



### 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 (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	X
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	

Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

9-6-16

Name: Buckskin Heights Road Assoc. ~

Address: PO Box 352 -

Masonville, CO 80541 ~

attn: Paul Hesson ~

**Approved for payment  
CSFS**

DOC# 10047323 9/13/16

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

Grant Number: 5314112-01-FC Non-Federal Match: ~~\$5,239.00~~ 2,195.44

CSFS Account Number: 5314112-6693- Federal Match: Ø

'14 CFB Coal Bellview Community Fuel Mitigation  
Approved Funding: \$10,000.00 ~ Total Match: ~~\$5,239.00~~ 2,195.44

Amount of Payment: \$5,100.00 Total Project: ~~\$10,339.00~~ 2,295.44

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

Program Manager Signature

Date: 9-6-16

Program Manager Name Kristin Garrison



**EXHIBIT B  
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and you must show corresponding match.

1. Project/Account #: <u>5314112-01 ~</u>	2. Total Award Amount: <u>10,000</u>
3. Project Name: <u>BUCKSKIN HEIGHTS ~</u>	4. Reimbursed Amount to Date: <u>4815.00</u>
5. Make Payment To: Name: <u>BUCKSKIN HEIGHTS ROAD ASSOC</u> Attn: <u>P. HESSON</u> Address: <u>P.O. BOX 352 MASONVILLE, CO 80541</u>	6. Period of Performance (Project Period): From: <u>FEB 25, 2015</u> To: <u>SEPTEMBER 1, 2016</u>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

SEE ATTACHED - Hazardous fuels reduction including tree thinning, pruning, and clipping of slash across 20 properties within road assoc. Total acres treated in Phase II = 6

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
<u>5,185</u>	<u>5,100</u>	<u>5,239</u>	<del>5,239</del> <u>PIA</u>	<u>10,339</u>	<u>51%</u>
				<b>B+C+D</b>	<b>(C+D)/E</b>

\* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to complete table above. Include Form D, and other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 5,100 for the work completed and documented above or attached.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: Paul Hesson Date: 8/14/2016

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.  
District Forester Signature: Guy Zarrin Date: 8-24-16

11. Funding is available and request is approved for reimbursement.  
Program Manager Signature: [Signature] Date: 9-6-16



**PAID**

dba Summit Forestry & Landscape  
5201 Greenview Dr.  
Fort Collins CO 80525

# Invoice

Date	Invoice #
8/11/2016	2031

<b>Bill To</b>
Buckakin Heights c/o Paul Hesson

Item	Quantity	Description	Rate	Amount
Chipping		three days of community chipping at disc rate - completed 8/8/16	5,100.00	5,100.00
Payment		deposit received for work	-1,100.00	-1,100.00
Payment		PIF received	-4,000.00	-4,000.00
			<b>Total</b>	<b>\$0.00</b>
<b>Terms</b>	Due on receipt		Subject to 1.25% after 30 days	

With the July 16 community fire mitigation we have achieved our goal of 400 hours of mitigation and 13 acres mitigated. The 400 hours does not include countless hours of planning by the fire mitigation committee. The committee used direct mail, announcements on our electronic community bulletin board, Big Tent, signage posted at the entrance of our community (see enclosed) to promote participation. To encourage community participation, a drawing for a Stihl Brush Cutter valued at \$250 was open for all participants. Participation in the community road side thinning accomplished a total of one mile of mitigation along Woodchuck Dr., Raccoon Dr., and Otter Road.

In addition to our mitigation efforts we are working on projects to aid first responders fire suppression capabilities. We have identified 10,000 gallons of water in cisterns available to first responders. These cisterns are identified by signs indicating, "Water Source Here". See enclosed water use agreement with signage located in upper left hand corner. Maps and documentation of these water sources have been distributed to Larimer County Emergency Services. We are also in the early planning stages of establishing a 2,500 gallon water tank to be used by fire department water tenders. We are working with Loveland Rural Fire and Poudre Fire Authority on this project. We are hopeful that the 2500 gallon tank will be implemented within the next 6 months.

