

November 7, 2011

Krotter-Johnson Family Cabins, LLC  
Clare Johnson  
118 W 72<sup>nd</sup> Street Apt 704  
New York, NY 10023

Special Projects  
Front Range Fuels Treatment Partnership  
9769 West 119th Drive  
Suites 6 & 12  
Broomfield, Colorado 80021

Krotter- Johnson

Dear Clare,

Thank you for the grant application you submitted for the HB09-1199 Colorado Fuels Mitigation program. The number and quality of grant applications we received for the first round of funding was impressive. Unfortunately, the 38 applications totaling \$755,000 in funding requests far exceeded the \$336,000 in funds available. As a result, we were unable to fund your proposal.

District Foresters across the state are working hard to continue to assist in the production of competitive applications. The information provided in future applications based on the criteria identified below will be instrumental in the success of projects.

- Specifically describe **how** the project will reduce wildfire risk to the public, firefighters and community infrastructure.
- Describe mitigation of risks to **communities** in addition to individual homes.
- Projects **must** have a County Wildfire Plan (CWP) and/or a Community Wildfire Protection Plan (CWPP) in place.
- Describe a **definite plan of work with measurable points of accomplishment**.
- Projects must demonstrate a **cooperative, community based** effort with multiple sources of support.
- Specifically describe **how project work will be maintained** after the work is completed.

We encourage you to visit <http://csfs.colostate.edu/pages/funding.html> for available funding opportunities.

Thank you for your interest in mitigating wildfire hazards in your community. Feel free to contact me if you have questions.

Sincerely,



Scott M. Woods  
Assistant Staff Forester  
Forest Management Division

cc: Boyd Lebeda, District Forester

EXHIBIT B  
GRANT REPORT/REIMBURSEMENT REQUEST  
COMPETITIVE GRANTS

Project Number: 530829-10

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. Project #: 530829-10	2. Project Funding Amount: \$8,000	3. Community Protected: Estes Park/Krotter-Johnson Ranch
4. Make Payment To: Name: Krotter-Johnson Family Cabins, LLC Address: 4474 Greenbriar Boulevard Boulder, CO 80305		5. Period of Performance: From: Dec-10 To: Sep-11

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.)

Sixteen acres were treated on this project. In order to minimize future catastrophic damage from wildfire, a large fuel break was created on a steep, densely wooded slope between two family cabins and a condominium development. Hazard fuel reduction was accomplished through thinning of forest, with removal of standing and fallen dead trees. Appropriate canopy breaks were created. Dead or thinned trees were hauled and/or chipped. On other areas of the property, additional thinning and removal of dead trees was carried out, with the goals of minimizing future damage from wildfire and promoting appropriate forest management goals. Dead trees were hauled and/or chipped, or slash piles were created for future burning.

7. Reimbursement Request: \$7,795

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	Matching Funds		Total Costs	Reimbursement Amount Requested	Matching Funds		Total Costs
	For Out of Pocket Expenses	Cash (hard match)	Donated (Inkind match)		For Out of Pocket Expenses	Cash (hard match)	Donated (Inkind match)	
Labor*	\$7,795	\$7,795		\$15,590	\$7,795	\$7,795		\$15,590
Material**								
Total	\$7,795			\$15,590	\$7,795	\$7,795		\$15,590

Donated time and materials can only be counted towards the matching component.

\* Use actual costs or \$20.25/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 : \$

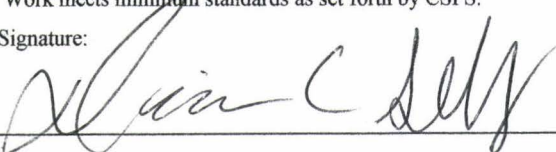
9. I request reimbursement in the amount of \$7,795 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the project documents.

Signature:  Date: Sept. 30, 2011

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: 10/11/2011



COPY



## Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<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"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input type="checkbox"/>

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

10-18-11  
KC

Name: Krotter-Johnson Family Cabins, LLC

Address: 4474 Greenbriar Boulevard  
Boulder, CO 80305

**Approved for Payment**

**C.S.F.S.**

1554910

10-20-11  
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: 530829-10-FC

Cooperator Match: \$7,795 ~

Approved Funding: \$8,000 ~

Total Project: \$15,590 ~

CSFS Account Number: 530829-10-FC 6643

Amount of Payment: \$7,795 ~

'08CPG SFA-NFA CG2 FC

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

Approved by: [Signature]  
(Program manager signature)

Date: 10/13/11

EXHIBIT B  
GRANT REPORT/REIMBURSEMENT REQUEST  
COMPETITIVE GRANTS

Project Number: 530829-10 - FC

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. Project #: 530829-10	2. Project Funding Amount: \$8,000	3. Community Protected: Estes Park/Krotter-Johnson Ranch
4. Make Payment To: Name: Krotter-Johnson Family Cabins, LLC Address: 4474 Greenbriar Boulevard Boulder, CO 80305		5. Period of Performance: From: Dec-10 To: Sep-11

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.)

