



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 type="checkbox"/>
Stevens Fuels Treatment Funds	<input checked="" 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: Shambhala Mountain Center

Address: 4921 County Rd. 68C
Red Feather Lakes, CO
80545-9505

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: 530969 Cooperator Match: \$5,000

Approved Funding: \$34,000 Total Project: \$39,000

CSFS Account Number: 530969 Amount of Payment: \$8,828.31

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

Approved by _____
 (Program manager signature)

Date: _____

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 530969
 (For Official Use Only-
 No. from original application)

Applicant name (please print): Shambhala Mountain Center

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		2,509.55	A Labor Cost= 2,509.55
Operating Exp ^{3,*} (Actual)			B Oper. Exp.= 540.00
Value of donated services and materials (not an actual cost)			C Total value of donations 9,862.64
Revenue Generated (from sale of wood products only) ^{4,*}			D Revenue= _____
Project Cost			E Total Project (A+B+C-D) = 12,912.19
			Amount Originally Approved = \$34,000
How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>0</u>			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs

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: 

Date: 11/18/09

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

Mailing Address: Shambhala Mountain Center, 4921 County Rd. 68C

City: Red Feather Lakes

County: Larimer State: CO Zip: 80545-9505

Phone: 970-881-2184 ext. 271

Practice certified by: 
 CSFS forester

Payment Approval: _____ Amount: _____ Date: _____
 CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.
 Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income.
 Please consult your tax advisor.

3/17/08

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 530969

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ I & D Prevention and Suppression – Bark Beetle: _____

FLEP: _____ FRFTP: _____ STEVENS' Fund: ☒ SFA: _____

WUI D-space Accomplishment:

No. of D-spaces = 1 Acres slash disposal = _____ Acres fuel breaks = 34

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

FLEP Accomplishment (Not included above):

#1 Plan Acres = _____

#5 Acres = _____

#9 Acres treated = _____

#2 Acres tree planting = _____

#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____



Shambhala Mountain Center

To: **Boyd Lebeda**

District Forester
Colorado State Forest Service
Foothills Campus, Bldg. 1052
Campus Delivery 5060
Colorado State University
Fort Collins, CO 80523-5060
(970) 491-8660

Mr. Lebeda,

Shambhala Mountain Center is seeking reimbursement for the completion of two work areas, the Defensible Space area located around the Dana Dorm and the Thin area located on the west/northwest area of the property, which were reviewed on November 19, 2009. Attached is the "Accomplishment Assistance Report for Reimbursement" for the Shambhala Mountain Center Stevens Grant, Project No. 530969. This report is for work completed between October 15, 2009 and November 12, 2009. Form C, Form D, an Accomplishment Report Summary Spreadsheet, and employee pay summaries are enclosed. There are no operating expense receipts for this work period. Employee pay summaries do not include pay for November, 2009 (November payroll is to be processed on December 10, 2009). An employee pay summary is not currently available for Kevin Tomascik due to an accounting error. Matthew Crowe's income on the Individual Earnings Report will be adjusted to reflect the values in the summary spreadsheet.

If you have any questions, or need any further documentation, please feel free to contact me at the number below.

Thank you-

Chad Hofmann

Land Steward
Shambhala Mountain Center
4921 County Road 68 C
Red Feather Lakes, Co 80545
970-881-2184 ext. 271
landsteward@shambhalamountain.org



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.—

Mark E. Burk

Landowner Signature _____

[illegible]

Shambhala Mountain Center Stevens Grant
Accomplishment Report Summary Spreadsheet

October '09	Labor Cost (actual)	Total Labor Hours	Crew Days	In Kind Hours	In Kind Value	Expense (actual)	Saws (actual)	Room & Board (actual)
Dave Sell	400	80	10	59	1101.6			
Andrew Adessi	150	80	10	72	1351.6			
Tara Wilkens	150	80	10	72	1351.6			
Matthew Crowe	150	80	10	72	1351.6			
Kevin Tomascik	150	80	10	72	1351.6			
totals	1000	400	50	347	6508	0	300	322.5

Labor Cost (Actual)	1322.5
Operation Exp (Actual)	300
Value Donated (In Kind)	6508

