

# Colorado State Forest Service

## Emergency Supplemental

### 2010 Grant Application

DISTRICT'S: Please Complete	
District Submitting Project:	
Forester Submitting Project:	
District Priority Number:	
Date Submitted:	
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	JOHN HOFFMANN
Contact Person:	SAME
Address:	4136 NEVIS STREET
City/Zip Code:	BOULDER, CO. 80301
Phone (Work/Cell):	303-815-9189
Email:	johnhoffmann@starplay.com
Fax:	

Community At Risk Information			
Name of Project:	HOFFMANN PROPERTY, 1462 COUNTY ROAD 83, BOULDER, CO		
Community Name(s):	SUNSHINE		
County:	BOULDER	Congressional District:	T1N, R71W, Sec 8
Latitude (decimal degrees):	40.07 N	Longitude (decimal degrees):	105.361 W
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	1
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.	
<b>Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment</b>	
Dollar Amount Requested	
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)	

### 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

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

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

### 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

### 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	<b>Project Category (check all that apply and answer related questions)</b>			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated: 20		Estimated cost per acre:	
	<b>Project Type (check all that apply)</b>			
	Defensible Space <input type="checkbox"/>		Thinning w/o Product <input type="checkbox"/>	
	Fuelbreak <input type="checkbox"/>		Mastication <input type="checkbox"/>	
Thinning w/ Product <input type="checkbox"/>		Other <input type="checkbox"/>		

Total Project Expense (Pass Through)		
<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
7	Contractual Services:	\$ 0
	<b>TOTAL:</b>	<b>\$ 0</b>

Grant funding may only be used for Contractual Service.

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

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

*Attach Project Map Showing Specific Treatment Areas*

# Colorado State Forest Service

## Emergency Supplemental

### 2010 Grant Application

DISTRICT'S: Please Complete	
District Submitting Project:	<b>Boulder</b>
Forester Submitting Project:	<b>Bryan Baer</b>
District Priority Number:	
Date Submitted:	<b>10/7/2010</b>
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
<b>Applicant:</b>	John Hoffmann
<b>Contact Person:</b>	
<b>Address:</b>	4136 Nevis Street
<b>City/Zip Code:</b>	Boulder, CO 80301
<b>Phone (Work/Cell):</b>	303-815-9189
<b>Email:</b>	<a href="mailto:johnhoffmann@starplay.com">johnhoffmann@starplay.com</a>
<b>Fax:</b>	

Community At Risk Information			
<b>Name of Project:</b>	Hoffmann; 1462 CR 83		
<b>Community Name(s):</b>	Sunshine Canyon		
<b>County:</b>	Boulder	<b>Congressional District:</b>	
<b>Latitude (decimal degrees):</b>	40.07 N	<b>Longitude (decimal degrees):</b>	105.361 W
Threat Description (check all that apply)			
<b>Homes:</b>	<input checked="" type="checkbox"/>	Number of:	1
<b>Businesses:</b>	<input type="checkbox"/>	Number of:	
<b>Watersheds:</b>	<input type="checkbox"/>	Number of:	
<b>Infrastructure:</b>	<input type="checkbox"/>	<b>Estimated value of:</b>	
<b>Economic Viability:</b>	<input type="checkbox"/>	<b>Estimated value of:</b>	
<b>Historic Structures:</b>	<input type="checkbox"/>	<b>Number of:</b>	
<b>Other (Describe):</b>			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
<b>Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment</b>	
<b>Dollar Amount Requested</b>	\$9,400.00
<b>Will this Project be conducted as a Pass-Through Grant?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)</b>	
<p>The Hoffmann property has recently had fire activity (Four Mile Canyon Fire). There are varying degrees in which the fire has burned (low, moderate, and high/severe intensity). The property is approximately 35 acres. There is a good component of Ponderosa Pine present, with a smaller amount of Douglas Fir. Slopes range from moderate to fairly steep. Steeper slopes are predominantly located near the drainage, which broadly runs north and south, relatively through the center of the property. The project area is located throughout the entire eastern portion of the property, and continues briefly west of the drainage. Best access is from CR 83.</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 that remain on the property in the wake of the Four Mile Canyon Fire. Areas where the fire intensity has been high will be mitigated in a way in which many trees will be contour-felled in order to reduce erosion potential. Also, there will be many wildlife trees retained, as these areas will provide for many wildlife benefits with the rapid establishment of grasses. Areas where the fire intensity has been low or moderate will be thinned to reduce future crown-fire hazards and increase tree spacing. All cutting treatments will be done in a way to optimize forest health. Slash will either be hauled off, chipped (new depth not to exceed 4"), or piled appropriately for burning (when weather conditions permit). Tree boles that are not left for erosion control purposes will be collected for possible financial revenue, or made into firewood.

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

Landowner will continually monitor the landscape for invasive species as new growth becomes established. Landowner will prune trees as they become established, and remove suppressed vegetation to reduce overcrowding.

