

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:	4/1/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Michael Dowell
Contact Person:	Michael Dowell
Address:	18685 State Hwy 7
City/Zip Code:	Allenspark, CO 80510
Phone (Work/Cell):	303-747-1717
Email:	
Fax:	

Community At Risk Information			
Name of Project:	Dowell		
Community Name(s):	Allenspark		
County:	Boulder	Congressional District:	T3N,R73W,Sec#11
Latitude (decimal degrees):	105°32' 19.682W	Longitude (decimal degrees):	40°14'38.827N
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/> X	Number of:	1
Businesses:		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	\$1,880.00
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 proposed project area is located around the main structure on the property. The forest type consists of dense ponderosa pine, lodgepole pine and Douglas-fir. The forested area also includes many old growth ponderosa which will be protected during the project. The overall goal is to lessen fuel loading around the structures, as well as, promote forest health. They also hope to use their property as a show place when the work is completed in order to encourage other landowners to do the same.</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

The primary objective of the project is to reduce hazardous fuels currently present on the site and improve forest health to lessen the impact of bark beetles. The primary management technique will consist of free thinning mainly targeting the removal of trees that are unhealthy due to insect and disease issues, as well as, creating good canopy spacing between single trees and groupings of trees. Reducing ladder fuel will as so be a priority of the project. When possible seedlings and saplings will be retained if located in open areas and not under retained trees. Slash will be dealt with by either piling for burning at a later time, hauled off site, or lopped and scatted throughout the project area. All remaining trees will be limbed up six feet or 1/3rd of the trees whichever is the less.

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

Landowner will continually monitor project area in future years for insect and disease issues and mitigate any that are located. The landowner will also monitor the area for windthrow that may occur due to the change of density in the stand.

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

Project work will begin as soon as possible and will continue through completion, which is targeted for 4/1/2012.

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

The landowners will complete the mitigation work themselves and could possibly hire a contractor if the need arises. They also plan to use any wood products produced from the project to heat their home.

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 X Other Forest Management Treatment X			
	Number of acres to be treated:	4	Estimated cost per acre:	\$1,000 per acre
	Project Type (check all that apply)			
	Defensible Space	X	Thinning w/o Product	<input type="checkbox"/>
	Fuelbreak	X	Mastication	<input type="checkbox"/>
	Thinning w/ Product	X	Other	<input type="checkbox"/>

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 1,880.00
	TOTAL:	\$1,880.00	\$ 1,880.00

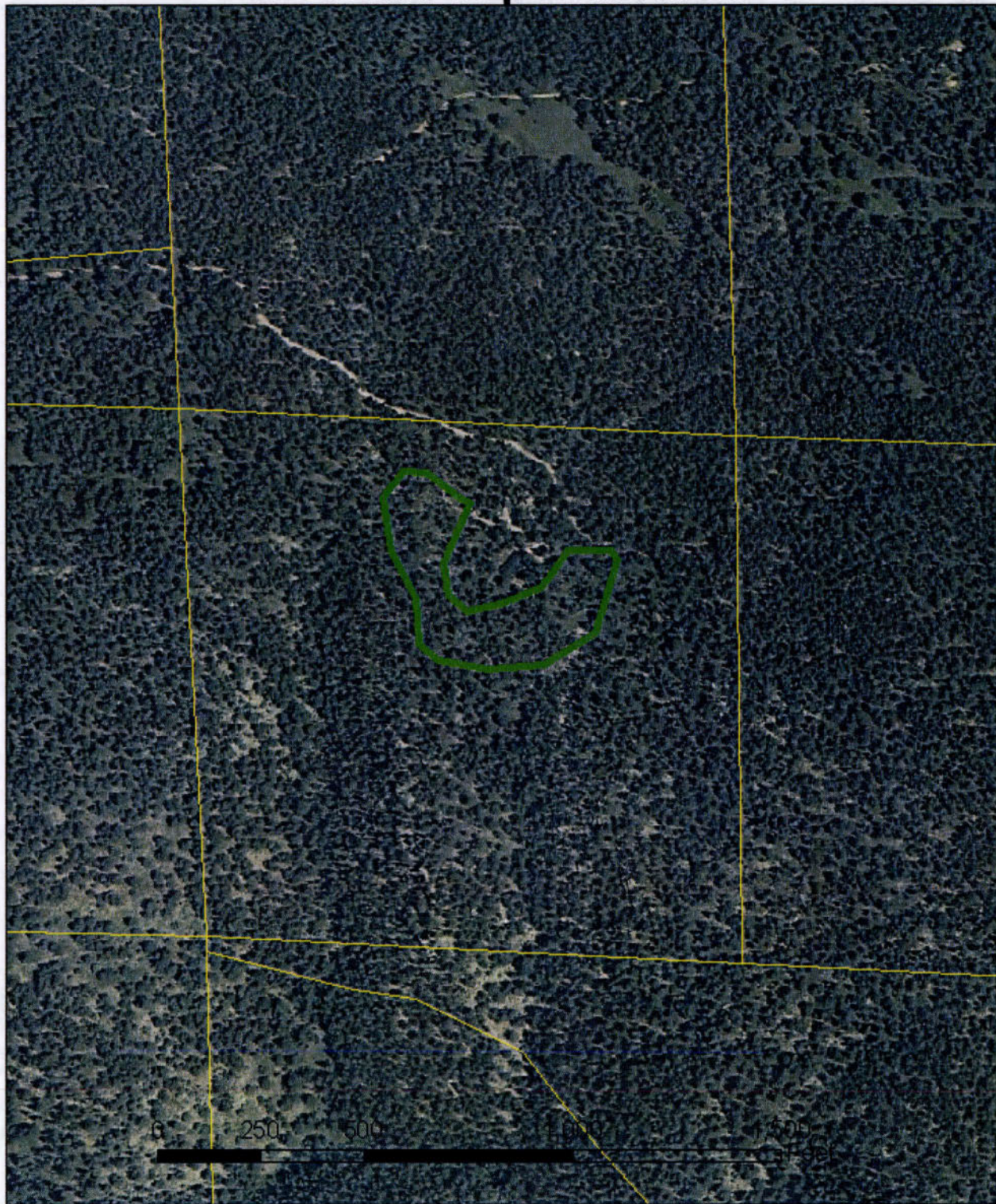
Grant funding may only be used for Contractual Service.

