



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<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: Quillan Gulch Road Association

Address: 2002 Quillan Gulch Road
Loveland, CO 80537

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: 5308420 Cooperator Match: \$ 1,298

Approved Funding: \$10,340 Total Project: \$4840

CSFS Account Number: 530-8420-6693 Amount of Payment: \$3,542

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

Approved by _____ Date: _____
(Program manager signature)

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

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

Applicant name (please print): Gary Manley

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		399.95	A Labor Cost= 399.95
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= —
Project Cost			C Total Project (A+B) = 399.95
			Amount Originally Approved =
		• 773 AC	Amount to be Reimbursed not to exceed \$470 Per Acre \$ 363.00

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: Gary A. Manley Date: 9/18/10

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

Mailing Address: 2002 QUILLAN Gulch RR City: Loveland
 County: Larimer State: CO Zip: 80537 Phone: 970-663-5796

Practice certified by: _____
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 FOR REIMBURSEMENT (Page 1)**

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

Applicant name (please print): Eleanor Vieux

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		411.-	A Labor Cost= align="center">411.-
Operating Exp ³ (Actual)			B Oper. Exp.=
Project Cost fuel & Chipper/Edgy		128.02	C Total Project (A+B) = align="center">128.02
			Amount Originally Approved = align="center">470.-
• 875 AC MAX. ROAD R.O.W			Amount to be Reimbursed not to exceed \$470 Per Acre align="center">470.- align="center">\$411.00

¹ Any contracted services where payment was made for services. \oplus
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/acre for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-FS (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Eleanor Vieux Date: 7/28/10

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

Mailing Address: 528 Bitterroot Gulch Rd. City: Loveland

County: Larimer State: CO Zip: 80537 Phone: 970-613-1048

Practice certified by: _____
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.

APRIL

Sun. - 11 th	- Pix & Carl	2:30 - 4:30 (x2)	4 hrs
Thur. - 15 th	- Pix & Carl	10-12:30 / 3:00 - 4:30 (x2)	8 hrs
Sat. - 24 th	- Pix	2:00 - 5:30	3.5 "
Tues. - 27 th	- Pix	3:30 - 6:00	3 "

XXXX

MAY

Fri. - 7 th	- Pix	1:00 - 2:00 / 3 - 5:30	3.5 "
Sat - 8 th	- Pix & Carl	12:00 - 1:00 / 2:00 - 3:30 (x2)	5 "
Wed - 19 th	- Pix & Carl	9:30 - 1:00 / 3:30 - 6:00 (x2)	12 "
7 days		Total ROW	39 hrs

July

Thur. 15 th	- Pix & Carl / Chiper	\$116.17 @ 1/2 Fuel \$11.85	4 hrs
Total ROW		\$128.02	43 hrs

Road ROW Ac.

1 message

Goodroad, Steven (CTR) <steven.goodroad@associates.dhs.gov>
To: pvie1@wildblue.net

Sat, Jul 24, 2010 at 4:26 AM

Pixie.

This is the measurement for your property:

Vieux $1270' \times 30' = 38,100'$ divided by $43560' = .8746556 \times \$470/\text{acre} = 411$ 0.8746556

Steve

Grand Rental/Loveland
 3101 W Eisenhower Blvd
 Loveland, CO 80537
 970-669-3866

CONTRACT NUMBER 6303 VLD INVOICE NUMBER
 DATE AND TIME IN
 DATE AND TIME OUT 07/14/2010 8.55 AM

Open Contract

RENTED AND/OR SOLD TO
Account #: 16186
 WORK 4 YOU LLC.
 528 BITTERROOT GULTCH RD
 LOVELAND, CO 80537

ADDRESS AT WHICH EQUIPMENT WILL BE USED

970-613-1048

WRITTEN BY: ERIC
 CHECKED IN BY:
 AUTHORIZED RENTER:
 JOB LOCATION:
 DRIVER'S LICENSE NUMBER: XXXXX
 P. O. NO. OR JOB NO.:
 DATE AND TIME DUE IN: 07/15/2010 8.55 AM

Item #	Description	ITEMS RENTED AND/OR SOLD				M	W	D	H	Date&Time Due	Amount
		Quantity	Rates								
50-049-01	CHIPPER, WOOD, AUTO FEED 6"	1	24H 208.00				1		07/15/2010 8.55 AM	208.00	

165.00 Minimum 208.00 Day 208.00 24 Hrs 728.00 1 Week 2184.00 4 Wks
 Serial# 1VRU091S921005555
****GLOVES, EAR PLUGS, AND EYE PROTECTION SHOULD BE WORN WHEN USING EQUIPMENT. ** KEEP LOOSE CLOTHING AWAY FROM MACHINE.** PLEASE CHECK ENGINE OIL LEVEL WHEN REFUELING. ** PLEASE CHECK MATERIAL BEING CHIPPED.** AVOID DISCHARGE CHUTE.****

Loveland Store Hours - Mon. thru Sat. 7am - 5pm, Sunday Hours 9am - 4pm
 Loveland 970-669-3866
 Johnstown Store Hours - Mon. thru Sat. 7am - 5pm, Sunday - CLOSED
 Johnstown 970-532-0144

Visit our website: www.grandrental.com/loveland OR www.grandrental.com/johnstown
 Prompt return of your rental equipment will save money.

