

EXHIBIT A
TO SUBAWARD G- 530831 -001
SCOPE OF WORK

CSFS 2008 : Boulder Mountain Fire Protection District (BMFD)

Work to be completed: This grant will cover up to half of the cost of the highest priority acreage on four new shaded fuel breaks. These fuel breaks will be constructed along primary community access routes in four communities. The fuel breaks will be constructed within the communities of Reed Ranch, Rembrandt, Valley Lane, and Pine Brook Hills. At minimum, sixty-one acres of shaded fuel break treatment will occur.

All grant funds will be used as a $\leq 50\%$ reimbursement for work done on private property parcels that the shaded fuel breaks cross. Boulder Mountain FPD will initially cover the cost of implementation by using their mitigation crew or by paying contractor(s). The FPD will collect funds from private landowners/associations and act as the grant award reimbursement recipient. The limit for CSFS grant matching contribution is set at \$750 per acre. If the costs for treatment are above \$1,500 per acre, the landowners or BMFPD will cover the excess costs for the project.

Milestone dates: The BMFPD Mitigation crew coordinator has all of the private landowner permissions necessary in completing a minimum of 61 acres of fuels mitigation work using the subaward reimbursement funds. Implementation will begin upon approval of this Scope of Work and run through the end of the grant cycle (September 30, 2009). BMFD will periodically submit an "Attachment B: Grant Report/Reimbursement Request" to the local CSFS. A CSFS representative will inspect the reported acreage before reimbursement approval.

Standards and Guidelines: All project work will meet CSFS shaded fuel break guidelines. CSFS will do the initial project setup by flagging shaded fuel break boundaries and marking trees for removal. The BMFD Mitigation Coordinator will be responsible for communicating with affected landowners as necessary and ensuring the project is completed within the grant cycle.

Project Period: November 1, 2008 through September 30, 2009

Subaward Amount: \$46,000 **Minimum Cooperator Match:** \$46,000

Deliverables: Three hundred foot wide shaded fuel breaks will be completed on at least 61 acres. The estimated cost per acre is \$1,500. Four communities consisting of 64 homes will be directly benefited from this project. The projects will also indirectly benefit numerous additional homes and communities as all fuel breaks will occur in the densely populated WUI of Boulder.

Project Types: Homeowner/Community Action, Information/Education, and Implementation/Treatment

All work completed under this subaward must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the subawardee. Attachment B to the subaward entitled "Attachment B, Grant Report/Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

 11/4/08

Financial Assistance Program
Cooperative Match Project

To be conducted by:

Boulder Mountain Fire Protection District

Project Number:	5-30831 - 001
Estimated Project Cost:	\$92,000
Funding provided by CSFS:	\$46,000
Minimum Recipient Match:	\$46,000
Project to be completed by:	9-30-09

Based on the strength of the application submitted by Boulder Mountain Fire Protection District, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$46,000 to accomplish the project described in the attached scope of work.

As the cooperator, Boulder Mountain Fire Protection District, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Attachment 4" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "Attachment B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

CSFS-Boulder District
5625 Ute Highway
Longmont, CO 80503

- D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until September 30, 2009. There will be no extensions provided due to federal fund grant requirements.

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

Boulder Mountain FPD
1905 Linden Drive
Boulder, CO 80304



Date:

11/04/08

Telephone Number: (303) 440-0235 ext 1

Email Address: mitigation@bouldermountainfire.org

Owen Jr,Allen

From: sp@research.colostate.edu
Sent: Friday, September 02, 2011 3:30 PM
To: Krueger,TERESA; Atella,Mary; Owen Jr,Allen
Subject: 5-3 project update (Blue sheet notification)

9/1/2011

Project number 5-30831 has been created or updated

Investigator: Owen Jr,David Allen

08CPG SFA-NFP CG2 BO

Sponsor Name: USDA-USFS-Forest Research

Contract No: 08-DG-11020000-003

Brief description of this action:

8/31/2011

dsharke/extend end date

For more details see the Research Project Status screen on the web at URL:

https://pass.research.colostate.edu/rps/rps.asp?p_proj=0831

Project Start: 10/1/2007

Project End:

9/30/2012

http://purgatory.research.colostate.edu/reports/rwervlet?RPS_Proj+0831+PDF

FILE COPY

***** FILE COPY NON-NEGOTIABLE *****

Date Requested: 11/17/08

V BOULDER MOUNTAIN FPD
E ATTN: STEPHEN LYNN
N 1905 LINDEN DRIVE
D BOULDER CO 80304
O
R

ENCUMBERED

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 415126
P FORT COLLINS CO 80523-6011

Contact: ALLEN OWEN
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program
Multiple Payments

Item #	Description	Qty	UOM	Unit Price	Extension	Acct #	Sub	User
1)	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; State Fire Assistance (a.k.a.SFA); Project # 530831-001-BO; 08CPG SFA-NFP CG2	1	LOT	46000.0000	46000.00	530831	5980	
TOTAL:					\$46,000.00			

NOTIFY THE DEPARTMENT
IMMEDIATELY IF THERE ARE
ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

A415126

Date: 11-14-08		Requested By: Bob Bundy		Resale to:		CSFS Invoice #:		
Vendor: <u>Boulder Mountain FPD</u> Attn: Stephen Lynn 1905 Linden Drive Boulder, CO 80304				Ship To: Colorado State Forest Service Boulder District 5625 Ute Highway Longmont, CO 80503				
Reason for Vendor Selection: <input type="checkbox"/> Sole Source (attach completed Sole Source Justification Form) <input type="checkbox"/> Previous Supplier <input type="checkbox"/> Other						Terms: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">ENCUMBERED</div> <div style="text-align: center; font-style: italic;">11-17-08 ke</div>		
Shipping Instructions: <input type="checkbox"/> FOB Fort Collins, Colorado <input type="checkbox"/> FOB			Delivery Date:		Deliver to: Initials____ Bldg____ Room____ Phone____			
#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total	
1	530831	5980	1	Lot	FINANCIAL ASSISTANCE PROGRAM	\$46,000	\$46,000	
2					COOPERATIVE MATCH PROJECT;			
3					Project Completion Date 09-30-09			
4					AFE 415126			
5								
6								
7								
8								
9								
10								
SPECIAL INSTRUCTIONS:			Expenditure Approval: Authorized Signature: <u>See Attached</u> Date: _____				Subtotal: \$ <u>46,000</u> Discount: \$ _____ TOTAL: \$ <u>46,000</u>	

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Cooperative Match Project**

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Boulder Mountain Fire Protection District

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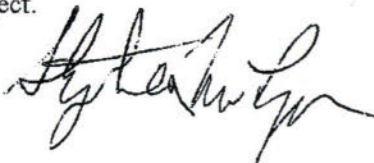
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Boulder, CO 80304



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11/04/08

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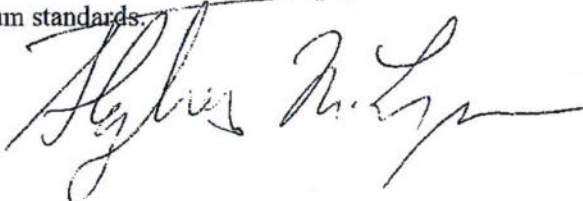
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 11/4/08

Carlin,KAREN

From: Bob Bundy [Bob.Bundy@colostate.edu]
Sent: Friday, November 14, 2008 11:42 AM
To: Carlin,KAREN
Cc: Allen Owen
Subject: 2nd of 3 Pass Through Subawards for CSFS Boulder District
Attachments: 530831-001 Project Notice (BMFPD).pdf; 805-Request BO (BM 08-9).doc

Hello Karen,

Please see attached documents for processing a grant pass through to the Boulder Mtn FD. Let me know if you have any questions, or if I should be sending this to someone else instead.

FYI: I have one more set of documents (for another awarded grant) that I plan to email up in the next week or so.

Thanks.

Bob Bundy
Fuels Treatment Partnership & Wildfire Mitigation Forester
Colorado State Forest Service - Boulder District
5625 Ute Highway Longmont, CO 80503
(303) 823-5774
(303) 823-5768 fax
Bob.Bundy@colostate.edu

11/14/2008

Colorado State Forest Service
Front Range Fuels Treatment
Partnership
Wildland Urban Interface
July/August 2008
Grant Application

DISTRICT'S: Please Complete	
District Submitting Project:	Boulder
Forester Submitting Project:	Bundy
District Priority Number:	1
Date Submitted:	7/11/08
FOR REVIEWER'S USE ONLY:	
FRFTP Rating:	

Applicant Information	
Applicant:	CSFS-Boulder District
Contact Person:	Bob Bundy
Address:	5625 Ute Highway
City/Zip Code:	Longmont, CO 80503
Phone (Work/Cell):	(303) 823-5774
Email:	rbundy@lamar.colostate.edu
Fax:	(303) 823-5768

Community At Risk Information			
Name of Project:	North Boulder Mountain FD		
Community Name(s):	Bow Mountain, Reed Ranch, Rembrandt		
County:	Boulder	Congressional District:	02
Latitude (decimal degrees):	N 40 05' 35"	Longitude (decimal degrees):	W 105 19'00"
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	64
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input checked="" type="checkbox"/>	Number of:	2
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 \$ 50,000	Projected Match \$ 50,000
Will this Project be conducted as a Pass-Through Grant? YES	
3	<p>Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)</p> <p>Boulder Mountain Fire Protection District (BMFPD) is located in the Colorado Front Range Red Zone. The fire district contains the county's highest concentration of mountain homes in a relatively small area. In 2005, BMFPD became the first community in the CSFS-Boulder District to complete a CWPP. The CWPP gives highest priority to life safety, public egress and firefighter access. These priorities identified two urgent tasks: mitigation along highest risk egress routes and the creation of shaded fuel breaks in critical areas where a potential fire would threaten large segments of the district population. The critical areas are located within gaps in the existing system of maintained fuel breaks near high density forested regions. A majority of homes are built on steep slopes (over 57% exceed 31% slope). The WHINFOE model classifies potential fire behavior as 41% high hazard and 51% very high and extreme hazard. The fuel model types in the proposed project are open canopy ponderosa with a grass understory (FM2) and mixed conifer (FM9). The project areas' fire regime historically fell within a 0-35 year frequency with a mixture of condition class 2 and 3. The fire district has its own mitigation crew which has been pivotal in creating community support for implementation of fuels treatment and forest health projects in their WUI.</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 communities of Reed Ranch and Rembrandt have only one way in and out. These access routes have dense tree canopies on each side, making a dangerous evacuation during a wildfire event. The priority treatments for this project will install shaded fuel breaks at the critical egress locations in each of the communities. These treatments will also benefit as shaded fuel breaks. All new fuel breaks will tie into existing meadows and anchored to major roadways. The treatments will extend along the community access roads to the extent that the community's matching funds will cover.

The work will be performed through a BMFPD subaward using their mitigation crew. Shaded fuel breaks will be setup by CSFS personnel using CSFS guidelines (at least 300 feet wide fuel breaks adjusted for slope and topography). In creating the fuel breaks, ladder fuels will be eliminated, retained trees will have a ten foot or greater crown spacing, and standard tree health/size/species diversity will be taken into account during project marking. The fuel breaks will have a combination of chipping done near the roadways and burn piles created in less accessible areas. The piles will be burned the following winter. The requested funds for this project will be sufficient to create 67 or more acres of shaded fuel break with an approximate width of 300 feet.

The priority mitigation acreage outlined in this grant will cover the highest fuels treatment risks for the communities. Fuels treatment will need to occur within the communities for multiple years to mitigate all potential fire hazards. Near the Rembrandt and Reed Ranch communities, the USFS has identified adjacent land for potential treatment. The communities hope their efforts will assist in influencing the USFS to have treatment occur on their nearby lands and allow for additional evacuation routes to be created. The secondary evacuation routes could be created after work has occurred along the existing roads and on USFS land between the communities.

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

BMFPD has a mitigation crew and a full time mitigation coordinator that are dedicated to maintaining the fuel breaks in the community and monitoring for insect and disease. BMFPD relies on funding from the local home owners associations and a chipping grant from the county to fund the project maintenance. The CSFS district has a record of all fuel break locations and the dates of completion. The district will review the project area within 10 years to monitor for maintenance needs.

What is the duration of this project? (check one) ☒ One Year ☐ Two Years

Is this a continuing project from previous year/s? (check one) ☐ Yes ☒ No

Provide a timeline for the project

Upon grant award, a CSFS representative will work with the FD Mit Coordinator to organize community meetings, mark project areas, and finalize permissions. Tree cutting will commence in the fall of 2008 following the finalization of project setup, matching fund collection, contract negotiation, and landowner permissions. Project cutting will continue for one year from the date of award.

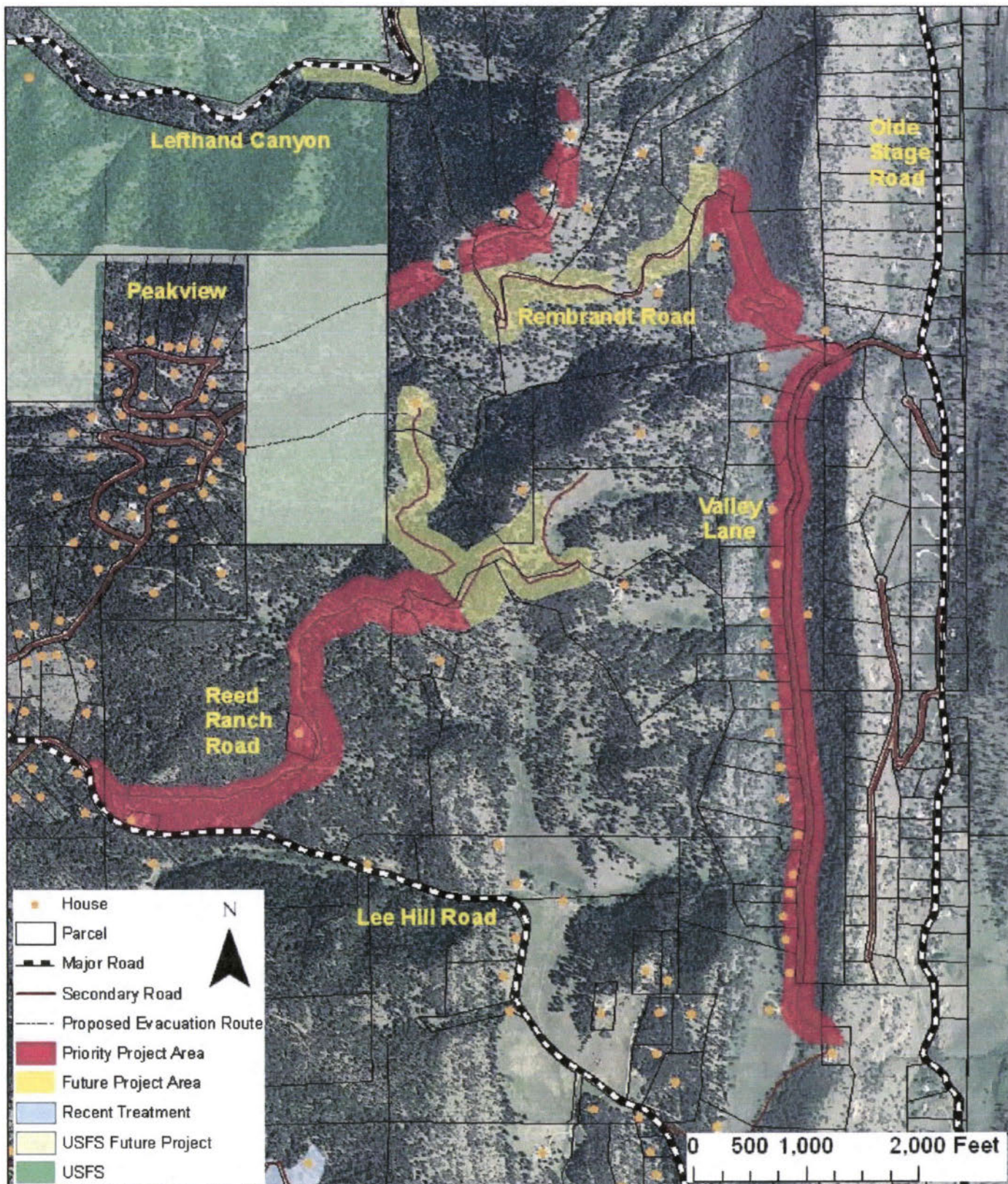
5	Interagency Collaboration	
	Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).	
	Participants include the BMFPD, CSFS, private landowners/HOAs, and Boulder County Land Use.	
	The CSFS and BMFPD will hold public meetings with the affected landowners to provide information on project plans and educate landowners on the rationale behind specific details of the project. The CSFS will do a majority of the project setup with landowner coordination being done by the BMFPD. Boulder County Land Use will assist with project setup and is providing the fire department with a chipping grant. The fuels treatment labor will be completed by the BMFPD mitigation crew. The BMFPD crew will be paid through landowner/HOA funds and reimbursed through a CSFS subaward.	
	Community Wildfire Protection Plan (CWPP)	
Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
Is this project part of the plan? (check one) <input checked="" type="checkbox"/> yes <input type="checkbox"/> no		
A copy of the plan must be submitted with this application, or on file with CSFS.		

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/>			
	Number of acres to be treated: 67+		Estimated cost per acre: \$1,500	
	Number of communities directly affected by this project: 3			
	Information & Education <input checked="" type="checkbox"/>			
	Number of citizens to be reached: 64+			
	Planning <input type="checkbox"/>			
	Number of residences affected:			
	Project Type (check all that apply)			
	Assessment / Scoping:		<input type="checkbox"/>	Implementation / Treatment:
Homeowner / Community Action:		<input checked="" type="checkbox"/>	Monitoring / Evaluation:	<input type="checkbox"/>
Information / Education:		<input checked="" type="checkbox"/>		

7	Grant Contributors (Matching Share)							
	(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Please specify each match contributor and the dollar amount of each contribution. PLEASE FILL ALL FIELDS							
	Contributors: (Please specify)	Reed Ranch	Rembrandt	Bow Mtn - Pine Brook	BoCo Land Use		TOTAL	
	Dollars (HardMatch):	\$ 12,000	\$ 28,000	\$ 10,000	???		\$ 50,000	
	In-Kind (SoftMatch):						\$ 0	
TOTAL:		\$ 12,000	\$ 28,000	\$ 10,000	\$ 0	\$ 0	\$ 0	\$ 50,000

8	Total Project Expense (break down matching share totals from block seven)				
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	Match (from block seven)		TOTAL
			Dollars	In-Kind	
	Personnel / Labor:	\$50,000	\$50,000		\$ 100,000
	Operating:				\$ 0
	Travel:				\$ 0
	Contractual Services:				\$ 0
	Equipment:				\$ 0
	Indirect Costs:				\$ 0
	TOTAL:	\$ 50,000	\$ 50,000	\$ 0	\$ 100,000

Attach Project Map Showing Specific Treatment Areas





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 checked="" 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"/>

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

Name: Boulder Mountain FPD

Address: 1905 Linden Drive

Boulder, CO 80304

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: 530831-BO
08CPG SFA NFP CG2 BO

Cooperator Match: \$2563.11 ^{THIS PERIOD}

Approved Funding: \$46,000

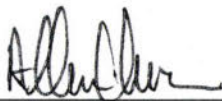
Total Project: \$5126.22

CSFS Account Number: 5308310-6693

Amount of Payment: \$2563.11

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

Final Payment ~~1126.11~~

Approved by 
(Program manager signature)

Date: 5/17/10

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Grant Number: 08CPG SFA-NFP CG2 BO

Project Number: GT- 530831

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

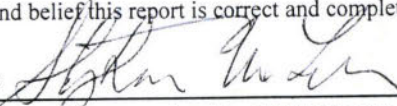
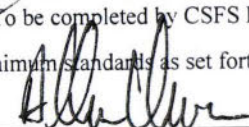
1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD				
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 4/1/2010 To: 4/30/2010				
<p>6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)</p> <p>For this portion of the project 3 acres was mitigated within 150 feet of Reed Ranch Road (Figure 1) and 1/4 of an acre was mitigated within 150 feet of Rembrandt Road (Figure 2) creating a shaded fuel break along these evacuation routes. All work was completed to Colorado State Forest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. Twenty six cubic yards of chips were generated.</p>						
7. Reimbursement Request: \$2,563.11						
Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.						
	Current Period		Project to Date			
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs
Labor*	\$2,563.11	\$2,563.11	\$5,126.22	\$46,000.00	\$46,000.00	\$92,000.00
Material**						
Total	\$2,563.11	\$2,563.11	\$5,126.22	\$46,000.00	\$46,000.00	\$92,000.00
Donated time and materials can only be counted towards the matching component.						
* Use actual costs or \$17.55/hour for donated or volunteers' time.						
** Use actual costs or fair market value of donated materials, supplies, or equipment use.						
8. Amount Paid to CSFS for Products and/or Services : \$						
9. I request reimbursement in the amount of \$ 2,563.11 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents.						
Signature: 			Date: 4/30/10			
10. Certification (To be completed by CSFS District):						
Work meets minimum standards as set forth by CSFS.						
Signature: 			Date: 5/17/10			

