

# 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>February 28, 2012</b>
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
<b>Applicant:</b>	Lee J. Merryman
<b>Contact Person:</b>	Lee J. Merryman
<b>Address:</b>	1579 Reed Ranch Road
<b>City/Zip Code:</b>	Boulder, CO 80302
<b>Phone (Work/Cell):</b>	303-442-4393 or 303-717-8260
<b>Email:</b>	JIM.MERRYMAN@LeftBrainMedia.com
<b>Fax:</b>	

Community At Risk Information			
<b>Name of Project:</b>	Merryman		
<b>Community Name(s):</b>	Meadow Glen		
<b>County:</b>	Boulder	<b>Congressional District:</b>	R71W, T2N,Sec 34
<b>Latitude (decimal degrees):</b>	105 18.694W	<b>Longitude (decimal degrees):</b>	40 5.839N
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>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>	\$2,726.00
<b>Will this Project be conducted as a Pass-Through Grant?</b>	<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)**

Project will conduct forest thinning throughout property where previous ESF treatments were not done, as well as limbing of the leave-trees. Aim to create adequate spacing of remaining trees, as well as increase of species diversity (Ponderosa Pine and Douglas Fir). All work completed will improve the quality of forest health, as well as to reduce the risks associated with wildfire. Project work will not only mitigate the immediate wildfire threats to the residence, but will be beneficial for all of the homeowner's in the Meadow Glen Forest Homeowner's Association (all located off of Reed Ranch Rd.), as egress (emergency) for fire road use will improve. This fire road will also serve as an alternate escape route for the entire community.

### 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 Homeowner will do the majority of project work. Trees that require technical felling, as well as excessive mountain pine beetle hit trees, will require additional contractor support, and will be contracted out to a local mitigation crew. MPB hit trees will be debarked and dealt with accordingly to ensure that no further expansion occurs on the property.

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

Remaining trees will be continually monitored for insect and disease attacks, and removed as deemed necessary. Continual limbing and removal of encroaching vegetation will be done yearly.

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

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

**Provide a timeline for the project**

Landowner will begin thinning work ASAP, and continue through completion, which is targeted for Fall 2012.

### 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.).

Project work will complement ongoing project work being performed by the Boulder Mountain Fire District Mitigation Crew (now thinning along paved road throughout the subdivision). Inclusion of private contractor to assist with MPB hit trees (debarking/shredding/chipping).

**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 X Other Forest Management Treatment

Number of acres to be treated: 5.8      Estimated cost per acre: \$1,500.00

**Project Type** (check all that apply)

Defensible Space	X	Thinning w/o Product	X
Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	X	Other	<input type="checkbox"/>

**Total Project Expense (Pass Through)**

<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
Contractual Services:	\$2,726.00	\$ 2,726.00
<b>TOTAL:</b>	<b>\$2,726.00</b>	<b>\$ 2,726.00</b>

Grant funding may only be used for Contractual Service.

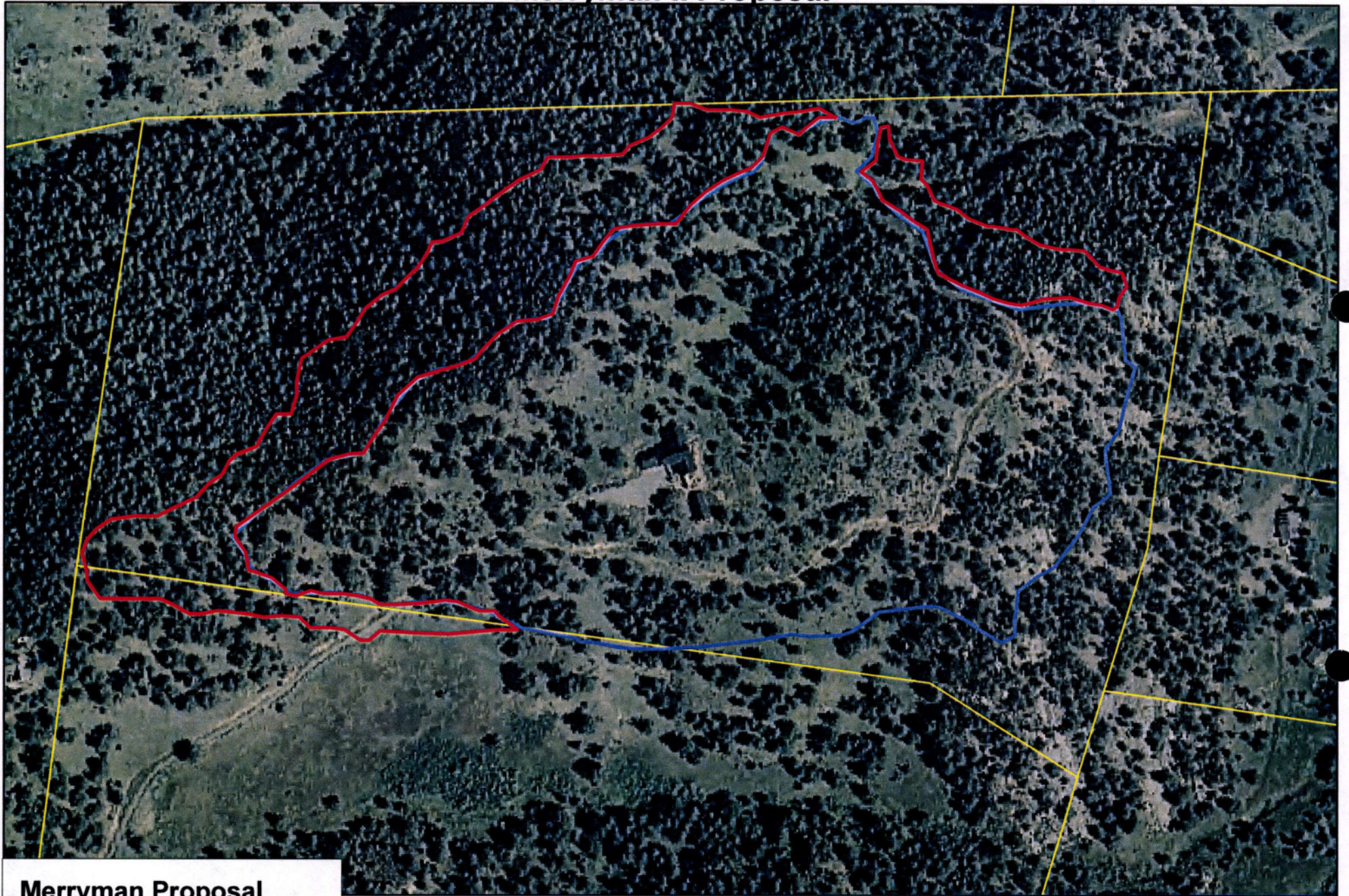
**Total Project Expense (Non-Pass Through)**