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

Dowell Proposal Area



Dowell Proposal: 2.6 Acres

 owners_01_19_2006_poly





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 530 8400-30-28
(For Official Use Only)

NAME: Michael N. Dowell
MAILING ADDRESS: 18685 Highway 7
City: Lyons State: CO
Zip code: 80540
TELEPHONE NO: 303-747-1717

PROJECT ADDRESS/LEGAL DESCRIPTION: 18685 Highway 7, Lyons, CO 80540

PRACTICES TO BE COMPLETED BY: 4-1-2012 1-1-2013 AB 7/11/12
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: Michael N. Dowell DATE: 3/30/11
To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: B. R. DATE: 1/18/2013
(Additional USFWS guidelines addressed)

PROGRAM:
ESF: X

Funding Allocated: Alison AMOUNT: \$1,000.00 DATE: 5/12/11
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/> 01-29-13

Name: MICHAEL DOWELL

Address: 18685 HIGHWAY 7

LYONS, CO 80540

Approved for Payment

C.S.F.S.

2245520

01-29-13

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-28 ~

Approved Funding: \$1,880.00 ~

Total Project: \$1,944.00 -

CSFS Account Number: 5308400 - 6693

Amount of Payment: \$1,880.00 ~

'09 SUP HAZ FUELS FA BO

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

Final Payment

Approved by

(Program manager signature)

Date:

1/28/13

Colorado State Forest Service

Colorado State University Fort Collins ~ Colorado 80523-5060 ~ (970) 491-6303 ~ FAX: (970) 491-7736

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

Project No. 5308400-30-28(For Official Use Only-
No. from original application)Applicant name (please print): Michael Dowell

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		\$ 1,944.00	A Labor Cost= \$ 1,944.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$ 1,944.00
			Amount Originally Approved = \$ 1,880.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 1,880.00

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: Michael DowellDate: 1-18-13

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

Mailing Address: 18685 Highway 7City: LyonsCounty: Boulder State: CO Zip: 80540Phone: 303-747-1717Practice certified by: Bryan Baer (B.B.)
CSFS foresterPayment Approval: [Signature]
CSFS program managerAmount: \$1,880.00 Date: 1/28/13

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

01/19/10

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

Project No. 5308400-B0-28

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): _____

4.0 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 Program Payment Request

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

Approved by _____
(Program manager signature)

Date: _____

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LANDOWNER ASSISTANCE PROGRAMS
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No. from original application)

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Landowner Signature: Michael Dowell

Date: 1-18-13

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City: Lyons

County: Boulder State: CO Zip: 80540

Phone: 303-747-1717

Practice certified by: Bryan Baer (B Baer)
CSFS forester

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

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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.

Michael J. O'Neill
Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
7-16	M. Donnell	Cutting - Slash removal	8	\$162. ⁰⁰
7-18	M. Donnell	" " "	8	162 ⁰⁰
7-19	M. Donnell	" " "	8	162 ⁰⁰
8-21	M. Donnell		8	
8-22	M. Donnell		8	
8-23	M. Donnell		8	
8-26	M. Donnell		8	
8-27	M. Donnell		8	
9-1	M. Donnell		8	
9-2	M. Donnell		8	
9-3	M. Donnell		8	
9-5	M. Donnell		8	
9-6	M. Donnell		8	
		TOTAL	96	\$1,944. ⁰⁰