Sixteen acres were treated on this project. In order to minimize future catastrophic damage from wildfire, a large fuel break was created on a steep, densely wooded slope between two family cabins and a condominium development. Hazard fuel reduction was accomplished through thinning of forest, with removal of standing and fallen dead trees. Appropriate canopy breaks were created. Dead or thinned trees were hauled and/or chipped. On other areas of the property, additional thinning and removal of dead trees was carried out, with the goals of minimizing future damage from wildfire and promoting appropriate forest management goals. Dead trees were hauled and/or chipped, or slash piles were created for future burning.

7. Reimbursement Request: \$7,795  
 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	Matching Funds		Total Costs	Reimbursement Amount Requested	Matching Funds		Total Costs
	For Out of Pocket Expenses	Cash (hard match)	Donated (Inkind match)		For Out of Pocket Expenses	Cash (hard match)	Donated (Inkind match)	
Labor*	\$7,795	\$7,795		\$15,590	\$7,795	\$7,795		\$15,590
Material**								
Total	\$7,795			\$15,590	\$7,795	\$7,795		\$15,590

Donated time and materials can only be counted towards the matching component.

\* Use actual costs or \$20.25/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 : \$

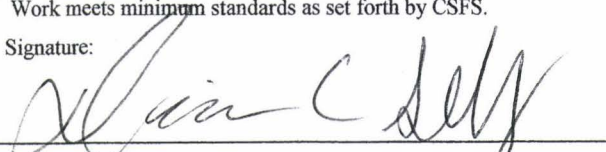
9. I request reimbursement in the amount of \$7,795 for the work completed and documented above. I certify that to the best of my knowledge and belief this report is correct and complete and that all outlays reported are for the purposes set forth in the project documents.

Signature:  Date: Sept. 30, 2011

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

Certification (To be completed by CSFS District):

Work meets minimum standards as set forth by CSFS.

Signature:  Date: 10/11/2011





Adam's Tree Service  
P.O. Box 4420  
Estes Park, CO 80517



**ADAM'S TREE  
SERVICE**

*Estes Park, Co*

## Invoice

**Bill To:**

Krotter-Johnson Family Cabins, LLC  
4474 Greenbriar Boulevard  
Boulder, CO 80305

Date	Invoice No.
08/26/11	1183

Item	Description	Amount
Tree Removal/Fire mitigation	Remove dead and diseased trees. 271 man hours @ \$50 per hour.	13,550.00
Paid		-13,550.00
	<p>\$6,000 of this bill (120 hours) is applicable to the project for which \$2,991.50 in grant funding is hereby requested.</p> <p>\$7,550 of this bill (151 hours) is applicable to the project for which \$7,795 in grant funding is hereby requested. Additional receipts towards this \$7,795 grant funding are also attached.</p>	
Total		\$0.00

Adam's Tree Service  
P.O. Box 4420  
Estes Park, CO 80517

# Invoice



**ADAM'S TREE  
SERVICE**

*Estes Park, Co*

**Bill To:**

Krotter-Johnson Family Cabins, LLC  
4474 Greenbriar Boulevard.  
Boulder, CO 80305.

Date	Invoice No.
09/26/11	1198

Item	Description	Amount
Tree Removal	Remove dead and diseased trees thin and trim hilside below cabin, 156 man hours @ 50\$ per hr	7,800.00
Paid		-7,800.00
Total		\$0.00



LeBeau Enterprises  
580 A Elm Rd.  
Estes Park, CO 80517

578942

CUSTOMER'S ORDER NO.		DEPARTMENT		DATE <i>Dec 22/2010</i>	
NAME <i>Dino &amp; Grace Cabin.</i>					
ADDRESS					
CITY, STATE, ZIP					
SOLD BY		CASH	C.O.D.	CHARGE	ON ACCT.
		MDSE RETD		PAID OUT	
QUANTITY	DESCRIPTION			PRICE	AMOUNT
1					
2					
3	<i>Rebuilt,</i>			<i>250</i>	
4	<i>Door,</i>				
5					
6	<i>Tree work</i>				
7	<i>20 trees,</i>				
8	<i>20 trees</i>			<i>240</i>	
9					
10					
11					
12					
13					
14					
15				<i>\$ 490</i>	
16					
17	<i>Thank you.</i>				
18					
19					
20					
RECEIVED BY					
<i>Post 1/24/11</i>					
<i>#1089</i>					

