



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 checked="" 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"/> |

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

Name: Glen Haven Association

Address: P.O. Box 53

Glen Haven, CO 80532

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: 530835 Cooperator Match: \$3,418.⁵⁶

Approved Funding: \$1500.⁰⁰ Total Project: \$4918.⁵⁶

CSFS Account Number: 530835-6693 Amount of Payment: \$1500.⁰⁰

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

Approved by _____ Date: _____
(Program manager signature)

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
COMPETITIVE GRANTS

Project Number: 530835

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

| | | |
|--|------------------------------------|--|
| 1. Project #: 530835 | 2. Project Funding Amount: \$1,500 | 3. Community Protected: Glen Haven |
| 4. Make Payment To: Name: GLEN HAVEN ASSOCIATION Address: P.O BOX 53 GLEN HAVEN COLO 80532 | | 5. Period of Performance: From: 4-29-09. To: 8-30-09 |

6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)

HOME OWNERS IN THE GLEN HAVEN AREA WERE ENCOURAGED TO DO DEFENSIBLE SPACING OF THEIR PROPERTIES DURING THE GRANT PERIOD. TRIMMING BRUSH/TREES/REMOVING BEETLE KILL TREES. THE SLASH WAS PILED ALONG THE ROAD & VOLUNTEERS & HIRED TREE SERVICE EMPLOYERS CHIPPED OVER 120 CUBIC YARDS OF RESULTING CHIP OVER 3 DAYS. ABOUT 60 ACRES OF PROPERTY WAS TREATED.

7. Reimbursement Request:
Project to Date Reimbursement Request Amount cannot exceed the total Project obligation as identified in the Project Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.

| | Current Period | | | | Project to Date | | | |
|------------|---|-------------------|------------------------|-------------|---|-------------------|------------------------|-------------|
| | Reimbursement Amount Requested For Out of Pocket Expenses | Matching Funds | | Total Costs | Reimbursement Amount Requested For Out of Pocket Expenses | Matching Funds | | Total Costs |
| | | Cash (hard match) | Donated (Inkind match) | | | Cash (hard match) | Donated (Inkind match) | |
| Labor* | 1500 ⁰⁰ | 375 ⁰⁰ | 3,043.56 | 4,918.56 | 1875 | | 3063 | 4938 |
| Material** | | | | | | | | |
| Total | 1500 | 375 | 3,043.56 | 4,918.56 | | | | |

Donated time and materials can only be counted towards the matching component.
 * Use actual costs or \$19.51/hour for donated or volunteers' time.
 ** Use actual costs or fair market value of donated materials, supplies, or equipment use.

8. Amount Paid to CSFS for Products and/Or Services : \$ 0

9. I request reimbursement in the amount of \$ 1500⁰⁰ for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the project documents.

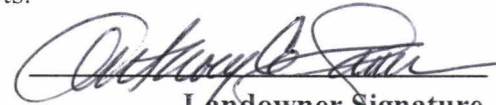
Signature: *[Signature]* Date: *** 8/26/09.**

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

10. Certification (To be completed by CSFS District):
 Work meets minimum standards as set forth by CSFS
 Signature: *[Signature]* Date: **9/10/09**

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 \$19.51/hr. Separate expenses by component (activity). Attach receipts.