DAMAGE WAIVER CHARGE (DWC) %
 IF RENTAL CHARGE. RENTER MAY, BY INITIALS
 HEREON, DECLINE BENEFITS OF PARAGRAPH
 D, DAMAGE WAIVER, ON REVERSE SIDE OF
 HIS CONTRACT.

PROMPT RETURN OF YOUR RENTAL SAVES
 YOU MONEY. ALL TIME IS CHARGED INCLUDING
 SATURDAY, SUNDAY, AND HOLIDAYS.

Total Rental	208.00
Environmental Fee	6.24
Use Tax	4.16
Subtotal	218.40
Sales Tax	13.94
Total	232.34
Total Deposit Required	0.00
Amount Received	0.00

WC IS NOT INSURANCE.

DECLINES
 (INITIALS)

I have read and understand the terms and conditions on both sides of this agreement and certify that those printed on the other side are agreed to as if printed above my signature. There are no oral or other representations not included herein. Unless declined, I do agree to the damage waiver charges. I have received a copy of this agreement.

Lessee's Signature _____

Written: 07/14/2010

DO NOT PAY FROM THIS COPY. The total amount may or may not be correct depending on actual time out. A final invoice and price will be issued upon rental return. Thank you!

X 2
 464.68

1275 EAGLE DRIVE
(970) 663-4125 STORE # 74
YOUR CASHIER WAS SPIRIT OPER

PLUS CUSTOMER *****4928
4.685 GAL @ 2.529 /GAL
UL UNLEADED FUEL -\$ 11.85
TAX 0.00
*** BALANCE 11.85
CASH 12.00
CHANGE 0.15

TOTAL NUMBER OF ITEMS SOLD = 1

*****YOUR SAVINGS*****
SOOPER CARD COUPON SAVINGS \$0.14
TOTAL COUPON SAVINGS \$0.14

RPOS #3951975
07/15/10 06:24PM 74 101 296 801

*****\$0.10 4X6 PRINTS*****
YOU HAVE EARNED \$.10 4X6 PRINTS.
EVERYTIME YOU SPEND \$50 OR MORE IN ONE
TRANSACTION BETWEEN 5/12/10-8/3/10
YOU WILL RECEIVE ONE ORDER OF \$.10
4X6 PHOTO PRINTS. EXCLUDES INSTANT
PRINTS. CURRENTLY YOU HAVE 3
ORDER(S) AVAILABLE FOR \$.10 PRINTS.
VALID AT IN-STORE PHOTO LABS ONLY.
REWARDS EXPIRE ON 8/17/10.
*****SEE STORE FOR DETAILS*****

*****JULY FUEL SAVINGS*****
SAVE \$0.10 OFF PER GALLON ON 1 FILLUP
FOR EVERY 100 FUEL POINTS

FUEL POINTS THIS ORDER = 0
FUEL POINTS EXPIRING 8/31/10 = 24
POINTS UNDER 100 DO NOT CARRY OVER.
MONTHS' POINTS DO NOT COMBINE.

SEE STORE FOR DETAILS & RESTRICTION
OR VISIT WWW.KINGSOOPERS.COM

SOOPERCARD SAVINGS AT OUR FUEL CENTERS
ON EVERY FUEL PURCHASE
WE APPRECIATE YOUR LOYAL PATRONAGE!
GO KINGSOOPERS.COM FOR WEEKLY SPECIALS

*****FUEL SAVINGS*****
You Saved 0.03 /gal on fuel item 1
*****FUEL SAVINGS*****

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

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

Applicant name (please print): Greg Muhonen

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		1032.75	A Labor Cost= 1032.75
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) =
			Amount Originally Approved =
		Muhonen ROW = .69 ac x 470 = 324	= \$1588
		Muhonen ROW = 2 x 470 = 940	
			Amount to be Reimbursed not to exceed \$470 Per Acre
			\$1032.75

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⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form DES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Greg Muhonen Date: 8-9-10

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

Mailing Address: 2085 Quillon Gulch Road City: Loveland

County: Larimer State: CO Zip: 80537 Phone: 635 0516

Practice certified by: _____
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
COST DOCUMENTATION**

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$20.25/hr. Separate expenses by component (activity). Attach receipts.

