

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:	7/5/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	David and Alice Osborne
Contact Person:	Alice Osborne
Address:	5319 Hillcrest Dr.
City/Zip Code:	Oxford, OH 45046
Phone (Work/Cell):	513-523-6404
Email:	
Fax:	

Community At Risk Information			
Name of Project:	Osborne		
Community Name(s):	Allenspark		
County:	Boulder	Congressional District:	T3N,R72W,Sec#33
Latitude (decimal degrees):	40.174 N	Longitude (decimal degrees):	105.46 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	\$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 forest is composed of dense stands of ponderosa pine and douglas fir. Rocky mountain juniper and random native grasses and brush occupy the understory. Slopes throughout the project area range from moderate to steep. There has been recent fire activity outside the project area through the Overland Fire. Project work will look to reduce the hazardous fuels that are present throughout the project area.</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 is 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:	4.0	Estimated cost per acre:	\$1,500.00
	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:		\$ 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

Osborne ESF 2011



Osborne: 4acres



Osborne



BOCO_PARCELS1209

0 150 300 600 900 1,200 Feet



Created By: Bryan Baer
CSFS - Boulder District
May, 2011





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-B0-38

(For Official Use Only)

NAME: David and Alice Osborne

MAILING ADDRESS: 5319 Hillcrest Drive

City: Oxford State: OH

Zip code: 45046

TELEPHONE NO: 513-523-6404

PROJECT ADDRESS/LEGAL DESCRIPTION: 18667 Hwy. 7, Lyons, CO 80540

PRACTICES TO BE COMPLETED BY: SPRING 2012
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: Alice R. Osborne

DATE: April 22, 2011

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature] DATE: 3/1/12
(Additional USFWS guidelines addressed)

PROGRAM:

ESF: ☒

Funding Allocated: [Signature]

CSFS District Forester

AMOUNT: \$1,880.00 DATE: 6/27/11



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:

ALICE OSBORNE

Address:

5319 Hillcrest Dr.

Oxford, OH 45056

~

Approved for Payment
C.S.F.S.

1828014

05-01-12

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: 5308400-BO-38 ~

Approved Funding: \$1,880.00 ~

Total Project: \$4,000.00

CSFS Account Number: 5308400-6693

Amount of Payment: \$700.00 ~

'09SUA HAZ FUELS Fr BO

Circle one: 1st Payment 2nd Payment 3rd Payment Final Payment ADD ON ~

Approved by

(Program manager signature)

Date:

4/23/12

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

Project No. 5308400-B0-38(For Official Use Only-
No. from original application)Applicant name (please print): Alice R Osborne

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$4,000.00		A Labor Cost= \$4,000.00
Operating Exp ³ (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B)= \$4,000.00
			Amount Originally Approved = \$1,880.00 ✓
			Amount to be Reimbursed not to exceed \$470 Per Acre \$700.00

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: Alice R. OsborneDate: April 11, 2012

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

Mailing Address: 5319 Hillcrest DriveCity: OxfordCounty: Butler State: OH Zip: 45056Phone: 513-523-6404Practice certified by: Bryan Baer
CSFS foresterPayment Approval: [Signature]
CSFS program managerAmount: \$700.00 Date: 4/23/12

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

COPY

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

Project No. 5308400-80-38

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): _____

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

01/19/10



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/>

03-15-12

Kc

Name: ALICE OSBORNEAddress: 5319 Hillcrest Dr.Oxford, OH 45056

~

Approved for Payment

C.S.F.S.

1758741

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: 5308400-80-38 ~ ✓Approved Funding: \$ 1,180.00 ~Total Project: \$ 4,000.00 ~CSFS Account Number: 5308400-6693

'09SULP HAZ FUELS Fr BO

Amount of Payment: \$ 1,180.00 ~Circle one: 1st Payment 2nd Payment 3rd Payment2nd to
Final PaymentApproved by [Signature]
(Program manager signature)Date: 3/12/12

(412-12)

Should
have been
\$ 1,800.00(\$700 more
in last
reimbursement)

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

Project No. 5308400-80-38(For Official Use Only-
No from original application)Applicant name (please print): Alice R. Osborne

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$ 4,000.00		A Labor Cost = \$ 4,000.00
Operating Exp. ³ (Actual)			B Oper. Exp. = —
Project Cost			C Total Project (A+B) = \$ 4,000.00
			Amount Originally Approved = \$ 1,180.00 ~
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 1,180.00

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: Alice R. OsborneDate: Feb. 7, 2012

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

Mailing Address: 5319 Hillcrest DriveCity: OxfordCounty: Butler State: OH Zip: 45056Phone: 513-523-6404Practice certified by: BRYAN BAER (B.B.)
CSFS foresterPayment Approval: [Signature]
CSFS program managerAmount: \$1,180.00 Date: 3/12/12

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. 5308400-80-38

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
HAB 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 = _____
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Acres treated = _____	#7 Acres treated = _____	#11 Acres = _____
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#4 Acres planted/ renovated = _____		



01/19/10

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

Project No. 5308400-B0-38(For Official Use Only-
No. from original application)Applicant name (please print): Alice R Osborne

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Project Cost			C Total Project (A+B) = <u>\$4,000.00</u>
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* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Alice R. OsborneDate: April 11, 2012

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

Mailing Address: 5319 Hillcrest DriveCity: OxfordCounty: Butler State: OH Zip: 45056Phone: 513-523-6404Practice certified by: Bryan Beer
CSFS foresterPayment Approval: _____ Amount: _____ Date: _____
CSFS program manager

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01/19/10

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

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Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____



01/19/10

Healthy Forest Mitigation Services

311 Warwick Street

Frederick, Colorado 80530

303-833-0329 or 303-775-6585

wildfire2283@msn.com



Invoice

Invoice: 1149

Date: February 7, 2012

Property Owner: Mr. and Mrs. Osborne

Property Address: 18667 Hwy 7
Lyons, Colorado 80510

Cost Summary

- Felling / Bucking of trees on 4 acres
- Piling of slash for burning when cured
- Limbing of all remaining trees
- Meeting requirements set forth in the ESF grant

TOTAL:

\$4,000.00

Thank you

Nicole Palestro



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: ALICE OSBORNE

Address: 5319 Hillcrest Dr.

Oxford, OH 45056

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Total Project: \$ 4,000.00

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 1,180.00

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)**

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CSFS program manager

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01/19/10

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LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

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Restoration Grant (SB71 and HB1199): _____

4.0 Acres
HAB Fuels Red

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#4 Acres planted/ renovated = _____		