



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)	✓

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

03-29-12
KCName: Shambhala Mountain CenterAddress: 151 Shambhala WayRed Feather Lakes, CO 80545

Approved for Payment

C.S.F.S.

1779976

03-29-12

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: 5308420-24-FCApproved Funding: \$9,400Total Project: \$17,057⁰⁰CSFS Account Number: 5308420-24-6693

'09 SUP HAZ FUELS Fr FC

Amount of Payment: \$9,400Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment

Approved by

(Program manager signature)

Date:

3/26/12

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

Project No. 5308420-24 FC
(For Official Use Only-
No. from original application)

Applicant name (please print): SHAMBHALA MOUNTAIN CENTER

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$8,300.00	\$8,757.00	A Labor Cost= \$17,057.00
Operating Exp ^{3,*} (Actual)	—	—	B Oper. Exp.= —
Project Cost	\$8,300.00	8,757.00	C Total Project (A+B)= \$17,057.00
			Amount Originally Approved = \$9,400.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$9,400.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.85/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: Jonathan Barbin

Date: 3/13/12

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

Mailing Address: 151 SHAMBHALA WAY

City: RED FEATHER LAKES

County: LARIMER State: CO Zip: 80545

Phone: 970-881-2184

Practice certified by: Don C. Kelly

CSFS forester

Payment Approval: [Signature]

CSFS program manager

Amount: \$9,400.00

Date: 3/26/12

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

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

Project No. 5308420-24

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 = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____
Acres inspected and treated: 20
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

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/>

Name: Shambhala Mountain Center

Address: 151 Shambhala Way

Red Feather Lakes, CO 80545

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: 5308420-24

Approved Funding: \$9,400

Total Project: \$17,057.00

CSFS Account Number: 5308420-24 - 6693

Amount of Payment: \$9,400

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

Approved by _____
(Program manager signature)

Date: _____

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

Project No. 5308420-24
(For Official Use Only-
No. from original application)

Applicant name (please print): SHAMBHALA MOUNTAIN CENTER

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$8,300.00	\$8,757.00	A Labor Cost= \$17,057.00
Operating Exp ^{3,*} (Actual)	—	—	B Oper. Exp.= —
Project Cost	\$8,300.00	8,757.00	C Total Project (A+B)= \$17,057.00
			Amount Originally Approved = \$9,400.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$9,400.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.85/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: Jonathan Barbin

Date: 3/13/12

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

Mailing Address: 151 SHAMBHALA WAY

City: RED FEATHER LAKES

County: LARIMER State: CO Zip: 80545

Phone: 970-881-2184

Practice certified by: [Signature]
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.

01/19/10

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

Project No. 5308420-24

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 = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: 20

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 = _____ | | |

Elkhorn Excavating

Date 2/17/2012 Type Bill Reference Inv. 2121

Original Amt.
8,300.00Balance Due
8,300.00

2/20/2012

Discount

Check Amount

Payment
8,300.00
8,300.00

Wells Fargo - Main Ac 5424

8,300.00

SF5001-1SC

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR, IF UNKNOWN, CALL 800-523-2422

GJ7TCS0010000 Y11SF007249

362
SAFEGUARD LITHO USA SFSL1M CK7S08111MOrder Called In? Yes or No

Item #	Quantity	Stock #	Description	Unit Price	Total
			First 500 Trees removed		\$8,300
				Approx	
				Total	\$8,300

Department Head: Chris HornumSignature: Chris Hornum**Delivery Location** (Where do you want these things put when the town tripper gets back with them?)

Special Instructions: _____

If the town trip is full, can this order wait? Yes or No



SHAMBHALA MOUNTAIN CENTER

151 Shambhala Way

Red Feather Lakes, CO 80545

voice: 970 881 2184 x 214 fax: 970 881 2909

email: accountspayable@shambhalamountain.org

Colorado Tax Exempt# 98-14860-0000

FORMS MUST BE SUBMITTED BY 1:30 PM IN FINANCE MAIL BOX OR 2:30 PM IN FINANCE OFFICE FOR TOWN TRIP OR NEXT DAY PROCESSING

Date: February 17, 2012

To: Elkhorn Excavating

Ordered By: Chad Hofmann

Address: _____ Department: Land Steward

Program Name: MPB project

Phone: _____ Program Number: _____

Order Called In? ☒ Yes or ☐ No

Item #	Quantity	Stock #	Description	Unit Price	Total
			First 500 Trees removed		\$8,300
				Approx	
				Total	\$8,300

Department Head: Chad Hofmann Signature: Chad Hofmann

Delivery Location (Where do you want these things put when the town tripper gets back with them?)

