

[4-16-2010]

BOB KENNEDY

303-394-7155 (office)

rkennedy@kmb-lbc.com

303-247-9918 (House on Reed Ranch Rd.)

- Approx. 17 Acres total
- Good D-space around home
- BMFPD → other grants/projects?
- Looking @ Area N-NE-E of home
 - Down slope from home → ~20-30%
- Area NW of home last priority
 - Steep draw : cliff-like
- He's willing to limb ladder fuels
 - may be able to get someone to drag slash/pile slash (kid)
- Other grants more appropriate?
- Avg. contractor cost/acre?

~~Bob Kennedy~~

BOB KENNEDY (ESF)

- 36. South

- Right @ Lehill

- @ 4 mile marker → Reed Ranch Rd
(Right)

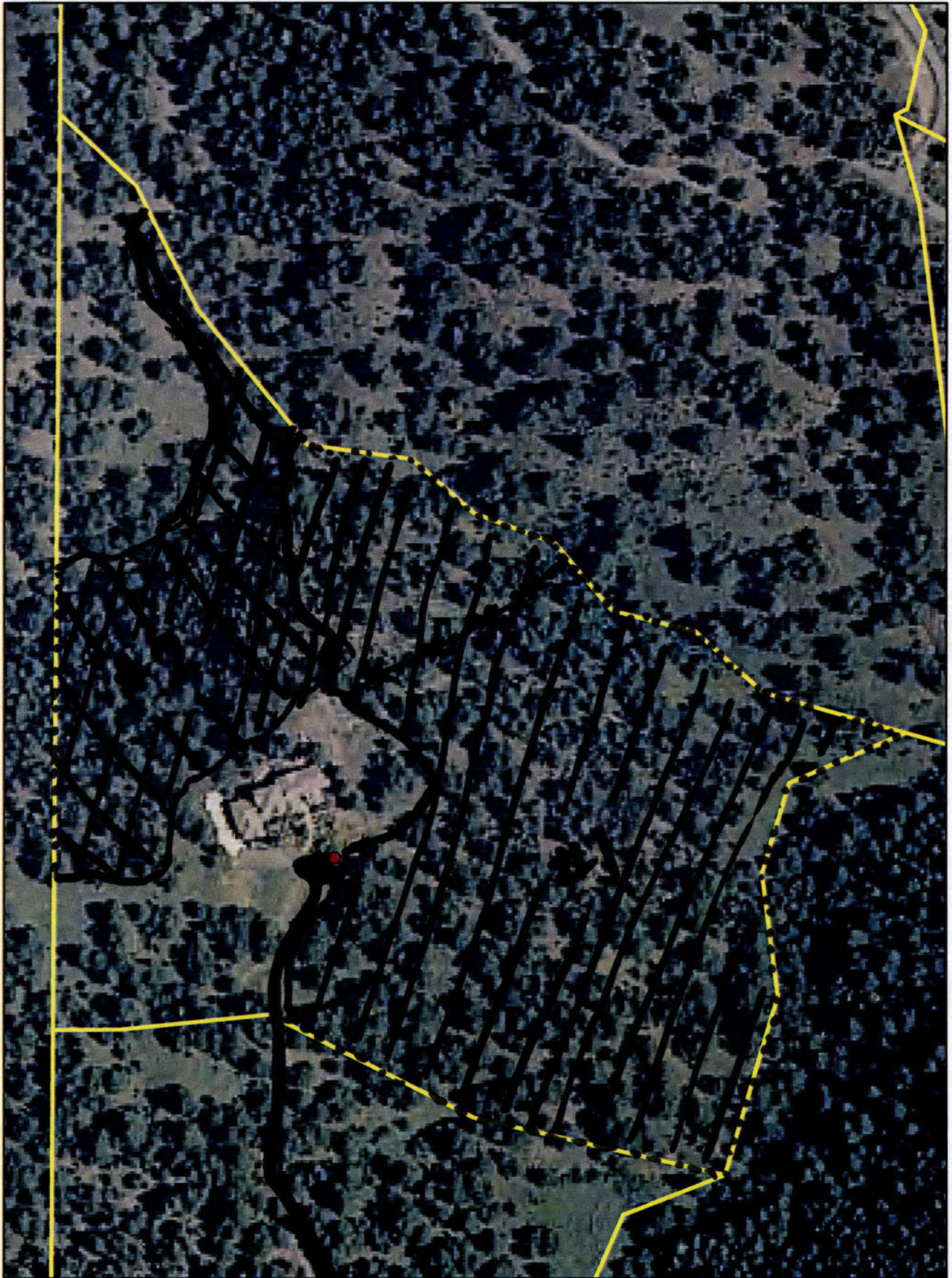
→ 925 Reed Ranch Rd

#5544

- 1 mile → Kennedy Residence

303-247-9918

Kennedy Residence



0 100 200 400 600 800 Feet

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:	6 of 6
Date Submitted:	8/20/2010
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Bob Kennedy
Contact Person:	Bob Kennedy
Address:	925 Reed Ranch Road
City/Zip Code:	Boulder, CO
Phone (Work/Cell):	303-247-9918 (Home) / 303-394-7155 (Office)
Email:	rkennedy@kmb-llc.com
Fax:	303-394-7153

Community At Risk Information			
Name of Project:	Kennedy Residence		
Community Name(s):	Meadow Glen		
County:	Boulder	Congressional District:	T2N,R71W, Sec 35
Latitude (decimal degrees):	105.319 W	Longitude (decimal degrees):	40.098 N
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/> x	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.	
Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	\$1,410.00
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)

This project will be done to mitigate the hazardous fuels that are currently present on the Kennedy property. The project area is located a few miles west-northwest of the city of Boulder. The general area has seen recent fire activity in the past, with a high likelihood of random occurrences to continue in the future. The project area is composed of predominantly Ponderosa Pine and Douglas Fir, with a mix of grasses, juniper, and mountain mahogany in the understory. The Kennedy Residence is located on the upslope side of the intended project area, and has previously been mitigated to comply with defensible spacing standards. A reduction in ladder fuels and encroaching vegetation, as well as increased spacing between residual trees, will be done to decrease the risk of wildfire through a shaded fuel break on the eastern side of the Kennedy property. Trees that show signs of poor health will also be designated for removal. In turn, the project will decrease the current risks of wildfire and improve access for fire response, as well as create a healthy forest setting for future forest management.

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 This project will be done throughout the next four years, with an emphasis on finishing sooner. Grant funding will be applied to all aspects of the project. Activities that will be conducted are as follows: project layout (boundary/ tree marking), tree felling, tree limbing and bucking, slash disposal (combination of chipping, pile building, and removal), removal of round wood or piling for firewood, and residual tree pruning. Project work will be completed to fulfill CSFS standards through a combination of in-kind labor hours and contracted work. In-kind labor will include, but is not limited to, pruning, small diameter tree removal, limbing, and slash disposal. Contracted work will include, but is not limited to, large tree felling, slash disposal, and hauling.

