

**Colorado
State
FOREST
SERVICE**

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

May 18, 2011

Larimer County
Attn: Meegan Flenniken
1800 S. County Road 31
Loveland, CO 80537

Dear Meegan:

I am pleased to inform you that your application for the 2010 Colorado Forest Restoration Pilot (CFRP) Program, established by the General Assembly through House Bill 1199, has been selected for a financial assistance grant. We would like to offer you **\$50,000** in state grant funds to support your project titled **Chimney Hollow Open Space**.

All projects that involve on-the-ground forest management will comply with *Colorado Forest Stewardship Guidelines to Protect Water Quality: Best Management Practices* which are available on the Colorado State Forest Service (CSFS) website at http://csfs.colostate.edu/pdfs/bmp_screen.pdf. If you have any questions about this, please contact your CSFS District Forester using the information provided below.

The amount being offered to you may be less than you requested in your project proposal. If you cannot complete the project with the reduced amount, please notify me immediately at (970) 491-6303. The grant program requires at least a 40% match of non-state funds. You are required to contribute the amount of matching funds as stated in your proposal. If you cannot match the required amount, the award will be adjusted or rescinded. Again, please contact us immediately if you have a question about your ability to match the offered grant.

If you are able to go forward with your project using the grant funding being offered, please see the three attached pages. Each of these pages will need action from you.

1. Financial Assistance Program Cooperative Match Project notification: After you read the notification, and if you agree with the conditions of participation, please sign and date.
2. Exhibit A, Scope of Work: After you have read Exhibit A, and if you agree with the conditions of participation, please initial and date.
3. Attachment B: Retain this attachment and use it to request reimbursement for qualifying project costs. You may make additional copies if needed.

Please return original signed Project Notification and initialed Scope of Work **no later than June 1** to:

Naomi J. Marcus, Assistant Staff Forester
Forest Management Division
Colorado State Forest Service
5060 Campus Delivery, CSU
Fort Collins, CO 80523

Reimbursement will be made for actual costs, up to the amount listed on your project notification, with consideration of the matching requirement. You may not use these funds to purchase capital equipment (individual items costing more than \$5000.00). Additionally, we will require strict documentation. Please be advised your payments will be based on achieving the specifics proposed in your grant as reiterated on Exhibit A including treating the full amount of acres as defined in your grant application. This award may be considered as income by the IRS. Please check with your tax advisor if appropriate.

As part of the CFRP program, we require you to provide a Final Closeout Report at the time of requesting your final reimbursement including the following:

- Accomplishments: examples include (quantified: # acres treated; # miles of fuelbreak; # of defensible spaces implemented; # of presentations with # of participants).
- Summary of Youth Corps participation, if applicable.
- Summary of actual costs.
- Summary of matching funds.
- Digital before and after photos submitted electronically.
- Electronic map and GIS data.

When you are ready to close-out your project and claim final or intermittent reimbursement, please submit an Attachment B to your CSFS District Forester who will certify that the work is complete and the documentation is adequate. Certification by the District Forester may require a site visit to the project location. The District Forester will then forward Attachment B to the CSFS state office for processing.

Projects must be completed and certified by your CSFS District Forester no later than **November 9, 2012** close of business. By the same date your final reimbursement request signed by the CSFS District Forester and the Final Closeout Report must be received by Naomi Marcus.

For future reference, your CSFS District Forester is **Boyd Lebeda**. You can reach him at (970) 491-8660 or boyd.lebeda@colostate.edu.

Thank you for your interest in improving the health and sustainability of Colorado's forests and communities!