Special Instructions: _____

If the town trip is full, can this order wait? Yes ☐ or No ☐

Landowner Signature _____

[illegible]

Invoice

Elkhorn Excavating

6173 County Road 68C
Red Feather Lakes, 80545

DATE	INVOICE #
2/17/2012	2121

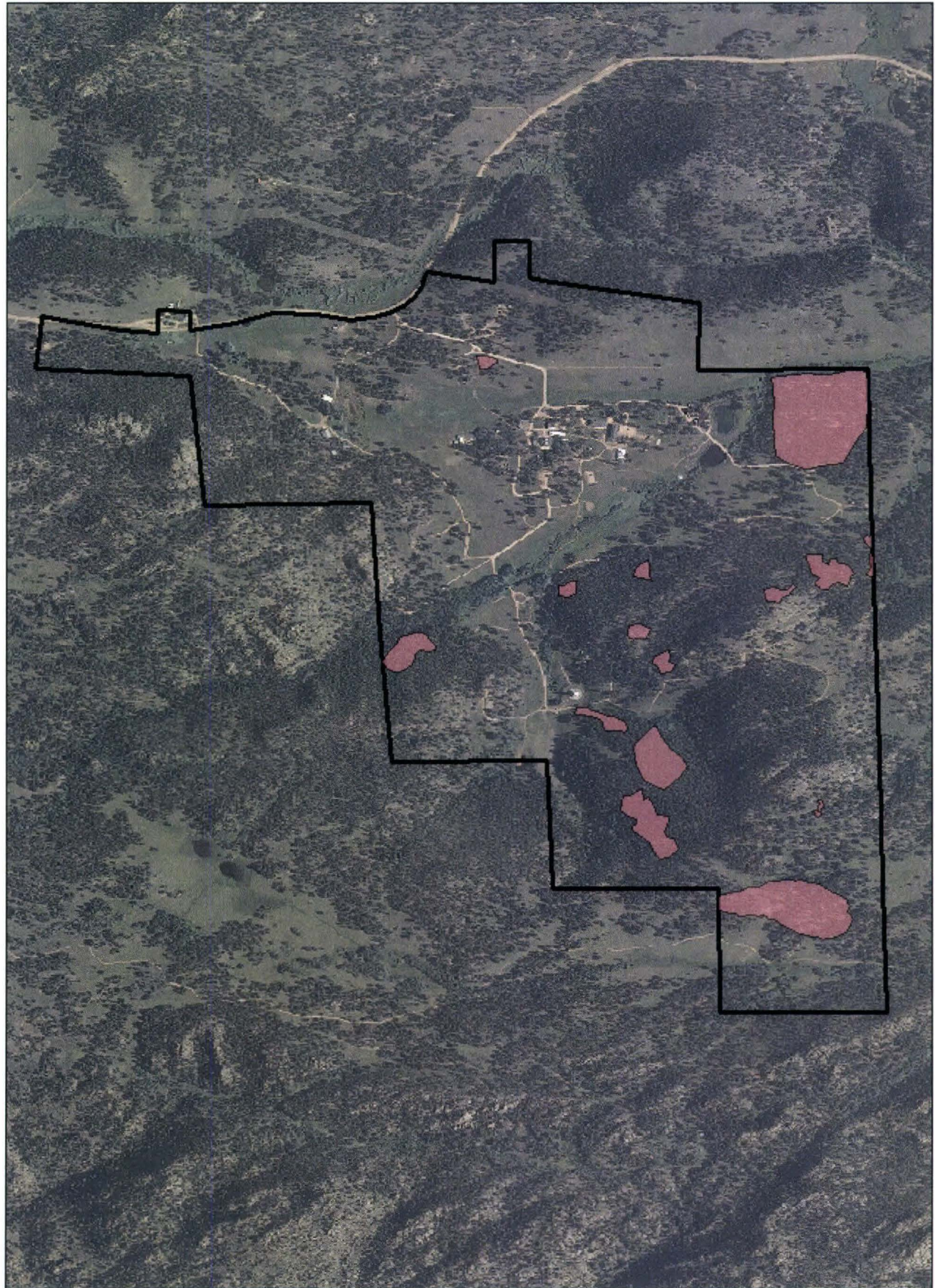
BILL TO
SMC 151 Shambhala Way Red Feather Lakes, CO 80545