Figure 1
Boulder Mountain Fire Protection
Reed Ranch Mitigation Project

May 1, 2010

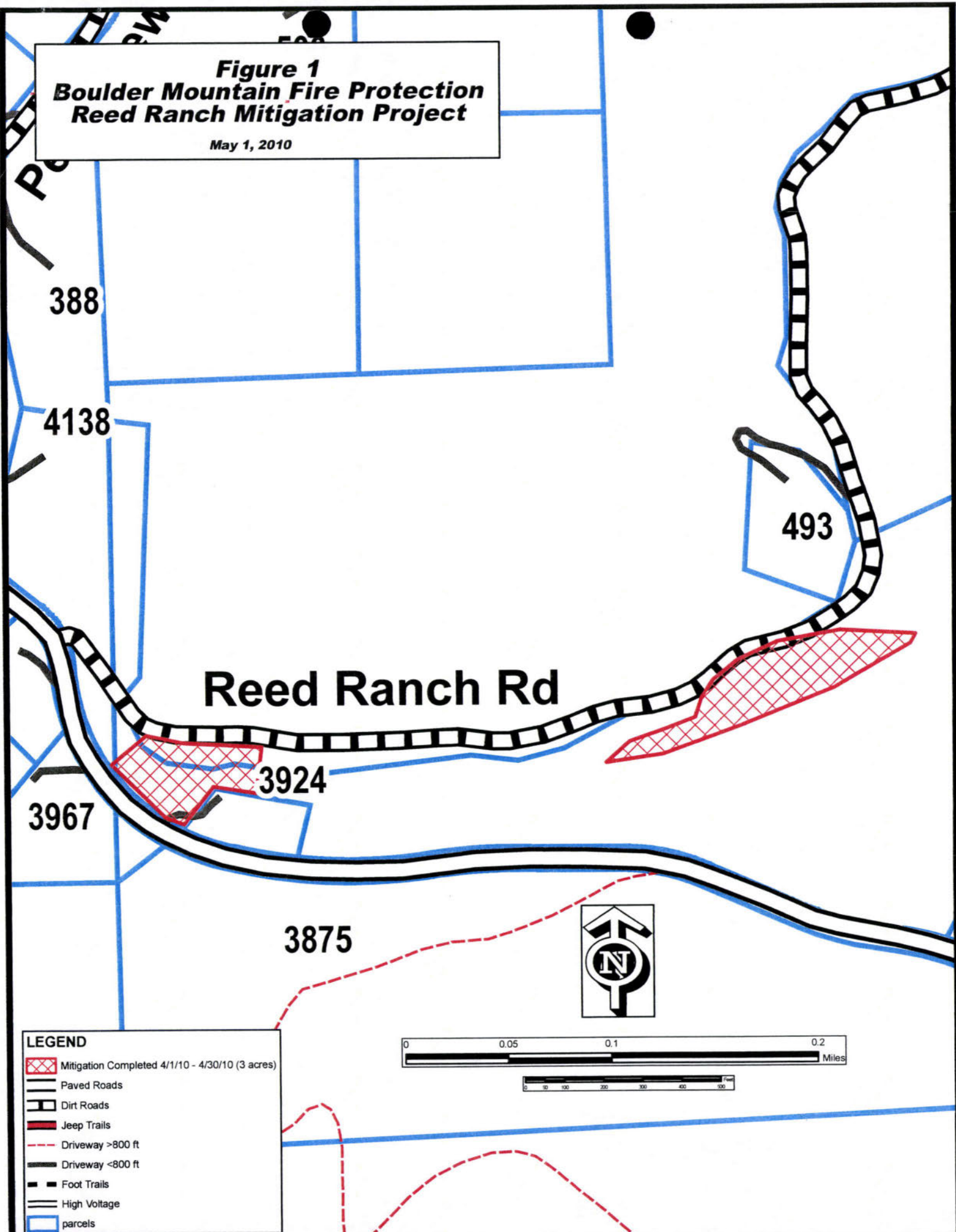
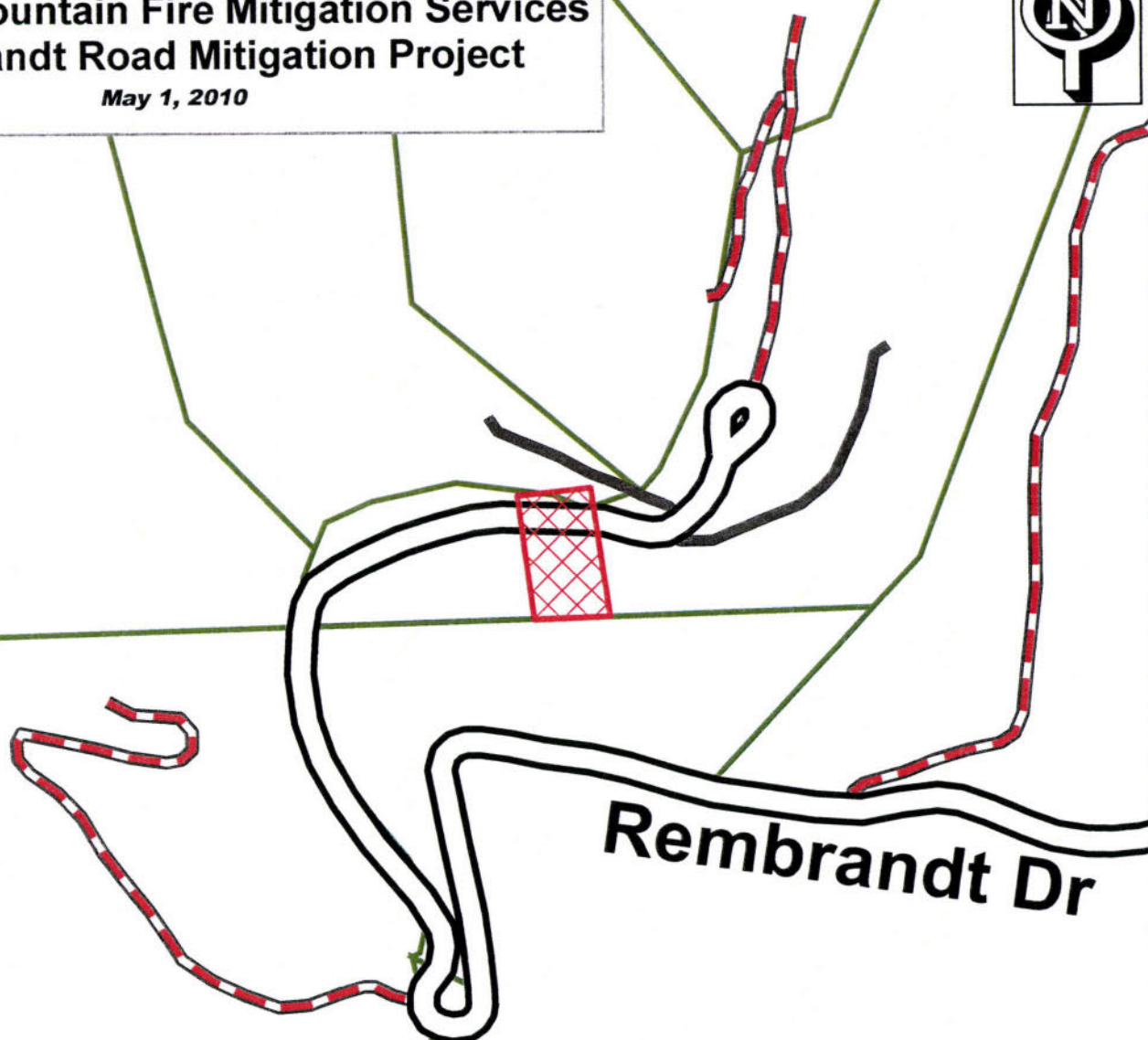
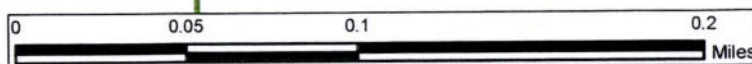


Figure 2
Boulder Mountain Fire Mitigation Services
Rembrandt Road Mitigation Project
May 1, 2010



LEGEND

-  Rembrandt Mitigation Completcd 4/1/10 to 4/30/10
-  Paved Roads
-  Dirt Roads
-  Jeep Trails
-  Driveway >800 ft
-  Driveway <800 ft
-  Foot Trails
-  parcels



CREW TIME REPORT

(1) CREW NAME BmFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BmFPD		(4) FIRE NAME Rembrandt Fuel Break	(5) FIRE NUMBER
(6)	(7)	(8)	(10)
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIF- ICATION	DATE
			Military Time
			Military Time
ON	OFF	ON	OFF
	Palamara	04/10/10	8:15 10:15
	Miller		
	Tate		
	Total		4.5 hrs.
(11) REMARKS			
GRAND = 4.5 hrs. TOTAL			
(12) OFFICER-IN-CHARGE (Signature)		(13) TITLE (Officer-in-Charge)	
(14) NAME (Person Posting to Emergency Time Report)		(15) DATE	

CREW TIME REPORT

(1) CREW NAME BmFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BmFPD		(4) FIRE NAME Rembrandt Fuel Break	(5) FIRE NUMBER
(6)	(7)	(8)	(10)
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIF- ICATION	DATE
			Military Time
			Military Time
ON	OFF	ON	OFF
	Miller	1-4-10	2:00 4:00
	Total		2 hrs
(11) REMARKS			
GPS of completed work.			
GRAND = 2 hrs. TOTAL			
(12) OFFICER-IN-CHARGE (Signature)		(13) TITLE (Officer-in-Charge)	
(14) NAME (Person Posting to Emergency Time Report)		(15) DATE	

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(5) FIRE NUMBER	
(4) FIRE NAME Reed Ranch		(5) FIRE NUMBER	
(6)	(7)	(8)	(10)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			Military Time
			ON OFF ON OFF
	Miller		1-4-10 10:00-12:00
	Total		2 hrs

(11) REMARKS GPS of completed work

GRAND TOTAL = 2 hrs.

(12) OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report)

(15) DATE

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STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(5) FIRE NUMBER	
(4) FIRE NAME Reed Ranch Fuel Break		(5) FIRE NUMBER	
(6)	(7)	(8)	(10)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			Military Time
			ON OFF ON OFF
	Bozeman		8/10/10 9:00 15:00
	Total		6 hrs.
	Palamara		04/12/10 9:00 16:00
	Miller		16:00
	Bozeman		13:00
	Kabal		
	Spahn		
	Tate		
	Total		30 hrs.
	Miller		04/13/10 9:00 16:30
	Spahn		9:00 13:30
	Total		12 hrs.
	Palamara		04/20/10 10:30 16:30
	Miller		
	Tate		
	Total		18 hrs.

(11) REMARKS

GRAND TOTAL = 66 hrs.

(12) OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report)

(15) DATE

261-101



PRINTED ON RECYCLED PAPER

STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

2009 BMFPD Chipping Form

Client Information

Date: 04/13/10

Name: _____

Address: Reed Ranch Fuel Break

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☒ Uphill ☒

Special Instructions:

Onsite Chipping

	Shift 1 + 1	Shift 2	Shift 3	Grand Total
Date:	04/13/10	04/20/10		
Start Time:	10:30	8:45		
Stop Time:	16:30	13:30		
Total Time:	9 hrs.	4.75 hrs.		13.75



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 checked="" 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"/>

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

Name: Boulder Mountain FPD

Address: 1905 Linden Drive

Boulder, CO 80304

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: 530831-BO

08 CPG SFA-NFP CG2 BO

Approved Funding: \$ 46,000


Cooperator Match: \$ 6073.75 ^{THIS PERIOD:}

Total Project: \$ 12,147.50

CSFS Account Number: 5308310-6693 Amount of Payment: \$ 6073.75

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

1st Payment

Approved by 
(Program manager signature)

Date: 4/28/10

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Grant Number: 08CPG SFA-NFP CG2 BO

Project Number: GT- 530831

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

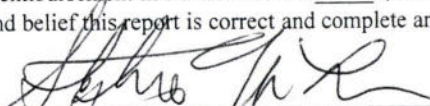
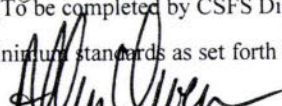
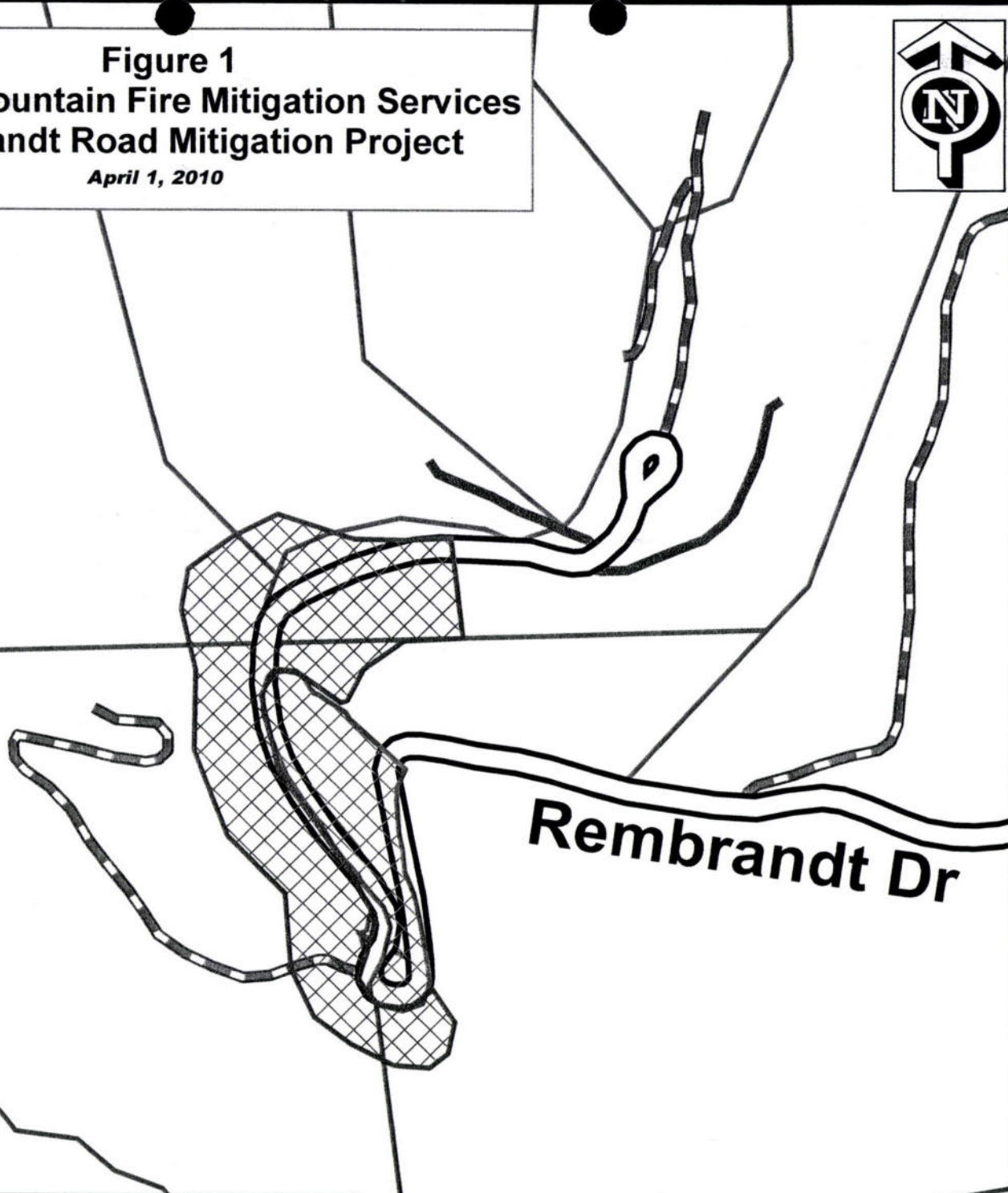
1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 9/1/2009 1/1/10 To: 10/30/2009 3/31/10																																			
6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.) For this portion of the project 6 acres was mitigated within 150 feet of Rembrandt Road (Figure 1), 1.8 acres was mitigated within 150 feet of Valley Lane (Figure 2), 1 acre was mitigated within 150 of Pine View Lane (Figure 3), and 1/4 of an acre was mitigated within 150 of Reed Ranch (Figure 3) creating a shaded fuel break along this evacuation route. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. <u>Twenty six cubic yards</u> of chips were generated.																																					
7. Reimbursement Request: \$6,073.75 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$6,073.75</td> <td>\$6,073.75</td> <td>\$12,147.50</td> <td>\$43,436.89</td> <td>\$43,436.89</td> <td>\$86,873.78</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>\$6,073.75</td> <td>\$6,073.75</td> <td>\$12,147.50</td> <td>\$43,436.89</td> <td>\$43,436.89</td> <td>\$86,873.78</td> </tr> </tbody> </table>			Current Period			Project to Date				Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	\$6,073.75	\$6,073.75	\$12,147.50	\$43,436.89	\$43,436.89	\$86,873.78	Material**							Total	\$6,073.75	\$6,073.75	\$12,147.50	\$43,436.89	\$43,436.89	\$86,873.78
	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	\$6,073.75	\$6,073.75	\$12,147.50	\$43,436.89	\$43,436.89	\$86,873.78																															
Material**																																					
Total	\$6,073.75	\$6,073.75	\$12,147.50	\$43,436.89	\$43,436.89	\$86,873.78																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use.																																					
8. Amount Paid to CSFS for Products and/Or Services : \$																																					
9. I request reimbursement in the amount of \$ <u>6,073.75</u> for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature:  Date: 3/31/10																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature:  Date: 4/28/10																																					

Figure 1
Boulder Mountain Fire Mitigation Services
Rembrandt Road Mitigation Project
April 1, 2010



LEGEND

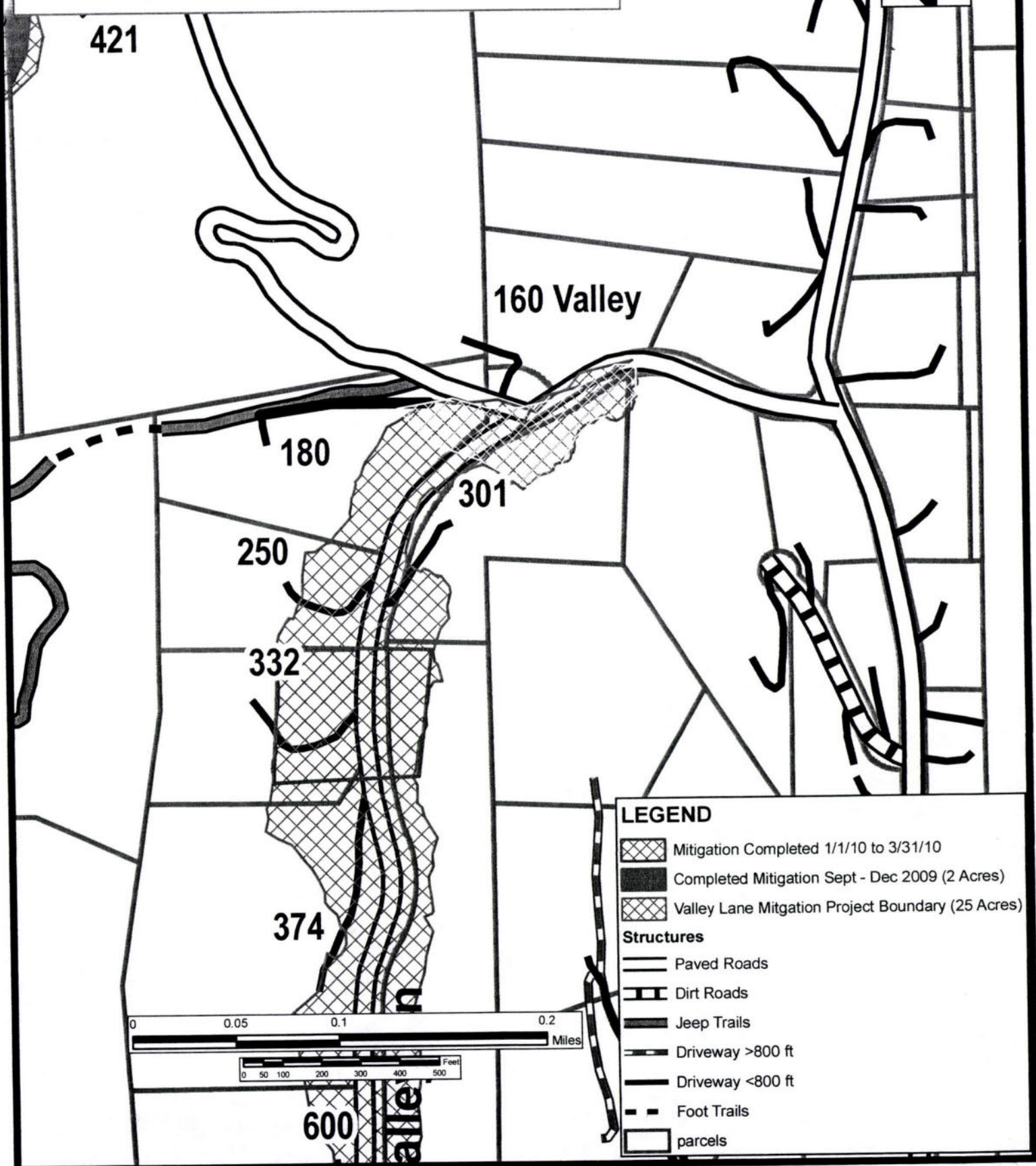
-  Mitigation Completed 1/1/10 to 3/31/10 (6 acres)
-  Mitigation Completed Sept - Dec 2009 (1.5 Acres)
-  Paved Roads
-  Dirt Roads
-  Jeep Trails
-  Driveway >800 ft
-  Driveway <800 ft
-  Foot Trails
-  parcels