# 2013 State Fire Assistance WUI Competitive Grant

Fort Collins District Account 5379590 - Parent Account 5377650  
 Project Start Date 7/29/13 - Project End Date 9/28/18

Last Updated 6/20/2016 KLM

Last Viewed 1/24/2017

## Project Progress

Project Name / Cooperator	Project Award	Award Spent	Acres Targeted	Acres Completed
P1 Community and Open Space Road and Trail Fuel Break / CSFS FC District	\$41,473	\$43,473	62	72.9
P2 Community Fuels Reduction and Fuel Break Construction / CSFS FC District	\$32,893	\$30,893	66	136

## Reimbursements To Date

Cooperator Name	Date	Sub- Project	Amount	Acres Treated
Larimer County Natural Resources	7/25/2014	P1	\$31,873	51
Buckskin Heights Road	7/25/2014	P1	\$4,400	8
Cherokee Meadows	8/18/2014	P2	\$18,000	83
Cherokee Meadows	5/29/2015	P2	\$12,893	53
The Uplands at Fish Creek	6/25/2015	P1	\$5,550	11.5
Buckskin Heights Road	8/7/2015	P1	\$1,650	2.4

Total Fort Collins Project Dollars	5379590 Balance	Total Reimbursements	Total Acres Treated
<b>\$74,366</b>	<b>\$0</b>	<b>\$74,366</b>	<b>208.9</b>

Encumbrance Amount \$0

## Additional Accomplishments:

83 acres of Fuelbreak, 53 acres of Defensible Space, 11.5 acres of Pruning, 11.5 acres of Slash Removal

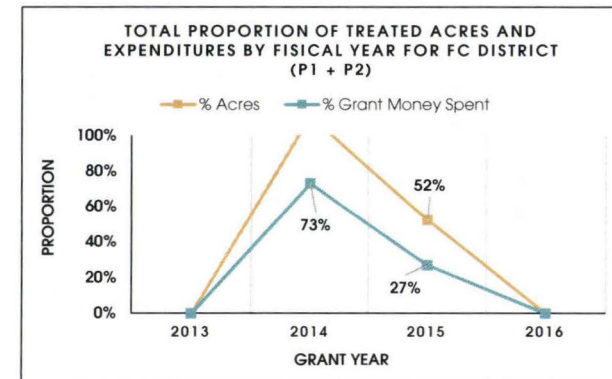
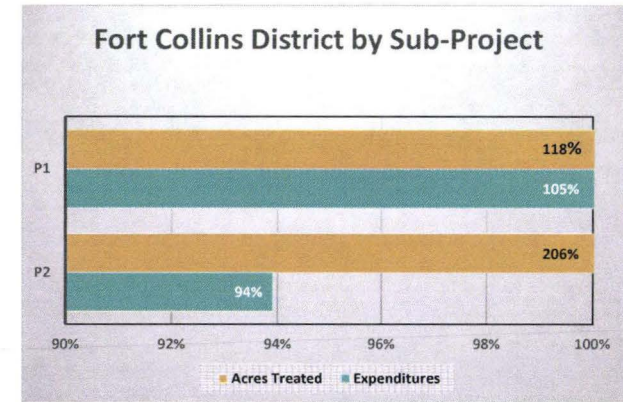


EXHIBIT A  
**Financial Assistance Program**  
**Cooperative Match Project**  
SCOPE OF WORK

**Project Number:** 5379590-1-1

**Cooperator:** Buckskin Heights

**Work to be completed:**

As described in the "Scope of Work" from the 2013 State Fire Assistance Grant Application.