DUE UPON RECEIPT

DATE	DESCRIPTION	AMOUNT
	500 Trees skidded, loaded, and hauled @ \$15 per tree	7,500.00
	Additional equipment time	800.00
Total		\$8,300.00

THANK YOU FOR CHOSING ELKHORN
EXCAVATING. WE LOOK FORWARD TO SERVING
YOU IN THE FUTURE.

Shambhala Mountain Center



0 550 1,100 2,200 3,300 4,400 Feet

 PolygonEvent_38 Acres
 Shambhala Mountain Center

Created December 2011





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/>
06-13-11
keName: Shambhala Mountain CenterAddress: 151 Shambhala Way
Red Feather Lakes, CO 80545

Approved for Payment

C.S.F.S.

1359625

06-13-11
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: 5308420-17-FC Cooperator Match: \$13,424Approved Funding: \$63,450 ~ Total Project: \$29,274CSFS Account Number: 5308420 - 66693 Amount of Payment: \$15,850 ~
'09SULP HAZ FUELS Fr FCCircle one: 1st Payment 2nd Payment 3rd Payment Final PaymentApproved by [Signature]
(Program manager signature)Date: 6/13/11

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

Project No. 5308420-17
(For Official Use Only-
No. from original application)

Applicant name (please print): SHAMBHALA MOUNTAIN CENTER

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$ 29,274.00		A Labor Cost= \$ 29,274.00
Operating Exp ^{3,*} (Actual)	—		B Oper. Exp.= —
Project Cost	\$ 29,274.00		C Total Project (A+B)= \$ 29,274.00
			Amount Originally Approved = \$ 63,450 -
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 15,850 N

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.85/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: [Signature]

Date: 6/7/11

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

Mailing Address: 151 SHAMBHALA WAY

City: RED FEATHER LAKE

County: LARIMER State: CO Zip: 80545

Phone: _____

Practice certified by: [Signature]

CSFS forester

Payment Approval: [Signature]

CSFS program manager

Amount: \$15,850.00 Date: 6/13/11

N

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

20657

Morgan Timber Products

Date	Type	Reference	Original Amt.	Balance Due	6/13/2011 Discount	Payment
6/7/2011	Bill	SMC 003	29,274.00	29,274.00		29,274.00
					Check Amount	29,274.00

Wells Fargo - Main Ac

29,274.00

163

SF5001-1

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR, IF UNKNOWN, CALL 800-523-2422

GJ7ST90010000

Y10SF004746

SAFEGUARD LITHO USA 8FSL1P 0K7808111P



Shambhala Mountain Center
Red Feather Lakes, CO
970-881-2184 (x 271)

June 2, 2011
Invoice SMC 003

Job _____
Shambhala Mountain Center MPB Hazard Tree Removal

Invoice			
Description	Quantity	Unit Price	Total Amt.

First Invoice:

MPB tree removal	700 trees	\$34.00/tree	\$23,800.00
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Second Invoice:

MPB tree removal	700 trees	\$34.00/tree	<u>\$23,800.00</u>
------------------	-----------	--------------	--------------------

(These invoices have already been paid)			\$47,600.00
---	--	--	-------------

Final Billing Invoice:

Free removal of 729 standing dead MPB killed trees throughout property.
Free day of grinding slash material through Rotochopper MC266.

Balance remaining:

MPB tree removal	861 trees	\$34.00/tree	<u>\$29,274.00</u>
------------------	-----------	--------------	--------------------

Total value of work billed out:			\$76,874.00
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Total Balance Due: \$29,274.00

Please call 970-484-4065 or 970-224-3877 with any questions.