Landowner Signature

| Date | By Whom: | Activity/Expense: | Hours | Expenses |
|---------|--------------|---------------------|----------------------|----------|
| 4-29-09 | TONY FINK | TREE BRUSH TRIMMING | 4 ⁰ | |
| 5-4-09 | " | " " " | 6 ⁰ | |
| 5-5-09 | " | " " " | 6 ⁰ | |
| 5-6-09 | " | " " " | 2 ⁰ | |
| 5-11-09 | " | " " " | 4 ⁰ | |
| 5-12-09 | " | " " " | 4 ⁰ | |
| 5-13-09 | " | " " " | 2.5 ⁰ | |
| 5-13-09 | DAVE Johnson | " " " | 2.5 ⁰ | |
| 5-17-09 | TONY F. | " " " | 4 ⁰ | |
| 5-18-09 | " | " " " | 5 ⁰ | |
| 5-16-09 | Jack Mayo | " " " | 6 ⁰ | |
| 5-17-09 | " | " " " | 7 ⁰ | |
| 5-18-09 | " | " " " | 7 ⁰ | |
| 6-1-09 | Tony F | Chipping slash | 7 ⁰ | |
| 6-1-09 | Hugh Mc | " " | 7 ⁰ | |
| 6-1 | STEVE G | " | 7 ⁰ | |
| 6-1 | Dick C | chipping slash | 7 ⁰ | |
| 6-1 | Jack M | " " | 7 ⁰ | |
| 6-1 | Wiley A | " " | 6 ⁰ | |
| 6-1 | Walt B | " " | 3 ⁰ | |
| 6-2-09 | Tony F | TREE BRUSH TRIMMING | 3 ⁰ | |
| 8-17-09 | Tony F | " " | 4 ⁰ - 11* | |
| 8-22-09 | JOE DODAS | " " " | 4 ⁰ | |
| 8-23-09 | " " | " " " | 5 ⁰ | |
| 8-23-09 | BERT | " " " | 5 ⁰ | |
| 8-25-09 | TONY F | Chipping slash | 7 ⁰ | |
| 8-25-09 | Hugh Mc | " " | 7 ⁰ | |
| 8-25-09 | STEVE GA | " " | 7 ⁰ | |
| 8-25-09 | Dick CA | " " | 7 ⁰ | |
| 8-25-09 | STEVE Jmek | " " | 3 ⁰ | |

157 @ 19.51 = 3063 -
156 @ 19.51 = 3,043.56

244973

| | | | | | | |
|----------------------------|------------|--------|---------|----------|-----------|----------|
| CUSTOMER'S ORDER NO. | DEPARTMENT | DATE | 8/25/09 | | | |
| NAME Glenhaven chipping | | | | | | |
| ADDRESS | | | | | | |
| CITY, STATE, ZIP | | | | | | |
| SOLD BY Adams Tree | CASH | C.O.D. | CHARGE | ON ACCT. | MDSE RETD | PAID OUT |

| QUANTITY | DESCRIPTION | PRICE | AMOUNT |
|----------|------------------------|----------|--------|
| 1 | | | |
| 2 | | | |
| 3 | 7 hours @ \$125.00 | \$875.00 | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | Adams Tree Service | | |
| 8 | | | |
| 9 | Box 4420 Estes Park CO | | |
| 10 | 80517 | | |
| 11 | | | |
| 12 | | | |
| 13 | Thanks! | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |


RECEIVED BY

Adam's Tree Service
P.O. Box 4420
Estes Park, CO 80517

Invoice

| |
|---|
| Bill To: |
| Glen Haven Association Tony Fink P.O. Box 297 Glen Haven, CO 80532 |

| Date | Invoice No. |
|----------|-------------|
| 06/17/09 | 863 |

| Item | Description | Amount |
|---|----------------------------------|------------|
| Chipping | 7 hours @ \$125 per hour | 875.00 |
| Dump Fee | Chips x 10 yards @12.50 per yard | 125.00 |
|  | | |
| Total | | \$1,000.00 |

244973

| | | | | | | |
|-------------------------|------------|--------------|--------|----------|-----------|----------|
| CUSTOMER'S ORDER NO. | DEPARTMENT | DATE 8/25/09 | | | | |
| NAME Glenhaven chipping | | | | | | |
| ADDRESS | | | | | | |
| CITY, STATE, ZIP | | | | | | |
| SOLD BY Adams Tree | CASH | C.O.D. | CHARGE | ON ACCT. | MDSE RETD | PAID OUT |

| QUANTITY | DESCRIPTION | PRICE | AMOUNT |
|-------------|------------------------|----------|--------|
| 1 | | | |
| 2 | | | |
| 3 | 17 hours @ \$125.00 | \$875.00 | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | Adams Tree Service | | |
| 8 | | | |
| 9 | Box 4420 Estes Park CO | | |
| 10 | 80517 | | |
| 11 | | | |
| 12 | Thanks! | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |
| RECEIVED BY | | | |

