

# 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:	Richard Buck
Contact Person:	Richard Buck
Address:	233 Utah Avenue
City/Zip Code:	San Francisco, CA 94080
Phone (Work/Cell):	650-837-8413
Email:	<a href="mailto:Rvb@chbullco.com">Rvb@chbullco.com</a>
Fax:	650-871-1336

Community At Risk Information			
Name of Project:	Buck		
Community Name(s):	Spring Gulch		
County:	Larimer	Congressional District:	T4N,R71W,Sec#34
Latitude (decimal degrees):	105.321 W	Longitude (decimal degrees):	40.275 N
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	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.	
<b>Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment</b>	
Dollar Amount Requested	\$987.00
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 and Rocky Mountain juniper. The forested area also includes many old growth ponderosa which will be protected during the project. The overall goal is to lessen fuel loading on the landscape, as well as, promote forest health. The project will also benefit the subdivision above 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)**

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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 1/3<sup>rd</sup> 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 5/23/2012.

### 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 hire a contractor to complete the project.

### 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

Project Category (check all that apply and answer related questions)			
Hazard Fuels Reduction X Other Forest Management Treatment X			
6	Number of acres to be treated:	2.1	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"/>	

Total Project Expense (Pass Through)		
<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
7	Contractual Services:	\$ 987.00
	<b>TOTAL:</b>	<b>\$ 987.00</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
8	Contractual Services:	\$ 0
	Indirect Costs:	\$ 0
	<b>TOTAL:</b>	<b>\$ 0</b>


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

*Attach Project Map Showing Specific Treatment Areas*

# Richard Buck Spring Gulch Road



**Buck 2.1 acres**

 buck

 Lyons



Created By: Bryan Baer  
CSFS-Boulder District  
November, 2010





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)	<input checked="" type="checkbox"/>

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

*Rm 9/4/12*

Name: RICHARD BUCK

Address: 2199 <sup>SPRING</sup> SPRING GULCH DR.

LYONS, CO 80540

Approved for Payment

C.S.F.S.  
2042202  
09-06-12  
*RC*

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: 5308400-80-41 *v*

Approved Funding: \$ 987.00 *v*

Total Project: \$ 1,701.00

CSFS Account Number: 5308400-6623

*'09 SUP HAZ FUELS FR 80*

Amount of Payment: \$ 987.00 *v*

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

Approved by *[Signature]*  
(Program manager signature)

Date: 8/30/12

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

Project No. 5308400-B0-41  
(For Official Use Only-  
No. from original application)

Applicant name (please print): RICHARD V. BUCK

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)		\$ 1,701.00	A Labor Cost= \$ 1,701.00
Operating Exp <sup>3</sup> (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$ 1,701.00
			Amount Originally Approved = \$ 987.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 987.00

<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: Richard V. Buck Date: 8/15/12

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

Mailing Address: 2199 SPRING GULCH DR City: LYONS

County: LARTIMER State: CO Zip: 80540 Phone: 303 823-5220

Practice certified by: BRIAN BAER (B-B)  
CSFS forester

Payment Approval: [Signature] Amount: \$987.00 Date: 8/30/12  
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.

COPY

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

Project No. 5308400 B0-41

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

2.1 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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Total Project: \$ 1,701.00

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 987.00

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: \_\_\_\_\_

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

Project No. 5308100-Bo-41  
(For Official Use Only-  
No. from original application)

Applicant name (please print): RICHARD V. BUCK

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)		\$ 1,701. <sup>00</sup>	A Labor Cost= \$ 1,701. <sup>00</sup>
Operating Exp <sup>3,4</sup> (Actual)			B Oper. Exp.= /
Project Cost			C Total Project (A+B) = \$ 1,701. <sup>00</sup>
			Amount Originally Approved = \$ 987. <sup>00</sup>
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Practice certified by: Brian Baer (B B)  
CSFS forester

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#4 Acres planted/ renovated = _____		



**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
6/16/12	JEB & RICK	TREE FELLING, SLASH MGMT, & BOLE-WOOD MGMT	10	\$202.50
6/30/12	JEB & RICK	↓	12	\$243.00
7/1/12	JEB & RICK		6	\$121.50
7/13/12	RICK & DIANE		2	\$40.50
7/14/12	RICK & DIANE		4	\$81.00
7/28/12	JEB, RICK, & DIANE		15	\$303.75
8/4/12	JEB, RICK & DIANE		13	\$263.25
8/5/12	RICK & DIANE		10	\$202.50
8/6/12	JEB, RICK, & DIANE		12	\$243.00

\*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.

TOTAL - 84 = \$1,701.00

Richard V. Buch  
Grant Recipient Signature

8/15/12  
Date

[Signature]  
District Forester Signature

8-17-12  
Date