Tungalagsaikhan Nyanrag

From: Land Steward [LandSteward@shambhalamountain.org]
Sent: Tuesday, June 21, 2011 4:17 PM
To: accountspayable@shambhalamountain.org
Subject: FW: Colorado State Forest Service Reimbursement

Follow Up Flag: Follow up
Flag Status: Flagged

Here you go Tunga- Chad

From: Land Steward [mailto:LandSteward@shambhalamountain.org]
Sent: Sunday, June 19, 2011 1:56 PM
To: 'Tammy Marion'
Subject: Colorado State Forest Service Reimbursement

Hello Tammy-

I spoke to Tunga about this, but the paid invoice for Morgan needs to be sent to the Colorado State Forest Service for us to get our last reimbursement:

Diana Selby

Assistant District Forester

Colorado State Forest Service

Fort Collins District

5060 Campus Delivery

Fort Collins, CO 80523-5060

Thanks-

Chad

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

Project No. 5308420-17
(For Official Use Only-
No. from original application)

Applicant name (please print): SHAMBHALA MOUNTAIN CENTER

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$ 29,274.00		A Labor Cost= \$ 29,274.00
Operating Exp ^{3,*} (Actual)	—		B Oper. Exp.= —
Project Cost	\$ 29,274.00		C Total Project (A+B)= \$ 29,274.00
			Amount Originally Approved = \$ 63,450
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 15,850

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.85/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: [Signature]

Date: 6/7/11

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

Mailing Address: 151 SHAMBHALA WAY

City: RED FEATHER LAKES

County: LAZARUS State: CO Zip: 80545

Phone: _____

Practice certified by: [Signature]
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.

01/19/10

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

Project No. 5308420-17

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 = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: 34

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

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: Shamphala Mountain Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 80545

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: 5308420-17 Cooperator Match: \$13,424

Approved Funding: \$103,450 Total Project: \$29,274

CSFS Account Number: 5308420 - 66693 Amount of Payment: \$ 15,850

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

Approved by _____ Date: _____
(Program manager signature)

Michael Earl

[illegible]



Shambhala Mountain Center
Red Feather Lakes, CO
970-881-2184 (x 271)

June 2, 2011
Invoice SMC 003

Job _____
Shambhala Mountain Center MPB Hazard Tree Removal

Invoice			
Description	Quantity	Unit Price	Total Amt.

First Invoice:

MPB tree removal	700 trees	\$34.00/tree	\$23,800.00
------------------	-----------	--------------	-------------

Second Invoice:

MPB tree removal	700 trees	\$34.00/tree	<u>\$23,800.00</u>
------------------	-----------	--------------	--------------------

(These invoices have already been paid)			\$47,600.00
---	--	--	-------------

Final Billing Invoice:

Free removal of 729 standing dead MPB killed trees throughout property.
Free day of grinding slash material through Rotochopper MC266.

Balance remaining:

MPB tree removal	861 trees	\$34.00/tree	<u>\$29,274.00</u>
------------------	-----------	--------------	--------------------

Total value of work billed out:			\$76,874.00
---------------------------------	--	--	-------------

Total Balance Due; \$29,274.00

Please call 970-484-4065 or 970-224-3877 with any questions.



Shambhala Mountain Center
Red Feather Lakes, CO
970-881-2184 (x 271)

June 2, 2011
Invoice SMC 003

Job _____
Shambhala Mountain Center MPB Hazard Tree Removal

Invoice			
Description	Quantity	Unit Price	Total Amt.

First Invoice:

MPB tree removal	700 trees	\$34.00/tree	\$23,800.00
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MPB tree removal	700 trees	\$34.00/tree	<u>\$23,800.00</u>
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(These invoices have already been paid)			\$47,600.00
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Free day of grinding slash material through Rotochopper MC266.

Balance remaining:

MPB tree removal	861 trees	\$34.00/tree	<u>\$29,274.00</u>
------------------	-----------	--------------	--------------------

Total value of work billed out:			\$76,874.00
---------------------------------	--	--	-------------

Total Balance Due: \$29,274.00

Please call 970-484-4065 or 970-224-3877 with any questions.