**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 chosen contractor is available, and will continue through completion, targeted 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 None.

### 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	<b>Project Category (check all that apply and answer related questions)</b>			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	20.0	Estimated cost per acre:	\$1,500.00
	<b>Project Type (check all that apply)</b>			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	

Total Project Expense (Pass Through)		
<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
7	Contractual Services:	\$9,400.00
		\$ 9,400.00
	<b>TOTAL:</b>	<b>\$ 9,400.00</b>

Grant funding may only be used for Contractual Service.

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

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

*Attach Project Map Showing Specific Treatment Areas*



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)	<input checked="" type="checkbox"/>

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

Name: JOHN HOFFMANN

Address: PO Box 1751

BOULDER, CO 80306

~

~

Approved for Payment

C.S.F.S.

1807301

04-17-12

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: 5308400-80-10 ~

Approved Funding: \$9,400.00 ~

Total Project: \$8,000.00 ~

CSFS Account Number: 5308400-6693

'09SUP HAZ Fuels Fr Bo

Amount of Payment: \$1,880.00 ~

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: 4/13/12

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

Project No. 5308400-Bo-10  
(For Official Use Only-  
No. from original application)

Applicant name (please print): JOHN HOFFMANN

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)	\$8,000.00		A Labor Cost= \$8,000.00
Operating Exp <sup>3,4</sup> (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B)= \$8,000.00
			Amount Originally Approved = \$9,400.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$1,880.00

- <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: [Signature] Date: 1/26/12

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

Mailing Address: PO Box 1751 City: BOULDER

County: BOULDER State: CO Zip: 80306 Phone: \_\_\_\_\_

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

Payment Approval: [Signature] Amount: \$1,880.00 Date: 7/13/12  
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.

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

Project No. 5308400-BO-10

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

4.0 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 = _____		





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

Project No. 5308400-BO-10  
(For Official Use Only-  
No. from original application)

Applicant name (please print): JOHN HOFFMANN

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)	\$ 8,000.00		A Labor Cost= \$ 8,000.00
Operating Exp <sup>3,4</sup> (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B)= \$ 8,000.00
			Amount Originally Approved = \$ 9,400.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 1,880.00

<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: [Signature]

Date: 1/20/12

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

Mailing Address: PO Box 1751

City: BOULDER

County: BOULDER State: CO Zip: 80306

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.

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

Project No. 5308400-BO-10

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

4.0 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 = _____ |                          |                                  |

Foden and Rockwell, Tree Specialists

Invoice For John Hoffman, Property Owner  
Address: 1462 County Road 83, Sunshine Canyon, Boulder, CO 80302  
Job Description: Post-Burn Overhaul on 20 Acres  
Job Dates: 5/8/11-6/10/11, 11/4/11-1/30/12

- At 80% Completion (16 Acres):
- Tree Felling: \$5,000
  - Slash Hauling: \$8,000
  - Log Contouring and General clean-up: \$2,000
  - Gas, Oil, Bar and Chain, other expenses: \$1,000

Total (at 80%): \$16,000

- At Completion (20 Acres):
- Tree Felling: \$5,000
  - Slash Hauling: \$8,000
  - Log Contouring and General clean-up: \$2,000
  - Gas, Oil, Bar and Chain, other expenses: \$1,000
  - Chipping: \$3,200
  - Log stacking/bucking: \$750
  - Slash burning: \$2,000
  - Final Clean-up: \$2,000

Total: \$24,000

$$\begin{array}{r} \$24,000 \\ -\$16,000 \\ \hline \$8,000.00 \end{array} = \text{New Costs}$$

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**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/> 06-28-11  
ke

Name: JOHN HOFFMANN

Address: PO Box 1751

BOULDER, CO 80306

**Approved for Payment  
C.S.F.S.**

1385980

06-28-11

ke

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: 5308400-80-10

Approved Funding: \$9,400.00

Total Project: \$16,000.00

CSFS Account Number: 5308400-6693

Amount of Payment: \$7,520.00

109SUP HAZ FUELS FR 80

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: 6/23/11

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

Project No. 5308400-80-10 ✓  
(For Official Use Only-  
No. from original application)

Applicant name (please print): JOHN HOFFMANN

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)	\$16,000.00	/	A Labor Cost= \$16,000.00
Operating Exp <sup>3</sup> (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B) = \$16,000.00
			Amount Originally Approved = \$9,400.00 ✓
			Amount to be Reimbursed not to exceed \$470 Per Acre \$7,520.00

<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: [Signature] Date: 6/3/11

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

Mailing Address: P.O. Box 1751 City: BOULDER

County: BOULDER State: CO Zip: 80306 Phone: 303-443-4771

Practice certified by: Bryan Baer (B B)  
CSFS forester

Payment Approval: [Signature] Amount: \$7,520.00 Date: 6/22/11  
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.

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