adams  
5805

KEEP THIS SLIP FOR REFERENCE

*tree work*



# CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

Date: <u>9/29/10</u>		Requested By: <u>Diana Selby</u>		Resale to:		CSFS Invoice #:	
Vendor: <u>Clare Johnson</u> <u>118 W. 72nd St. #704</u> <u>New York, NY 10023</u> (PLEASE PROVIDE COMPLETE ADDRESS)				Ship To: <u>Fort Collins District</u>  (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)			
Reason for Vendor Selection: <input type="checkbox"/> Sole Source (attach completed Sole Source Justification Form) <input type="checkbox"/> Previous Supplier <input checked="" 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	530829	6693			Clare Johnson on behalf of Krotter-Johnson	\$8,000	
2					Family Cabins LLC will hire a		
3					contractor to conduct fuel mitigation		
4					work on 16 acres in lodgepole		
5					pine and mixed conifer. 2008		
6					FRETP cost-share grant funds		
7					will be matched 1:1 with		
8					hard dollars.		
9							
10							
SPECIAL INSTRUCTIONS:				Expenditure Approval: Authorized Signature: <u>Bydole</u> Date: <u>9/29/10</u>			Subtotal: \$ <u>8,000</u> Discount: \$ _____ TOTAL: \$ <u>8,000</u>

## Financial Assistance Program

### Cooperative Match Project

To be conducted by:

#### Krotter-Johnson Family Cabins, LLC

<b>Project Number:</b>	530829-10
<b>Estimated Project Cost:</b>	\$16,000
<b>Funding provided by CSFS:</b>	\$8,000
<b>Minimum Recipient Match:</b>	\$8,000
<b>Project to be completed by:</b>	9/30/2011

Based on the strength of the application submitted by Krotter-Johnson Family Cabins, LLC, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$8,000 to accomplish the project described in the attached scope of work.

As the cooperator, Krotter-Johnson Family Cabins, LLC, 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:

**Attn: Diana Selby**

**Fort Collins District**

**5060 Campus Delivery**

**Fort Collins, CO 80523-5060**

- 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 9/30/2011. There will be NO extensions.

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

**Cooperator Signature:**



Date: August 23, 2010

**Mailing Address:** 118 W. 72nd St. # 704  
New York, NY 10023

**Telephone Number:** 212 362 3096

**Email Address:** Valaoritis@earthlink.net

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

**Project Number:** 530829-10

**Cooperator:** Krotter-Johnson Family Cabins, LLC

**Work to be completed:** Work will include general fuels reduction as well as creating, maintaining, and expanding shaded fuel breaks following CSFS standards. A minimum of 16 acres will be treated on the property focusing near cabins and power lines.

1. Type of Treatment – hazard fuels reduction

**Milestone dates:** Project must be completed by 9/30/2011. No extensions.

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

**Project Period:** 8/10/2010 to 9/30/2011

**Funded Amount:** \$ 8,000

**Minimum cooperator match:** \$ 8,000

**Deliverables:** 16 acres

**Project Types:**      **hazard 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:

CMT



# CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

Doc. Nbr. 1010784  
CSFS # 805 Rev. 02/04/05

Date: 9/29/10		Requested By: Diana Selby		Resale to:		CSFS Invoice #:	
Vendor: <u>KROTTER - JOHNSON FAMILY CABINS, LLC</u> <u>Clare Johnson</u> <u>118 W. 72nd St. #704</u> <u>New York, NY 10023</u> (PLEASE PROVIDE COMPLETE ADDRESS)				Ship To: <u>Fort Collins District</u>  (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)			
Reason for Vendor Selection: <input type="checkbox"/> Sole Source (attach completed Sole Source Justification Form) <input type="checkbox"/> Previous Supplier <input checked="" type="checkbox"/> Other						Terms: <b>ENCUMBERED</b> 10-15-10 ke	
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	5308290	66693			Clare Johnson on behalf of Krotter-Johnson Family Cabins, LLC will hire a contractor to conduct fuel mitigation work on 16 acres in lodgepole pine and mixed conifer. 2008 FRETIP cost-share grant funds will be matched 1:1 with hard dollars.	\$8,000	
2	'08CPG SFA-NFP CG FC						
3	Project Number 530829-10-FC						
4							
5							
6							
7							
8							
9							
10							
SPECIAL INSTRUCTIONS: PLEASE ENCUMBER				Expenditure Approval: Authorized Signature: <u>By: DOLinda</u> Date: <u>9/29/10</u>			Subtotal: \$ <u>8,000</u> Discount: \$ _____ TOTAL: \$ <u>8,000</u>