Greg Muhonen
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
5/21/10	Greg Muhonen	Cut trees in road R.O.W. (Muhonen)	1	
6-5-10	GM	" " " " " "	3	
6-5-10	Shay Muhonen	Dispose slash " " "	5	
6-14-10	Ethan Muhonen	" " " " "	4	
6-15-10	" "	" " " " "	3	
				$16 \times 20.25 = \$324.00$
6-5-10	Greg Muhonen	Cut trees in road ROW (Manley)	2	
6-16-10	Ethan "	Dispose slash " " "	2	
8-9-10	Greg Muhonen	Cut & dispose trees " " "	1	
				$5 \times 20.25 = \$101.25$
7-11-10	Greg Muhonen	Stump grinding management & inspect ROW (Krupp)	3	$3 \times 20.25 = \$60.75$
5-31-10	Greg Muhonen	Mistletoe tree & ladder fuel removal Muhonen	4	
6-18-10	Ethan "	Collect & haul slash Muhonen 2 ac	3	
6-21-10	" "	" " " "	3	
" "	" "	" " " "	1	
6-25-10	" "	" " " "	2	
6-19-10	Greg "	mistletoe tree & ladder fuel removal Muhonen	1	
7-17-10	" "	" " " "	3	
7-27-10	" "	" " " "	2	
7-28-10	" "	" " " "	2	
8-7-10	" "	" " " "	1	
8-8-10	" "	" " " "	2	
8-6-10	Pam Muhonen	Collect & haul slash	1	
8-7-10	Greg "	Cut & haul out dead trees	2	
				$27 \times 20.25 = \$546.75$
			TOTAL	= \$1032.75

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

(REIMBURSEMENT REQUEST # 1)

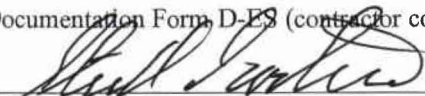
Project No. 5308420 - 07
 (For Official Use Only -
 No. from original application)

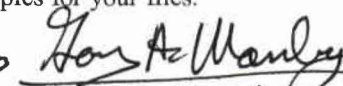
Applicant name (please print): QUILLAN PARK ROAD ASSOCIATION
 By: STEVEN GOODROAD & GARY MANLEY

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$ 694.00	4,146 (CS) \$ 2,848.00	A Labor Cost= \$ 4840 (CS) \$ 3,542.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project \$ 4,840 (CS) (A+B)= \$ 3,542.00
			Amount Originally Approved = \$ 10,340 (CS)
			Amount to be Reimbursed not to exceed \$470 Per Acre 8.72BA \$ 3,542.00

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: 
 STEVEN A. GOODROAD

Date: 9/19/2010 
 Gary A. Manley

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

Mailing Address: 2002 QUILLAN GULCH ROAD City: LOVELAND

County: LARIMER State: CO Zip: 80537 Phone: 970 663-5796

Practice certified by: 
 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.



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
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)	✓

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

Name: Quillan Park Road Association

Address: 2002 Quillan Gulch Road
Loveland, CO 80537

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: 5308420-07-FC Cooperator Match: \$ 0

Approved Funding: \$10,340 Total Project: \$ 6,798

CSFS Account Number: 5308420-66693 Amount of Payment: \$6,798

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

Approved by _____ Date: _____
(Program manager signature)

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

(REIMBURSEMENT REQUEST # 2 FINAL)

Project No. 5308420-07
 (For Official Use Only-
 No. from original application)

Applicant name (please print): QUILLAN PARK ROAD ASSOCIATION
 BY: STEVEN GOODROAD & GARY MANLEY

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	860.62	5,467.38	A Labor Cost= \$ 6,328.00
Operating Exp ^{3,*} (Actual)	470.00		B Oper. Exp.= \$ 470.00
Project Cost			C Total Project (A+B)= \$ 6,798.00 14.464 AC
			Amount Originally Approved = \$ 10,340 \$ 6,798.00
			Amount to be Reimbursed not to exceed \$470 Per Acre 14.464 AC \$ 6,798.00

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: *Steven A. Goodroad*
 STEVEN A. GOODROAD

Date: 3/24/2011 *Gary A. Manley*
 GARY A. MANLEY

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

Mailing Address: 2002 QUILLAN GULCH ROAD City: LOVELAND

County: LARIMER State: CO Zip: 80537 Phone: 970 663-5796

Practice certified by: *Aimee Chilly*
 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 FOR REIMBURSEMENT (Page 1)**

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

Applicant name (please print): ALAN H. YOUNG

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$577.50 →	\$946.69	A Labor Cost= \$1,524.19
Operating Exp ^{3,4} (Actual)		\$225.79	B Oper. Exp.= \$225.79
Project Cost			C Total Project (A+B)= \$1,749.98
			Amount Originally Approved = \$470 × 2 ACRES = \$940
			Amount to be Reimbursed not to exceed \$470 Per Acre \$940

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.
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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: Alan H. Young Date: 8/23/10

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

Mailing Address: 1582 QUILLAN GULCH RD. City: LOVELAND
 County: LARIMER State: CO Zip: 80537 Phone: 970 203 9044

Practice certified by: _____
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.