0 0.05 0.1 0.2
Miles

0 50 100 200 300 400 500
Feet

Figure 2
Boulder Mountain Fire Mitigation Services
Valley Lane Mitigation Project

April 1, 2010



LEGEND

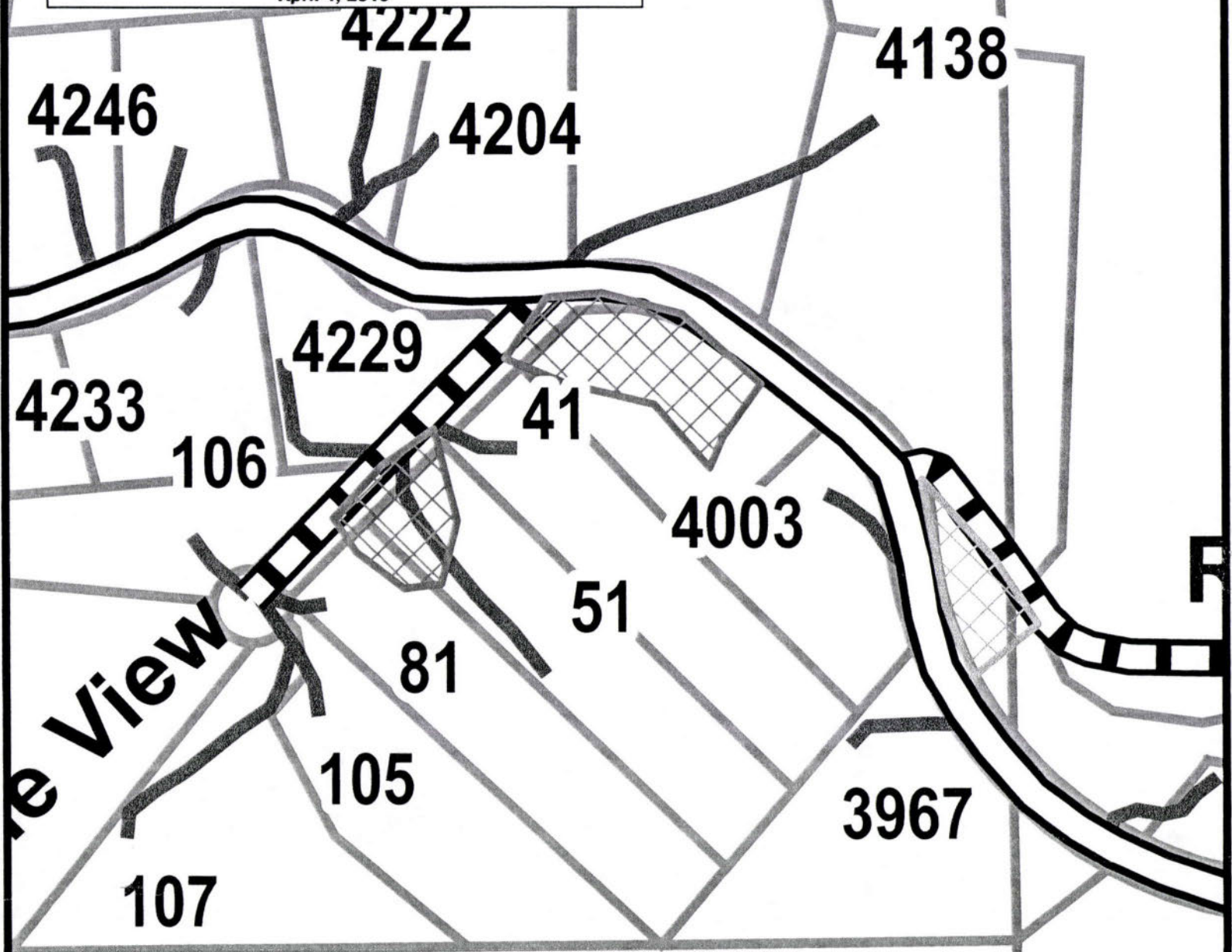
- Mitigation Completed 1/1/10 to 3/31/10
- Completed Mitigation Sept - Dec 2009 (2 Acres)
- Valley Lane Mitigation Project Boundary (25 Acres)

Structures

- Paved Roads
- Dirt Roads
- Jeep Trails
- Driveway >800 ft
- Driveway <800 ft
- Foot Trails
- parcels

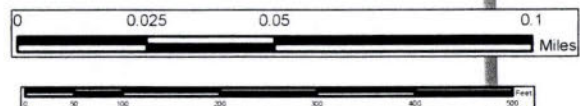
Figure 3
Boulder Mountain Fire Protection
Pine View and Reed Ranch
Mitigation Projects

April 1, 2010



LEGEND

- Reed Ranch Mitigation Completed 1/1/10 to 3/31/10 (1/4 acre)
- Pine View Mitigation Completed 1/1/10 to 3/31/10 (1 acre)
- Paved Roads
- Dirt Roads
- Jeep Trails
- Driveway >800 ft
- Driveway <800 ft
- Foot Trails
- High Voltage
- parcels



CREW TIME REPORT									
(1) CREW NAME BnFPD					(2) CREW NUMBER				
(3) OFFICE RESPONSIBLE FOR FIRE BnFPD Mt Crew				(4) FIRE NAME Feed Ranch			(5) FIRE NUMBER		
(6)	(7)	(8)	(9)		(10)				
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE				
			Military Time ON	OFF	Military Time ON	OFF			
	Bozeman		0900	1200	3 hrs				
Total 3 hours									
(11) REMARKS Marking trees with blue paint									
Grand total = 3.0 hrs									
(12) OFFICER-IN-CHARGE Signature Stephen Lunn					(13) TITLE (Officer-in-Charge) Mt Ward				
(14) NAME (Person Posting to Emergency Time Report) Stephen Lunn					(15) DATE 3/31/00				

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STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

2009 BMFPD Chipping Form

Client Information

Date: 03/31/10

Name: _____

Address: Reed Ranch Fuel Break

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	03/31/10			
Start Time:	13:00			
Stop Time:	16:00			
Total Time:	3 hrs.			3 hrs.

[illegible]

2009 BMFPD Chipping Form

Client Information

Date: 03/30/10

Name: Pine View Fuel Break

Address: _____

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	03/30/10			
Start Time:	10:00			
Stop Time:	16:00			
Total Time:	6 hrs.			6.0 hrs

2009 BMFPD Chipping Form

Client Information

Date: 01/27/10

Name: _____

Address: Rembrandt Fuel Break

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	01/27/10			
Start Time:	13:30			
Stop Time:	16:30			
Total Time:	3 hrs.			3 hrs.

2009 BMFPD Chipping Form

Client Information

Date: 03/03/10

Name: _____

Address: Rembrandt Fuel Break

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	03/03/10	03/04/10	03/08/10	
Start Time:	9:30	12:00	12:00	
Stop Time:	16:00	15:30	16:00	
Total Time:	6.5 hrs.	3.5 hrs.	4 hrs.	7.5

2009 BMFPD Chipping Form

Client Information

Date: 03/09/10

Name: Rembrandt Fuel Break

Address: _____

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	03/09/10			
Start Time:	9:00			
Stop Time:	16:00			
Total Time:	7 hrs.			7 hrs.

2009 BMFPD Chipping Form

Client Information

Date: 03/29/10

Name: Tracy

Address: 421 Rembrandt Road

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	03/29/10			
Start Time:	10:30			
Stop Time:	11:00			
Total Time:	.5 hrs.			.5 hrs.

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Rembrandt Fuel Break	
(5) FIRE NUMBER Break			
(6)	(7)	(8)	(9)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			DATE
			Military Time
			ON OFF ON OFF
	Palamara	01/25/09	9:00 16:00 7.0 hrs
	Miller		
	Bozeman		
	Tate		
	Total		28 hrs.
	Palamara	01/26/09	9:00 16:30 7.5 hrs
	Miller		
	Tate		
	Total		22.5 hrs.
	Palamara	01/27/10	12:30 13:30 1.0 hrs
	Bozeman		12:30 13:30 +
	Total		2 hrs.

(11) REMARKS

GRAND TOTAL = 52.5 hrs.

(12) OFFICER IN CHARGE (Signature) <i>Stephen Lynn</i>	(13) TITLE (Officer-in-Charge) Mit Coord
(14) NAME (Person Posting to Emergency Time Report) Stephen Lynn	(15) DATE 3/29/10

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Rembrandt Fuel Break	
(5) FIRE NUMBER Break			
(6)	(7)	(8)	(9)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			DATE
			Military Time
			ON OFF ON OFF
	Palamara	02/04/10	8:30 15:30 7.0 hrs
	Tate		
	Northrup		
	Miller		
	Kabal		
	Total		35 hrs.

(11) REMARKS

Grand Total = 35 hrs

(12) OFFICER IN CHARGE (Signature) <i>Stephen Lynn</i>	(13) TITLE (Officer-in-Charge) Mit Coord
(14) NAME (Person Posting to Emergency Time Report) Stephen Lynn	(15) DATE 3/31/10

2009 BMFPD Chipping Form

Client Information

Date: 03/29/10

Name: Valley Lane Fuel Break

Address: _____

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	03/29/10			
Start Time:	11:30			
Stop Time:	16:00			
Total Time:	4:35 hrs.			4.5 hrs.

CREW NAME		(2) CREW NUMBER	
(3) OFFICE RESPONSIBLE FOR FIRE		(4) FIRE NAME	
(5) FIRE NUMBER		(6) FIRE NAME	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			Military Time
			ON OFF
	Miller		1300-1530 2.5 hrs
	Bozeiman		1 1 1 1
	Kabal		1 1 1 1
	Northrup		1 1 1 1
	Palamara		05/09/10 11:30 13:00 3.5 hrs
	Miller		11:30 15:00 1 1
	Total		7 hrs.
(11) REMARKS			
GRAND TOTAL = 14.5 hrs.			
(12) OFFICER IN CHARGE (Signature)		(13) TITLE (Officer-in-Charge)	
(14) NAME (Person Posting to Emergency Time Report)		(15) DATE	
Stephen Lynn		3/13/10	

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STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW NAME		(2) CREW NUMBER	
(3) OFFICE RESPONSIBLE FOR FIRE		(4) FIRE NAME	
(5) FIRE NUMBER		(6) FIRE NAME	
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			Military Time
			ON OFF
	Palamara		01/19/10 9:00 16:00 7.0 hrs
	Tate		1 1 1 1
	Miller		1 1 1 1
	Total		21 hrs.
	Palamara		01/21/10 9:00 13:30 4.5 hrs
	Miller		1 1 1 1
	Tate		1 1 1 1
	Total		13.5 hrs.
(11) REMARKS			
GRAND TOTAL = 34.5 hrs.			
(12) OFFICER IN CHARGE (Signature)		(13) TITLE (Officer-in-Charge)	
(14) NAME (Person Posting to Emergency Time Report)		(15) DATE	
Stephen Lynn		3/15/10	

261-101



STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)



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"/>
SB 071 Colorado Forest Restoration Grant	<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 checked="" 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"/>

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

Name: BOULDER MOUNTAIN FIRE PROTECTION DISTRICT

Address: 1905 LINDEN DRIVE
BOULDER, CO 80304

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from State or Federal Assistance.

Grant Number: 530831-80
08CPG SFA-NFP CG2 B0
 Approved Funding: \$46,000 -

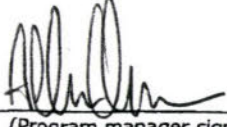
This period.
 Cooperator Match: \$3,371.25

Total Project: \$6,772.50

CSFS Account Number: 5308310-6693

Amount of Payment: \$3,371.25

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

Approved by 
 (Program manager signature)

Date: 12/4/09

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

10th payment

Grant Number: 08CPG SFA-NFP CG2 BO

Project Number: GT- 530831

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 9/1/2009 To: 10/30/2009

6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)

For this portion of the project a total 4.5 acres was mitigated within 150 of Pine Brook Road creating a shaded fuel break along this evacuation route. All work was completed to Colorado State Forest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. Twenty six cubic yards of chips were generated.

7. Reimbursement Request: \$3,371.25						
Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.						
	Current Period			Project to Date		
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs
Labor*	\$3,371.25	\$3,371.25	\$6,742.50	\$37,363.14	\$37,363.14	\$74,726.28
Material**						
Total	\$3,371.25	\$3,371.25	\$6,742.50	\$37,363.14	\$37,363.14	\$74,726.28

Donated time and materials can only be counted towards the matching component.
 * Use actual costs or \$17.55/hour for donated or volunteers' time.
 ** Use actual costs or fair market value of donated materials, supplies, or equipment use.

8. Amount Paid to CSFS for Products and/Or Services : \$

9. I request reimbursement in the amount of \$ 3,371.25 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents.

Signature:

Date:

10. Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature:

Date:

CREW TIME REPORT

(1) CREW NAME DMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE DMFPD		(4) FIRE NAME Pinebrook Loop	(5) FIRE NUMBER Fuel Break
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE DATE Military Time ON OFF DATE Military Time ON OFF
	Palamara	10/05/09	9:00 16:00
	Kabal		
	Bozeman		
	J. Miller		
	C. Miller		
	Total		35 hrs.
	Palamara	10/06/09	8:30 16:30
	J. Miller		
	C. Miller		
	Kabal		
	Blue		
	Total		36 hrs.
(11) REMARKS Grand Total = 71 hours 10/5/09-10/6/09			
(12) OFFICER-IN-CHARGE (Signature)		(13) TITLE (Officer-in-Charge)	
(14) NAME (Person Posting to Emergency Time Report)		(15) DATE	

261-101



STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BOPD M.t Crew		(2) CREW NUMBER 2	
(3) OFFICE RESPONSIBLE FOR FIRE DMFPD		(4) FIRE NAME 26, 28 Pine Brook	(5) FIRE NUMBER Pine Brook Fuel Break
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE DATE Military Time ON OFF DATE Military Time ON OFF
	Lynn	9/20/09	0900 1600
	Kabal	9/20/09	1000 1600
	Total for 9/20/09 = 13 hrs		
(11) REMARKS Grand Total = 13 hours 9/20/09			
(12) OFFICER-IN-CHARGE (Signature)		(13) TITLE (Officer-in-Charge)	
(14) NAME (Person Posting to Emergency Time Report)		(15) DATE	

261-101



STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

2009 BMFPD Chipping Form

Client Information

Date: 10/07/09

Name: Pinebrook Loop Fvel Break

Address: _____

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1 + 2	Shift 2	Shift 3	Grand Total
Date:	10/07/09	09/23/09		
Start Time:	10:30	13:00		
Stop Time:	12:00	18:00		
Total Time:	3 hrs.	5 hrs.		

2009 BMFPD Chipping Form

Client Information

Date: 10/16/09

Name: _____

Address: 122 Pinebrook Loop

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1 +1	Shift 2	Shift 3	Grand Total
Date:	10/16/09			
Start Time:	9:00			
Stop Time:	15:00			
Total Time:	9 hrs.			9 hrs.

2009 BMFPD Chipping Form

Client Information

Date: 10/22/09

Name: Pinebrook Loop Fuel Break

Address: _____

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	10/22/09	10/27/09		
Start Time:	10:00	10:30		
Stop Time:	16:00	13:00		
Total Time:	6 hrs.	2.5 hrs.		8.5



COPY

of 828 to
Karen CARLIN
11/13/09
As requested.

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"/>
SB 071 Colorado Forest Restoration Grant	<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 checked="" 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"/>

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

11-11-09
KC

Name: BOULDER MOUNTAIN FIRE PROTECTION DISTRICT

Address: 1905 LINDEN DRIVE

BOULDER, CO 80304

The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from State or Federal Assistance.

Grant Number: 530831-001-80

108CPG SFA-NFA CG2 80

Approved Funding: \$46,000 -

CURRENT PERIOD

Cooperator Match: \$1,711.25

Total Project: \$3,422.50

CSFS Account Number: 5308310-6693

Amount of Payment: \$1,711.25

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

Approved by

(Program manager signature)

Date:

11/11/09

Colorado State Forest Service

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

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Pine Brook
FRFT
\$1711.25
2.3ac

Grant Number: 08CPG SFA-NFP CG2 BO

Project Number: ~~GT~~- 530831

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 8/1/2009 To: 8/31/2009																																			
6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.) For this portion of the project a total 2.3 acres was mitigated within 150 of Pine Brook Road creating a shaded fuel break along this evacuation route. All work was completed to Colorado State Forest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forest Service personnel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. Twenty six cubic yards of chips were generated.																																					
7. Reimbursement Request: \$1,711.25 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$1,711.25</td> <td>\$1,711.25</td> <td>\$3,422.50</td> <td>\$33,991.89</td> <td>\$33,991.89</td> <td>\$67,983.78</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>\$1,711.25</td> <td>\$1,711.25</td> <td>\$3,422.50</td> <td>\$33,991.89</td> <td>\$33,991.89</td> <td>\$67,983.78</td> </tr> </tbody> </table>			Current Period			Project to Date				Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	\$1,711.25	\$1,711.25	\$3,422.50	\$33,991.89	\$33,991.89	\$67,983.78	Material**							Total	\$1,711.25	\$1,711.25	\$3,422.50	\$33,991.89	\$33,991.89	\$67,983.78
	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	\$1,711.25	\$1,711.25	\$3,422.50	\$33,991.89	\$33,991.89	\$67,983.78																															
Material**																																					
Total	\$1,711.25	\$1,711.25	\$3,422.50	\$33,991.89	\$33,991.89	\$67,983.78																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use.																																					
8. Amount Paid to CSFS for Products and/Or Services : \$																																					
9. I request reimbursement in the amount of \$ 1,711.25 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature: <i>Stephen M. Lopez</i> Date: 9/2/09																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature: <i>Allen Chen</i> Date: 10/5/09																																					

CREW TIME REPORT

CREW NUMBER

+ Crew

RESPONSIBLE FOR FIRE

(4) FIRE NAME

(5) FIRE NUMBER

BMFPD

Pinebrook Fuel Break

(6) RE- MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIF- ICATION	(9) DATE		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	C. Miller	08/11/09	10:30	14:30		
	Northrup		10:30	14:30		
	Total		8	hrs.		
	Palamara	08/12/09	11:00	18:00		
	C. Miller		↓	↓		
	Northrup		↓	↓		
	Total		6	hrs.		
	J. Miller	08/12/09	12:00	13:00		
	Tate		12:00	13:00		
	Total		2	hrs.		
	C. Miller	08/11/09	9:00	10:30		
	Northrup		↓	↓		
	Total		3	hrs.		