Shambhala Mountain Center
Red Feather Lakes, CO
970-881-2184 (x 271)

March 17, 2011

Job _____
Shambhala Mountain Center MPB Hazard Tree Removal

Invoice _____

Description	Quantity	Unit Price	Total Amt.
-------------	----------	------------	------------

First Billing Invoice;

MPB tree removal	700 trees	\$34.00/tree	\$23,800.00
------------------	-----------	--------------	-------------

Total Services Due; \$23,800.00

Payment due upon receipt.

Please call 970-484-4065 or 970-224-3877 with any questions.



Shambhala Mountain Center
Red Feather Lakes, CO
970-881-2184 (x 271)

April 7, 2011
Invoice SMC 002

Job _____
Shambhala Mountain Center MPB Hazard Tree Removal

Invoice _____

Description	Quantity	Unit Price	Total Amt.
-------------	----------	------------	------------

Second Billing Invoice;

MPB tree removal	700 trees	\$34.00/tree	\$23,800.00
------------------	-----------	--------------	-------------

Total Services Due: \$23,800.00

Please call 970-484-4065 or 970-224-3877 with any questions.



COPY

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/>

05-05-11
kc

Name: Shambhala Mountain Center

Address: 151 Shambhala Way

Red Feather Lakes, CO 80545

Approved for Payment

C.S.F.S.

1294664

05-05-11

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: 5308420-17-FC ~ Cooperator Match: \$ 0 N/A

Approved Funding: \$ 63,450 Total Project: \$ 23,800

CSFS Account Number: 5308420-6643 Amount of Payment: \$ 23,800 ~
'09 SUP HAZ FUELS Fr FC

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

Approved by [Signature]
(Program manager signature)

Date: 4/28/11

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

Project No. 5308420-17
(For Official Use Only-
No. from original application)

Applicant name (please print): SHAMBHALA Mountain Center

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$ 23,800.00	—	A Labor Cost= \$ 23,800.00
Operating Exp ^{3,*} (Actual)	—	—	B Oper. Exp.= —
Project Cost			C Total Project (A+B) = \$ 23,800.00
			Amount Originally Approved = \$ 63,470.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 23,800.00 ✓

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.85/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: [Signature]

Date: 4/19/11

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

Mailing Address: 151 SHAMBHALA Way

City: RED FEATHER LAKES

County: LARIMER State: CO Zip: 80545

Phone: 970-881-2184

Practice certified by: [Signature]
CSFS forester

Payment Approval: [Signature]
CSFS program manager

Amount: \$23,800.00 Date: 4/28/11

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

COPY



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: Shambhala Mountain Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 80545

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: 5308420-17-FC Cooperator Match: \$ 0

Approved Funding: \$ 63,450 Total Project: \$ 23,800

CSFS Account Number: 5308420-17-6643 Amount of Payment: \$ 23,800

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. 5308420-17
(For Official Use Only-
No. from original application)

Applicant name (please print): SHAMBHALA Mountain Center

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$ <u>23,800.00</u>	<u> </u>	A Labor Cost= \$ <u>23,800.00</u>
Operating Exp ^{3,*} (Actual)	<u> </u>	<u> </u>	B Oper. Exp.= <u> </u>
Project Cost			C Total Project (A+B) = \$ <u>23,800.00</u>
			Amount Originally Approved = \$ <u>63,470.00</u>
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ <u>23,800.00</u>

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.85/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: [Signature] Date: 4/19/11

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

Mailing Address: 151 SHAMBHALA Way City: RED FEATHER LAKES

County: LARIMER State: CO Zip: 80545 Phone: 970-881-2184

Practice certified by: [Signature]
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.

01/19/10

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

Project No. 5308420-17

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 = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: 50.7

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 = _____		

William Eakin
Landowner Signature

[illegible]



Shambhala Mountain Center
Red Feather Lakes, CO
970-881-2184 (x 271)

April 7, 2011
Invoice SMC 002

Job _____
Shambhala Mountain Center MPB Hazard Tree Removal

Invoice			
Description	Quantity	Unit Price	Total Amt.

Second Billing Invoice;

MPB tree removal	700 trees	\$34.00/tree	\$23,800.00
------------------	-----------	--------------	-------------

Total Services Due; \$23,800.00

Please call 970-484-4065 or 970-224-3877 with any questions.