November '09	Labor Cost (actual)	Total Labor Hours	Crew Days	In Kind Hours	In Kind Value	Expense (actual)	Saws (actual)	Room & Board (actual)
Dave Sell	400	64	8	43	801.28			
Andrew Adessi	150	64	8	56	1051.28			
Tara Wilkens	150	20	2.5	12	225.4			
Matthew Crowe	150	40	5	32	600.8			
Kevin Tomascik	150	44	5.5	36	675.88			
totals	1000	232	29	179	3354.64	0	240	187.05

Labor Cost (Actual)	1187.05
Operation Exp (Actual)	240
Value Donated (In Kind)	3354.64

Total (Year to Date)	
Labor Cost (Actual)	2509.55
Operation Exp (Actual)	540
Value Donated (In Kind)	9862.64
Total Project Cost	12912.19



Colorado State Forest Service Program Payment Request

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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 type="checkbox"/>
Stevens Fuels Treatment Funds	<input checked="" 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: Shambhala Mountain Center

Address: 4921 County Rd. 68C
Red Feather Lakes, CO
80545-9505

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: 530969 Cooperator Match: \$5,000

Approved Funding: \$34,000 Total Project: \$39,000

CSFS Account Number: 530969 Amount of Payment: \$15,161.69

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

Approved by _____ Date: _____
 (Program manager signature)

LANDOWNER ASSISTANCE PROGRAMS ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 530969
(For Official Use Only-
No. from original application)

Applicant name (please print): Shambhala Mountain Center

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)		10,729.30	A Labor Cost= 10,729.30
Operating Exp ^{3,*} (Actual)		4,195.49	B Oper. Exp.= 4,195.49
Value of donated services and materials (not an actual cost)		47,818.07	C Total value of donations 47,818.07
Revenue Generated (from sale of wood products only) ^{4,*}		/	D Revenue= /
Project Cost			E Total Project (A+B+C-D) = 62,742.86
			Amount Originally Approved = \$34,000
How much of your total cost was paid to CSFS for Products and/or Services? \$ <u>0</u>			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$15,161.69

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: 10/22/09

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

Mailing Address: Shambhala Mountain Center, 4921 County Rd. 68C City: Red Feather Lakes

County: Larimer State: CO Zip: 80545-9505 Phone: 970-881-2184 ext. 271

Practice certified by: [Signature]
CSFS forester

Payment Approval: _____ Amount: _____ Date: _____
CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local Colorado State Forest Service District Office.
Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income.
Please consult your tax advisor.

3/17/08

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 530969

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ I & D Prevention and Suppression – Bark Beetle: _____

FLEP: _____ FRFTP: _____ STEVENS' Fund: X SFA: _____

WUI D-space Accomplishment:

No. of D-spaces = _____ Acres slash disposal = _____ Acres fuel breaks = 20.1

Acres thinned = 23.2 Acres pruned = _____

43.3 ac
total

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

FLEP Accomplishment (Not included above):

#1 Plan Acres = _____

#5 Acres = _____

#9 Acres treated = _____

#2 Acres tree planting = _____

#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____

June 09

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.

19.51


Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
6/1-30	CREW LEADER	STIPEND (JIM EDDY)		800.00
6/1-30	CREW MEMBER	STIPEND (DAVE SELL)		300.00
6/1-30	CREW MEMBER	STIPEND (ANDREW ADESSI)		300.00
6/22-30	CREW MEMBER	STIPEND (CAYN JENNICE) * PRO RATED		150.00
6/22-30	CREW MEMBER	STIPEND (ROBERT CRAIG) * PRO RATED		150.00
6/1-18	CREW MEMBER	STIPEND (DAVID SHAW) * PRO RATED		150.00
6/1-30	CREW	REMAINING LABOR COSTS [IN KIND MATCH]	573	10,755.21
6/1-30	CREW	20 DAYS USE OF 2 CHAINSAWS (\$5/SW/DAY)		600.00
6/1-30	CREW	ROOM AND BOARD (84 TOTAL CREW DAYS)		541.80
5/29/09	CREW	CHAINSAW MAINT., CHAIN SHARPENING, BAR OIL, OIL/GAS MIX, EQUIPMENT (TAX RANCH + HOME)		350.01
6/8/09	CREW	SAFETY EQUIPMENT (HOME DEPOT)		62.29
6/8/09	CREW	SAFETY EQUIPMENT, WEDGE (FORESTRY SUPPLIERS)		257.48
6/9/09	CREW	AXE (TAX R + H)		74.99
6/16/09	CREW	CHAIN SHARPENING		90.00