(11) REMARKS

GRAND TOTAL = 19 hours

(12) OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report)

(15) DATE

Stephen M. Lynn

9/2/09

STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME

BMFPD M Crew

(2) CREW NUMBER

1

(3) OFFICE RESPONSIBLE FOR FIRE

BMFPD

(4) FIRE NAME

Pinebrook Loop Break

(5) FIRE NUMBER

(6) RE- MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIF- ICATION	(9) DATE		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Palamara	08/15/09	12:30	16:30		
	C. Miller		↓	↓		
	Northrup		↓	↓		
	J. Miller		↓	↓		
	Tate		↓	↓		
	Kabal		↓	14:30		
	Total		22	hrs.		

(11) REMARKS

Grand Total = 22 hrs

(12) OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report)

(15) DATE

Stephen M. Lynn

9/2/09

STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMPD M.t Crew		(2) CREW NUMBER 2	
(3) OFFICE RESPONSIBLE FOR DMFPD		(4) FIRE NAME 26, 28, 18 Pine Bluff	(5) FIRE NUMBER Pine Bluff Fuel Bre
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE 8/26/09 Military Time ON OFF 0900 1600
	Lynn	42009	0900 1600
	Kubal	42009	1000 1600
Total for 8/26/09 = 13 hrs			
(11) REMARKS Grand Total = 13 hours			
(12) OFFICER IN CHARGE (Signature) <i>Stephen M. Lynn</i>		(13) TITLE (Officer-in-Charge) M.t Coordinator	
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn		(15) DATE 7/2/09	

261-101

STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

2009 BMFPD Chipping Form

Client Information

Date: 19 Aug 07

Name: _____

Address: Pinebrook Loop Project

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: below Entry

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	<u>19 Aug</u>			
Start Time:	<u>1530</u>			
Stop Time:	<u>1630</u>			
Total Time:	<u>1:00</u>			<u>1.00 hrs.</u>

2009 BMFPD Chipping Form

Client Information

Date: _____

Name: _____

Address: Pinebrook Loop project

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	12 Aug 07	18 Aug 09		
Start Time:	1610	0900		
Stop Time:	1625	1600		
Total Time:	125 hrs	200 7.0		37.5 hrs

Paid as of
end of Sept '09



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 checked="" 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"/>

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive
Boulder, Colorado 80304


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: 08 CP6 SFA-NFP CG2 B0 Cooperator Match: \$8,873.13

Approved Funding: \$46,000 Total Project: \$17,746.26

CSFS Account Number: 530831-5980 Amount of Payment: \$8,873.13

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

Approved by: 
 (Program manager signature)

Date: 8/5/09

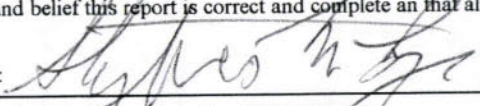
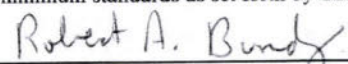
From this
reimbursement
cycle

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Grant Number: 08CPG SFA-NFP CG2 BO

Project Number: GT- 530831

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 7/1/2009 To: 7/31/2009																																			
<p>6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.)</p> <p>For this portion of the project a total 9.2 acres of forest was mitigated within 150 feet of Rembrandt Road and 2.6 acres of forest was mitigated within 150 of Pine Brook Road creating a shaded fuel break along this evacuation route. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. Twenty six cubic yards of chips were generated.</p>																																					
7. Reimbursement Request: \$8,873.13																																					
Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
	<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th colspan="3">Current Period</th><th colspan="3">Project to Date</th></tr><tr><th></th><th>Reimbursement Request Amount</th><th>Matching Funds</th><th>Total Costs</th><th>Reimbursement Request Amount</th><th>Matching Funds</th><th>Total Costs</th></tr></thead><tbody><tr><td>Labor*</td><td>\$8,873.13</td><td>\$8,873.13</td><td>\$17,746.26</td><td>\$32,280.64</td><td>\$32,280.64</td><td>\$64,561.28</td></tr><tr><td>Material**</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Total</td><td>\$8,873.13</td><td>\$8,873.13</td><td>\$17,746.26</td><td>\$32,280.64</td><td>\$32,280.64</td><td>\$64,561.28</td></tr></tbody></table>			Current Period			Project to Date				Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	\$8,873.13	\$8,873.13	\$17,746.26	\$32,280.64	\$32,280.64	\$64,561.28	Material**							Total	\$8,873.13	\$8,873.13	\$17,746.26	\$32,280.64	\$32,280.64	\$64,561.28
	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	\$8,873.13	\$8,873.13	\$17,746.26	\$32,280.64	\$32,280.64	\$64,561.28																															
Material**																																					
Total	\$8,873.13	\$8,873.13	\$17,746.26	\$32,280.64	\$32,280.64	\$64,561.28																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use.																																					
8. Amount Paid to CSFS for Products and/Or Services : \$																																					
9. I request reimbursement in the amount of \$ 8873.13 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature:  Date: 7/31/09																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature:  Date: 8/3/09																																					

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(5) FIRE NUMBER Pinebrook Fuel Break	
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE DATE Military Time ON OFF
	Palamara	07/08/09	8:45 16:00
	Olme		
	Kabal		
	C. Miller		
	Northrup		
	Tate		
	J. Miller		
Total		7/8/09	50.75 hrs.
	Palamara	07/09/09	8:30 9:00
	Olme		
	Northrup		
	Kabal		
Total		7/9/09	2 hrs.

(11) REMARKS

GRAND TOTAL = 52.75 hrs.

(12) OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report)

(15) DATE

Stephen M. Lynn

7/31/09

261-101

PRINTED ON
RECYCLED PAPERSTANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(5) FIRE NUMBER Pinebrook Loop Fuel Break	
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE DATE Military Time ON OFF
	Palamara	07/16/09	9:00 12:30
	Northrup		9:00
	Olme		9:00
	C. Miller		10:00
Total		7/16/09	13 hrs.

(11) REMARKS

Grand Total = 13 hours

(12) OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

(14) NAME (Person Posting to Emergency Time Report)

(15) DATE

Stephen M. Lynn

7/31/09

261-101

PRINTED ON
RECYCLED PAPERSTANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

2009 BMFPD Chipping Form

Client Information

Date: 7/8/09

Name: Pine Brook Breaks

Address: Various Addresses on Pine Brook

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	<u>09/08/09</u>			
Start Time:	<u>0930</u>			
Stop Time:	<u>1230</u>			
Total Time:	<u>3.0</u>			<u>3.0</u>

2009 BMFPD Chipping Form

Client Information

Date: 09 July 09

Name: Pine Brook Loop

Address: _____

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2 +2	Shift 3	Grand Total
Date:	<u>09 July 09</u>	<u>07/17/09</u>		
Start Time:	<u>0845</u>	<u>8:30</u>		
Stop Time:	<u>1120</u>	<u>9:30</u>		
Total Time:	<u>2.75</u>	<u>2 hrs.</u>		<u>4.75</u>

STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Rembrandt Fuel Break Rembrandt Road	
(6)	(7)	(8)	(10)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			Military Time
			ON OFF ON OFF
	C. Miller	07/13/09	9:00 16:00
	Tate		
	Kabal		
	Northrup		
	Total 7/13/09 28 hrs.		
	Palamara	07/15/09	9:00 16:30
	C. Miller		
	Northrup		
	Kabal		
	Total 7/15/09 30 hrs.		
	Palamara	07/27/09	8:30 14:00
	Kabal		
	J. Miller		
	Total 7/27/09 16.5 hrs.		

(11) REMARKS

Grand Total = 74.5 hours

(12) OFFICER IN CHARGE (Signature) *Stephen M. Lynn* (13) TITLE (Officer-in-Charge) *Mit Coordinator*
 (14) NAME (Person Posting to Emergency Time Report) *Stephen M. Lynn* (15) DATE *7/31/09*

261-101



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STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Rembrandt Fuel Break	
(6)	(7)	(8)	(10)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			Military Time
			ON OFF ON OFF
	Miller-J	07/28	0900-1600 7hr
	Northrup	07/28	0900-1600 7hr
	Miller-C	07/28	0900-1600 7hr
	7-28- Total 21 hrs		
	J. Miller		
	Northrup		
	C. Miller		

(11) REMARKS

Grand Total = 21.0 hours

(12) OFFICER IN CHARGE (Signature) *Stephen M. Lynn* (13) TITLE (Officer-in-Charge) *Mit Coordinator*
 (14) NAME (Person Posting to Emergency Time Report) *Stephen M. Lynn* (15) DATE *7/31/09*

261-101



PRINTED ON RECYCLED PAPER

STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

2009 BMFPD Chipping Form

Client Information

Date: 07/07/09

Name: _____

Address: Rembrandt Fuel Break

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☒ Uphill ☒

Special Instructions: _____

Onsite Chipping

	Shift 1 +1	Shift 2 +2	Shift 3	Grand Total
Date:	07/07/09	07/17/09	07/17/09	
Start Time:	9:15	9:30	12:00	
Stop Time:	16:15	12:00	12:30	
Total Time:	10.5 hrs.	5 hrs.	.5 hrs.	16 hrs.

2009 BMFPD Chipping Form

Client Information

Date: 07/27/09

Name: _____

Address: Rembrandt Fuel Break

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1 +2	Shift 2 +1	Shift 3	Grand Total
Date:	07/27/09	07/28/09		
Start Time:	10:45	11:30		
Stop Time:	14:00	16:30		
Total Time:	6.5 hrs.	7.5 hrs.		14.0 hours



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 checked="" 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"/>

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive

Boulder, Colorado 80304

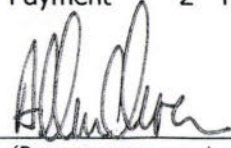
The above named has submitted a project application that has been reviewed and approved by the Colorado State Forest Service for funding from Federal Assistance.

Grant Number: 530831-001-80
08 CPB SFA-NFP CG2 B0 Cooperator Match: \$8,021.25

Approved Funding: \$46,000 Total Project: \$16,042.50

CSFS Account Number: 530831-5980 Amount of Payment: \$8,021.25

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

Approved by: 
(Program manager signature)

Date: 7/17/09

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Grant Number: 08CPG SFA-NFP CG2 BO

Project Number: GT- 530831

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 6/1/2009 To: 6/30/2009																																			
6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.) For this portion of the project a total 4.6 acres of forrest was mitigated within 150 feet of Rembrandt Road and 0.7 acres of forrest was mitigated within 150 feet of Pine Brook Road creating a shaded fuel break along this evacuation route. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. Twenty six cubic yards of chips were generated.																																					
7. Reimbursement Request: \$8,021.25 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th></th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$8,021.25</td> <td>\$8,021.25</td> <td>\$16,042.50</td> <td>\$23,407.51</td> <td>\$23,407.51</td> <td>\$46,815.02</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>\$8,021.25</td> <td>\$8,021.25</td> <td>\$16,042.50</td> <td>\$23,407.51</td> <td>\$23,407.51</td> <td>\$46,815.02</td> </tr> </tbody> </table>				Current Period			Project to Date				Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	\$8,021.25	\$8,021.25	\$16,042.50	\$23,407.51	\$23,407.51	\$46,815.02	Material**							Total	\$8,021.25	\$8,021.25	\$16,042.50	\$23,407.51	\$23,407.51	\$46,815.02
	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
Labor*	\$8,021.25	\$8,021.25	\$16,042.50	\$23,407.51	\$23,407.51	\$46,815.02																															
Material**																																					
Total	\$8,021.25	\$8,021.25	\$16,042.50	\$23,407.51	\$23,407.51	\$46,815.02																															
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use.																																					
8. Amount Paid to CSFS for Products and/Or Services : \$																																					
9. I request reimbursement in the amount of \$ 8,021.25 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature: <i>[Signature]</i> Date: 7/1/09																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature: <i>[Signature]</i> Date: 7/17/09																																					

CREW TIME REPORT

(1) CREW NAME Mitigation Crew		(2) CREW NUMBER 2		
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(5) FIRE NUMBER 421 Rembrandt		
(4) FIRE NAME Rembrandt Fuel Break		(5) FIRE NUMBER 421 Rembrandt		
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE 6/11/09	(10) DATE
			Military Time	
			ON	OFF
	Miller, J		0900	1600
	Northrup, G		0900	1600
Total =			17 hours	
(11) REMARKS Grand Total = 17 hours				
(12) OFFICER IN CHARGE (Signature) Stephen M. Lynn				
(13) TITLE (Officer-in-Charge) Mitigation Coordinator				
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn				
(15) DATE 7/1/09				

CREW TIME REPORT

(1) CREW NAME Mit Crew		(2) CREW NUMBER 2		
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(5) FIRE NUMBER 421 Rembrandt		
(4) FIRE NAME Rembrandt Fuel Break		(5) FIRE NUMBER 421 Rembrandt		
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE 6/11/09	(10) DATE
			Military Time	
			ON	OFF
	Lynn		1300	1500
	Olme		1300	1500
	Miller, C		1300	1500
	Northrup		1300	1500
Total =			8 hours	
(11) REMARKS Grand Total = 8 hours				
(12) OFFICER IN CHARGE (Signature) Stephen M. Lynn				
(13) TITLE (Officer-in-Charge) Mitigation Coord				
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn				
(15) DATE 7/1/09				

CREW TIME REPORT

(1) CREW NAME Mitigation Crew		(2) CREW NUMBER 2	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(5) FIRE NUMBER 421 Rembrandt	
(4) FIRE NAME Rembrandt Fuel Tank		(5) FIRE NUMBER 421 Rembrandt	
(6)	(7)	(8)	(10)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			DATE
			Military Time
			ON OFF ON OFF
	Miller, J		0930 1630
	Northrup, G		0930 1630
	Miller, C		0930 1630
	Kabal, D		0930 1630

Total = 28 hours

(11) REMARKS

Grand Total = 28 hours

(12) OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

Mitigation Coordinator

(14) NAME (Person Posting to Emergency Time Report)

Stephen M. Lynn

(15) DATE

7/1/09

STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

261-101



CREW TIME REPORT SL 7/1/09

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 421 Rembrandt	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(5) FIRE NUMBER 421 Rembrandt	
(4) FIRE NAME Rembrandt Fuel Tank		(5) FIRE NUMBER 421 Rembrandt	
(6)	(7)	(8)	(10)
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE
			DATE
			Military Time
			ON OFF ON OFF
	Palamara		06/01/09 8:30 17:00
	J. Miller		8:30 17:00
	Northrup		8:30 17:00
	Olme		8:30 17:00
	Total		34 hrs.
	Northrup		06/15/09 9:30 16:30
	Olme		9:30 16:30
	Bozeman		10:30 16:30
	C. Miller		10:30 16:30
	Total		26 hrs.
	Olme		06/14/09 9:30 16:00
	C. Miller		9:30 16:00
	Total		13 hrs.

(11) REMARKS

GRAND TOTAL = 73 hrs.

(12) OFFICER-IN-CHARGE (Signature)

(13) TITLE (Officer-in-Charge)

Mitigation Coordinator

(14) NAME (Person Posting to Emergency Time Report)

Stephen M. Lynn

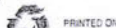
(15) DATE

7/1/09

STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

261-101



CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME Rembrandt		(5) FIRE NUMBER Rembrandt Fuel Break	
(6)	(7)	(8)	(9)	(10)			
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIF- ICATION	DATE		DATE		
			Military Time		Military Time		
			ON	OFF	ON	OFF	
	Palamara	06/23/09	8:45	13:45			
	J. Miller		8:45	13:45			
	C. Miller		8:45	13:45			
	Kabal		8:45	16:15			
	Olme		8:45	16:15			
	Northrup		8:45	16:15			
	Tate		8:45	16:15			
	Total		45 hrs.				
	Palamara	06/29/09	12:30	16:30			
	C. Miller		12:30	16:30			
	Northrup		12:30	16:30			
	Olme		12:30	16:30			
	Total		16 hrs.				
	Kabal	06/30/09	8:45	16:15			
	Northrup		8:45	16:15			
	Olme		8:45	16:15			
	Total		22.5 hrs.				

(11) REMARKS

GRAND TOTAL = 83.5 hrs

(12) OFFICER-IN-CHARGE (Signature)

(14) NAME (Person Posting to Emergency Time Report)

Stephen M. Lynn

(13) TITLE (Officer-in-Charge)

Mitigation Coord

(15) DATE

7/1/09

2009 BMFPD Chipping Form

Client Information

Date: 06/09/09

Name: Rembrandt Break

Address: _____

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☒ Uphill ☒

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3 +2	Grand Total
Date:	06/09/09	06/10/09	06/12/09	
Start Time:	8:30	15:00	12:30	
Stop Time:	17:00	16:00	16:30	
Total Time:	8.5 hrs.	1 hr.	8 hrs.	17.5 hrs.

2009 BMFPD Chipping Form

Client Information

Date: 06/15/09

Name: Rembrandt Road

Address: _____

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2 +1	Shift 3 +1	Grand Total
Date:	06/15/09	06/17/09	06/29/09	
Start Time:	8:45	13:45	12:30	
Stop Time:	10:45	16:15	16:30	
Total Time:	2 hrs.	3.75 hrs.	6 hrs.	11.75 hrs.

2009 BMFPD Chipping Form

Client Information

Date: 06/30/09

Name: Rembrandt Fuel Break

Address: _____

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1 +1	Shift 2	Shift 3	Grand Total
Date:	06/30/09			
Start Time:	8:45			
Stop Time:	16:15			
Total Time:	11.25 hrs.			11.25 hrs.

2009 BMFPD Chipping Form

Client Information

Date: 6/23/09

Name: Sonia Ridley / Pine Brook Fuel Break

Address: 619 Pine Brook Rd

Phone: 447-2219

☒ Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions:

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	6/22/09			
Start Time:	0900			
Stop Time:	0430			
Total Time:	0.5			

2009 BMFPD Chipping Form

Client Information

Date: 6/22/09

Name: Pine Brook Fuel Break / 8 Wildwood/Ma

Address: 3 Wildwood

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	6/22/09	6/22/09	6/22/09	
Start Time:	1100	1315	1430	
Stop Time:	1230	1345	1530	
Total Time:	1.5	0.5	1.0	2.5

Bob Bundy

From: Bob Bundy [Bob.Bundy@colostate.edu]
Sent: Tuesday, June 16, 2009 3:07 PM
To: Steve Lynn (mitigation@bouldermountainfire.org)
Subject: Grant status

Steve,

I have reviewed the three open grants you have. Primarily to help me keep track as our fiscal year ends. Please review and let me know if it seems correct or if there are any concerns with the leftover funds. I put them in order of priority for spending.

530947 SFA Grant (07CPG SFA-NFP CG7) – You have billed me 5 times. Of \$30,000, you were reimbursed \$8,691.87, and have \$21,308.13 left. This grant covers the Witter property work. All funds must be spent by Sept 1, 2009. This grant has already had an extension and cannot go beyond this September.

530831 Front Range Grant (08CPG SFA-NFP CG2 BO) – You have billed me 6 times. Of \$46,000, you were reimbursed \$15,386.26, and have \$30,613.74 left. This grant covers Reed Ranch, Rembrandt Road, and Valley Lane. All funds must be spent by Sept 30, 2009. If necessary, we can discuss extending the grant a year. However, I would prefer to close this out as soon as possible.

536703 CFR State Grant (SB 71 60/40 match) – You have billed me 1 time. Of \$50,000, you were reimbursed \$4,082.50, and have \$45,917.50 left. This grant covers work on Reed Ranch, Rembrandt Road, and Valley Lane. All funds must be spent by Sept 2010.

Please include these grant numbers on the Exhibit B in the two spaces available. It is becoming a challenge to keep track of all the grants.

Bob Bundy
Fuels Treatment Partnership & Wildfire Mitigation Forester
Colorado State Forest Service - Boulder District
5625 Ute Highway Longmont, CO 80503
(303) 823-5774
(303) 823-5768 fax
Bob.Bundy@colostate.edu



COPY

Colorado State Forest Service Program Payment Request

Please Note: This is The
6th payment against this
AFE. Please ensure that,
following this payment, an
encumbrance / "open commitm
of \$30,613.74 remains
FRS.

Thanks,
Karen Caulin
491-3006

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)	X
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive

Boulder, Colorado 80304

Approved for Payment
C.S.F.S.