COPY

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/>

04-04-11
kc

Name: Shambhala Mountain Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 80545

Approved for Payment

C.S.F.S.

1246438

04-05-11
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: 5308420-17 - FC

Cooperator Match: \$0

Approved Funding: \$63,450

Total Project: \$23,800

CSFS Account Number: 5308420-17 - 6693
'09SLP HAZ FUELS Fr FC

Amount of Payment: \$23,800

Circle one:

1st Payment

2nd Payment

3rd Payment

Final Payment

Approved by

(Program manager signature)

Date:

3/30/11

COPY

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

Project No. 5308420-17-FC
(For Official Use Only-
No. from original application)

Applicant name (please print): SHAMBHALA Mountain Center

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	23,800.00	—	A Labor Cost= 23,800.00
Operating Exp ^{3,*} (Actual)	—	—	B Oper. Exp.= —
Project Cost	23,800.00	—	C Total Project (A+B)= 23,800.00
			Amount Originally Approved = 63,450.00
			Amount to be Reimbursed not to exceed \$470 Per Acre 23,800.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.85/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: Jonathan Barbieri

Date: 3/23/11

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

Mailing Address: 151 SHAMBHALA Way

City: Red Feather Lakes

County: Larimer State: CO Zip: 80545

Phone: 970-881-2184

Practice certified by: [Signature]
CSFS forester

Payment Approval: [Signature]
CSFS program manager

Amount: \$23,800.00 Date: 3/30/11

v

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 FOR REIMBURSEMENT (Page 1)**

Project No. 5308420-17
(For Official Use Only-
No. from original application)

Applicant name (please print): SHAMBHALA MOUNTAIN CENTER

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	23,800.00	—	A Labor Cost= 23,800.00
Operating Exp ^{3,*} (Actual)	—	—	B Oper. Exp.= —
Project Cost	23,800.00	—	C Total Project (A+B) = 23,800.00
			Amount Originally Approved = 63,450.00
			Amount to be Reimbursed not to exceed \$470 Per Acre 23,800.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.85/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: Jonathan Barbieri

Date: 3/23/11

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

Mailing Address: 151 SHAMBHALA WAY

City: RED FEATHER LAKE S

County: LARIMER State: CO Zip: 80545

Phone: 970-881-2184

Practice certified by:

Jim C. Sely
CSFS forester

Payment Approval:

CSFS program manager

Amount:

Date:

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. 5308420-17

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 = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: 50.7

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

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: Shambhala Mountain Center

Address: 151 Shambhala Way
Red Feather Lakes, CO 80545

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: 5308420-17 Cooperator Match: \$0

Approved Funding: \$63,450 Total Project: \$23,800

CSFS Account Number: 5308420-17-6693 Amount of Payment: \$23,800

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

Approved by _____
 (Program manager signature)

Date: _____

Matthew E. Li

Landowner Signature

[illegible]



Shambhala Mountain Center
Red Feather Lakes, CO
970-881-2184 (x 271)

March 17, 2011

Job _____
Shambhala Mountain Center MPB Hazard Tree Removal

Invoice _____

Description	Quantity	Unit Price	Total Amt.
-------------	----------	------------	------------

First Billing Invoice;