Sincerely,



Naomi J. Marcus
Assistant Staff Forester

cc: Boyd Lebeda

Financial Assistance Program
Cooperative Match Project
COLORADO FOREST RESTORATION PILOT GRANT

To be conducted by:

Larimer County Department of Natural Resources

Funding Provided by CSFS:	\$50,000
Minimum Recipient Match:	\$35,000
Project to be Completed by:	October 19, 2012
Documentation due to State Office by:	November 9, 2012

Based on the strength of the application submitted by Larimer County Department of Natural Resources 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, Larimer County Department of Natural Resources, will be reimbursed for costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete all work as described in *Attached Project Proposal "EXHIBIT A" (scope of work)*.
- B. Provide documentation that project funds have been matched at amount stated in proposal which is at a minimum rate of 40%. Your required minimum match is listed above.

Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided, as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

*Colorado State Forest Service
Attn: Boyd Lebeda, District Forester
Fort Collins District
Foothills 5060 Campus Delivery
Colorado State University
Fort Collins, CO 80523-5060*

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

Cooperator Signature:

Date:

Larimer County Department of Natural Resources
Mailing Address: **Attn: Meegan Flenniken**
1800 S. County Road 31
Loveland, CO 80537

Telephone Number: **(970) 679-4562**
Email Address: **mflenniken@larimer.org**
Fax: **(970) 679-4574**

EXHIBIT A
COLORADO FOREST RESTORATION PILOT GRANT
SCOPE OF WORK

Cooperator: *Larimer County Department of Natural Resources*

Work to be completed: As described in Applicant's Grant Application:

- Implement 90 acres of forest restoration activities
- Thin to approximately 60 GSL with tree space ranging from 20-24 feet, and maintain natural clumps
- Remove dwarf mistletoe infected trees within the treatment area
- Prune lightly dwarf mistletoe infected trees (ratings of 1 or 2) within 50-foot buffer of treatment area
- Retain approximately 2 snags/acre
- Lop and scatter slash in inaccessible areas (burning activities are not approved uses of these funds)

Standards or Guidelines: Will meet CSFS guidelines appropriate for treatment. Will comply with standards in *Colorado Forest Stewardship Guidelines to Protect Water Quality: Best Management Practices*

Project Period: June 1, 2011 to October 19, 2012.

Funded Amount: \$50,000

Minimum cooperator match: \$35,000

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Attachment B to the project entitled "Attachment B, Grant Report/ Reimbursement Request, Colorado Forest Restoration Grant HB 1199" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Intermittent requests for reimbursement must be accompanied by intermittent project accomplishments. Final requests for reimbursement must be accompanied by a final report depicting total project accomplishments.

Minimum reporting items:

- Accomplishments (i.e. acres treated, fuelbreak miles, quantity of presentations, etc.)
- Summary of Youth Corps participation, if applicable
- Summary of actual costs
- Summary of matching funds
- Map and GIS data of completed project area
- Before and after photos submitted electronically

Initials:

Rev. April 2011

EXHIBIT B
GRANT REPORT/REIMBURSEMENT REQUEST
COLORADO FOREST RESTORATION PILOT GRANT

Project Number:

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. **Matching Funds are expenses for goods, services and labor necessary for project implementation and incurred by the applicant.**

1. Project #:	2. Project Funding Amount:	3. Community Protected:
4. Make Payment To: Name: Address:		5. Period of Performance: From: To:

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.)

7. Reimbursement Request:								
Project to Date Reimbursement Request Amount cannot exceed the total Project obligation as identified in the Project Document. The Total Reimbursement Request Amount cannot exceed the Total Matching Funds amount for the period being billed.								
	Current Period				Project to Date			
	Reimbursement Amount Requested For Out of Pocket Expenses	Matching Funds		Total Project Costs	Reimbursement Amount Requested For Out of Pocket Expenses	Matching Funds		Total Project Costs
		Cash (hard match)	Donated (Inkind match)			Cash (hard match)	Donated (Inkind match)	
Labor*								
Material**								
Total								

Donated time and materials can only be counted towards the matching component.
 * Use actual costs or \$20.85/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 \$_____ 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 project documents.

Signature: _____ Date: _____

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

10. Certification (To be completed by CSFS District):
 Work meets minimum standards as set forth by CSFS.
 Signature: _____ Date: _____