1. Type of Treatment – Shaded fuel break on Woodchuck Road

**Milestone dates:** Completion by September 1, 2015

**Standards or Guidelines:** Will meet CSFS guidelines appropriate for treatment.

**Project Period:** September 2013 – September 1, 2015

**Funded Amount:** \$10,000

**Minimum cooperator match:** \$10,000

**Deliverables:** treatment of 13.5 acres

Project Types: fuels reduction

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, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:

\_\_\_\_\_  
\_\_\_\_\_



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attn: Paul Hesson

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 CSFS Account Number: 5314112-6693 Federal Match: Ø  
 Approved Funding: \$10,000.00 Total Match: \$5,239.00  
 Amount of Payment: \$5,100.00 Total Project: \$10,339.00

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Program Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Name \_\_\_\_\_



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Grant Recipient Signature: **Paul Hesson** Date: **8/14/2016**

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.  
District Forester Signature: **Greg Zarn** Date: **8-24-16**

11. Funding is available and request is approved for reimbursement.  
Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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			<b>Total</b>	\$0.00
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# CSFS FINANCIAL ASSISTANCE COST DOCUMENT

Date M/D/Y	By Whom	Activity / Expense
5/7/2016	Kevin Stewart	Tree Limb and Ground cover removal
5/8/2016	Kevin Stewart	Tree Limb and Ground cover removal
5/9/2016	Kevin Stewart	Tree Limb and Ground cover removal
5/10/2016	Kevin Stewart	Tree Limb and Ground cover removal
5/11/2016	Kevin Stewart	Tree Limb and Ground cover removal
5/12/2016	Kevin Stewart	Tree Limb and Ground cover removal
5/13/2016	Kevin Stewart	Tree Limb and Ground cover removal
5/14/2016	Kevin Stewart	Tree Limb and Ground cover removal
5/15/2016	Kevin Stewart	Tree Limb and Ground cover removal
Total		

*Paul Hesson*

# DST-SHARE PROGRAM EVALUATION

Hours	Value
6	
6	
4	
4	
4	
4	
4	
4	
6	
42	

*Paul Peterson*



# Buckskin Heights Fire Mitigation Worksheet

Please return completed sheet to Paul Hesson  
(sigmanu1959@gmail.com, 970-282-0848)

NAME: July 16 COMMUNITY CUTTING PROJECT

DATE	ACTIVITY: Chain Sawing, Cutting/Stacking Slash (Some or All)	# HOURS
7/16/16	GLEN HEENEY	3
	PAUL HESSON	3
	ANDREW MITTLER	3
	DICK DIXON	1.5
	KATHY MERLO	1.5
	ANN DEAN	1.5
	CRAIG MITTLER	2
	DARIN JOHNSON	1
		16.5

Paul Hesson



50



thing

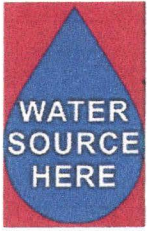












# WATER USE AGREEMENT

In the event of a fire emergency, fire fighting personnel may enter my/our property for access to and for the taking of stored water on the below described property. I/We understand this authorization will remain in force until revoked by me/us . This authorization does not extend to other entities or persons, including but not limited to, Buckskin Heights residents, or the officers of the Buckskin Heights Road Association. I/We agree to have a sign posted indicating the presence of stored water. I/We agree to periodic inspection of the storage system.

Property Address \_\_\_\_\_

Parcel Number \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Mobile \_\_\_\_\_

Indicate the type of water storage \_\_\_ cistern \_\_\_ Pool \_\_\_ Pond \_\_\_ Other \_\_\_  
Describe if Other \_\_\_\_\_

Estimate capacity of stored water \_\_\_\_\_

Notes for access to stored water:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WaterDonor(s)PrintName(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_



Join us for the next  
**Buckskin Heights**  
**Fire Mitigation Event!**  
THIS Saturday, **July 16**  
9am-Noon  
Near 13328 Otter Rd

Help expand fire break along road by cutting small, dense trees that are a wildfire hazard to firefighters, and us!

We need chainsaw operators AND folks to use hand saws and stack slash.

Wear sturdy shoes & gloves.

Donuts and beverages provided.

