



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/>

Name:

BEN FOSTER

Address:

333 Roxbury Dr.

Boulder, CO 80302

Approved for Payment

C.S.F.S.

1758453

03-15-12

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: 5308400-30-37

Approved Funding: \$ 2,115.00

Total Project: \$ 9,475.50

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 2,115.00

'09SUP HAZ FUELS Fr 30

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

Approved by

(Program manager signature)

Date:

3/12/12

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

Project No. 5308400-130-37(For Official Use Only-
No. from original application)Applicant name (please print): BEN FOSTER

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	9475.50	0	A Labor Cost= 9475.50
Operating Exp. ³ (Actual)		0	B Oper. Exp.=
Project Cost			C Total Project (A+B) = 9475.50
			Amount Originally Approved = \$ 2,115.00
			Amount to be Reimbursed not to exceed \$470 Per Acre 4.5a x 470 = \$2115.00

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/acre 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: Benny - Z Foster Date: 3/3/12

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

Mailing Address: 333 ROXBURY DR. City: BOULDERCounty: BOULDER State: CO Zip: 80302 Phone: 303-497-1595Practice certified by: BRYAN BAER (B B)
CSFS ForesterPayment Approval: [Signature] Amount: \$2,115.00 Date: 3/12/12
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.

01/19/10

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

Project No. 5308400-80-37

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): _____

4.5 Acres
HAZ FUEL 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

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	7/4/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Ben Foster
Contact Person:	Ben Foster
Address:	333 Roxbury Dr.
City/Zip Code:	Boulder, CO 80302
Phone (Work/Cell):	303-497-1595(w); 303-921-4516(c); 303-442-6333(h)
Email:	foster@ucar.edu
Fax:	

Community At Risk Information			
Name of Project:	Foster		
Community Name(s):	Boulder Heights		
County:	Boulder	Congressional District:	T1N,R71W,Sec#5
Latitude (decimal degrees):	40.084 N	Longitude (decimal degrees):	105.358 W
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	\$2,115.00
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 Boulder Heights area, off of Roxbury Lane. The area is composed of primarily north facing slopes (~>75%). Slopes range from moderate to steep. The forested areas are a mix of Ponderosa Pine and Douglas Fir composition. Juniper and other native grass and shrub species occupy the ground cover.</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 conduct hazardous fuels reduction along the access road to the residence. Creating a healthy shaded fuel break will be the objective of project work. Using a "thin from below" approach, small diameter and suppressed vegetation will be targeted for removal, to increase the residual crown spacing. Mountain pine beetle infested trees, trees with excessive dwarf mistletoe infestations, and trees displaying obvious poor growth characteristics may be prioritized for removal to enhance forest health. All slash will be dealt with in an approvable fashion. All stumps will be cut to 4" on the uphill side on average throughout the project area. All trees left uncut throughout the project area will be limbed to a minimum of six feet above ground level, or up to 25% of the bottom limbs (whichever is of the lesser). All work will reflect CSFS standards of approvable forest stewardship.

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

Landowner will continually monitor property for any new undesirable re-growth of trees, and remove upon detection. Landowner will also monitor maturing, growing vegetation, and continually remove limbs and other ladder fuels as they become present.

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 funding and available contractor are in place, and will continue through completion, which is targeted for Summer 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

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:	4.5	Estimated cost per acre:	\$2,000.00
	Project Type (check all that apply)			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
	Fuelbreak	<input checked="" 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:	\$2,115.00	\$ 2,115.00
	TOTAL:	\$2,115.00	\$ 2,115.00

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

Foster Project



0 125 250 500 750 1,000 Feet

Foster Proposal: 2acres

-  Foster
-  BOCO_PARCELS1209



Created By: Bryan Baer
CSFS - Boulder Dist.
May, 2011





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-80-37
(For Official Use Only)

NAME: BEN FOSTER

MAILING ADDRESS: 333 ROXBURY DR.

City: BOULDER State: CO

Zip code: 80302

TELEPHONE NO: 303-497-1595

PROJECT ADDRESS/LEGAL DESCRIPTION: 333 ROXBURY DR, BOULDER

PRACTICES TO BE COMPLETED BY: Spring 2012
Date

80302

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: Ben Foster DATE: 1/15/11

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: B. B. DATE: 3/5/2012
(Additional USFWS guidelines addressed)

PROGRAM:

ESF: ☒

Funding Allocated: Allen AMOUNT: \$2,115.00 DATE: 6/27/11

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.

01/19/10



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Invoice #	2011-193
Date:	10/31/11

Customer

Name	Bryan Standley		
Address	323 Roxbury		
City	Boulder	State Co	ZIP 80302

Subtotal	\$ 345.00
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TOTAL	\$ 345.00
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Office Use Only

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 1.0% per month of the unpaid balance.

Please make checks payable to Boulder Mountain Fire Protection District