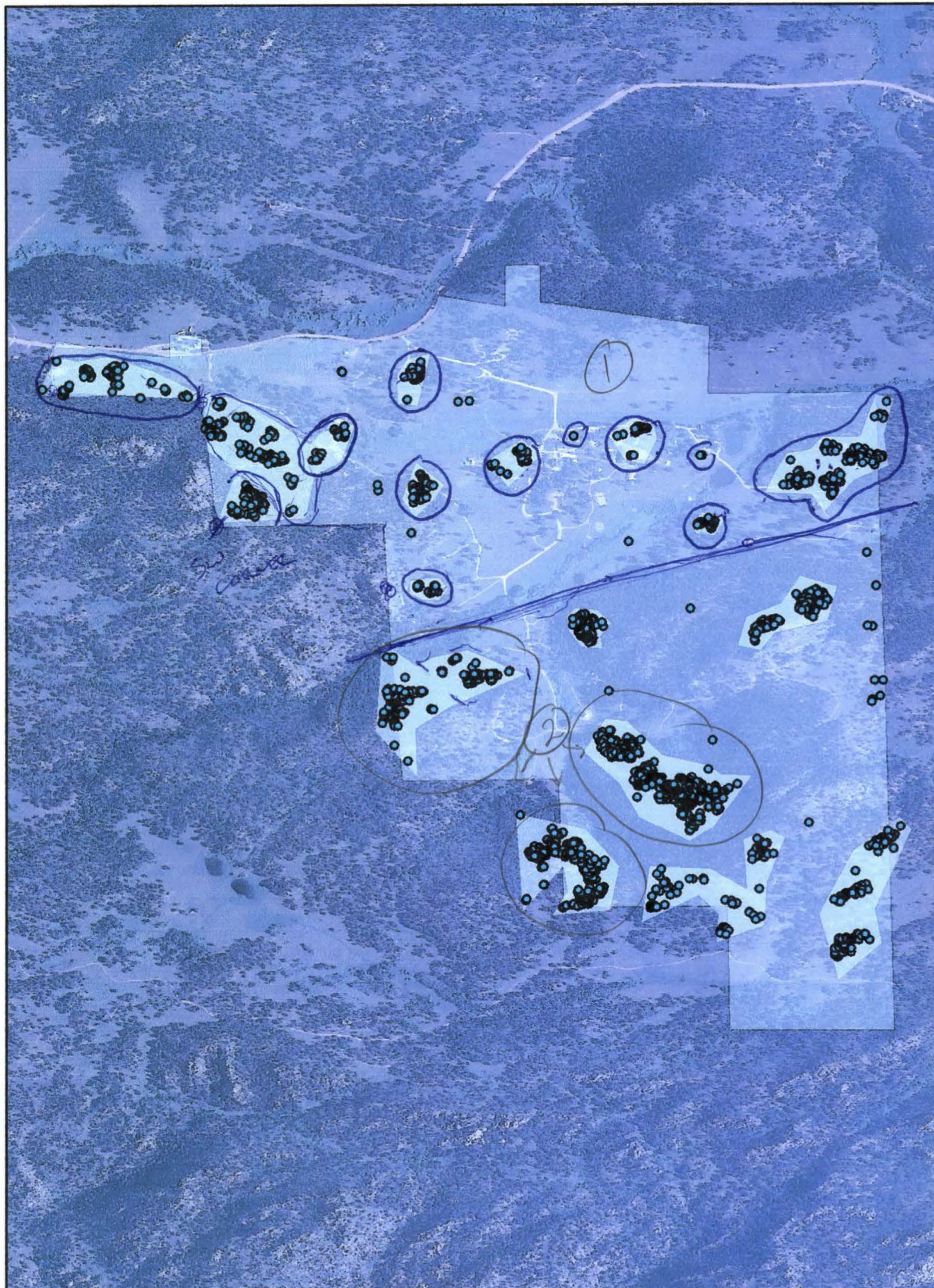
MPB tree removal	700 trees	\$34.00/tree	\$23,800.00
------------------	-----------	--------------	-------------

Total Services Due: \$23,800.00

Payment due upon receipt.

Please call 970-484-4065 or 970-224-3877 with any questions.

Shambhala Mountain Center



0 485 970 1,940 2,910 3,880 Feet

Created January 2011

- Project Areas- 135 acres
- Shambhala Mountain Center



Form A-ES

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION****PROJECT NUMBER:** 5308420-17

(For Official Use Only)

NAME: Shambhala Mountain Center**MAILING ADDRESS:** 151 Shambhala Way**City:** Red Feather Lakes**State:** CO**Zip code:** 80545**TELEPHONE NO:** (970) 881-2184 ext. 271**PROJECT ADDRESS/LEGAL DESCRIPTION:** Lat. 40.7366 Long. -105.5450**PRACTICES TO BE COMPLETED BY:** 09/01/2012

Date

*Landowner and CSFS forester:**CSFS forester:*

Practice No. & Component Title	Quantity Requested	Quantity Approved
LOA 7&9: Forest Health and Fire Risk Reduction	\$63,450	\$63,450
		Total:\$63,450