MAC EQUIPMENT, INC.

2116 W. 1st St. Loveland, Co. 80537
Ph: 970-593-9421 Fax: 970-663-4777

Status: **Parts Sale**
Make
Type

Invoice Number **83365**
Date Created **05/18/2010**
Date **05/18/2010**
P.O. #
Ref. Number

Phone: (970)203-9044

YOUNG, ALAN
1582 QUILLAN GULCH RD
LOVELAND CO 80537

Item Number	Description	Qty	Unit Price	Ext. Price	W/SO
OR20LPX	.325 050 CHAIN PER LINK -	144	\$0.33	\$47.52	
HQ610000158	(DRP SHP) B & C LUBE 4/1GAL - UP	1	\$11.89	\$11.89	

THANK YOU FOR ALLOWING US TO SERVICE ALL YOUR PARTS NEEDS.
COME AGAIN SOON!!

Shipping Charges	Ship Via	Labor	Pickup & Delivery	Shop Materials	EPA Charge Restocking Fee
\$0.00		\$0.00			

S/O Items	Taxable Items	\$59.41	Transaction Total	\$63.39
S/O Shipping	Non Taxable Items	\$0.00	Payment Method	
			CASH	\$63.39
S/O Tax	Tax	\$3.98		
S/O Total	Total	\$63.39		
S/O Deposit Amt				

Balance Due \$0.00



MAC EQUIPMENT, INC.

2116 W. 1st St. Loveland, Co. 80537
Ph: 970-693-9421 Fax: 970-663-4777

Status: **Parts Sale**
Make
Type

Invoice Number **82666**
Date Created **05/10/2010**
Date **05/10/2010**
P.O. #
Ref. Number

Phone: (970)663-0191

CHRISTENSEN, WES
1605 14TH ST SW
LOVELAND CO 80537

Item Number	Description	Qty	Unit Price	Ext. Price	W/SO
HQ537107803	CHAIN BRAKE - D2G	1	\$56.89	\$56.89	
HQ503220001	NUT M8 FLANGE - GREYBOX	1	\$1.59	\$1.59	

THANK YOU FOR ALLOWING US TO SERVICE ALL YOUR PARTS NEEDS.
COME AGAIN SOON!!

Shipping Charges \$0.00	Ship Via	Labor \$0.00	Pickup & Delivery	Shop Materials	EPA Charge Restocking Fee
-----------------------------------	----------	------------------------	-------------------	----------------	---------------------------

S/O Items	Taxable Items	\$58.48	Transaction Total	\$62.40
S/O Shipping	Non Taxable Items	\$0.00	Payment Method	
S/O Tax	Tax	\$3.92	VISA xxxxxxxxxxxxxx0821	\$62.40
S/O Total	Total	\$62.40		
S/O Deposit Amt				

Balance Due \$0.00

MAC EQUIPMENT INC.

7/17/10

10 CHAINS SHARPENED x \$10 ea = \$100

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

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

Applicant name (please print): ALAN H. YOUNG

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$ 130		A Labor Cost= \$ 130
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$ 130
			Amount Originally Approved = \$ 130
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 130 101.25

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.
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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: Alan H. Young Date: 8/23/10
 All expenses are true and accurate and all cost share is true and accurate.
 Mailing Address: 1582 QUILLAN GULCH RD. City: LOVELAND
 County: LARIMER State: CO Zip: 80537 Phone: 970 203 9044

Practice certified by: _____
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

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:	Quillan Gulch Road Association/PHRCWPG
Contact Person:	1. Gary Manley or 2. Donna Moore
Address:	2002 Quillan Gulch Road 212 Sawmill Road
City/Zip Code:	Loveland, CO 80537 Loveland, CO 80537
Phone (Work/Cell):	970/663-5796 970/669-9844
Email:	gmanley@wildblue.net don2ran@lpbroadband.net
Fax:	