For more information:

[www.buckskinheights.org/firecommittee](http://www.buckskinheights.org/firecommittee)



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
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Colorado Forest Restoration Grant	
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Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Buckskin Heights Road Assoc.  
 Address: P.O. Box 352  
Masonville, CO 80541  
attn: Paul Hesson

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

Grant Number: 5314112-01      Non-Federal Match: \$7,858.00  
 CSFS Account Number: 5314112-6693      Federal Match: 0  
 Approved Funding: \$10,000.00      Total Match: \$7,858.00  
 Amount of Payment: \$4,815.00      Total Project: \$12,673.00

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

Program Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Name \_\_\_\_\_

EXHIBIT B  
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1. Project/Account #: <u>5314112-01</u>	2. Total Award Amount: <u>10,000</u>
3. Project Name: <u>BUCKSKIN HEIGHTS</u>	4. Reimbursed Amount to Date: <u>0</u>
5. Make Payment To: Name: <u>BUCKSKIN HEIGHTS ROAD ASSOC</u> Attn: <u>P. HESSON</u> Address: <u>P.O. BOX 352 MASONVILLE, CO 80541</u>	6. Period of Performance (Project Period): From: <u>FEBRUARY 25, 2015</u> To: <u>SEPTEMBER 1, 2016</u>

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*SEE ATTACHED - Hazardous fuels reduction including tree  
thinning, pruning, and chipping of slash across 20  
properties within the road assoc. Total acres treated in  
Phase I = 7*

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
<u>10,000</u>	<u>4815</u>	<u>7,858</u>	<u>0</u>	<u>12,673</u>	<u>62</u>
				<b>B+C+D</b>	<b>(C+D)/E</b>

\* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to complete table above. Include Form D, and other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 4815.00 for the work completed and documented above or attached.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: *Paul Hesson* Date: 6/20/2016  
CSFS *Aug Janor* 6-30-16



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5314112-01  
 Award Amount (obligated from funding source): \$0.00  
 A. Remaining Award Amount: \$0.00

Reimbursement Request:  First  Second  Third  Fourth  Fifth  Final

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)*a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost* <sup>b</sup>	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
\$4,815.00	\$7,858.00	\$12,073	62%	

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
ATTACHED	MICHLER	CUT & STACK SLASH	20	\$0.00	
"	HUNT	CUT & STACK SLASH	13.5	\$0.00	
"	CAMPBELL	CUT & STACK SLASH	6	\$0.00	
1/30/16	COMMUNITY	CUT & STACK SLASH - COMMUNITY PROJECT	27	\$0.00	
ATTACHED	JOHNSON	CUT & STACK SLASH	57.5	\$0.00	
5/21/16	COMMUNITY	CUT & STACK SLASH - COMMUNITY PROJECT	18	\$0.00	
ATTACHED	PETTIE	CUT & STACK SLASH	5	\$0.00	
ATTACHED	BROWN	CUT & STACK SLASH	26	\$0.00	
5/20/16	HEESE	CUT & STACK SLASH	3	\$0.00	
ATTACHED	ROBINSEN	CUT & STACK SLASH	23	\$0.00	
ATTACHED	WEBBER	CUT & STACK SLASH	25	\$0.00	
ATTACHED	SCHULER	CUT & STACK SLASH	12	\$0.00	
5/24/16	MCGOWEN	CUT & STACK SLASH	4	\$0.00	
ATTACHED	DIXON	CUT & STACK SLASH	32	\$0.00	
ATTACHED	DIXON	CUT & STACK SLASH	20	\$0.00	
ATTACHED	DORSEY	CUT & STACK SLASH	14	\$0.00	
				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost= \$0.00  
 H. Recipient Cost (Match)= \$0.00  
 I. Non-recipient Cost (Match)= \$0.00

306 HOURS

Grant Recipient Signature:

*Pagelkessen*  
*Argzain*

Date:

District Forester Signature:

Date: 6-30-16

Disbursement Voucher

Doc Nbr: 9553505

Status: FINAL

Initiator: sarahcd@colostate.edu

Created: 09:34 AM 07/18/2016

expand all collapse all

\* required field

Print Disbursement Voucher Coversheet

Document Overview

hide

Document Overview

\* Description: '14 CPG SFA Buckskin Heights FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; State Fire Assistance (a.k.a. SFA); '14 CPG CG1 Bellview Community Fuel Mitigation; Project Number 5314112-01-FC. 1st Payment. DISENCUMBERED