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:**DATE:***To be completed by CSFS forester:***CSFS FIELD REVIEW SIGNATURE:****DATE:**

(Additional USFWS guidelines addressed)

PROGRAM:**ESF:****Funding Allocated:****AMOUNT:\$****DATE:***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



Form A-ES

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION****PROJECT NUMBER:** 5308420-24*(For Official Use Only)***NAME:** Shambhala Mountain Center**MAILING ADDRESS:** 151 Shambhala Way**City:** Red Feather Lakes**State:** CO**Zip code:** 80545**TELEPHONE NO:** (970) 881-2184 ext. 271**PROJECT ADDRESS/LEGAL DESCRIPTION:** Lat. 40.7366 Long. -105.5450**PRACTICES TO BE COMPLETED BY:** 09/01/2012

Date

*Landowner and CSFS forester:**CSFS forester:*

Practice No. & Component Title	Quantity Requested	Quantity Approved
LOA 7&9: Forest Health and Fire Risk Reduction	\$9,400	\$9,400
		Total:\$9,400

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: Matthew Barbier**DATE:** 3/23/11*To be completed by CSFS forester:***CSFS FIELD REVIEW SIGNATURE:** _____**DATE:** _____

(Additional USFWS guidelines addressed)

PROGRAM:**ESF:** _____**Funding Allocated:** _____ **AMOUNT:\$** _____ **DATE:** _____*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

**Larimer County Assessor Property Information
Property Tax Year 2004****Parcel Number:** 39230-00-007
Tax District: 1918**Schedule Number:** R1596011
Current Mill Levy: 85.078**General Information****Owner Name & Address**VAJRADHATU
4921 COUNTY RD 68C
RED FEATHER LAKES, CO 80545**Property Address**0
Mobile Home Space: 0**Subdivision:** #/230973 - S23 T09 R73**Legal Description**

NW 1/4 NW 1/4 23-9-73

Sales Information

Reception #	Sale Price	Deed Type	Sale Date
2000032293	\$0	QUIT CLAIM DEED	05/05/2000
99091560	\$312,000	WARRANTY DEED	10/11/1999

Value Information

Abstract Code/Description	Value Type	Actual Value	Assessed Value	Gross Acres	Gross SqFt
2119 Com unimp plat	Land	\$500	\$150	0.00	0
Totals:		\$500	\$150		

Current use may not reflect current zoning. Not all parcels are buildable lots.

For questions about this information, contact the Assessor's office at (970) 498-7050.[▲ Back to Property Records Inquiry](#)

200 W. Oak Street • Fort Collins, CO 80521 • 970-498-7000 || © 1995-2004, Larimer County

Jim Tolstrup

881-2184 ext. 271

Lebeda,Boyd

From: owner-csfs-l@colostate.edu on behalf of Frasier,Kathleen [Kathleen.Frasier@colostate.edu]
Sent: Wednesday, August 12, 2009 11:09 AM
To: All Colorado State Forest Service
Subject: Volunteer rate

Hi All,

Please make sure you are using the current volunteer rate of \$19.51 when reporting cost share. We still have landowner reimbursement forms coming in to the State Office with an old old old rate of \$11.68. Reporting cost share is most important and the correct rate ensures that we are reporting accurate figures.

The forms with the most current rate are posted on the intranet so please toss the old forms and use the revised version. I will update the rate after the first of the year and send out a notification to that effect to all CSFS.

Any problems or questions, please call me.

Thanks!
Kathy

February 1, 2005

Jim Tolstrup
Rocky Mountain Shambala Center
4921 County Rd. 68C
Red Feather Lakes, CO 80545

Dear Jim,

We had talked early last fall about doing a forest stewardship plan. I am writing to inquire if the Rocky Mountain Shambala Center is still interested in having the Colorado State Forest Service do a plan. I believe that I sent you a contract a few months back.

Norland Hall and Jacob Frost, from my office, have visited with people there on a couple of occasions.

I need to know in order to schedule the work for our upcoming season. If the center is no longer interest, please let me know that, also.

I hope to hear from you soon.

Sincerely,

Michael M. Hughes
Asst. District Forester
Fort Collins District
Colorado State Forest Service