Community At Risk Information			
Name of Project:	Quillan Road Easements		
Community Name(s):	Quillan Gulch Road Association		
County:	Larimer	Congressional District:	4th
Latitude (decimal degrees):	W40.24	Longitude (decimal degrees):	N105.21
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	18
Infrastructure:	<input checked="" type="checkbox"/>	Estimated value of:	\$8 million
Businesses:	<input checked="" type="checkbox"/>	Number of:	3 Farms
Economic Viability:	<input type="checkbox"/>	Estimated value of:	
Watersheds:	<input checked="" type="checkbox"/>	Number of:	
Historic Structures:	<input checked="" type="checkbox"/>	Number of:	2
Other (Describe):	\$15 million structures & \$8 million timber value		

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	\$10,340
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) Quillan Gulch Road and Bitterroot Trail easements need to be cleared of regeneration to facilitate access from and egress to Pole Hill Road and Loveland. Most of the regeneration is Ponderosa pine, with Mountain mahogany and some Doug fir. Landowners and others from the association would thin and remove vegetation along the easement, creating fuel breaks. Eight landowners will do thinning of forest land by removing ladder fuels, thick stands, diseased trees and beetle killed trees over approximately 14 acres.	

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

Clear trees from road right-of-way to improve ingress and egress. Chip and scatter small diameter trees, cut large diameter trees into firewood logs, haul and pile slash and/or chip slash. Remove MPB and mistletoe trees and brush. Some R.O.W. work will be hired and some will be performed by landowners. Eight (8) landowners will thin additional acres to improve fire management.

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

QPRA has a history of landowners maintaining forest health and is committed to fighting the MPB and minimizing fire danger.

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

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

Provide a timeline for the project

Through 2010 starting at the time of grant approval. We plan to suspend the work from 6/15 to 8/15 to avoid the flight of the MPB.

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.). Community work before and since the PHRCWPG plan has included cooperation with the CSFS, LCES, and USFS. USFS work is being done on land just west of Quillan Gulch Road in the CWPP area. Western Area Power Admin. has begun clearing vegetation under transmission lines in the area. Anchor Point Group is beginning a project on Sawmill Road and Saddle Notch Road (north from Pole Hill Road) this spring. Guidance and work from and with all agencies will continue, even past the period of this grant application.

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 no

Is this project part of the plan? *(check one)* X yes no

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: 22		Estimated cost per acre: \$470	
	Project Type (check all that apply)			
	Defensible Space <input checked="" type="checkbox"/>		Thinning w/o Product <input checked="" type="checkbox"/>	
	Fuelbreak <input checked="" 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: \$10,340	\$ 10,340	
	TOTAL: \$10,340	\$ 10,340	

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	
	TOTAL: \$0	\$ 0	

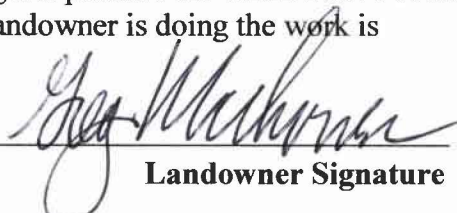
Grant funding may only be used for Contractual Service and Indirect.

Attach Project Map Showing Specific Treatment Areas

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
COST DOCUMENTATION**

I have incurred the following expenses for completion of the LOA Program practice for which I have been funded. These expenses are itemized below. Labor rate to be used if landowner is doing the work is \$20.25/hr. Separate expenses by component (activity). Attach receipts.

2085 QUILLAN GULCH ROAD (LARIMER CO.)
LOVELAND, CO 80537


Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
10-10-10	Greg Mullen	Mistletoe tree & ladder fuel removal	2	
10-31-10	" "	" " " "	1.5	
11-25-10	" "	" " " "	3.5	
12-12-10	" "	Cut & stack dead trees	3.0	
12-24-10	" "	Cut & haul off dead trees	1.0	
1-15-11	" "	Mistletoe tree & ladder fuel removal	1.0	
1-22-11	Greg Mullen	Chip stockpiled slash	3	
	Earl Mollenhan	" " "	3	
	Neil Snyder	" " "	3	
1-29-11	Greg Mullen	Chip stockpiled slash	2	
	Earl Mollenhan	" " "	2	
	Neil Snyder	" " "	2	
		Rental Expense: chipper + fuel	5 x 25 = \$125	
2-19-11	Greg Mullen	Cut & stack dead trees	2	
			<u>29 x 20.25 = 587.25</u>	
			Total = \$712.25	

COPY



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
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/>

04-07-11
ke

Name: Quillan Park Road Association

Address: 2002 Quillan Gulch Road
Leveland, CO 80537

Approved for Payment
C.S.F.S.
1255217
04-11-11
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: 5308420-07-FC ~ Cooperator Match: \$ 0

Approved Funding: \$10,340 - Total Project: \$ 6,798

CSFS Account Number: 5308420-16693 Amount of Payment: \$6,798.00
'09 SUP HAZ FUELS Fr FC