A 415126
06-17-09
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: 08CPG SFA-NFP CG2 B0 ~ Cooperator Match: \$2,245.00

Approved Funding: \$46,000 ~ Total Project: \$4,490.00 ~

CSFS Account Number: 530831-5980 ~ Amount of Payment: \$2,245.00 ~

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

Approved by [Signature]
(Program manager signature)

Date: 6-8-09

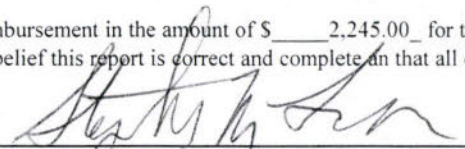
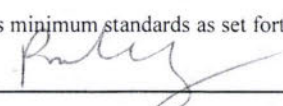
From this
reimburse
cycle

COPY

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: GT- 530831

In order to receive reimbursement, you must provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds cannot be used as sources for meeting the cost sharing (matching) provisions. Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 4/1/2009 To: 5/31/2009																																			
6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.) For this portion of the project a total 3.0 acres of forrest was mitigated within 150 feet of <u>Rembrandt Road</u> creating a shaded fuel break along this evacuation route. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees <u>marked by Colorado State Forrest Services</u> personel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. <u>Twenty six cubic yards</u> of chips were generated.																																					
7. Reimbursement Request: \$2,245.00 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
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	Current Period			Project to Date																																	
	Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																															
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9. I request reimbursement in the amount of \$ <u>2,245.00</u> for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature:  Date: <u>6/1/09</u>																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature:  Date: <u>6/8/09</u>																																					

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew			(2) CREW NUMBER 1		
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD			(4) FIRE NAME Rembrandt Fuel		
(5) FIRE NUMBER Rembrandt Road					
(6)	(7)	(8)	(9) DATE		(10) DATE
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIF- ICATION	Military Time		Military Time
			ON	OFF	ON
	J. Miller	05/11/09	8:30	16:00	
	Bozeman		8:30	16:00	
	C. Miller		8:30	16:00	
	Garrick		8:30	16:00	
	Total		30 hrs.		

(11) REMARKS

Grand Total = 30 hrs

(12) OFFICER IN CHARGE (Signature) *Stephen M. Lynn* (13) TITLE (Officer-in-Charge) *Mit Coord*
 (14) NAME (Person Posting to Emergency Time Report) *Stephen M. Lynn* (15) DATE *6/1/09*

261-101



STANDARD FORM 261 (5/78)
 Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew			(2) CREW NUMBER 1		
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD			(4) FIRE NAME Rembrandt Road		
(5) FIRE NUMBER					
(6)	(7)	(8)	(9) DATE		(10) DATE
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIF- ICATION	Military Time		Military Time
			ON	OFF	ON
	Bozeman	04/08/09	8:30	16:00	
	Davis		8:30	16:00	
	Total		15 hrs.		
	Asmuth	04/09/09	10:30	12:00	
	Davis		10:30	12:00	
	Total		3 hrs.		
	Bozeman	04/22/09	8:30	16:00	
	Asmuth		8:30	16:00	
	Total		15 hrs.		

(11) REMARKS

Grand Total = 33 hours
 4/8/09 - 4/22/09

(12) OFFICER IN CHARGE (Signature) *Stephen M. Lynn* (13) TITLE (Officer-in-Charge) *Mit Coord*
 (14) NAME (Person Posting to Emergency Time Report) *Stephen Lynn* (15) DATE *5/1/09*

261-101



STANDARD FORM 261 (5/78)
 Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME M. F. Crew		(2) CREW NUMBER 2	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPP		(5) FIRE NUMBER 421 Restaurant	
(4) FIRE NAME Restaurant Break		(5) FIRE NUMBER 421 Restaurant	
(6) MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE Military Time ON OFF
	Engine	5/28/09	1430 1530
	Northrup	5/28/09	1430 1530
	Miller	5/28/09	1430 1530
Total		5/28/09	= 3.0 hrs
(11) REMARKS Grand total 5/28/09 = 3.0 hrs			
(12) OFFICER IN CHARGE (Signature) <i>Stephen M. Lynn</i>		(13) TITLE (Officer-in-Charge) Met Coord	
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn		(15) DATE 5/28/09	

2009 BMFPD Chipping Form

Client Information

Date: 05/22/09

Name: 568 Rembrandt

Address: Rembrandt Road Project

Phone: _____

Broadcast ☐ Pile ☐ Downhill ☐ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1 <u>+1</u>	Shift 2	Shift 3	Grand Total
Date:	05/22/09	05/28/09		
Start Time:	13:00	14:30		
Stop Time:	14:30	15:30		
Total Time:	2.25 hrs.	1 hr.		3.25 hr

2009 BMFPD Chipping Form

Client Information

Date: 04/22/09

Name: Rob Little 568 Rembrandt

Address: Buckingham Hills HOA

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☒ Uphill ☐

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3 + 1	Grand Total
Date:	04/22/09	04/23/09	04/23/09	
Start Time:	14:30	9:00	12:00	
Stop Time:	16:00	12:00	15:00	
Total Time:	1.5 hrs.	3 hrs.	4.5 hrs.	9 hrs.

05/04/09
10:00
11:45
1.75 hrs.

GRAND
TOTAL = 10.75 hrs.

~~CTR = Mike (chipping)~~
~~05/04/09~~
~~10:00 - 11:45~~

~~GRAND
TOTAL = 1.75 hrs.~~

SL
5/30/09



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 checked="" 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"/>

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive

Boulder, Colorado 80304

Approved for Payment

C.S.F.S.

A 415126

04-17-09

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: 530831-001-80
08CPG SFA-NR CG2 B0

Cooperator Match: \$1,162.50

Approved Funding: \$46,000 ~

Total Project: \$2,325.00 ~

CSFS Account Number: 530831-5980

Amount of Payment: \$1,162.50 ~

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

5th Payment

Approved by: 
(Program manager signature)

Date: 4/13/09

From this
reimbursement
cycle



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 checked="" 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"/>

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

Name: Boulder Mountain Fire Protection District


Address: 1905 Linden Drive
Boulder, Colorado 80304

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: 08CPG SFA-NR 662 B0 Cooperator Match: \$1,162.50
 Approved Funding: \$46,000 Total Project: \$2,325.00
 CSFS Account Number: 530831-5980 Amount of Payment: \$1,162.50

From this
reimbursement
cycle

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

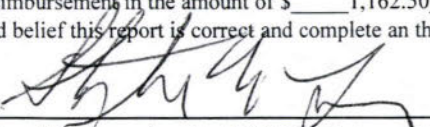
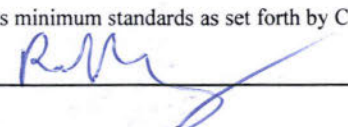
Approved by: 
 (Program manager signature)

Date: 4/13/09

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: GT- 530831

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD																														
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 3/1/2009 To: 3/31/2009																														
6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.) For this portion of the project a total 1.6 acres of forrest was mitigated within 150 feet of Rembrandt Road creating a shaded fuel break along this evacuation route. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. Twenty six cubic yards of chips were generated.																																
7. Reimbursement Request: \$1,162.50 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$1,162.50</td> <td>\$1,162.50</td> <td>\$2,325.00</td> <td>\$13,141.26</td> <td>\$13,141.26</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>\$1,162.50</td> <td>\$1,162.50</td> <td>\$2,325.00</td> <td>\$13,141.26</td> <td>\$13,141.26</td> </tr> </tbody> </table>		Current Period			Project to Date			Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	\$1,162.50	\$1,162.50	\$2,325.00	\$13,141.26	\$13,141.26	Material**						Total	\$1,162.50	\$1,162.50	\$2,325.00	\$13,141.26	\$13,141.26
Current Period			Project to Date																													
Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																											
Labor*	\$1,162.50	\$1,162.50	\$2,325.00	\$13,141.26	\$13,141.26																											
Material**																																
Total	\$1,162.50	\$1,162.50	\$2,325.00	\$13,141.26	\$13,141.26																											
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use.																																
8. Amount Paid to CSFS for Products and/Or Services : \$																																
9. I request reimbursement in the amount of \$ 1,162.50 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature:  Date: 4/2/09																																
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS. Signature:  Date: 4/13/09																																

2009 BMFPD Chipping Form

Client Information

Date: 03/23/09

Name: _____

Address: Rembrandt Road

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☒ Uphill ☒

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	03/23/09	03/25/09		
Start Time:	13:30	9:00		
Stop Time:	16:00	11:15		
Total Time:	2.5 hrs.	2.25 hrs.		

CREW TIME REPORT									
(1) CREW NAME BMFPD Mit Crew					(2) CREW NUMBER 1				
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME		(5) FIRE NUMBER Rembrandt Road			
(6) RE- MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIF- ICATION	(9) DATE		(10) DATE				
			Military Time		Military Time				
			ON	OFF	ON	OFF			
	Palamara	03/28/09	14:00	15:00					
	Davis		14:00	15:00					
	Miller		14:00	15:00					
	Total		3 hrs.						
(11) REMARKS									
Grand Total = 3.0 hrs									
(12) OFFICER-IN-CHARGE (Signature)									
(13) TITLE (Officer-in-Charge) Mitigation Crew									
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn									
(15) DATE 2/27/09									

261-101

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Prescribed by USDA-USDI (NWCG Handbook No. 2)

STANDARD FORM 261 (5/78)

CREW TIME REPORT									
(1) CREW NAME BMFPD Mit Crew					(2) CREW NUMBER 1				
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME		(5) FIRE NUMBER Rembrandt Road			
(6) RE- MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIF- ICATION	(9) DATE		(10) DATE				
			Military Time		Military Time				
			ON	OFF	ON	OFF			
	Palamara	03/10/09	9:00	9:30					
	Davis		9:00	9:30					
	Total		1 hr.						
	Davis	03/23/09	8:45	10:00					
	Bozeman		8:45	10:00					
	Total		1.5 hrs.						
	Davis	04/27/09	8:45	15:30					
	Bozeman		8:45	15:30					
	Total		13.5 hrs.						
(11) REMARKS									
Grand Total = 3/10/09 - 3/25/09 1.9 hrs									
(12) OFFICER-IN-CHARGE (Signature)									
(13) TITLE (Officer-in-Charge) Mit Coord/leader									
(14) NAME (Person Posting to Emergency Time Report) Stephen Lynn									
(15) DATE 4/21/09									

261-101

PRINTED ON
RECYCLED PAPER

Prescribed by USDA-USDI (NWCG Handbook No. 2)

STANDARD FORM 261 (5/78)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew				(2) CREW NUMBER 3			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME Acabrandt Fuel Bldg			
(5) FIRE NUMBER 568 Rcmbrndt							
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		(10) DATE		
			Military Time		Military Time		
			ON	OFF	ON	OFF	
	Lynn	3/12/09	1600	1230	= 2.5		
	Lynn	3/13/09	1300	1600	= 3.0		
	Lynn	3/14/09	1000	1200	1230	1400 = 3.5	
	Lynn	3/18/09	1500	1600	= 1.0		
	Bozeman	3/18/09	1500	1600	1.0		
3/12/09 - 3/18/09 Total = 11.0 hrs							
(11) REMARKS							
Grand Total = 11.0 hrs 3/12/09 - 3/18/09							
(12) OFFICER-IN-CHARGE (Signature) Stephen Lynn				(13) TITLE (Officer-in-Charge) Mit Coordinator			
(14) NAME (Person Posting to Emergency Time Report) Stephen Lynn				(15) DATE 4/12/09			

261-101



STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew				(2) CREW NUMBER 2			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME Zelig			
(5) FIRE NUMBER 568 Rcmbrndt							
(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		(10) DATE		
			Military Time		Military Time		
			ON	OFF	ON	OFF	
	Lynn		1230	1500			
	Bozeman		1230	1500			
3/18/09 Total = 5 hrs							
(11) REMARKS							
Grand total = 5 hrs 3/18/09							
(12) OFFICER-IN-CHARGE (Signature) Stephen Lynn				(13) TITLE (Officer-in-Charge) Mit Coordinator			
(14) NAME (Person Posting to Emergency Time Report) Stephen Lynn				(15) DATE 4/12/09			

261-101



STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)



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 checked="" 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"/>

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive

Boulder, Colorado 80304

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: 530831-01-80

Cooperator Match: \$2,540.00

Approved Funding: \$46,000

Total Project: \$5,080.00

CSFS Account Number: 530831-5980

Amount of Payment: \$2,540.00

For this
reimbursement
cycle

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

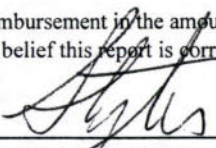
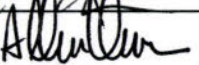
Approved by: 
(Program manager signature)

Date: 3/6/09

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: GT- 530831

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD																														
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 2/1/2009 To: 1/31/2009 2/28/09																														
6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.) For this portion of the project a total 3.4 acres of forrest was mitigated within 150 feet of Reed Ranch road on Lot 2 and 3 creating a shaded fuel break along this evacuation route. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. Twenty six cubic yards of chips were generated.																																
7. Reimbursement Request: \$2,540.00 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Current Period</th> <th colspan="3">Project to Date</th> </tr> <tr> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> <th>Reimbursement Request Amount</th> <th>Matching Funds</th> <th>Total Costs</th> </tr> </thead> <tbody> <tr> <td>Labor*</td> <td>\$2,540.00</td> <td>\$2,540.00</td> <td>5,080.00</td> <td>\$11,978.76</td> <td>\$11,978.76</td> </tr> <tr> <td>Material**</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total</td> <td>2,540.00</td> <td>2,540.00</td> <td>5,080.00</td> <td>11,978.76</td> <td>11,978.76</td> </tr> </tbody> </table>		Current Period			Project to Date			Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs	Labor*	\$2,540.00	\$2,540.00	5,080.00	\$11,978.76	\$11,978.76	Material**						Total	2,540.00	2,540.00	5,080.00	11,978.76	11,978.76
Current Period			Project to Date																													
Reimbursement Request Amount	Matching Funds	Total Costs	Reimbursement Request Amount	Matching Funds	Total Costs																											
Labor*	\$2,540.00	\$2,540.00	5,080.00	\$11,978.76	\$11,978.76																											
Material**																																
Total	2,540.00	2,540.00	5,080.00	11,978.76	11,978.76																											
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use.																																
8. Amount Paid to CSFS for Products and/Or Services : \$																																
9. I request reimbursement in the amount of \$ 2,540.00 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents. Signature:  Date: 2/27/09																																
10. Certification (To be completed by CSFS District):  3/5/09 Work meets minimum standards as set forth by CSFS. Signature: _____ Date: _____																																

CREW TIME REPORT

(1) CREW NAME
BMFPD Mitigation Crew

(2) CREW NUMBER
1

(3) OFFICE RESPONSIBLE FOR FIRE
BMFPD

(4) FIRE NAME
Lot 3

(5) FIRE NUMBER
Reed Ranch

(6) RE- MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIF- ICATION	(9) DATE		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	<i>Palamara</i>	<i>2/2/09</i>	<i>0830</i>	<i>1230</i>		
	<i>Miller</i>	<i>↓</i>	<i>0830</i>	<i>1230</i>		
	<i>Bazeman</i>	<i>↓</i>	<i>0830</i>	<i>1600</i>		
	<i>Davis</i>	<i>↓</i>	<i>0830</i>	<i>1600</i>		
	<i>Lynn</i>	<i>↓</i>	<i>1030</i>	<i>1600</i>		
	<i>Total =</i>		<i>28.5 hrs.</i>			
	<i>Palamara</i>	<i>02/02/09</i>	<i>8:30</i>	<i>12:00</i>		
	<i>Miller</i>		<i>8:30</i>	<i>12:00</i>		
	<i>Davis</i>		<i>8:30</i>	<i>12:00</i>		
	<i>Lynn</i>		<i>9:00</i>	<i>13:00</i>		
	<i>Total</i>		<i>14.5 hrs.</i>			
	<i>Palamara</i>	<i>02/02/09</i>	<i>8:30</i>	<i>15:00</i>		
	<i>Davis</i>		<i>8:30</i>	<i>15:00</i>		
	<i>Miller</i>		<i>8:30</i>	<i>15:00</i>		
	<i>Total</i>		<i>19.5 hrs.</i>			

(11) REMARKS

Grand Total = 62.5 hours

(12) OFFICER-IN-CHARGE (Signature)

Stephen M. Lynn

(13) TITLE (Officer-in-Charge)

Mitigation Coordinator

(14) NAME (Person Posting to Emergency Time Report)

Stephen M. Lynn

(15) DATE

2/22/09

261-101



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STANDARD FORM 261 (5/78)

Prescribed by USDA-USDI (NWCG Handbook No. 2)

2009 BMFPD Chipping Form

Client Information

Date: 02/02/09

Name: _____

Address: Reed Ranch

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☒

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3 + 1	Grand Total
Date:	02/02/09	02/03/09	02/10/09	
Start Time:	12:30	8:30	12:00	
Stop Time:	16:00	14:30	16:00	
Total Time:	3.5 hrs.	6 hrs.	6 hrs.	15.5
+1	02/16/09	02/17/09 + 1		
	11:30	14:00		
	15:30	15:00		
	6 hrs.	1.5 hrs.		7.5

Grand total = 23.0

FILE COPY

415126

***** FILE COPY NON-NEGOTIABLE *****

Date Requested: 11/17/08

V BOULDER MOUNTAIN FPD
E ATTN: STEPHEN LYNN
N 1905 LINDEN DRIVE
D BOULDER CO 80304
O
R

COPY

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 415126
P FORT COLLINS CO 80523-6011

Contact: ALLEN OWEN
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program
Multiple Payments

Item #	Description	Qty	UOM	Unit Price	Extension	Acct #	Sub	User
1)	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; State Fire Assistance (a.k.a.SFA); Project # 530831-001-BO; 08CPG SFA-NFP CG2	1	LOT	46000.0000	46000.00	530831	5980	

TOTAL:

* 2ND Payment for \$1,884.38
processed 02-04-09 KC
FORM 828 ATTACHED

\$46,000.00

* 3RD Payment for \$2,600.00
processed 02-23-09 KC
FORM 828 ATTACHED.

NOTIFY THE DEPARTMENT
IMMEDIATELY IF THERE ARE
ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE



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 checked="" 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"/>

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

02-23-09
KC

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive

Boulder, Colorado 80304

Approved for Payment

C.S.F.S.