Adam's Tree Service
P.O. Box 4420
Estes Park, CO 80517

Invoice

| |
|---|
| Bill To: |
| Glen Haven Association Tony Fink P.O. Box 297 Glen Haven, CO 80532 |

| Date | Invoice No. |
|----------|-------------|
| 06/17/09 | 863 |

| Item | Description | Amount |
|--------------|----------------------------------|-------------------|
| Chipping | 7 hours @ \$125 per hour | 875.00 |
| Dump Fee | Chips x 10 yards @12.50 per yard | 125.00 |
| Total | | \$1,000.00 |

Pa # 3496 6-29-09

From: ANTHONY SARAH FINK <anthonysarahfink@msn.com>
To: Diana Selby <diana.selby@colostate.edu>
Cc: Joan VanHorn <jvh@juno.com>
Date: Thu, 27 Aug 2009 21:05:14 -0600
Subject: RE: Grant Deadline

Diana: I have mailed all of the information to you yesterday. I included "Copies" of the invoices for chipping, I will have Joan Van Horn send the originals to you.

Are there any other grants available for next year?. I was not able to download the last application at the deadline date.

Thanks Tony Fink

From: Diana.Selby@ColoState.EDU
To: anthonysarahfink@msn.com
Date: Thu, 27 Aug 2009 15:14:44 -0600
Subject: Grant Deadline

Tony,

I have in my records that the cost-share grant (project number 530835) awarded to Glen Haven earlier this spring for \$1,500 has a deadline of September 1, 2009. I haven't seen reimbursement request paperwork from you and wanted to send you a reminder to get that in to me as soon as possible. I'm attaching the request form (exhibit B) and in-kind log sheet (LOA form D) you'll need to fill out and sign and return to me (in case you haven't filled these out yet) and also remember I will need all original invoices.

Thanks,
Diana Selby
Assistant District Forester

Colorado State Forest Service
Fort Collins District
5060 Campus Delivery, CSU
Fort Collins, CO 80523-5060
Phone: (970) 491-8839
FAX: (970) 491-8645

S036903

Summary - PO S036903

ENCUMBERED

PO/Reference No. S036903
 Supplier GLEN HAVEN HOMEOWNERS ASSN

| General Information | | Shipping Information | | Billing/Payment | |
|----------------------------|---------------------------------------|----------------------------|-------------------|-----------------------------|--------------|
| PO/Reference No. | S036903 | Ship To | | Bill To | |
| Revision No. | 0 | Attention: Karen Carlin | | Accounts Payable | |
| Priority | Normal | Building: 1050 | | Colorado State Univ | |
| Supplier Name | GLEN HAVEN HOMEOWNERS ASSN | Room Number: - | | 6003 Campus Delivery | |
| Address | P O BOX 34 GLEN HAVEN, CO 80532 US | Department: 5060 | | Fort Collins, CO 80523-6003 | |
| Phone | | Colorado State University | | United States | |
| Supplier Fax No. | | 200 West Lake Street | | | |
| Purchase Order Date | 5/21/2009 | 0001 Campus Delivery | | BillTo | AP |
| Total | 1,500.00 USD | Fort Collins, CO 805230001 | | Address | |
| Requisition Number | 11080971 | United States | | Code | |
| Contact Information | | ShipTo Address | 0001-1 | Billing Options | |
| Owner Name | Karen Carlin | Code | | Accounting | |
| Owner Phone | +1 (970) 491-3006 | Delivery Options | | Date | |
| Owner Email | Karen.Carlin@ColoState.EDU | Expedite | X | Payment | 0% 0, Net 30 |
| | | Ship Via | Best Carrier-Best | Terms | |
| | | Way | | F.O.B. | Destination |
| | | Delivery | | | |