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

Approved by [Signature]
(Program manager signature)

Date: 4/6/11

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

(REIMBURSEMENT REQUEST # 2 FINAL)

Project No. 5308420-07 - FC
 (For Official Use Only -
 No. from original application)

Applicant name (please print): QUILLAN PARK ROAD ASSOCIATION
 BY: STEVEN GOODROAD & GARY MANLEY

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	860.62	5,467.38	A Labor Cost= \$ 6,328.00
Operating Exp ^{3,*} (Actual)	470.00		B Oper. Exp.= \$ 470.00
Project Cost			C Total Project (A+B)= \$ 6,798.00 14.464 AC
			Amount Originally Approved = \$ 10,340 - \$ 6,798.00
			Amount to be Reimbursed not to exceed \$470 Per Acre 14.464 AC \$ 6,798.00

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: Steven A. Goodroad Date: 3/24/2011 Gary A. Manley
 STEVEN A. GOODROAD GARY A. MANLEY

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

Mailing Address: 2002 QUILLAN GULCH ROAD City: LOVELAND

County: LARIMER State: CO Zip: 80537 Phone: 970 663-5796

Practice certified by: [Signature]
 CSFS forester

Payment Approval: [Signature] Amount: \$6,798.00 Date: 4/6/11
 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.

COPY

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

Doc. No. 886026
CSFS # 805 Rev. 02/04/05

Date: 7/23/10 Requested By: Diana Selby Resale to: _____ CSFS Invoice #: _____

Vendor: Quillan Gulch Road Association
2002 Quillan Gulch Road
Lowland, CO 80537

(PLEASE PROVIDE COMPLETE ADDRESS)

Ship To: Fort Collins District

(PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)

COPY

Reason for Vendor Selection: Sole Source (attach completed Sole Source Justification Form)
 Previous Supplier
 Other

Terms: **ENCUMBERED**
07-26-10
KC

Shipping Instructions:
 FOB Fort Collins, Colorado
 FOB

Delivery Date: _____

Deliver to:
Initials _____ Bldg _____ Room _____ Phone _____

#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	<u>5308420</u>	<u>lele93</u>			<u>Quillan Gulch Road Assoc will</u>	<u>\$10,340</u>	
2					<u>cut and treat 22 acres along</u>		
3					<u>Quillan Gulch Road to reduce</u>		
4					<u>wildfire risk (fuels). materials will</u>		
5					<u>be chipped or removed.</u>		
6							
7							
8					<u>Project Number: 5308420-07-Fc</u>		
9							
10							

SPECIAL INSTRUCTIONS:

PLEASE ENCUMBER

Expenditure Approval:

Authorized Signature: Bonito Lebeda
Date: 7/26/10

Subtotal: \$ 10,340
Discount: \$ _____

TOTAL: \$ 10,340

COBY



EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

PROJECT NUMBER: 5308420-07

(For Official Use Only)

NAME: Quillan Gulch Road Association

MAILING ADDRESS: 2002 Quillan Gulch Road

City: Loveland State: CO

Zip code: 80537

TELEPHONE NO: 970-663-5796

PROJECT ADDRESS/LEGAL DESCRIPTION: W40.24 N105.21

PRACTICES TO BE COMPLETED BY: 3/31/2011

Date

Landowner and CSFS forester: CSFS forester:

Table with 3 columns: Practice No. & Component Title, Quantity Requested, Quantity Approved. Row 1: LOA 7 & 9: Forest health and fire risk reduction, \$10,340, \$10,340. Row 2: Total: \$10,340

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: 4/15/2010

To be completed by CSFS forester:

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

PROGRAM:
ESF:

Funding Allocated: [Signature] AMOUNT: \$10,340 DATE: 7/26/10
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.



COPY

Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
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)	✓

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

10-7-10
KC
10-25-10
KC

Name: Quillan ~~Street~~ ^{PARK} Road Association

Address: 2002 Quillan Gulch Road

Loveland, CO 80537

Approved for Payment
C.S.F.S.

1022752
10-25-10
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: 5308420-07-FC Cooperator Match: \$ 1,298 ~

Approved Funding: \$10,340 ~ Total Project: \$4840 ~

CSFS Account Number: 5308420-6643
'09SUP HAZ FUELS FR FC Amount of Payment: \$3,542 ~

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

Approved by [Signature]
(Program manager signature)

Date: 10/4/10

INVOICE FOR FOREST WORK

2/15/2011

Levi Goodroad 4024 Boulder dr. Loveland CO ⁹⁰⁵³⁶

Bill to Gary Manley 42.5 hr.