<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
Contractual Services:		\$ 0
Indirect Costs:		\$ 0
<b>TOTAL:</b>	<b>\$0</b>	<b>\$ 0</b>



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

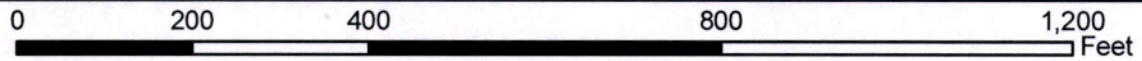
*Attach Project Map Showing Specific Treatment Areas*

# Merryman II Proposal



## Merryman Proposal

-  MerrymanII\_Proposal
-  Merriman\_Proposal:\_18.0Ac



Created By: Bryan Baer  
CSFS BO Dist, March, 2012





EMERGENCY SUPPLEMENTAL FUNDS  
LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-80-62  
(For Official Use Only)

NAME: Lee J Merryman  
MAILING ADDRESS: 1579 Reed Ranch Road  
City: BOULDER State: CO  
Zip code: 80302  
TELEPHONE NO: 303 442 4393

PROJECT ADDRESS/LEGAL DESCRIPTION: 1579 Reed Ranch Rd, Boulder, Co

PRACTICES TO BE COMPLETED BY: 9-30-2012  
Date

Landowner and CSFS forester:		CSFS forester:
Practice No. & Component Title	Quantity Requested	Quantity Approved
		<b>Total:</b>

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: 2/7/2012

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature] DATE: 4/24/2012  
(Additional USFWS guidelines addressed)

**PROGRAM:**

ESF:

Funding Allocated: [Signature] AMOUNT: \$2,726.00 DATE: 3/5/12  
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	
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/> 05-10-12  
ka

Name: LEE J. MERRAMAN

Address: 1579 REED RANCH RD.

BOULDER, CO 80302

N

Approved for Payment

C.S.F.S.  
1843364

05-10-12  
(ka)

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-62 ~

Approved Funding: \$ 2,726.00 ~

Total Project: \$ 2,916.00 ~

CSFS Account Number: 5308400-6693 ~  
'09SUP HAZ FUELS FR BO

Amount of Payment: \$ 2,726.00 ~

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: 5/4/12

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

Project No. 5308400-80-62 -  
(For Official Use Only-  
No. from original application)

Applicant name (please print): JIM MERATMAN

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)		\$ 2,916.00	A Labor Cost= \$ 2,916.00
Operating Exp <sup>3,4</sup> (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B) = \$ 2,916.00
			Amount Originally Approved = \$ 2,726.00 -
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 2,726.00

<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: 4/26/12

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

Mailing Address: 1579 Reed Ranch Rd

City: Boulder

County: Boulder State: CO Zip: 80302

Phone: 303 442 4393

Practice certified by: BRYAN BAER  
CSFS forester

Payment Approval: [Signature]  
CSFS program manager

Amount: \$2,726.00 Date: 5/4/12

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.

01/19/10

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

Project No. 5308400-80-62

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

5.8 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 = _____		



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BOULDER, CO 80302

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Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Approved by \_\_\_\_\_  
(Program manager signature)

Date: \_\_\_\_\_

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

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Phone: 303 442 4393

Practice certified by: BRYAN BAER  
CSFS forester [Signature]

Payment Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
CSFS program manager

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

Project No. 5308400-80-62

To be completed by CSFS forester:

**PROGRAM:**

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#4 Acres planted/ renovated = _____		

**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.

  
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
3/1			8	\$ 162
3/2			8	\$ 162
3/3			8	\$ 162
3/4			4	\$ 81
3/5			4	\$ 81
3/6			2	\$ 40.50
3/7			6	\$ 121.50
3/8			8	\$ 162
3/10			8	\$ 162
3/12			8	\$ 162
3/13			6	\$ 121.50
3/14			2	\$ 40.50
3/15			8	\$ 162
3/16			8	\$ 162
3/18			8	\$ 162
3/19			8	\$ 162
3/20			4	\$ 81
3/21			4	\$ 81
3/22			8	\$ 162
4/3			4	\$ 81
4/4			4	\$ 81
4/5			4	\$ 81
4/6			2	\$ 40.25
4/9			2	\$ 40.50
4/10			4	\$ 81
4/11			4	\$ 81
<b>Total</b>				<b>\$ 2916.</b>