A 415126

02-23-09
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: 530831-01-80

Cooperator Match: \$2,600.00

Approved Funding: \$46,000

Total Project: \$5,200.00

For this
reimburse
cycle

CSFS Account Number: 530831-5980

Amount of Payment: \$2,600.00

Circle one: 1st Payment

2nd Payment

3rd Payment

Final Payment

Approved by

(Program manager signature)

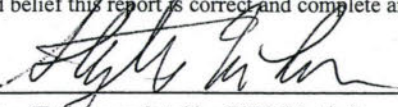
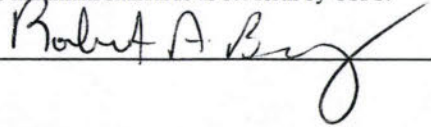
Date:

2-17-09

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: GT- 530831

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD																																			
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 1/1/2009 To: 1/31/2009																																			
6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.) For this portion of the project a total 3.5 acres of forrest was mitigated within 150 feet of Reed Ranch road on Lot 2 and 3 creating a shaded fuel break along this evacuation route. All work was completed to Colorado State Forrest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forrest Services personel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. Twenty six cubic yards of chips were generated.																																					
7. Reimbursement Request: \$2,600.00 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																					
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Signature:  Date: 2/1/09																																					
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS.																																					
Signature:  Date: 2/17/09																																					



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 checked="" 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"/>

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive
Boulder, Colorado 80304

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: 530831-01-80

Cooperator Match: \$2,600.00

Approved Funding: \$46,000

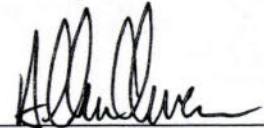
Total Project: \$5,200.00

For this
reimbursement
cycle

CSFS Account Number: 530831-5980

Amount of Payment: \$2,600.00

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

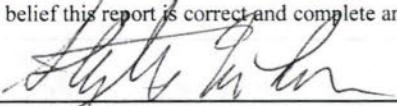
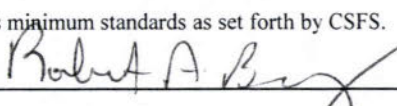
Approved by: 
 (Program manager signature)

Date: 2-17-09

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: GT- 530831

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD																														
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 1/1/2009 To: 1/31/2009																														
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Signature: 		Date: 2/1/09																														
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS.																																
Signature: 		Date: 2/17/09																														

CREW TIME REPORT									
(1) CREW NAME BMFED Mit Crew						(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFED				(4) FIRE NAME		(5) FIRE NUMBER Reed Ranch Road			
(6)	(7)	(8)	(9)		(10)				
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE				
			Military Time ON	Military Time OFF	Military Time ON	Military Time OFF			
	Palamara	4/15/09	8:30	12:00					
	Davis		8:30	12:00					
	Miller		8:30	12:00					
	Total		10.5 hrs.						
	Palamara	4/15/09	8:30	12:00					
	Davis		8:30	16:00					
	Miller		8:30	12:00					
	Bozeman		8:30	16:00					
	Total		22 hours						
	DAVIS	4/21/09	0830	1307					
	MILLER		0830	1300					
	BOZEMAN		0830	1340					
	TOTAL		13.5 hrs						
(11) REMARKS									
GRAND TOTAL = 46 hrs.									
(12) OFFICER IN CHARGE (Signature) Stephen Lynn						(13) TITLE (Officer-in-Charge) Mitigation Crew			
(14) NAME of Person Posting to Emergency Time Report Stephen Lynn						(15) DATE 1/31/09			



(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME	
(5) FIRE NUMBER Reed Ranch			
(6)	(7)	(8)	(9)
RE- MARKS NO.	NAME OF EMPLOYEE	CLASSIFI- CATION	DATE
			Military Time ON OFF
	Palamara	01/24/09	9:00 12:30
	Davis		9:00 12:30
	Miller		9:00 12:30
	Total		10.5 hrs.
	Palamara	01/21/09	8:30 16:00
	Davis		8:30 16:00
	Miller		8:30 16:00
	Total		22.5 hrs.
	Palamara	01/24/09	8:30 12:30
	Miller		8:30 12:30
	Davis		8:30 16:00
	Bozeman		8:30 16:00
	Lynn		10:30 16:00
	Total		28.5 hrs.
(11) REMARKS			
Grand TOTAL = 32.5			
(12) OFFICER-IN-CHARGE (Signature) Stephen M. Lynn		(13) TITLE (Officer-in-Charge) Mitigation Coordinator	
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn		(15) DATE 11/31/09	



2007 BMFPD Chipping Form

Client Information

Date: 12/31/08

Name: _____

Address: Reed Ranch Road

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☒

Special Instructions: _____

Onsite Chipping

	Shift 1 +1	Shift 2	Shift 3	Grand Total
Date:	12/31/08	01/02/08		
Start Time:	12:45	8:30		
Stop Time:	15:15	12:00		
Total Time:	3.75 hrs.	3.5 hrs.		7.25

2007 BMFPD Chipping Form

Client Information

Date: 01/19/09

Name: _____

Address: Reed Ranch Road

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☒

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2 + 1	Shift 3	Grand Total
Date:	01/19/09	01/22/09		
Start Time:	12:00	12:00		
Stop Time:	16:00	14:30		
Total Time:	4 hrs.	3.75 hrs.		7.75 hrs.

68-947-3217



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)	X
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive

Boulder, Colorado 80304

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: 530831-01-80

Cooperator Match: \$1,884.38

Approved Funding: \$46,000

Total Project: \$3,768.76

CSFS Account Number: 530831-5980

Amount of Payment: \$1,884.38

For this
reimburse-
cycle

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

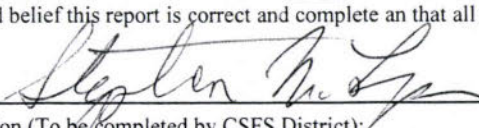
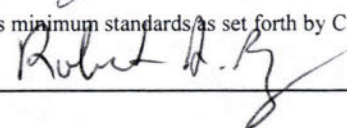
Approved by: 
(Program manager signature)

Date: 1-16-09

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: GT- 530831 -01

In order to receive reimbursement, you must provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds cannot be used as sources for meeting the cost sharing (matching) provisions. Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD																														
4. Make Payment To: Name: Boulder Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 12/1/2008 To: 12/31/2008																														
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7. Reimbursement Request: \$1,884.38 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.																																
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Current Period			Project to Date																													
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Signature:  Date: 12/31/08																																
10. Certification (To be completed by CSFS District): Work meets minimum standards as set forth by CSFS.																																
Signature:  Date: 1/16/09																																

2008 BMFPD Chipping Form

Client Information

Date: 12/31/08

Name: _____

Address: Reed Ranch Road

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☒

Special Instructions: _____

Onsite Chipping

	Shift 1 +1	Shift 2	Shift 3	Grand Total
Date:	12/31/08	01/02/08		
Start Time:	12:45	8:30		
Stop Time:	15:15	12:00		
Total Time:	3.75 hrs.	3.5 hrs.		

2007 BMFPD Chipping Form

Client Information

Date: 12/01/08

Name: _____

Address: Reed Ranch Road

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☒

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2 +	Shift 3 +	Grand Total
Date:	12/01/08	12/02/08	12/03/08	
Start Time:	13:00	14:00	9:00	
Stop Time:	16:15	15:30	12:00	
Total Time:	3.25 hrs.	2.25 hrs.	4.5 hrs.	10 hrs.

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Reed Ranch Road	
(5) FIRE NUMBER Reed Ranch Road			

(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Palamara	12/6/08	9:00	13:00		
	Miller		9:00	13:00		
	Bozeman		9:00	16:15		
	Davis		9:00	16:15		
	Total		22.5 hrs.			
	Palamara	12/12/08	13:00	14:00		
	Miller		13:00	14:00		
	Total		2 hrs.			

(11) REMARKS

GRAND TOTAL = 24.5 hrs.

(12) OFFICER-IN-CHARGE (Signature) <i>Stephen M. Lynn</i>	(13) TITLE (Officer-in-Charge) Mit Coord
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn	(15) DATE 12/31/08

261-101



STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

CREW TIME REPORT

(1) CREW NAME BMFPD Mit Crew		(2) CREW NUMBER 1	
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD		(4) FIRE NAME Reed Ranch Road	
(5) FIRE NUMBER Reed Ranch Road			

(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Palamara	12/21/08	9:30	16:30		
	Bozeman		9:30	16:30		
	Total		14 hrs.			
	Palamara	12/31/08	8:45	12:45		
	Bozeman		8:45	12:45		
	Miller		8:45	12:45		
	Total		12 hrs.			
	Lynn	12/31/08	10:30	12:00		
	Total		1.5 hrs.			

(11) REMARKS

(12) OFFICER-IN-CHARGE (Signature) <i>Stephen M. Lynn</i>	(13) TITLE (Officer-in-Charge) Mit Coord
(14) NAME (Person Posting to Emergency Time Report) Stephen M. Lynn	(15) DATE 12/31/08

261-101



STANDARD FORM 261 (5/78)
Prescribed by USDA-USDI (NWCG Handbook No. 2)

12-22-08

Colorado
State
FOREST
SERVICE

Hi Allen .

This copy is for the
Boulder District Office files .

Best regards,

Karen Carlson, SO

FILE COPY

***** FILE COPY NON-NEGOTIABLE *****

Date Requested: 12/17/08

V BOULDER MTN FIRE AUTHORITY
E 1905 LINDEN DR
N BOULDER CO 80304
D
O
R

S COLORADO STATE UNIVERSITY
H CENTRAL RECEIVING
I REFERENCE DOCUMENT NUMBER: AFE 415395
P FORT COLLINS CO 80523-6011

Contact: DAVID ALLEN OWEN JR
Phone: (970)491-3006
Department: CO State Frst Svc

TO:

Financial Assistance Program

Note in Address:

Boulder Mountain Fire Protection District

Item #	Description	Qty	UOM	Unit Price	Extension	Acct #	Sub	User
1)	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; Front Range Fuels Treatment Partnership (a.k.a. FRFTP); Project # 530831-01 BO; 08CPG SFA-NFP CG2; 1st Payment	1	LOT	4954.3800	4954.38	530831	5980	
TOTAL:					\$4,954.38			

COPY

NOTIFY THE DEPARTMENT
IMMEDIATELY IF THERE ARE
ANY EXCEPTIONS TO THIS AFE

SIGNATURE

DATE



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 checked="" 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"/>

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

Name: Boulder Mountain Fire Protection District

Address: 1905 Linden Drive

Boulder, Colorado 80304

**Approved for Payment
C.S.F.S.**

A 415395

12-17-08

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: 530831-01-80

Cooperator Match: \$4,954.38 ~

Approved Funding: \$46,000 ~

Total Project: \$9,908.76 ~

CSFS Account Number: 530831-5980

Amount of Payment: \$4,954.38 ~

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

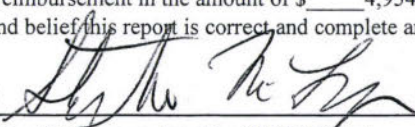
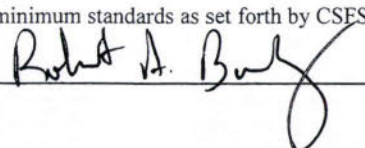
Approved by: 
(Program manager signature)

Date: 12-5-08

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
WSFM COMPETITIVE GRANTS

Project Number: GT- 530831 - 01

In order to receive reimbursement, you **must** provide documentation supporting your expenditures covered by this initial disbursement and the corresponding match. You may request reimbursement on a monthly basis as you incur expenses, however the final 10% of the award amount will not be released until the final closeout report is received and accepted. Reimbursement requests must be accompanied by receipts for costs incurred and documentation of matching funds. Federal Funds **cannot** be used as sources for meeting the cost sharing (matching) provisions. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant which are not reimbursed with Federal Funds.**

1. Grant Award #: G-530831	2. Total Award Amount: \$46,000	3. Community Protected: BMFPD
4. Make Payment To: Name: Boudier Mountain Fire Protection District Address: 1905 Linden Drive Boulder, Colorado 80304		5. Period of Performance: From: 11/1/2008 To: 11/30/2008
6. What was accomplished? (Quantity or Status of Project. Please provide a description of accomplishments. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of cubic feet or yards of slash collected, number of presentations, number of plans written. Attach additional sheets as necessary.) For this portion of the project a total 6.6 acres of forest was mitigated within 150 feet of Reed Ranch road on Lot 2 creating a shaded fuel break along this evacuation route. All work was completed to Colorado State Forest Service recommended standards for shaded fuel breaks. This includes cutting down all trees marked by Colorado State Forest Services personnel. Stacking or contouring all logs greater than 6 inches in diameter. All slash less than 6 inches was chipped and chips were distributed on the property. Twenty six cubic yards of chips were generated.		
7. Reimbursement Request: \$4,954.38 Project to Date Reimbursement Request Amount cannot exceed the total award obligation as identified in the Award Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.		
	Current Period	Project to Date
	Reimbursement Request Amount Matching Funds Total Costs	Reimbursement Request Amount Matching Funds Total Costs
Labor*	\$4,954.38 \$4,954.38 9,908.76	\$4,954.38 \$4,954.38 9,908.76
Material**		
Total	4,954.38 4,954.38 9,908.76	4,954.38 4,954.38 9,908.76
Donated time and materials can only be counted towards the matching component. * Use actual costs or \$17.55/hour for donated or volunteers' time. ** Use actual costs or fair market value of donated materials, supplies, or equipment use.		
8. Amount Paid to CSFS for Products and/Or Services : \$		
9. I request reimbursement in the amount of \$ 4,954.38 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the grant award documents.		
Signature: 		Date: 11/30/08
10. Certification (To be completed by CSFS District):		
Work meets minimum standards as set forth by CSFS.		
Signature: 		Date: 12/5/08

12/1/2008

(1) CREW NAME BMFPD Mit Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME Reed Ranch			
(5) FIRE NUMBER Reed Ranch							

(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Palamara	11/05/08	8:30	13:30		
	Miller		8:30	13:30		
	Davis		8:30	16:00		
	Bozeman		8:30	16:00		
	Lynn		8:30	16:00		
	Total		32.5 hrs.			
	Lynn	11/06/08	9:00	15:00		
	Davis		9:00	15:00		
	Total		12 hrs.			
	Davis	11/06/08	9:00	16:00		
	Bozeman		9:00	16:00		
	Total		14 hrs.			
	Davis	11/11/08	8:45	16:30		
	Palamara		8:45	11:45		
	Miller		8:45	11:45		
	Lynn		13:30	16:30		
	Total		16.75 hrs.			

GRAND TOTAL = 75.25 hrs.

(12) OFFICER-IN-CHARGE (Signature)
Stephen M. Lynn

(14) NAME (Person Posting to Emergency Time Report)
Stephen M. Lynn

(13) TITLE (Officer-in-Charge)
Mitigation Coord

(15) DATE
11/30/08

(1) CREW NAME BMFPD Mit Crew				(2) CREW NUMBER 1			
(3) OFFICE RESPONSIBLE FOR FIRE BMFPD				(4) FIRE NAME Reed Ranch			
(5) FIRE NUMBER Reed Ranch							

(6) RE-MARKS NO.	(7) NAME OF EMPLOYEE	(8) CLASSIFICATION	(9) DATE		(10) DATE	
			Military Time		Military Time	
			ON	OFF	ON	OFF
	Palamara	11/13/08	8:30	9:30		
	Davis		8:30	9:30		
	Miller		8:30	9:30		
	Lynn		9:00	10:30		
	Total		4.5 hrs.			
	Palamara	11/24/08	8:30	12:30		
	Davis		8:30	16:30		
	Bozeman		8:30	16:30		
	Miller		8:30	12:30		
	Total		24 hrs.			
	Palamara	11/25/08	13:00	15:00		
	Davis		13:00	15:00		
	Miller		13:00	15:00		
	Total		6 hrs.			
	Palamara	11/26/08	8:30	11:30		
	Miller		8:30	11:30		
	Davis		8:30	15:30		
	Bozeman		8:30	15:30		
	Total		20 hrs.			

GRAND TOTAL = 54.5 hrs.

(12) OFFICER-IN-CHARGE (Signature)
Stephen M. Lynn

(14) NAME (Person Posting to Emergency Time Report)
Stephen M. Lynn

(13) TITLE (Officer-in-Charge)
Mitigation Coord

(15) DATE
11/30/08

2008 BMFPD Chipping Form

Client Information

Date: 11/05/08

Name: _____

Address: Reed Ranch Project

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☒

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	11/05/08	11/06/08	11/10/08	
Start Time:	13:30	9:00	9:00	
Stop Time:	16:00	15:00	16:00	
Total Time:	2.5 hrs.	6 hrs.	7 hrs.	15.5 hrs.
	11/11/08	11/13/08	11/20/08 + 1	
	11:45	9:30	11:30	
	16:30	13:30	14:00	
	4.75 hrs.	6 hrs.	2.5 hrs.	14.5 hrs.

GRAND
TOTAL = 30 hrs.

2008 BMFPD Chipping Form

Client Information

Date: 11/05/08

Name: _____

Address: Reed Ranch Project

Phone: _____

Broadcast ☒ Pile ☐ Downhill ☐ Uphill ☒

Special Instructions: _____

Onsite Chipping

	Shift 1	Shift 2	Shift 3	Grand Total
Date:	11/05/08	11/06/08	11/10/08	
Start Time:	13:30	9:00	9:00	
Stop Time:	16:00	15:00	16:00	
Total Time:	2.5 hrs.	6 hrs.	7 hrs.	15.5 hrs.
	11/11/08	11/13/08	11/20/08 + 1	
	11:45	9:30	11:30	
	16:30	13:30	14:00	
	4.75 hrs.	6 hrs.	2.5 hrs.	14.5 hrs.

GRAND
TOTAL = 30 hrs.

Boulder Mountain Fire Protection District

1905 Linden Drive • Boulder, Colorado 80304

Tel: 303.440.0235

Website: www.bouldermountainfire.org



August 15, 2008

Elizabeth Zeligs
Buckingham Hills Homeowners Association
568 Rembrandt Road
Boulder, CO 80302

Dear Elizabeth,

As you requested in our last meeting in July, I am providing this letter to outline the history, rational and costs for the mitigation project, I have proposed for the Rembrandt Road neighborhood. The grant application to the Colorado State Forest Service's (CSFS) Front Range Fuels Treatment Partnership for matching funds contains many of the details for the proposed project. Please note: The Rembrandt Road Project is part of a larger grant application that includes Reed Ranch Road which is to the west of your community. This grant application is for matching funds requiring at least a 50% match from the property owners, to a maximum of \$675 per acre from the granting agency.

In 2006, The Boulder Mountain Fire Protection District (BMFPD) completed a Community Wildfire Protection Plan (CWPP) which evaluated the wildfire hazards in our district. This plan includes Rembrandt Road. The CWPP BMFPD generated gives highest priority to life safety, public egress and firefighter access. These priorities identified two urgent tasks: Mitigation along highest risk egress routes and the creation of shaded fuel breaks in critical areas, where a potential wildfire would threaten large segments of the district population. I am the mitigation coordinator for BMFPD over the past 4 years have been tasked with identifying areas where BMFPD can improve our ability to safely protect residents and property from wildfire and allow firefighters safe access to fight wildfires. In an effort to do complete this I have been contacting homeowners associations and individual property owners to educate them about the hazards of wildfire and identify ways to mitigate their danger. Thanks to many concerned residents in your neighborhood I have been able to organize an effort to apply for matching funds from the CSFS's FRFTP which is the source of funds for several projects already completed in our District.

The grant application was completed with the assistance of the CSFS, homeowners and officers of the Buckingham Hills HOA. Included with this grant application is a figure identifying the areas needing treatment with an associated priority assigned. The top priority as listed in this figure is to clear the bottom portion of your road to allow for safer evacuation of the neighborhood and ingress of firefighting resources to protect your homes. Another top priority listed in this grant application is the installation of a continuous shaded fuel break on the ridgeline at the top of Buckingham Hills.

A shaded fuel break is installed by reducing the tree densities to a natural level where a crown fire can not travel in the tree canopies. In general this means removing ladder fuels (low branches and small trees) and separating the crowns (the green part of the trees) by 15 feet. This does not mean every tree

Boulder Mountain Fire Protection District

would be 15 feet apart as that would create a grid like appearance and not look natural or attractive. Installation of the fuel break would create a more landscaped or park like look with groups of 3 to 5 trees seperated by 15 feet. If residents are interested in seeing the results of an installed fuel break, I can organize a field trip to areas treated by BMFPD's Mitigaiton Crew that looked similur to your neighborhood before they were mitigated.

Future projects proposed for the Buckingham Hills neighborhood, but not funded by this grant application include installing a fuel break along the entire length of Rembrandt Road and installing an access road from Rembrandt to Peakview and Reed Ranch Road across United States Forest Service's (USFS) property. Additionally, I would propose we install a shaded fuel break along Lefthand Canyon to prevent fires from jumping across Lefthand from the 4-wheel drive and shooting areas in the USFS's property located to the north. This last proposed project would require cooperation from Boulder. City Open Space and Mountain Parks Department as they own a large portion of the land below your neighborhood. It would also involve mitigating some of your residents properties which extend to the bottom of the hill on the south side of Lefthand Canyon.

The costs to Buckingham Hills assoicated with this project will be dificult to predict ,until the exact areas are identified and the individual trees needing removal are marked. The areas to be mitigated will depend on the granting of permission from the individual property owners. The number of trees to be removed will depend on the judgement of the forester assigned by the CSFS. As a general guideline BMFPD's average cost at the present time is \$1,500 per acre. As a ball park estimate the cost per acre to Buckingham Hills would be \$825 per acre. The CSFS recommends a 300 foot wide shaded fuel break along the entire lenght of Rembrandt. This is 150 feet on eather side of the road with the slope added to the downhill side and subtracted from the uphill side.

The cost breakdown fo the project by step is:

- Step 1 is mitigationing the bottom of Rembrandt which is estimated to be 15 acres The cost to Buckingham Hills HOA would be \$12,375. CSFS would pay \$10,125. This work would be competed by September 2009.
- Step 2, the top of the ridgeline is also 15 acres and would cost and additional \$12,375 at todays prices with the CSFS paying \$10,125 again. This work would be competed by September 2009.
- Step 3, Treating the remainder (upper portion) of Rembrandt Road would cost \$18,150 as it is calculated to be 22 acres. This work would be funded in 2009 completed by September 2010.