11,179.23

\$13,747.01
14,171.03

834.77

15,005.80

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. —


Landowner Signature

[illegible]

16,252.61

258.99

16511.60

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.~~

19.51

Im Balle -

[illegible]

13903.20

446.38

14350.08

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. —

Landowner Signature

[illegible]

~~2389~~
G997.90

~~2420.58~~
10029.48

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.

Landowner Signature

$$\begin{array}{r} 7167.45 \\ 103.77 \\ \hline 7271.22 \end{array}$$

Summary - PO S036129**ENCUMBERED**

PO/Reference No. S036129
 Supplier SHAMBHALA MOUNTAIN CENTER

General Information		Shipping Information	Billing/Payment
PO/Reference No.	S036129	Ship To	Bill To
Revision No.	0	Attention: Karen Carlin	Accounts Payable
Priority	Normal	Building: 1050	Colorado State Univ
Supplier Name	SHAMBHALA MOUNTAIN CENTER	Room Number: -	6003 Campus Delivery
Address	4921 CNTY RD 68 C RED FTHR LAKE, CO 805459505 US	Department: 5060	Fort Collins, CO 80523-
Phone		Colorado State University	6003
Supplier Fax No.		200 West Lake Street	United States
Purchase Order Date	5/18/2009	0001 Campus Delivery	
Total	23,990.00 USD	Fort Collins, CO 805230001	
Requisition Number	11040956	United States	
Contact Information		Delivery Options	Billing Options
Owner Name	Karen Carlin	Expedite X	Accounting Date
Owner Phone	+1 (970) 491-3006	Ship Via Best Carrier-Best Way	Payment Terms 0% 0, Net 30
Owner Email	Karen.Carlin@ColoState.EDU	Delivery	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 <i>no value</i>
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 <i>no note</i>
Terms and Conditions	Attachments for supplier
Order acceptance instructions	
Purchase Order Terms and Conditions http://www.purchasing.colostate.edu/pages/pdf/potermconditions.pdf	

COPY

Accounting Codes	
Account	Sub Code
530969 07 HAZ FUELS FC -USDA-USFS-FOREST RESEARCH	5980

Line Item Details					
Product Description	Catalog No	Size / Packaging	Unit Price	Quantity	Ext. Price
1 ✓ CHECK ORDER REQUESTS (AFE)			23,990.00 USD	1	23,990.00 USD
AFE EXCEPTION LIST	3-Payments for program obligations which have been pre-	Taxable X		Requisition Number	11040956
Description	FINANCIAL	Capital Expense X		External Note	<i>no note</i>
		Commodity	<i>no value</i>		

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)

Project No. 530969
 (For Official Use Only-
 No. from original application)

Applicant name (please print): Shambhala Mountain Center

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)		\$ 11,898.92	A Labor Cost= \$ 11,898.92
Operating Exp ^{3,*} (Actual)		\$ 5605.80	B Oper. Exp.= \$ 5605.80
Value of donated services and materials (not an actual cost)		\$ 39,529.62	C Total value of donations \$ 39,529.62
Revenue Generated (from sale of wood products only) ^{4,*}		/	D Revenue= /
Project Cost			E Total Project (A+B+C-D) = \$ 57,034.34
			Amount Originally Approved = \$34,000
How much of your total cost was paid to CSFS for Products and/or Services? \$			Amount to be Reimbursed ⁵ (.5XE) not to exceed Actual Costs \$ 10,010

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: 12-3-08

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

Mailing Address: Shambhala Mountain Center, 4921 County Rd. 68C City: Red Feather Lakes

County: Larimer State: CO Zip: 80545-9505 Phone: 970-881-2184 ext. 271

Practice certified by: [Signature]
 CSFS forester

Payment Approval: _____ Amount: _____ Date: _____

CSFS program manager

Return this form, along with your completed Cost Documentation Form to your local **Colorado State Forest Service District Office**.
 Retain documentation such as receipts and payment for six (6) years. The IRS considers reimbursable funds as ordinary income.
 Please consult your tax advisor.