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

Continued maintenance will occur throughout the term of the grant and after. Continued maintenance will include removal of undesired tree re-growth, as well as other undesired vegetation species, continued pruning of residual trees, pest weed detection and management as necessary, and

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

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

Provide a timeline for the project

This project is going to take place over the next four years, with an emphasis to finish sooner. Two acres are projected to be completed annually. Project layout will be completed across the entire project area within a few weeks of project approval. All work will be completed by the summer of 2014 in order to be eligible for the entire grant funding set aside for this project. Inspections will be done as the work is completed.

Interagency Collaboration

5	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.).	
	All work to be completed will be done so through a mix of in-kind labor (Landowner and neighboring landowners), as well as contracting project work through the local Fire Protection District mitigation crew. CSFS will provide the scientific expertise, conduct project layout, and approval of project work.	
	Community Wildfire Protection Plan (CWPP)	
	Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) X yes <input type="checkbox"/> no	
	Is this project part of the plan? (check one) X yes <input type="checkbox"/> no	

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction X Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	3.0	Estimated cost per acre:	\$1500.00
	Project Type (check all that apply)			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	X
	Fuelbreak	X	Mastication	<input type="checkbox"/>
	Thinning w/ Product	X	Other	<input type="checkbox"/>

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:	\$3,525.00	\$ 7,725.00
	TOTAL:	\$3,525.00	\$ 11,250.00

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

Kennedy Proposal



Kennedy_7.5acres



Kennedy_Proposal

0 100 200 400 600 Feet

Created By: Bryan Baer
CSFS BO Dist, August, 2010





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-80-06
(For Official Use Only)

NAME: ROBERT N. KENNEDY
MAILING ADDRESS: 950 SO CHERRY ST. SUITE 1222
City: DENVER State: CO
Zip code: 80246
TELEPHONE NO: 303-394-7155

PROJECT ADDRESS/LEGAL DESCRIPTION: T 2N, R 71W, Section 35

PRACTICES TO BE COMPLETED BY: 9-30-2014
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: 6.16.10
To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature] DATE: 9/19/2012
(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: [Signature] AMOUNT: \$1,410.00 DATE: 8-20-10
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

COPY

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: ROBERT N. KENNEDY

Address: 950 S. CHERRY ST. # 1222

DENVER, CO 80246

Approved for Payment

C.S.F.S.

