

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:	
Date Submitted:	7/10/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Christopher Turf
Contact Person:	Same
Address:	778 Rowell Drive
City/Zip Code:	Lyons, CO 80540
Phone (Work/Cell):	303-241-2263
Email:	cturf13@q.com
Fax:	

Community At Risk Information			
Name of Project:	Turf Property		
Community Name(s):	Spring Gulch		
County:	Boulder	Congressional District:	
Latitude (decimal degrees):		Longitude (decimal degrees):	
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	\$2,350.00
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)	
<p>The project area is located in the Spring Gulch community, just west of the Town of Lyons. Access to the project area is through the main drive, off of Rowell Drive. Slope in the project area is generally moderate, with very few areas exceeding 30%. Vegetation types consist of predominately ponderosa pine, with a mix of douglas fir. Understory composition is primarily random clumps of juniper, with a variety of native grasses shrubs throughout. There is one home on the property.</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

Project funding will be used to execute fuels reduction throughout the project area, with a strong emphasis on improving forest health. Overstory tree density will be reduced to increase the overall crown spacing of the residual trees. Removal of suppressed, ladder fuels/vegetation will also be of a high priority throughout the project area. Bole-wood material will limbed and cut to manageable lengths, whether hauled off site or stacked appropriately for future firewood consumption. Slash will either be piled appropriately for burning, chipped (with new chip depth not to exceed 4"), lopped and scattered (new slash depth not to exceed 18"), or some combination of the three, granted that all slash gets dealt with. All remaining, uncut trees will be limbed to a minimum of six feet from the ground, or up to 25%, whichever is of the lesser. All stumps heights will be below 4" at the uphill side on average.

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

Landowner will continually monitor project area for undesirable encroaching vegetation, and remove upon detection. Also, landowner will monitor for desirable vegetation re-growth, and limb accordingly, as to reduce potential ladder fuels.

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 work will begin as soon as project layout/setup is complete, and will continue through completion, which is targeted for Spring of 2012.

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

CWPP is not completed to date, but recognizes this area as a priority area

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	5.0	Estimated cost per acre:	\$1,500.00
	Project Type (check all that apply)			
	Defensible Space	<input checked="" type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	<input type="checkbox"/>	Other	<input type="checkbox"/>	

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 2,350.00
	TOTAL:	\$2,350.00	\$ 2,350.00

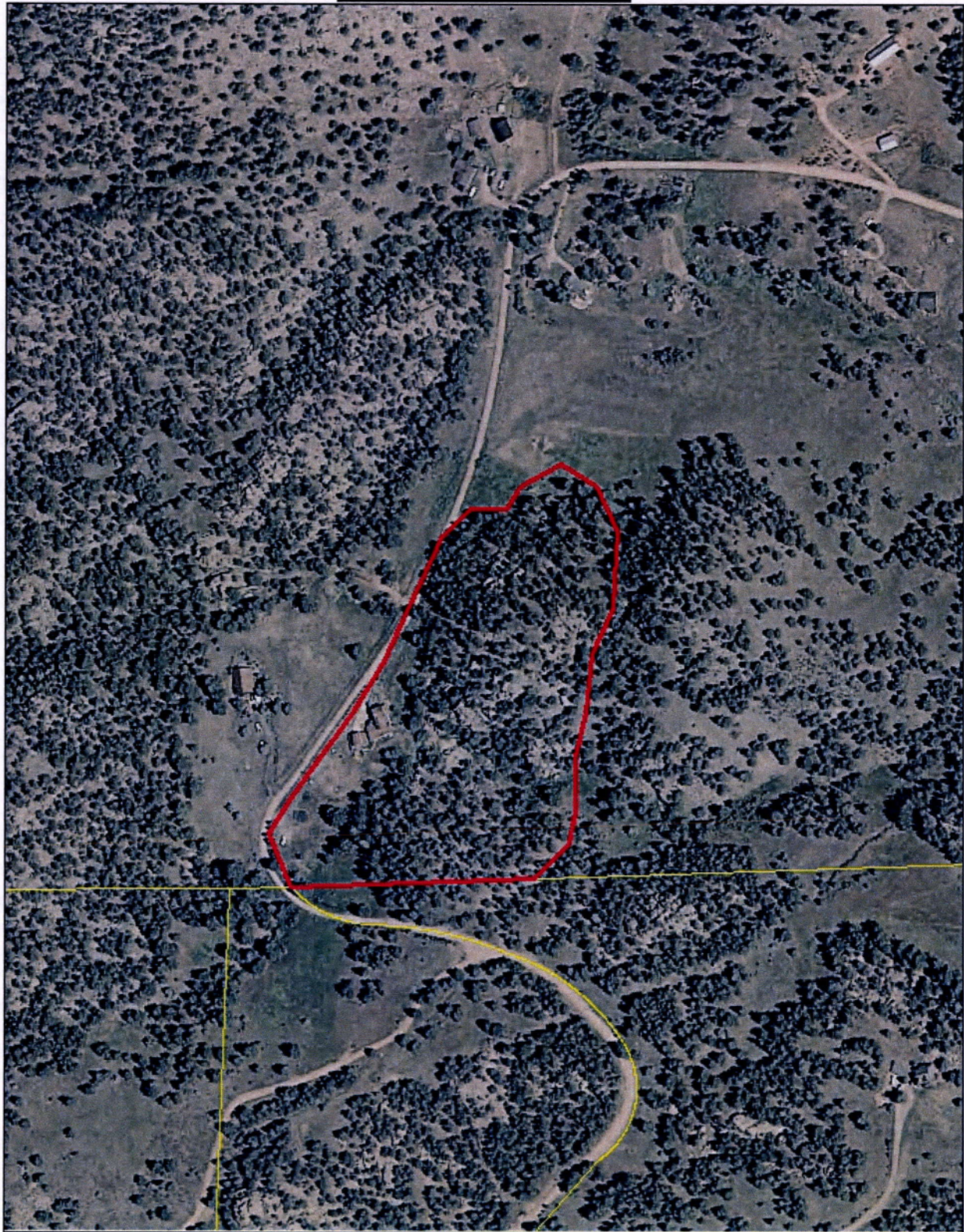
Grant funding may only be used for Contractual Service.