| Distribution Information | | Supplier Information | |
|---|--|-----------------------------|----------|
| Distribution Methods | | Supplier Information | |
| The system will distribute purchase orders using the method(s) indicated below: | | Contract | no value |
| Email (HTML Attachment) | JOHN.SWARO@COLOSTATE.EDU | Account Code | |
| i Distribution options have been overridden for this PO | | Pricing Code | |
| Distribution Options | | Quote number | |
| Supplier | | Note to Supplier | no note |
| Terms and Conditions | | Attachments for supplier | |
| Order acceptance instructions | Purchase Order Terms and Conditions http://www.purchasing.colostate.edu/pages/pdf/potermconditions.pdf | COPY | |

| Accounting Codes | |
|---|----------|
| Account | Sub Code |
| 530835 08CPG SFA WATERSHED FORT COLLINS -USDA-USFS-FOREST RESEARCH | 5980 |

| Line Item Details | | | | | | |
|---|--|------------------|--------------|--------------------------|--------------|--|
| Product Description | Catalog No | Size / Packaging | Unit Price | Quantity | Ext. Price | |
| 1 ✓ CHECK ORDER REQUESTS (AFE) i | | | 1,500.00 USD | 1 | 1,500.00 USD | |
| AFE EXCEPTION LIST Description | 3-Payments for program obligations which have been pre-FINANCIAL | Taxable | X | Requisition Number | 11080971 | |
| | | Capital Expense | X | External Note | no note | |
| | | Commodity | no value | Attachments for supplier | | |

**Financial Assistance Program
Cooperative Match Project**

To be conducted by:

Glen Haven Association

Project Number: 530835
Estimated Project Cost: \$4,000
Funding provided by CSFS: \$1,500
Minimum Recipient Match: \$2,500
Project to be completed by: Sept. 1, 2009

Based on the strength of the application submitted by the **Glen Haven Association**, the Colorado State Forest Service is providing funding in the amount up to but not exceeding **\$1,500** to accomplish the project described in the attached scope of work.

As the cooperator, Glen Haven Association, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Attachment A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "Attachment B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to: **Diana Selby, Fort Collins District, 5060 Campus Delivery, CSU, Fort Collins, CO 80523-5060.**
- D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until **September 1, 2009**. No extensions will be available.

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

Date:

Mailing Address:

Telephone Number:

Email Address:

Anthony Sarah Fink
Date: 4/13/09
513 Fox Creek
Glen Haven Colo
80532
970-586-6032
AnthonySarahfink@msn.com

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 530835

Cooperator: Glen Haven Association

Work to be completed:

Creation of defensible space and general fuels reduction that meet CSFS guidelines as described in "Creating Wildfire-Defensible Zones" publication no. 6.302 by F.C. Dennis.

1. Type of Treatment – Fuels Reduction

Milestone dates: Deadline: September 1, 2009. *No extensions possible!*

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment.

Project Period: Date of Signed Agreement – September 1, 2009

Funded Amount: \$1,500

Minimum cooperator match: \$2,500

Deliverables: A minimum of 4 defensible spaces.

Project Types: **Defensible space and fuel mitigation**

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Attachment B to the project entitled "Attachment B, Grant Report/ Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:




CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

Date: 4/29/2009 Requested By: Drana Selby Resale to: CSFS Invoice #:

Vendor: Glen Haven Association
513 Fox Creek
Glen Haven, CO 80532
 (PLEASE PROVIDE COMPLETE ADDRESS)

Ship To: Fort Collins District
 (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)

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

Terms:

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 | 530835 | 5980 | | | Glen Haven Association will create at least 4 defensible spaces on private lots in mixed conifer forest stands. Private homeowners and volunteers will implement work recommended by fire department and CSFS and grant money will be used to chip and scatter slash and unusable materials. | \$1,500 | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

SPECIAL INSTRUCTIONS:

Expenditure Approval:
 Authorized Signature: _____
 Date: _____

Subtotal: \$ 1,500
 Discount: \$ _____
 TOTAL: \$ 1,500