3/17/08

LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. _____

To be completed by CSFS forester:

PROGRAM:

WUI Incentives D-space: _____ I & D Prevention and Suppression – Bark Beetle: _____

FLEP: _____ FRFTP: _____ STEVENS' Fund: X SFA: _____

WUI D-space Accomplishment:

No. of D-spaces = _____ Acres slash disposal = _____ Acres fuel breaks = _____

Acres thinned = _____ Acres pruned = _____

I & D Prevention and Suppression Accomplishment:

No. of infested trees treated: _____

Acres inspected and treated: _____

Acres thinned: _____

FLEP Accomplishment (Not included above):

#1 Plan Acres = _____

#5 Acres = _____

#9 Acres treated = 28.6

#2 Acres tree planting = _____

#6 Acres treated = _____

#10 Acres of restoration = _____

Acres treated = _____

#7 Acres treated = _____

#11 Acres = _____

#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____



Colorado State Forest Service Program Payment Request

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 type="checkbox"/>
Stevens Fuels Treatment Funds	<input checked="" 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: Shambhala Mountain Center

Address: 4921 County Road 68C

Red Feather Lakes, CO 80545-9505

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: 530969

Cooperator Match: \$5,000

Approved Funding: \$34,000

Total Project: \$39,000

CSFS Account Number: 530969

Amount of Payment: \$10,010

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

Approved by _____
(Program manager signature)

Date: _____

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.

Landowner Signature

Date	By Whom:	Activity/Expense:	Hours	Expenses
6/10-30	crew leader	prorated stipend (M. Bent)		514.94
6/10-30	crew member	prorated stipend (K. Smith)		206.90
6/22-30	crew member	prorated stipend (W. Dickson)		82.76
June	crew	remaining labor costs [in kind match]	180	3378.60
6/16-20	crew lead	5 days use of 1 chainsaw		75.00
6/23-27	crew	5 days use of 2 chainsaws		150.00
6/30	crew	1 day use of 2 chainsaws		30.00
June	crew	room and board (62 total crew days)		413.54
6/24	crew leader	gas + oil (saws)		55.97
June	crew	gas for truck (\$3.98 avg price in June x 16.9 gals)		67.26
July	crew leader	stipend (M. Bent)		800.00
7/1-21	crew member	prorated stipend (W. Dickson)		193.10
July	crew member	prorated stipend (S. Hensley) (all July + 1 day June)		313.79
July	crew	remaining labor costs [in kind match]	324	6081.48
July	crew	room and board (89 total crew days)		574.05
7/1-4	crew	4 days use of 2 chainsaws		120.00
7/7-10	crew	4 days use of 2 chainsaws		120.00
7/21-25	crew lead	4 days use of 1 chainsaw		60.00
7/28-31	crew lead	4 days use of 1 chainsaw		60.00
7/2	crew leader	gas + oil (saws)		21.98
July	crew	gas for truck (\$3.93 avg price x 45.8 gals)		180.00