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

Turf Proposal



0 125 250 500 750 1,000 Feet

Turf Proposal: 5 acres



Turf



BOCO_PARCELS1209



Created By: Bryan Baer
CSFS-Boulder District
March, 2011





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-Bo-52
(For Official Use Only)

NAME: Christopher Turf
MAILING ADDRESS: 778 Rowell Dr
City: Lyons State: CO
Zip code: 80546
TELEPHONE NO: 303-823-9867

PROJECT ADDRESS/LEGAL DESCRIPTION: spring gulch
3rd filing, lot 14

PRACTICES TO BE COMPLETED BY: FALL 2012
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: 7/14/2011
To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature] DATE: 10/9/2011
(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: [Signature] AMOUNT: \$2,350.00 DATE: 8/2/11
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.

COPY



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 (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/>

11-08-11
KC

Name: CHRISTOPHER TURF

Address: 778 ROWELL DR.

LYONS, CO 80540

Approved for Payment

C.S.F.S.

1582887

11-09-11

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 - 80-52 ~

Approved Funding: \$ 2,350.00 ~

Total Project: \$ 5,500.00 -

CSFS Account Number: 5308400 - 6693

'09 SUP HAZ FUELS FR 80

Amount of Payment: \$ 2,350.00 ~

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

Approved by: [Signature]
(Program manager signature)

Date: 11/3/11

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

Project No. 5308400-80-52 ✓(For Official Use Only-
No. from original application)Applicant name (please print): Christopher Turf

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$5,500.00		A Labor Cost= \$5,500.00
Operating Exp ³ , (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$5,500.00 -
			Amount Originally Approved = \$2,350.00 ✓
			Amount to be Reimbursed not to exceed \$470 Per Acre \$2,350.00 ✓

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: 9/20/2011

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

Mailing Address: 778 Rowell Dr.City: LyonsCounty: Boulder State: CO Zip: 80540Phone: 303-823-9867Practice certified by: [Signature] (Bryan Baer)

CSFS forester

Payment Approval: [Signature]

CSFS program manager

Amount: \$2,350.00Date: 11/3/11

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. 5308400-80-52

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): _____

50 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

01/19/10



COPY

Colorado State Forest Service Program Payment Request

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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/>
11-08-11
KCName: CHRISTOPHER TURFAddress: 778 ROWELL DR.LYONS, CO 80540

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'09SUP HAZ FUELS FR 80

Amount of Payment: \$ 2,350.00 ~Circle one: 1st Payment2nd Payment3rd PaymentFinal Payment

~

Approved by

(Program manager signature)

Date:

11/3/11

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ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)**

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Colorado State Forest Service Program Payment Request

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County: Boulder State: CO Zip: 80540

Phone: 303-823-9867

Practice certified by: [Signature] (Bryan Baer)
CSFS forester

Payment Approval: _____ Amount: _____ Date: _____
CSFS program manager

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01/19/10

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

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- | | | |
|-------------------------------------|--------------------------|----------------------------------|
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| Acres treated = _____ | #7 Acres treated = _____ | #11 Acres = _____ |
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| #4 Acres planted/ renovated = _____ | | |



LYONS FIRE PROTECTION DISTRICT

INVOICE

Job # 09-0211-012

September 15, 2011

To: Chris Turf
778 Rowell Drive
Lyons Colorado

Ref: Mitigation project on 3.9 acres behind and next to home

Job# 09-0211-012

Mitigation Crew- drop, limb and buck trees

Project Dates- 08-6-2011 – 9- 10-2011

Price per acre \$ 1,100.00 x 5 acres= \$ 5,500.00

Total Cost = \$ 5,500.00

R.O.A.- \$1,375.00

Balance due-\$4,125.00

Total Due =\$4,125.00

Please make checks payable to: Lyons Fire Protection District

Memo: Mit Crew Job #09-0211-012

Thank you for your Business!!