Jan 17th 2011 7hr - cut beetle kill

Jan 18th 7.5 hr - haul slash

Jan 19th 6 hr - cut 3 big ~~beet~~ ^{MPB} tree's

Jan 20th 7 hr - cut MPB + haul slash

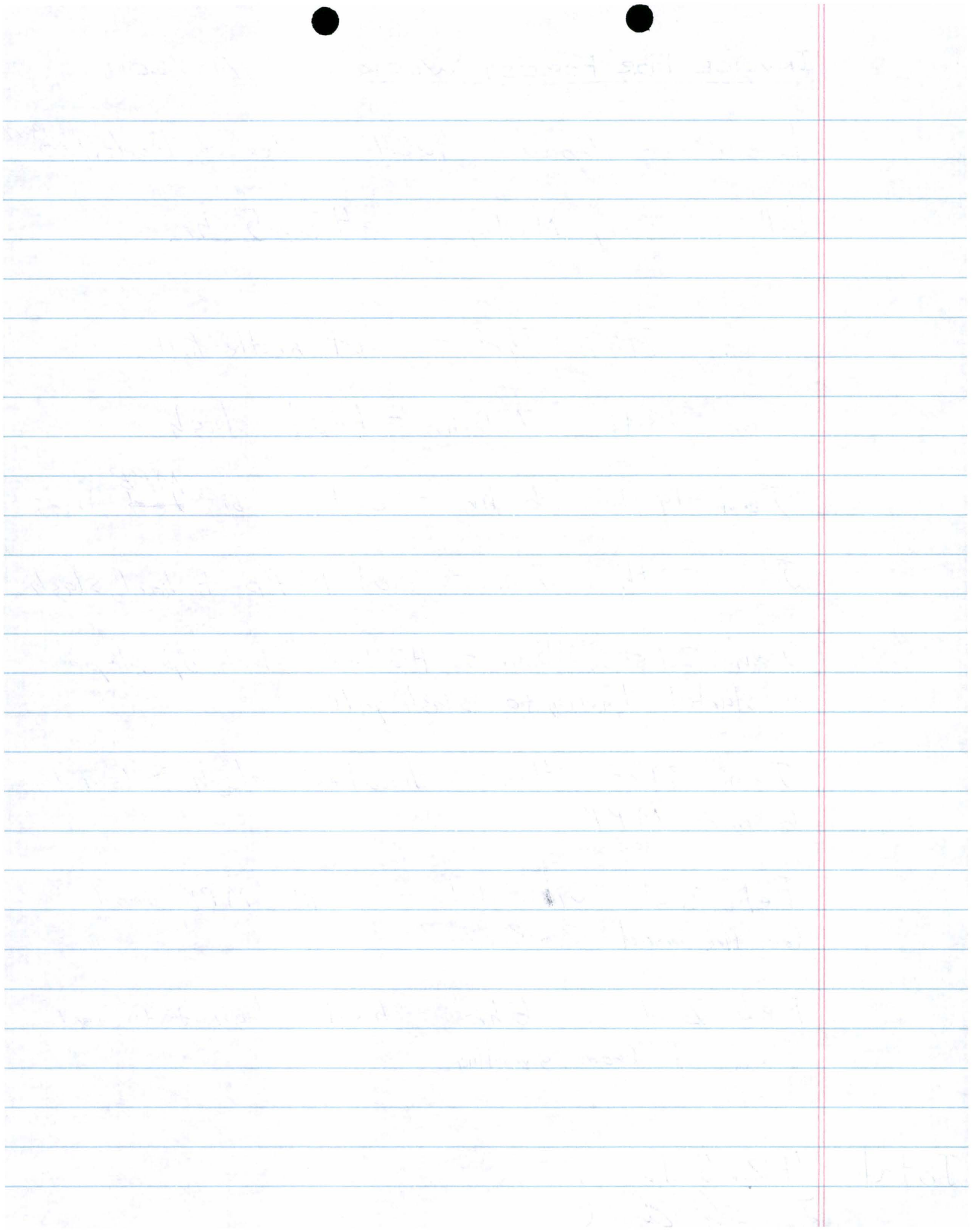
Jan 21st 5 hr - Hauled slash up slope
& started hauling to slash pile.