LANDOWNER ASSISTANCE PROGRAMS COST DOCUMENTATION

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Landowner Signature _____

Date	By Whom:	Activity/Expense:	Hours	Expenses
Aug	crew leader	stipend (M. Bent)		800.00
Aug	crew member	stipend (S. Hensley) (took 1 day unpaid)		286.21
Aug	crew member	stipend (G. Wilson) } payroll error: not paid		300.00
Aug	crew member	stipend (A. Benner) } until Sept.		300.00
8/7-29	crew member	prorated stipend (E. Gilmore) } also not paid until Sept.		240.00
Aug	crew	remaining labor costs [in kind match]	540	10,135.80
Aug	crew lead	21 days use of 1 chainsaw		315.00
Aug	crew	room and board (128 total crew days)		825.60
Aug	crew	gas + oil (saw)		41.00
8/11	crew	oil (saw)		26.97
Aug	crew	gas for trucks (\$4.01 avg price x 25 gals)		100.25
8/13-14	crew lead	2 days ATV use		258.00
Aug	crew lead	gas for ATV (\$4.01 x 1.9 gals)		7.62
Sept	crew leader	stipend (M. Bent)		800.00
Sept	crew member	stipend (G. Wilson) } actual paychecks were for \$600 in order to make up for Aug error		300.00
Sept	crew member	stipend (A. Benner) } up for Aug error		300.00
9/1-5	crew member	prorated stipend (E. Gilmore) } actual paycheck was for \$301 to make up for error		69.00
9/1-10	crew member	prorated stipend (S. Hensley)		110.00
Sept	crew member	prorated stipend (A. Hall) (6 days throughout Sept)		165.52
Sept	crew	remaining labor costs [in kind match]	438	8221.26
Sept	crew lead	22 days use of 1 chainsaw		330.00
Sept	crew	room and board (141 total crew days)		940.47
9/16	crew leader	gas + oil (saw)		57.94
Sept	crew	gas for trucks (\$3.70 avg price x 41 gals)		151.17
9/22-26	crew lead	5 days ATV use		645.00
Sept	crew lead	gas for ATV (\$3.70 x 4.1 gals)		15.17

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.—

Landowner Signature _____

[illegible]



FORESTRY CREW VEHICLE GAS USAGE

	June. 08	July. 08	Aug. 08	Sept. 08	Oct. 08
Ford F-250 Flatbed (blue)	16.9	45.8	25	41	17.5
Plow truck (white)				18	
ATV			1.9	4.1	1.4

12:52 PM

11/03/08

Shambhala Mountain Center
Vendor QuickReport
January 1 through November 3, 2008

Type	Date	Num	Memo	Account	CI	Split	Amount
Red Feather Trading Post							
Check	8/26/2008	24966	10 gallons 91 Octane for Forestry Project	Wells Fargo ...	M	54115 · Land &...	-41.00
Check	10/8/2008	25181	Land : Diesel for Fire project	Wells Fargo ...	M	54115 · Land &...	-47.59



4229 SOUTH MASON ST
FT. COLLINS, CO 80525
970-282-0700 phone
970-282-0607 fax

Status: Open

Contract #: 163387

Date Out: Mon 10/6/2008 11:35AM

Operator: Mark Brown

BestRentalinc.com

Sent out: _____ Checked in: _____
Meter Out: _____ Meter in: _____

Customer # 15572

881-2184

ROCKY MT SHAMBHALA CENTER
HULL, DAVID
4921 CTY RD 68C
RED FEATHER LAKES, CO 80545

Job Descr: WEEK RENTAL

Qty	Key	Items Rented	Status	Agreed Return Date	Rental Fee
1	CHIP-1 (3139)	CHIPPER, BRUSH, BANDIT 65AW #1 3Hrs \$96.00 4Hrs \$118.00 1Day \$198.00 1Week \$765.00 4Wks \$2,001.00 WEAR EYE PROTECTION AND HEARING PROTECTION, GLOVES HYDRAULIC FEED ROLLERS RUN AT FULL ENGINE R.P.M. IDLE DIESEL ENGINE DOWN BEFORE SHUTTING OFF ENGINE Follow safety instructions provided: Customer initial _____	Out	10/13/08 11:35am	\$765.00

HE KNOWS HE HAS 40 HRS OF RUN TIME ON MACHINE FOR THE WEEK RATE. TS

AFTER HOURS SERVICE # 281 704-1527

Payments made on this contract:

Total Paid \$0.00

I have received written safety instructions: Initials _____

Open Credit Card Deposit Received

\$0.00

RENTAL CONTRACT

If equipment does not function properly notify lessor within 30 minutes of occurrence or no refund or allowance will be made. If this is a reservation, a reservation cancellation fee up to 1/2 of the total amount may be charged if reservation is canceled within 72 hours of the scheduled "time and date out".