2100778

10-15-12

(X)

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-06 ~

Approved Funding: \$ 1,410.00 ~

Total Project: \$ 2,317.54 ~

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 1,410.00 ~

'09 Sup Haz Fuels Fr BO'

Circle one: 1st Payment 2nd Payment

3rd Payment

Final Payment

Approved by

(Program manager signature)

Date:

10/4/12

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

Project No. 5308400-30-06 -
(For Official Use Only-
No. from original application)

Applicant name (please print): ROBERT N KENNEDY -

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$ 2,317.54		A Labor Cost= \$ 2,317.54
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$ 2,317.54
			Amount Originally Approved = \$ 1,410.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 1,410.00

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: [Signature]

Date: 9.19.2012

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

Mailing Address: 950 So Cherry St. #1222

City: Denver

County: Denver State: CO Zip: 80246

Phone: (303) 384-7155

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

Payment Approval: [Signature]
CSFS program manager

Amount: \$1,410.00 Date: 10/4/12

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.

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

Project No. 5308400-BO-06

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): _____

3.0 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

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Amount of Payment: \$ 1,410.00

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

Approved by _____
(Program manager signature)

Date: _____

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LANDOWNER ASSISTANCE PROGRAMS
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Phone: (303) 394-7155

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CSFS forester

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CSFS program manager

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01/19/10

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LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

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Accomplishment (Not included above) – LOA Practice Number:

- | | | |
|-------------------------------------|--------------------------|----------------------------------|
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| #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 = _____ | | |



BMFPD Operations and Mit Services

1905 Linden Dr
Boulder, CO 80304-0426

Invoice

Date	Invoice #
5/27/2011	2011-73

Bill To
Bob Kennedy 925 Reed Ranch Rd Boulder, CO 80302

Terms	Due Date
	5/27/2011

Service Date	Quantity	Description	Rate	Amount
5/26/2011	6	Defensible Space Treatment including cutting, low-limbing, piling, and/or hauling. Hours are per crew member.	63.00	378.00
5/31/2011	13	Defensible Space Treatment including cutting, low-limbing, piling, and/or hauling. Hours are per crew member.	63.00	819.00
5/26/2011	5	Chipping and Winch Services. Rate per hour includes 2 crew members. Additional fee for more crew members	115.00	575.00

Total	\$1,772.00
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The amount billed is due and payable within 30 days of the invoice date.
Any balance remaining unpaid after 30 days will be assessed interest at the
rate of 1% of the unpaid balance per month.

Please make checks payable to Boulder Mountain Fire Protection District.

JAKE SCHNORR

2614 Denver Avenue

Longmont, CO 80503

303-589-6504

July 5, 2010

Mr. Robert Kennedy

Kennedy Michener Benefits

950 South Cherry, Suite 1222

Denver, CO 80246

STATEMENT, JUNE FIRE MITIGATION

Labor for fire mitigation:

12 hours @ \$10/hour

\$120

LIBBY SCHNORR

2614 Denver Avenue

Longmont, CO 80503

303-589-6504

April 3, 2011

Mr. Robert Kennedy

Kennedy Michener Benefits

950 South Cherry, Suite 1222

Denver, CO 80246

STATEMENT: FIRE MITIGATION, MARCH

Labor to cut down trees for fire mitigation:

10.5 hours @ \$30/hour

\$315

LIBBY SCHNORR
6320 Meagher Lane
Missoula, MT
303-589-6504

December 20, 2011

Mr. Robert Kennedy
Kennedy Michener Benefits
950 South Cherry, Suite 1222
Denver, CO 80246

STATEMENT: FIRE MITIGATION, DECEMBER

Labor to cut down trees for fire mitigation:

3 hours @ \$30/hour \$ 90.00

Materials: files and guide. 20.54

TOTAL \$110.54