Organization Document Number:

Financial Document Detail

\* Bank Code 02 GENERAL DISBURSEMENTS

Total Amount: 4,815.00

Payment Information

hide

Payment Information

\* Payment Reason Code: O - Program Obligations

\* Payee ID: 11186-0

Payee Type: Vendor

Invoice Number:

\* Address 1: P O Box 352

\* City: Masonville

Country: United States

\* Check Amount: 4,815.00

Is this a foreign payee: No

Payment Type: Is this payee an employee: No

Is this an employee paid outside of payroll:

\* Payee Name: Buckskin Heights Road Assn

Invoice Date:

Address 2:

State: CO

Postal Code: 80541

\* Due Date: 07/19/2016

Other Considerations: Check Enclosure: No W-9/W-8BEN Completed

\* Payment Method: P - Check/ACH

\* Documentation Location Code: AP - Accounts Payable

\* Check Stub Text: Landowner Assistance Grant Reimbursement State Fire Assistance Grant 5314112-01-FC. 1st Payment Form 828 7/18/2016

Accounting Lines

hide

Accounting Lines

?

hide detail

Source

* Chart	* Account Number	Sub-Account	* Object	Sub-Object	Project	Org Ref Id	* Amount	Actions
CO Colorado State University	5314112 14CPG CG1 Belview Community Fuel Mit...		6693 Cost Share Reimbursement			FC	4,815.00	
<b>Line Description</b>								
SFA Form 828 Buckskin Heights Road Assoc								

Total: 4,815.00

Contact Information

hide

Contact Information

\* **Contact Name:** Drinkwine, Sarah  
 \* **Phone Number:** 000-000-0000  
**Email Address:** Sarah.Drinkwine@colostate.edu  
**Campus Code:** MC - CSU Main Campus

Special Handling

show

Nonresident Alien Tax

show

Wire Transfer

show

Foreign Draft

show

Non-Employee Travel Expense

show

Pre-Paid Travel Expenses

show

Pre-Disbursement Processor Status

show

General Ledger Pending Entries

show

Notes and Attachments (1)

hide

Notes and Attachments

Posted Timestamp	Author	* Note Text	Attached File	Notification Recipient	Actions
add:			Browse... No file selected. CANCEL		add
1 07/18/2016 09:43 AM	Drinkwine, Sarah	CSFS Fort Collins District Form 828 and Supporting Documentation	Form 828_Buckskin Heights Road Assoc. 5314112-01-FC 7-18-16_4,815 1st Payment Doc#9553505.pdf		send

✓



### 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 (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA) <i>FY2014</i>	X
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	

Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

7/18/16 SD

Name: Buckskin Heights Road Assoc. ~  
 Address: P.O. Box 352 ~  
Masonville, CO 80541 ~  
attn: Paul Hesson ~

**Approved for payment**  
**CSFS**  
 DOC# 9553505 7/18/16 SD

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

Grant Number: 5314112-01 ~ Non-Federal Match: \$7,858.00 ~

CSFS Account Number: 5314112-6693 Federal Match: 0

*'14 CPB CBI Bellview Community Fuel Mitigation*  
 Approved Funding: \$10,000.00 ~ Total Match: \$7,858.00

Amount of Payment: \$4,815.00 ~ Total Project: \$12,673.00 ~

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

Program Manager Signature [Signature] Date: 7/15/16

Program Manager Name Scott M. Woods

P-7/14/16

**EXHIBIT B**  
**CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST**

In order to receive reimbursement, you **must** provide documentation supporting your costs and corresponding match. Complete Form D and submit it with your request for reimbursement. Reimbursement requests must be accompanied by Form D, receipts for actual costs (out of pocket expenses) incurred by the recipient, and any additional supporting documentation. Other costs and matching funds incurred by the applicant and/or donated by other resources includes expenses for goods, services and labor necessary for project implementation. You may request partial reimbursement as you incur expenses and you must show corresponding match.