Total costs for steps 1 and 2 to the Buckingham Hills HOA would be \$24,750 if the average of \$1,500 per acre is applied. CSFS cost would be \$20,250 Steps 1 and 2 would be completed by September 2009 if the funds are awarded this year. Please note: The treating of the remainder of Rembrandt road is not included in the grant application. Additionally the proposed emergency access road is not funded and would require the approval of the USFS. It could take 5 to 10 years to get the necessary permissions and funding to install the proposed emergency access road. Please also note I have applied for more funds than needed to complete this project as I anticipate the granting agency will reduce my request. I have also deliberately made the grant application vague about where the funds are being spent to allow flexablity in where the funds are applied when awarded. If funding falls short in your neighborhood, BMFPD could obtain matching funds from the Peakview Road or Valley Lane neighborhoods and apply any grant funds you do not utilize in those areas.

Boulder Mountain Fire Protection District

There are several potentially positive side effects to the proposed mitigation work. Shaded fuel breaks, thin the forest creating a healthier more beetle resistant forest. If we complete this large project in your neighborhood and the adjacent Reed Ranch along with the Valley Lane and Peakview neighborhoods, we could approach the United States Forest Service (USFS) and the City of Boulder Open Space and Mountain Parks Department with a strong case that we have been good neighbors and it is time they put an at least equal effort to mitigate their properties. Additionally, if the USFS does mitigate the area west of your properties it would be wise for them to build a forest access road to the work, this road could be used as an evacuation route from Rembrandt to Peakview Road and Reed Ranch Road in the case of fire. Of course, I would recommend this road be gated and only be used in the case of an emergency.

One question that often arises that I would like to address now is "Why should I pay for mitigation on someone else's land?" The answer is that we all (residents and firefighters) benefit equally if your evacuation route is secured. Also if your neighbor's forest is healthy it will not spread disease on to your property. Individual efforts are not enough to prevent the epidemic spread of diseases we are seeing in the counties west of Boulder. BMFPD feels we need cooperative efforts like this one supported by the community, the fire department, other governmental agencies, and adjacent land owners to prevent the anticipated devastation of pine beetle epidemic.

Thank you for your cooperation with my efforts to make your neighborhood as safe as we possibly can. If you have any comments or question please feel free to call or email me any time. Now that the grant application is submitted we have to wait until it is awarded to proceed further. Please note: In my experience the grant application process can take up to a year before a decision is made. The grantors do not allow input from the requestors (BMFPD and Buckingham Hills HOA) because they do not want undue influence impacting their decision making process.

Sincerely,

Steve Lynn
Mitigation Coordinator
Boulder Mountain Fire Protection District
1905 Linden Drive
Boulder, CO 80304
(303) 440-0235
mitigation@bouldermountainfire.org

alowen

From: Suzanne Adams [sba.25@comcast.net]
Sent: Thursday, February 05, 2009 8:16 PM
To: alowen@lamar.colostate.edu
Subject: Re: Seedling Tree application

Hi, Allen,

Thanks so much for the Seedling Tree application. I'll see that it is forwarded to the district.

It was wonderful to talk with you! We are in complete agreement about the need to keep our Mitigation Program going in order to implement the grants you've awarded us (the work they made possible has saved us on a couple of occasions already!

We're grateful!).

We also agree that we could consider a few changes in the way we are cutting and chipping during the bark beetle epidemic. Specifics:

1. You said that the best practice during flight season would be to truck wood and chips out of the district to a sort yard (if we had one nearby). I suggested that we could offer this on a voluntary basis to people who are willing to pay for it. Some people already prefer to hire Davey Tree because they do this now.
2. We talked about "stacking the wood horizontally" for a time after cutting in order to dry the wood and reduce beetle infestation. The wood should be cut small (2-3 foot lengths?) and could be stacked "vertically" at a later date to reduce fire danger and improve aesthetics. This would also be done with homeowner approval.
3. You suggested that the chips should be raked out (I offered a depth of no more than 2") as chips piled near leave trees can attract beetles.

Did I get it right? I think these changes could help us fight the critters. Thanks so much for your help. It's fun to talk to you.

Sincerely,

Suzanne Adams, Beetle Buster

alowen

To: sba.25@comcast.net
Sent: Thursday, February 05, 2009 1:14 PM
Subject: Seedling Tree application

Return your applications to:
 Longmont Conservation District
 9595 Nelson Rd
 Suite D
 Longmont, CO 80501

You'll note the condition of sale, #1 "You must own 2 acres"

I got an exemption to this rule from the nursery this year, to drop it to one acre.

Allen Owen, CF
 District Forester
 CSFS Boulder
 5625 Ute Highway
 Longmont, CO 80503
 303-823-5774
 303-823-5768

2/6/2009

Bob Bundy

From: Suzanne Adams [sba.25@comcast.net]
Sent: Wednesday, December 10, 2008 11:42 AM
To: 'bob bundy'
Subject: Chipping
Follow Up Flag: Follow up
Flag Status: Red

Hi, Bob,

John Benson had asked me to fill you in on the recommendations from Jeff Witkosky, entomologist for the USFS, who visited beetle-hit sites in our area on two occasions this fall.

In general, he felt that our Beetle Buster and Mitigation Program efforts were right on course, but we should do twice as much as we are doing, in terms of identifying, cutting and treating beetle-infested trees.

In regard to chipping, he did have some advice that is at variance with our current practice of leaving chipped material on the ground. We do have a significant number of Ips-killed trees in the district. Here is a paragraph from one of his emails:

"We would always recommend that the chipping be done in the fall, to allow as much time as possible for the chips to dry out and the volatile host tree components to dissipate so that you don't have an attractive situation in the spring when the beetles begin to fly again. With Ips beetles, there is always a chance that we will miss some infested trees or tops. With attractive chips around, these beetles may just continue to infest trees in the area, continuing the problem. **This is why I suggested ... that you try to remove the trees or chip into a container and take to a recycling land fill...I am more uncomfortable recommending chipping for fuels treatments or Ips control near developments, especially when you are finding seemingly healthy trees with Ips infesting and killing the tops of some ponderosa pines in the area.**"

In conversation, Jeff agreed with the recommendation that cutting not be done during MPB flight season. That, and trucking away the chips, would have serious financial implications for our mitigation program. However, the beetle epidemic has serious implications for our forest!

I look forward to seeing you next Monday.

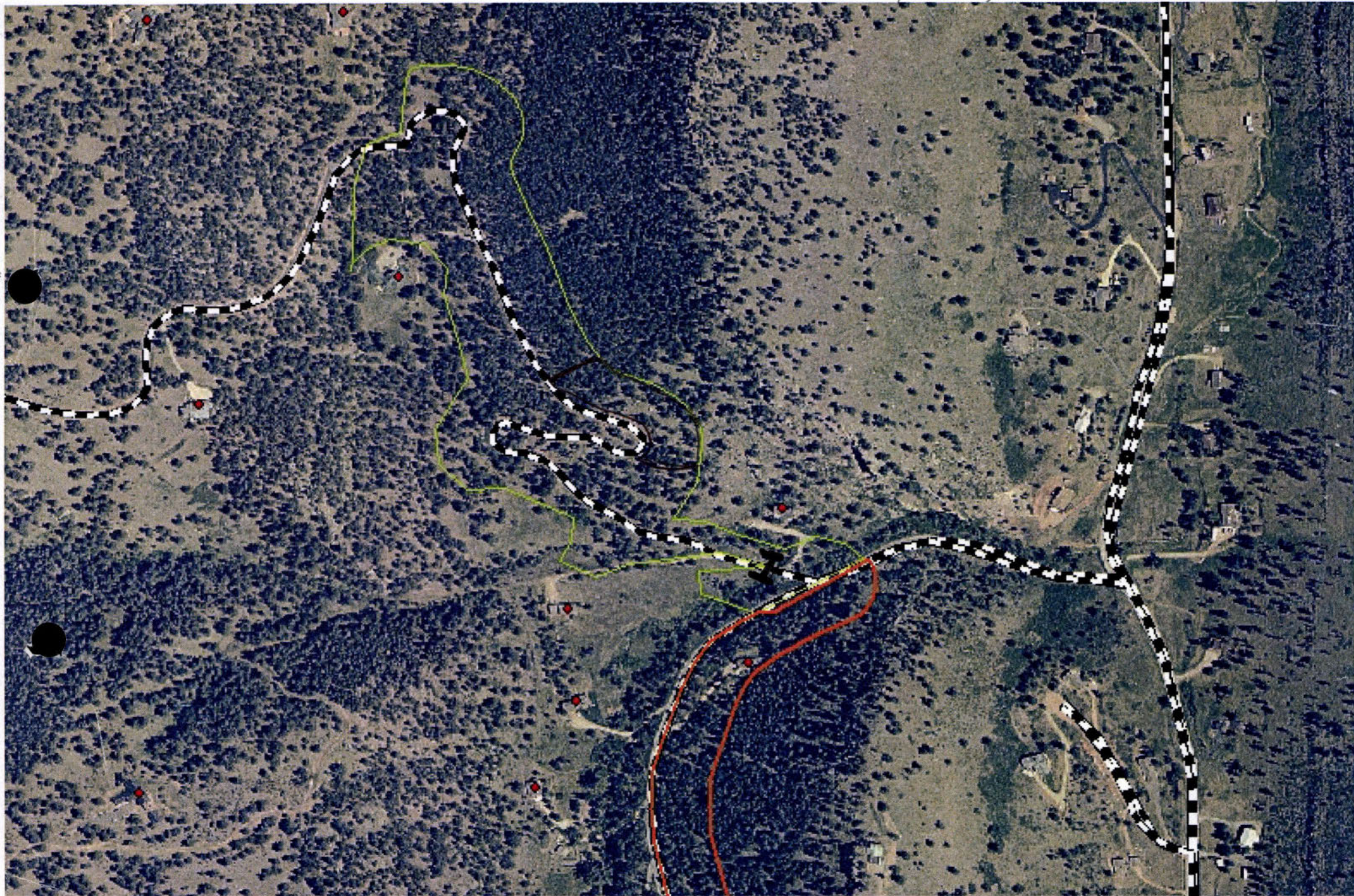
Good Wishes!

Suzanne Adams

12/11/2008

Green = Rembrandt Road
Orange = planned on Valley Lane
(above/east of road)

I don't know how much has been cut.
also check Valley Lane, drive to end to see if any cutting



#8989
#3132

Rembrandt = 17 acres

I = Gate i#6463?
I don't have the code, but it's a short walk

↑
Olde Stage

Reed Ranch about 4.1 miles up Lee Hill
Gate code # G463 (short walk)

● = cistern



Long/West Unit was done, see how much of NE unit is cut,

Total area of both units = about 12 acres

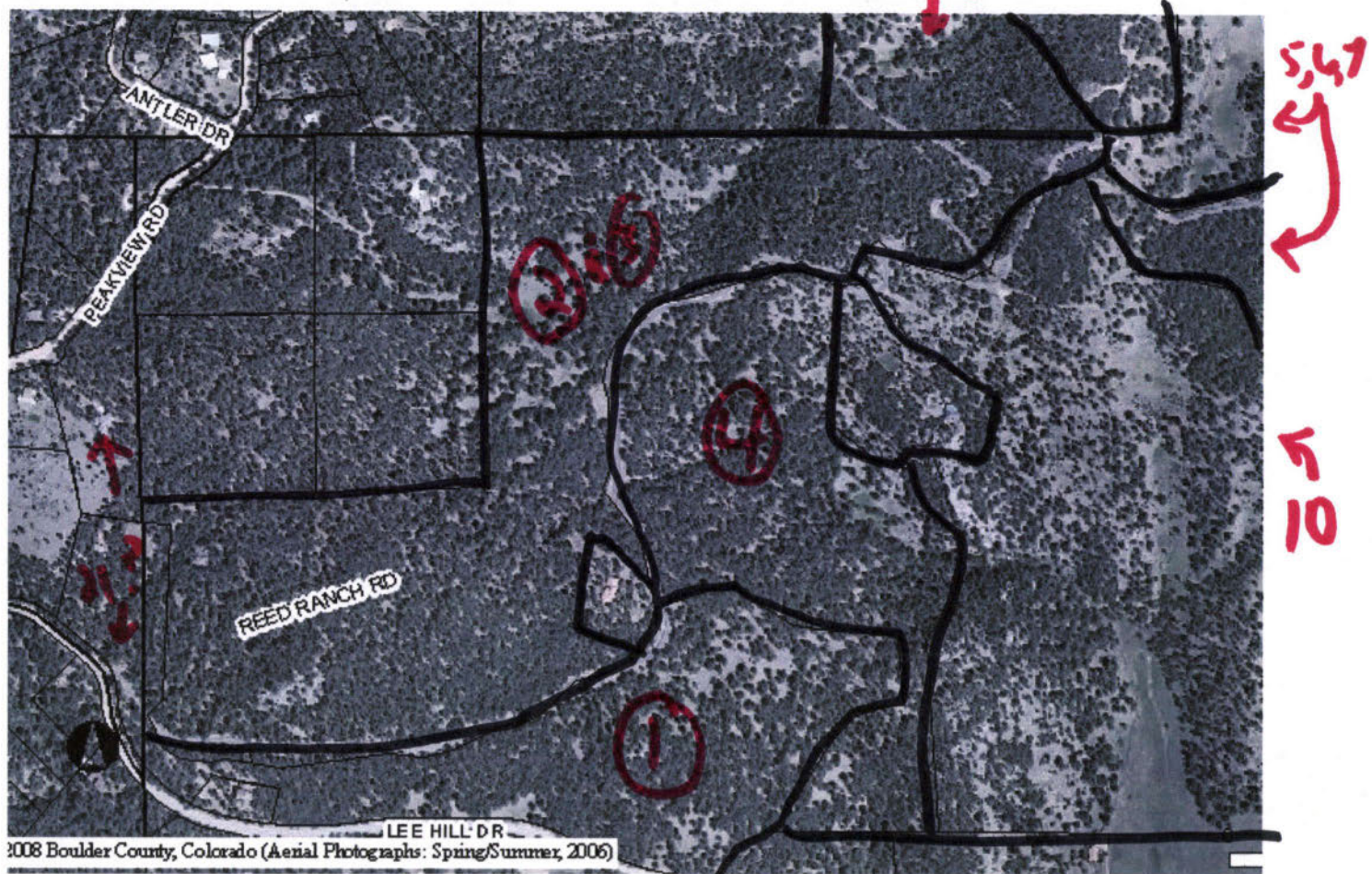
I = Gate

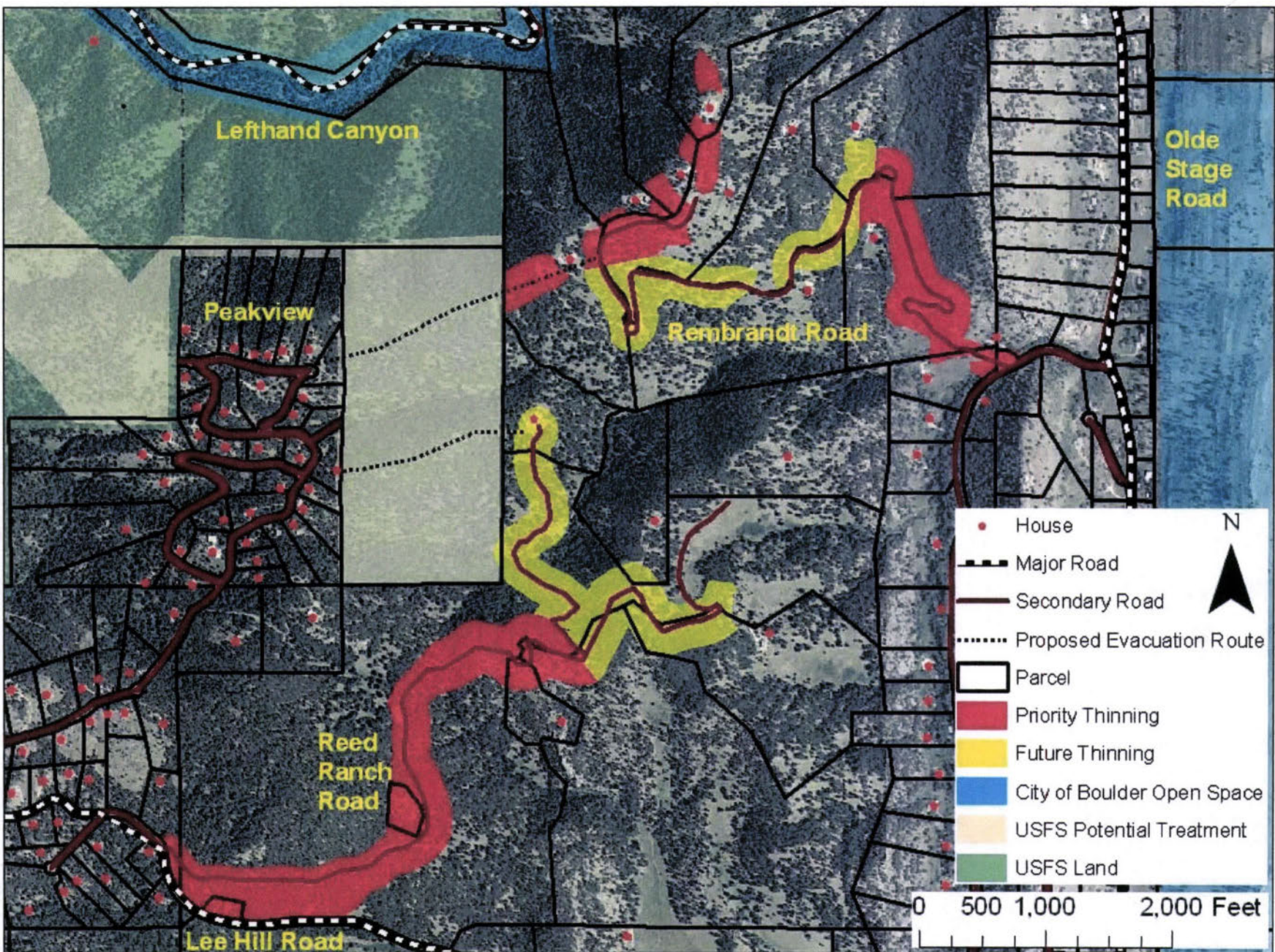


22 48000
24000
20000

22 48000

39
15
20
74





Reed
code
#6963

EXHIBIT A
TO SUBAWARD G- 530831
SCOPE OF WORK

CSFS 2008 : Boulder Mountain Fire Protection District (BMFD)

Work to be completed: This grant will cover up to half of the cost of the highest priority acreage on **four new shaded fuel breaks**. These fuel breaks will be constructed along primary community access routes in four communities. The fuel breaks will be constructed within the communities of **Reed Ranch, Rembrandt, Valley Lane, and Pine Brook Hills**. At minimum, **sixty-seven acres** of shaded fuel break treatment will occur.

All grant funds will be used as a $\leq 50\%$ reimbursement for work done on private property parcels that the shaded fuel breaks cross. Boulder Mountain FPD will initially cover the cost of implementation by using their mitigation crew or by paying contractor(s). The FPD will collect funds from private landowners/associations and act as the grant award reimbursement recipient. The limit for CSFS grant matching contribution is set at **\$750 per acre**. If the costs for treatment are above \$1,500 per acre, the landowners or BMFPD will cover the excess costs for the project.

Milestone dates: The BMFPD Mitigation crew coordinator has all of the private landowner permissions necessary in completing a minimum of **67 acres** of fuels mitigation work using the subaward reimbursement funds. Implementation will begin upon approval of this Scope of Work and run through the end of the grant cycle (September 30, 2009). BMFD will periodically submit an "Attachment B: Grant Report/Reimbursement Request" to the local CSFS. **A CSFS representative will inspect the reported acreage before reimbursement approval.**

Standards and Guidelines: All project work will meet CSFS shaded fuel break guidelines. CSFS will do the initial project setup by flagging shaded fuel break boundaries and marking trees for removal. The BMFD Mitigation Coordinator will be responsible for communicating with affected landowners as necessary and ensuring the project is completed within the grant cycle.

Project Period: November 1, 2008 through September 30, ~~2009~~ 2011

Subaward Amount: \$50,000 **Minimum Cooperator Match:** \$50,000

Deliverables: **Three hundred foot wide shaded** fuel breaks will be completed on at **least 67 acres**. The estimated cost per acre is \$1,500. Four communities consisting of **64 homes** will be directly benefited from this project. The projects will also indirectly benefit numerous additional homes and communities as all fuel breaks will occur in the densely populated WUI of Boulder.

Project Types: Homeowner/Community Action, Information/Education, and Implementation/Treatment

All work completed under this subaward must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the subawardee. Attachment B to the subaward entitled "Attachment B, Grant Report/Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

**Financial Assistance Program
Cooperative Match Project**

To be conducted by:

Boulder Mountain Fire Protection District

Project Number:	5-30831
Estimated Project Cost:	\$100,000
Funding provided by CSFS:	\$50,000
Minimum Recipient Match:	\$50,000
Project to be completed by:	9-30-09 X 9/30/2011

Based on the strength of the application submitted by Boulder Mountain Fire Protection District, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$50,000 to accomplish the project described in the attached scope of work.

As the cooperator, Boulder Mountain Fire Protection District, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Attachment A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "Attachment B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:
CSFS-Boulder District
5625 Ute Highway
Longmont, CO 80503
- D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until September 30, 2009. There will be no extensions provided due to federal fund grant requirements.

As a representative of the cooperator, I have read and understand the conditions of participating in this cooperative match project.

Cooperator Signature:

Date:

Boulder Mountain FPD
1905 Linden Drive
Boulder, CO 80304

Telephone Number: (303) 440-0235 ext 1

Email Address: mitigation@bouldermountainfire.org

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

Date: 10-14-08		Requested By: Bob Bundy		Resale to:		CSFS Invoice #:	
Vendor: Boulder Mountain FPD Attn: Stephen Lynn 1905 Linden Drive Boulder, CO 80304				Ship To: Colorado State Forest Service Boulder District 5625 Ute Highway Longmont, CO 80503			
Reason for Vendor Selection: <input type="checkbox"/> Sole Source (attach completed Sole Source Justification Form) <input type="checkbox"/> Previous Supplier <input type="checkbox"/> Other					Terms:		
Shipping Instructions: <input type="checkbox"/> FOB Fort Collins, Colorado <input type="checkbox"/> FOB			Delivery Date:		Deliver to: Initials____ Bldg____ Room____ Phone____		
#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	530831	5980	1	Lot	FINANCIAL ASSISTANCE PROGRAM	\$50,000	\$50,000
2					COOPERATIVE MATCH PROJECT;		
3					Project Completion Date 09-30-09		
4							
5							
6							
7							
8							
9							
10							
SPECIAL INSTRUCTIONS:			Expenditure Approval: Authorized Signature: _____ Date: _____			Subtotal: \$ <u>50,000</u> Discount: \$ _____ TOTAL: \$ <u>50,000</u>	

alowen

From: sp@research.colostate.edu
Sent: Monday, July 13, 2009 3:30 PM
To: kfrasier@colostate.edu; mary.atella@colostate.edu; Allen.OWEN@colostate.edu
Subject: 5-3 project update (Blue sheet notification) 7/10/2009

Project number 5-30831 has been created or updated

Investigator: Owen Jr, David Allen

08CPG SFA-NFP CG2 BO

Sponsor Name: USDA-USFS-Forest Research

Contract No: 08-DG-11020000-003

Brief description of this action:

7/9/2009

rhonda./Change End Date Mod#3

For more details see the Research Project Status screen on the web at URL:

https://pass.research.colostate.edu/rps/rps.asp?p_proj=0831

Project Start: 10/1/2007

Project End:

9/30/2011

57,858,74 "Encubated"
6/1/09

http://purgatory.research.colostate.edu/reports/rwservlet?RPS_Proj+0831+PDF



NATIVE Ecology

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 checked="" 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"/>

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

Name: Carraige Hills HOA ~

05-15-09

KC

Address: P.O. Box 19812

05-27-09

KC

Builder, CO 80308

R 11170512

Approved for Payment
C.S.F.S.

S037562

05-28-09

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: 08CPG SFA-~~NR~~ CG2 B0 Cooperator Match: \$4,070.00 ~

530831-80-003


Approved Funding: \$4,000.00 ~

Total Project: \$8,070.00 ~

CSFS Account Number: 5-30831-5980

Amount of Payment: \$4,000.00 ~

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

Approved by 
(Program manager signature)

Date: 5/11/09

Form C

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

08CPG SFA-NFP
CG2 BO

Project No. 5-30831-BO-003

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

Applicant name (please print): CARRIAGE HILLS HOMEOWNERS ASSOCIATION

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$7,045		A Labor Cost= \$7,045
Operating Exp ³ (Actual)	Chipper: \$950		B Oper. Exp.= \$ 950
Value of donated services and materials (not an actual cost)		\$75	C Total value of donations \$ 75
Revenue Generated (from sale of wood products only) ⁴			D Revenue= \$ 0
Project Cost			E Total Project (A+B+C-D) = \$8,070
			Amount Originally Approved = \$4,000.00 ~
How much of your total cost was paid to CSFS for Products and/or Services? <u>\$ none</u>			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$4,000 ~

¹ Any contracted services where payment was made for services.

² Use up to \$ 18.77/hour for Landowner and volunteer time. This is the maximum allowable.

³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

⁴ Any revenue generated from the sale of wood products is deducted from total project cost.

⁵ Reimbursement amount cannot exceed amount approved. No partial payments.

* Attach receipts, Cost Documentation Form D (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: [Signature]

Date: 21 April 2009

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

Mailing Address: P.O. Box 19812

City: Boulder

County: Boulder State: CO Zip: 80308

Phone: 303-440-8433

Practice certified by: [Signature]

Payment Approval: [Signature]
CSFS program manager

Amount: 4000.000 Date: 5/11/09

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.

3/17/08



LANDOWNER ASSISTANCE PROGRAMS APPLICATION FOR COST-SHARE

Form: A

PROJECT NUMBER:

(For Official Use Only)

NAME: Carriage Hills HOA

MAILING ADDRESS: P.O. Box 19812

City: Boulder

State: CO

Zipcode: 80308

TELEPHONE NO: Paul Damich 303-440-8433

Kate Wilson 303-~~444~~-3513

PROJECT ADDRESS/LEGAL DESCRIPTION: Carriage Hills Estates, Boulder County

Plan File: P-17 P-3 #5, 6, 7, 8, + 9

PRACTICES TO BE COMPLETED BY: 31 July 2009

Date _____

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved	Maximum C/S Amount eligible	C/S Amount Requested	C/S Amount Approved
Tree pruning-660	\$75/A				
Forest thin 666-1	\$500/A				
Slash chipping 666-2	\$300/A				
		Total:			

Request for cost-share assistance under the LOA program is to meet the objective stated in the management plan. ***CSFS forester: make sure the correct program is checked below.*** One practice per application is allowed. If cost-sharing is approved for the practice requested, I agree to cover expenses at the time of implementation, knowing I will be receiving cost-share funds not exceeding 50% of actual cost. **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. For FLEP and I & D, practices must be maintained for a minimum of 10 years. There are no partial payments.

LANDOWNER SIGNATURE:

DATE: 4/24/03

To be completed by CSFS forester:

PAUL DOMICH

CSFS FIELD REVIEW SIGNATURE:

DATE:

(Additional USFWS guidelines addressed)

PROGRAM: *WUI Incentives D-space:* **FLEP:**

I & D Prevention and Suppression – Bark Beetle:

FRFTP: _____ Stevens' Funds: _____ SFA: _____

C/S 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.

5/23/07

Form D

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 \$18.77/hr. Separate expenses by component (activity). Attach receipts.

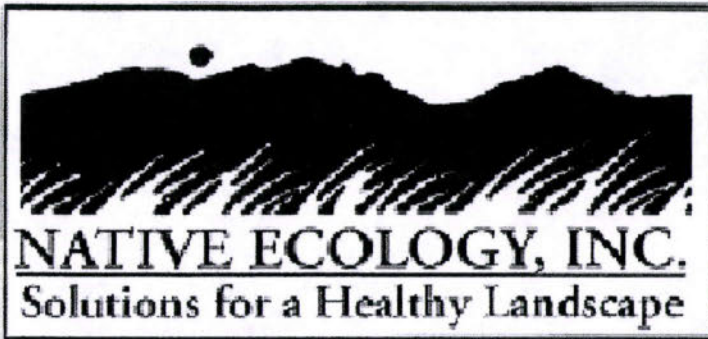
P. J. Smith

Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
2009				
3-3	P Dornich	Plan Development 30-1	1	\$ 18.77
	K Wilson	Plan Development 30-1	1	\$ 18.77
4-21	P Dornich	Plan Development 30-1	1	\$ 18.77
	K Wilson	Plan Development 30-1	1	\$ 18.77
2008				
11.24-	Native Ecology	Forest thinning 666-1	saw 55	\$2,200.00
12.19			general labor 123	\$3,075.00
11.24-		Tree pruning 660	saw 8	\$ 320.00
12.19			general labor 20	\$ 500.00
11-25		Chipping of slash 666-2	2	\$ 200.00
11-26			1.5	\$ 150.00
12-02			0.5	\$ 50.00
12-12			4	\$ 400.00
12-19			1.5	\$ 150.00
		Labor for slash chipping 666-2	38	\$ 950.00
		NOTE: above divisions of labor not precise; see attached invoice		
				\$8,070.08

Invoice

12/19/2008



Native Ecology, Inc.
PO Box 976
Nederland, CO 80466
303-258-1753

Bill to:

Carriage Hills HOA
Attn: Tony Lavender
tony@srboulder.com

Date	Description	Amount
11/24/2008	10 Hrs. Chainsaw	\$400.00
	18 Hrs. Labor	\$450.00
11/25/2008	11 Hrs. Chainsaw	\$440.00
	24 Hrs. Labor	\$600.00
	2 Hrs. Chipper	\$200.00
11/26/2008	6 Hrs. Chainsaw	\$240.00
	16 Hrs. Labor	\$400.00
	1.5 Hrs. Chipper	\$150.00
12/1/2008	6 Hrs. Chainsaw	\$240.00
	6 Hrs. Labor	\$150.00
12/2/2008	3 Hrs. Chainsaw	\$120.00
	15 Hrs. Labor	\$375.00
	0.5 Hrs. Chipper	\$50.00
12/8/2008	7 Hrs. Chainsaw	\$280.00
	7 Hrs. Labor	\$175.00
12/10/2008	6 Hrs. Chainsaw	\$240.00
	12 Hrs. Labor	\$300.00
12/11/2008	6 Hrs. Chainsaw	\$240.00
	12 Hrs. Labor	\$300.00
12/12/2008	35 Hrs. Labor	\$875.00
	4 Hrs. Chipper	\$400.00
12/18/2008	6 Hrs. Chainsaw	\$240.00
	18 Hrs. Labor	\$450.00
12/19/2008	2 Hrs. Chainsaw	\$80.00
	18 Hrs. Labor	\$450.00
	1.5 Hrs. Chipper	\$150.00
Total		\$7,995.00

019 SL ACCOUNT SUMMARY

08CPG FA-NFP CG2 BO

FY: 09

DATE: 05/27/09 TIME: 14:28:44

SCREEN: ACCT: 530831

SUBTOTAL OPTION: AB PRINT SUBTOTAL: Y

DEPARTMENT: 5060

RESP PERSON: OWEN JR,DAVID ALLEN

MAP CODE: 30831

FLAGS: DEL FRZ RVW DRP SUP ABR

0 0 0 0 0 0

SUBC BUDGET CURRENT MONTH PROJECT TO DATE OPEN COMMITTM

4000	71,000	0.00	0.00	0.00	71,000.00
BUDGET OTHER DIR CST					
5980	0	0.00	13,141.26	53,858.74	67,000.00-
COST SHARE REIMB					
****	71,000	0.00	13,141.26	53,858.74	4,000.00
4000-6999 SUBTOTAL					
****	71,000	0.00	13,141.26	53,858.74	4,000.00
3400-8999 SUBTOTAL					
****	71,000	0.00	13,141.26	53,858.74	4,000.00
2000-8999 SUBTOTAL					
****	71,000	0.00	13,141.26	53,858.74	4,000.00
ACCOUNT TOTAL					



Karen Carlin profile | [logout](#)

 Select Draft Cart or Add Item to Cart

Summary - Requisition 11170512

Search for Catalog No. (SKU)

Go

[home](#)

my favorites

product
search

carts

approvals

history

profile

more >>

PO History

PR History

my requisitions

my purchase orders

search exports

Available Actions: Add Notes to History

Go

Add Non-Catalog Item

Requisition

PR Approvals

PO Preview

History

Summary

Shipping

Billing |

Accounting Codes

Supplier Info

Taxes/S&H

Hide header

☐ Hide value descriptions[illegible]

Accounting Codes		?
Account	Sub Code	edit
530831	5980	
08CPG SFA-NFP CG2 BO -USDA-USFS-FOREST RESEARCH		

View/edit by line item...

Internal Notes and Attachments		?	External Notes and Attachments		?
Internal Note	CARRIAGE HILLS HOA, P.O. Box 19812, Boulder, CO 80308	edit	Note to all Suppliers	<i>no note</i>	edit
Internal attachments			Attachments for all suppliers		
	add attachment...		add attachment...		
			PO Clauses		edit clauses...
			<i>no clause</i>		

Supplier / Line Item Details

Hide line details For selected line items Withdraw Selected Items Go

?

NEW CSU SUPPLIER [more info...](#)

Contract *no value*
 PO Number To Be Assigned
[View/edit by line item...](#)

Add non-catalog item for this supplier...

Product Description	Catalog No	Size / Packaging	Unit Price	Quantity	Ext. Price	<input type="checkbox"/>
1 CHECK ORDER REQUESTS (AFE)			4,000.00	1	4,000.00 USD	<input type="checkbox"/> edit
more info...						
AFE EXCEPTION LIST	3-Payments for program obligations which have been pre-	Taxable <input checked="" type="checkbox"/> Capital Expense <input checked="" type="checkbox"/> Commodity Code	<i>no value</i>	Internal Note <i>no note</i> Internal attachments External Note <i>no note</i> Attachments for supplier		
Description of Goods or Services	FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; Front Range Fuels Treatment Partnership (a.k... more...					
Unit of Measure	Lot					
more info...						

Supplier subtotal 4,000.00
 Shipping 0.00
 Handling 0.00
Supplier total 4,000.00 USD

Subtotal 4,000.00
 Shipping 0.00
 Handling 0.00
Total 4,000.00 USD

Summary - PO S037562

COPY

PO/Reference No. S037562
 Supplier CARRIAGE HILLS H O A

General Information		Shipping Information		Billing/Payment	
PO/Reference No.	S037562	Ship To		Bill To	
Revision No.	0	Attention: Karen Carlin		Accounts Payable	
Priority	Normal	Building: 1050		Colorado State Univ	
Supplier Name	CARRIAGE HILLS H O A	Room Number: -		6003 Campus Delivery	
Address	P O BOX 19812	Department: 5060		Fort Collins, CO 80523-	
	BOULDER, CO 80308 US	Colorado State University		6003	
Phone		200 West Lake Street		United States	
Supplier Fax No.		0001 Campus Delivery			
Purchase Order Date	5/28/2009	Fort Collins, CO 805230001		BillTo AP	
Total	4,000.00 USD	United States		Address	
Requisition Number	11170512	ShipTo Address 0001-1		Code	
		Code			
Contact Information		Delivery Options		Billing Options	
Owner Name	Karen Carlin	Expedite X		Accounting	
Owner Phone	+1 (970) 491-3006	Ship Via Best Carrier-Best		Date	
Owner Email	Karen.Carlin@ColoState.EDU	Way		Payment 0% 0, Net 30	
		Delivery		Terms	
				F.O.B. Destination	

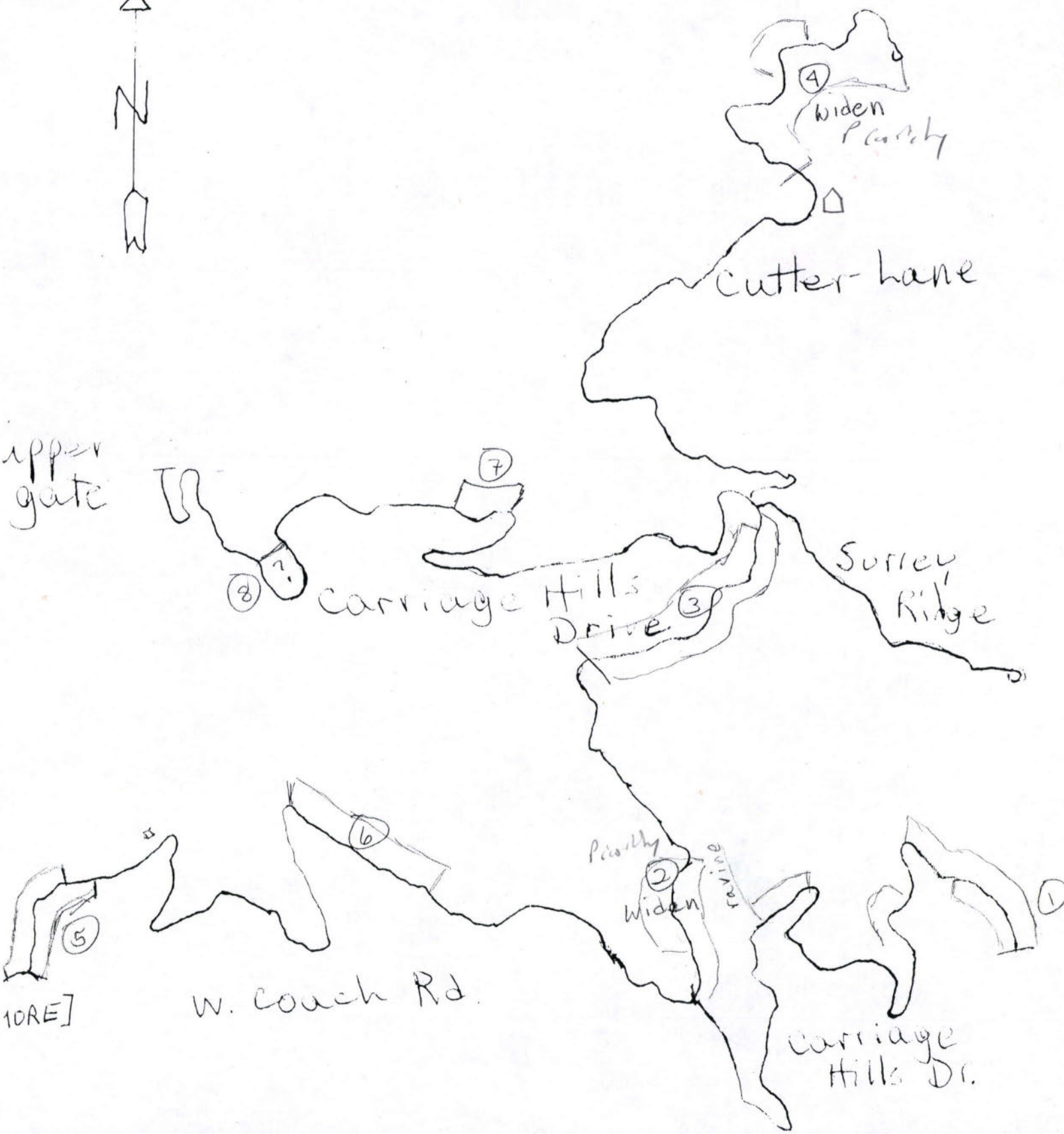
Distribution Information		Supplier Information	
Distribution Methods		Supplier Information	
The system will distribute purchase orders using the method(s) indicated below:		Contract no value	
Email (HTML Attachment) JOHN.SWARO@COLOSTATE.EDU		Account Code	
i Distribution options have been overridden for this PO		Pricing Code	
Distribution Options		Quote number	
Supplier		Note to Supplier no note	
Terms and		Attachments for supplier	
Conditions			
Order Purchase Order Terms and Conditions			
acceptance http://www.purchasing.colostate.edu/pages/pdf/potermconditions.pdf			
instructions			

Accounting Codes	
Account	Sub Code
530831	5980
08CPG SFA-NFP CG2 BO -USDA-USFS-FOREST RESEARCH	

Line Item Details						
Product Description	Catalog No	Size / Packaging	Unit Price	Quantity	Ext. Price	
1 ✓ CHECK ORDER REQUESTS (AFE)			4,000.00 USD	1	4,000.00 USD	
AFE 3-Payments for	Taxable X		Requisition	11170512		
EXCEPTION program obligations	Capital Expense X		Number			
LIST which have been pre-	Commodity no value		External Note	no note		
Description FINANCIAL	Code		Attachments for supplier			
of Goods or ASSISTANCE						

Services	PROGRAM COOPERATIVE MATCH PROJECT; Front Range Fuels Treatment Partnership (a.k.a. FRFTP); Project # 530831-BO-003; 08CPG SFA-NFP CG2 BO; FINAL PAYMENT
Unit of Measure	Lot

Subtotal	4,000.00
Shipping	0.00
Handling	0.00
Total	4,000.00 USD



Carriage Hills Estates
approximate extent of areas treated (thinred, limbed, chipped)
November + December 2008