Jan 31st 4 hr - hauled slash * found
6 more MPB

Feb 1st 2011 6hr - split MPB wood
for fire wood 2-3 cords

Feb 2nd - 6hr - haul slash + fire wood
clean up from splitting

Total - 42.5 hr
Levi Goodroad



SUMMARY L.O.A. FINAL
2010 - 2011 PERIOD

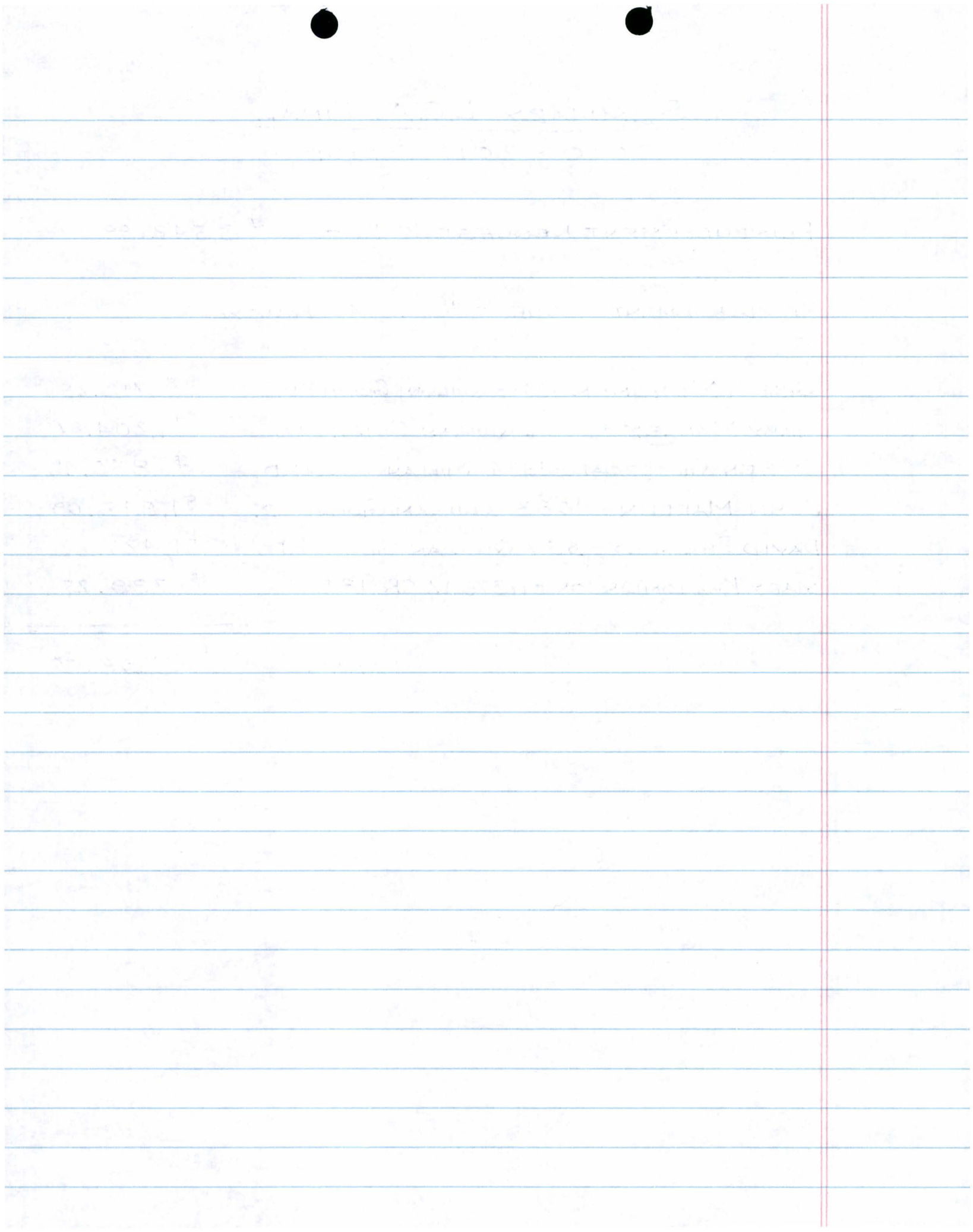
REIMBURSEMENT REQUEST # 1 - \$ 3,542.00

REIMBURSEMENT REQUEST # 2 AS FOLLOWS:

GREG MUHONEN - 2085 QUILLAN GULCH RD.	\$ 712.25 (1.5 ac)
GARY MANLEY - 2002 QUILLAN GULCH RD.	\$ 1,204.87 (2.6 ac)
STEVEN GOODROAD - 1854 QUILLAN GULCH RD.	\$ 850.42 (1.8 ac)
JOHN MADDEN - 1083 QUILLAN GULCH RD.	\$ 1,813.09 (3.9 ac)
DAVID PHEGLEY - 557 QUILLAN GULCH RD.	\$ 1,427.62 (3 ac)
MARY KAY TOMLINSON - 17376 W. CR 18 E	\$ 789.75 (1.7 ac)

TOTAL \$ 6,798.00

(14.5 acres)



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

Project No. 5308420-07

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): _____

WUI D-space Accomplishment:

No. of D-spaces = _____ Acres slash disposal = _____ Acres fuel breaks = _____

Acres thinned = 14.5 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 = _____		

