes Park, CO 80517

PAID
12-31-2014

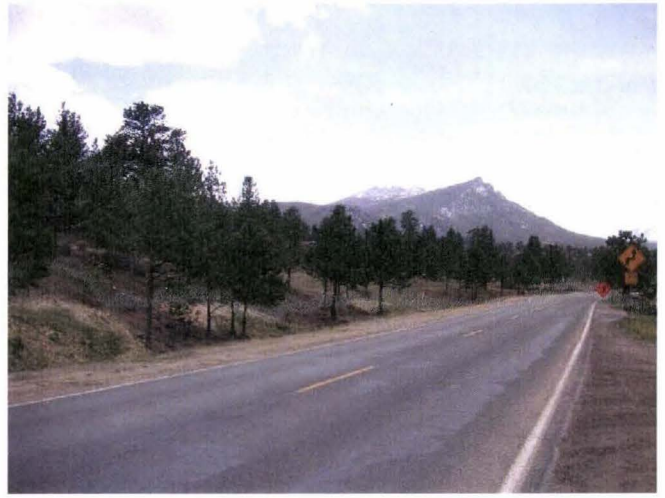
P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
16	Completed fire mitigation on Out Lot C 2014	75.00	1,200.00
16	Skid Steer with Grapple for extraction of trees	75.00	1,200.00
8	Chipping of slash	75.00	600.00
	Thank you for your Business		
		Total	\$3,000.00

Before



After



Before



After



Financial Assistance Program

Cooperative Match Project

To be conducted by:

Uplands at Fish Creek Home Owners Association

Project Number:	5379590-1-3
Estimated Project Cost:	\$11,200
Funding provided by CSFS:	\$5,600
Minimum Recipient Match:	\$5,600
Project to be completed by:	September 1, 2015

Based on the strength of the application submitted by The Uplands at Fish Creek Home Owners Association, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$5,600 to accomplish the project described in the attached scope of work.

As the cooperator, The Uplands at Fish Creek Home Owners Association, 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 September 1, 2015. 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: 

Date:

9/3/2013

Mailing Address:

on Behalf of the Uplands at Fish Creek
1805 Bradley Lane
Estes Park, CO 80517

Telephone Number: 970-586-3686

Email Address:

dee.marc.robinson@gmail.com

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5379590-1-3

Cooperator: The Uplands at Fish Creek Home Owners Association

Work to be completed:

As described in the "Scope of Work" from the 2013 State Fire Assistance Grant Application.

1. Type of Treatment – Thinning, pruning, slash treatment on Outlots A, C & F

Milestone dates: Completion by September 1, 2015

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment.

Project Period: September 2013 – September 1, 2015

Funded Amount: \$5,600

Minimum cooperator match: \$5,600

Deliverables: treatment of 11.5 acres

Project Types: fuels reduction

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Attachment B to the project entitled "Attachment B, Grant Report/ Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