1. Project/Account #: <u>5314112-01 ~</u>	2. Total Award Amount: <u>10,000 ~</u>
3. Project Name: <u>BUCKSKIN HEIGHTS</u>	4. Reimbursed Amount to Date: <u>0 ~</u>
5. Make Payment To: Name: <u>BUCKSKIN HEIGHTS ROAD ASSOC ~</u> Attn: <u>P. HESSON ~</u> Address: <u>P.O. BOX 352 MASONVILLE, CO 80541 ~</u>	6. Period of Performance (Project Period): From: <u>FEBRUARY 25, 2015</u> To: <u>SEPTEMBER 1, 2016</u>

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. 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, etc., for which the award was granted. Attach additional sheets as necessary.

*SEE ATTACHED - Hazardous fuels reduction including tree thinning, pruning, and chipping of slash across 20 properties within the road assoc. Total acres treated in Phase I = 7*

8. Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project costs to recipient.

A. Remaining Award Amount	B. Reimbursement Requested Amount (recipient cost)	C. Match (recipient cost)	D. Match (non-recipient cost)	E. Total Project Cost	F. Recipient Match Rate (%)
<u>10,000</u>	<u>4815</u>	<u>7,858</u>	<u>0</u>	<u>12,673</u>	<u>62</u>
				<b>B+C+D</b>	<b>(C+D)/E</b>

\* Use results from Form D CSFS Financial Assistance Cost Documentation Worksheet to complete table above. Include Form D, and other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 4815.00 for the work completed and documented above or attached.

9. I certify that to the best of my knowledge this report is correct and complete, and that all outlays reported are for the purposes set forth in the project documents (i.e. award notification, scope of work, etc.). All expenses and all cost-share are true and accurate.

Grant Recipient Signature: *P. Hesson* Date: 6/20/2016  
CSFS *Aug Jansen* 6-30-16



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #: 5314112-01  
 Award Amount (obligated from funding source): \$0.00  
 A. Remaining Award Amount: \$0.00

Reimbursement Request:  First  Second  Third  Fourth  Fifth  Final

B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)**a	Match		E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost**b		
\$0.00	\$0.00	\$0.00	\$0.00	#DIV/0!
\$4,815.00	\$0.00	\$7,858.00	\$12,673	62%

Date	By Whom	Activity/Expense	Hours	Value (\$)	Cost Category
ATTACHED	MICHLER	CUT & STACK SLASH	20	\$0.00	
"	HUNT	CUT & STACK SLASH	13.5	\$0.00	
"	CAMPBELL	CUT & STACK SLASH	6	\$0.00	
1/30/16	COMMUNITY	CUT & STACK SLASH - COMMUNITY PROJECT	27	\$0.00	
ATTACHED	JOHNSON	CUT & STACK SLASH	57.5	\$0.00	
5/21/16	COMMUNITY	CUT & STACK SLASH - COMMUNITY PROJECT	18	\$0.00	
ATTACHED	PETTEE	CUT & STACK SLASH	5	\$0.00	
ATTACHED	BROWN	CUT & STACK SLASH	26	\$0.00	
5/20/16	HEESE	CUT & STACK SLASH	3	\$0.00	
ATTACHED	ROBINSEN	CUT & STACK SLASH	23	\$0.00	
ATTACHED	WEBBER	CUT & STACK SLASH	25	\$0.00	
ATTACHED	SCHULER	CUT & STACK SLASH	12	\$0.00	
5/24/16	MCGOWEN	CUT & STACK SLASH	4	\$0.00	
ATTACHED	DIXON	CUT & STACK SLASH	32	\$0.00	
ATTACHED	DIXON	CUT & STACK SLASH	20	\$0.00	
ATTACHED	DORSEY	CUT & STACK SLASH	14	\$0.00	
				\$0.00	
				\$0.00	

TOTALS: G. Cumulative Recipient Cost= \$0.00  
 H. Recipient Cost (Match)= \$0.00  
 I. Non-recipient Cost (Match)= \$0.00

306 HOURS

Grant Recipient Signature:

*Paul Hesson*  
*Greg Zarn*

Date:

Date: 6-30-16

District Forester Signature: