



**LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT**

Project No. 536630-05  
(For Official Use Only-  
No. from original application)

Applicant name (please print): Richard Lund

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost	<u>51600</u>	<u>\$ 1214.72</u> <u>104hr @ 11.68</u>	A Labor Cost= <u>2814.72</u>
Operating Exp <sup>3,*</sup>			B Oper. Exp.=
Revenue Generated (from sale of wood products only) <sup>4,*</sup>			C Revenue=
Project Cost			D Total Project (A+B-C)= <u>2814.72</u>
			Amount Originally Approved = <u>\$ 1500.00</u>
How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>0</u>			Amount to be Reimbursed <sup>5</sup> (5XD) <u>\$ 1500.00</u>

- <sup>1</sup> Any contracted services where payment was made for services.
- <sup>2</sup> Use up to \$ 11.68/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> Any revenue generated from the sale of wood products is deducted from total project cost.
- <sup>5</sup> Reimbursement amount cannot exceed amount approved. No partial payments.
- \* Attach receipts, Cost Documentation Form (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Richard Lund Date: 12-29-05  
 Mailing Address: 13341 Rist Canyon Rd City: Bellvue  
 County: Larimer State: CO Zip: 80512 Phone: 419-0397  
 Practice certified by: Michael M. Anglin  
CSFS Service Representative

Payment Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
CSFS

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**. Landowner Assistance Program funds may be reportable as taxable income. Please consult your tax advisor.

LANDOWNER ASSISTANCE PROGRAMS  
ACCOMPLISHMENT REPORT (page 2)

Project No. 536630-05

To be completed by CSFS:

**PROGRAM:**  
WUI Incentives D-space: \_\_\_\_\_  
FLEP: X  
I & D Prevention and Suppression – Bark Beetle: \_\_\_\_\_

**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: \_\_\_\_\_

**FLEP Accomplishment:**

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







Fire Ready of Fort Collins  
5201 Greenview Drive  
Fort Collins, CO 80525

Telephone: 970-481-0814  
Email: fortcollins@fireready.com

### Quotation for Work

Consultant: Tony Date: 12-22-05

<b>Client Information</b>		How did Client hear of Fire Ready?
Name <u>Richard Lund</u>	Property Address <u>Risk Canyon slash pile</u>	Telephone <u>419-0397</u>
Deposit Amount/Check Number <u>fax # 224 6050</u>	Mailing Address	Scheduling Date(s) <u>12/27 + 12/28</u>
Work to be Performed <u>chip community slash pile. start on E side of pile. chip into piles E and S of slash pile.</u> <u>Limit chipping to 2 days</u>		

Rate  Fixed

Climbing Fees

2 days @ \$1800 a day

pit

**Total Price:**  
1600

- Stipulations**
- While mitigation work increases the chances of your home surviving a wildfire, it is no guarantee. This work is known to the Client as "preventative measures." Fire Ready assumes no responsibility for losses associated with wildfire.
  - Should Fire Ready be unable to complete the job due to conditions beyond our control, to include acts of God, Client agrees to pay mobilization costs and all work performed to time of work stoppage.
  - Payment is due upon completion of job. Late charges are 18% per annum.
  - Client is responsible for marking property boundaries, septic systems, and any other special areas of concern.
  - Client is responsible for any permits or authorizations for work if required (with Homeowner's Associations, etc).
  - Fire Ready is insured. Please contact our office for certificates of insurance.
  - This quote is good for ninety (90) days. Please let us know as soon as possible if you want this work done.
  - Each Branch Office is independently owned and operated.
  - Client holds harmless Fire Ready of Fort Collins and Fire Ready, Inc. from all bodily injuries and property loss once Fire Ready leaves jobsite.

Client Signature [Signature] Printed Name \_\_\_\_\_ Date \_\_\_\_\_

<b>For Fire Ready office use only</b> Detailed Directions   Meeting Time _____ Place _____ Special Equipment/Notes	<b>Service Dates</b> _____ _____ <u>Reasons</u> <input type="checkbox"/> Added Charges _____ <input type="checkbox"/> Discounts _____ <input type="checkbox"/> _____ Total Price _____ Less Deposit _____ Total Invoice _____	<b>Future Work</b> <input type="checkbox"/> Spraying When _____ Quantity _____  <input type="checkbox"/> More Mitigation Needed <input type="checkbox"/> Crew Days _____ <input type="checkbox"/> Off-schedule <input type="checkbox"/> Maintenance
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COLORADO'S  
**FLEP** FOREST LAND  
 ENHANCEMENT PROGRAM  
 APPLICATION FOR COST-SHARE

PROJECT NUMBER: \_\_\_\_\_  
 (For Official Use Only)

NAME: Lund Richard  
 MAILING ADDRESS: 13341 Rist Canyon Rd  
 City: Bellvue State: CO  
 Zipcode: 80512  
 TELEPHONE NO: 970-419-0397

PROJECT ADDRESS/LEGAL DESCRIPTION: \_\_\_\_\_

PRACTICES TO BE COMPLETED BY: 12/31/05

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount	C/S Amount Requested	C/S Amount Approved
<u>FLEP 444-3 slash Disposal Chipping</u>			<u>\$1,500</u>	<u>\$1,500</u>	

Total 1500

Request for cost-share assistance under this program is to meet the objective stated in the management plan. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. **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. There are no partial payments.

LANDOWNER SIGNATURE: [Signature] DATE: 6-9-05

CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (Additional USFWS guidelines addressed)

C/S APPROVED: [Signature] AMOUNT: \$ 1500 DATE: 8/22/05

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.