- Charges are for portal to portal TIME OUT, NOT TIME USED, including any period Best Rental is closed.
- A day rate consists of 24 hours time out, or 8 hours run time on the metered items, whichever comes first. Overtime rates are prorated for each additional hour at 1 hour intervals.
- Credit or replacement adjustments will be made for items found defective only if we are notified within one half hour of occurrence.
- Renter acknowledges that he has had the opportunity to inspect the equipment, and finds it suitable for his needs and in good working condition, and that he has received verbal and or written instructions on the proper use of the equipment.
Renter Initial _____
- Renter's signature below binds renter to the terms and conditions on the back side of this contract, there are no oral unwritten agreements.

I certify that I have read and agree to all terms of this contract.

SIGNATURE:

ROCKY MT SHAMBHALA CENTER

Rental:	\$765.00
Damage Waiver:	\$76.50
Sales:	\$0.00
Delivery Charge:	\$0.00
Misc. Charges:	\$0.00
Subtotal:	\$841.50
Ft.Collins,state & cty.:	\$0.00
TOTAL:	\$841.50
PAID:	\$0.00
AMOUNT DUE:	\$841.50

date of pick up

Qty	Key	Items Rented	Status	Returned Date	Rental Fee
-----	-----	--------------	--------	---------------	------------

reduced rate due
to faulty machine /
poor performance

RENTAL CONTRACT

If equipment does not function properly notify lessor within 30 minutes of occurrence or no refund or allowance will be made. If this is a reservation, a reservation cancellation fee up to 1/2 of the total amount may be charged if reservation is canceled within 72 hours of the scheduled "time and date out".

1. Charges are for portal to portal TIME OUT, NOT TIME USED, including any period Best Rental is closed.
2. A day rate consists of 24 hours time out, or 8 hours run time on the metered items, whichever comes first. Overtime rates are prorated for each additional hour at 1 hour intervals.
3. Credit or replacement adjustments will be made for items found defective only if we are notified within one half hour of occurrence.
4. Renter acknowledges that he has had the opportunity to inspect the equipment, and finds it suitable for his needs and in good working condition, and that he has received verbal and or written instructions on the proper use of the equipment.
Renter Initial _____
5. Renter's signature below binds renter to the terms and conditions on the back side of this contract, there are no oral unwritten agreements.

I certify that I have read and agree to all terms of this contract

SIGNATURE: _____

ROCKY MT SHAMBHALA CENTER

Rental:	\$396.00
Damage Waiver:	\$39.60
Sales:	\$0.00
Delivery Charge:	\$0.00
Misc. Charges:	\$0.00
Subtotal:	\$435.60
Ft. Collins, state & city:	\$0.00
TOTAL:	\$435.60
PAID:	\$435.60
AMOUNT DUE:	\$0.00

date of return



COLORADO ADVENTURE RENTALS

TOLL FREE: 877-641-3525

[Home](#)[ATVs](#)[Snowmobiles](#)[About the Area](#)[Contact Us](#)[About Us](#)

ATV RATES

STANDARD ATV: POLARIS SPORTSMAN 500 EFI 4X4

⇒ **All Day Rate:**

First Day \$169

Days 2-6 \$149 per day

Days 7 and more \$129
per day

⇒ **Half Day Rate:** \$129



Monthly Pay: \$300.00 + \$50 Daily Rate: \$13.79			
# of Days	Amount	# of Days	Amount
1	\$13.79	12	\$165.52
2	\$27.59	13	\$179.31
3	\$41.38	14	\$193.10
4	\$55.17	15	\$206.90
5	\$68.97	16	\$220.69
6	\$82.76	17	\$234.48
7	\$96.55	18	\$248.28
8	\$110.34	19	\$262.07
9	\$124.14	20	\$275.86
10	\$137.93	21	\$289.66
11	\$151.72		

Monthly Pay: \$600.00 Daily Rate: \$27.59			
# of Days	Amount	# of Days	Amount
1	\$27.59	12	\$331.03
2	\$55.17	13	\$358.62
3	\$82.76	14	\$386.21
4	\$110.34	15	\$413.79
5	\$137.93	16	\$441.38
6	\$165.52	17	\$468.97
7	\$193.10	18	\$496.55
8	\$220.69	19	\$524.14
9	\$248.28	20	\$551.72
10	\$275.86	21	\$579.31
11	\$303.45		

Monthly Pay: \$800.00 Daily Rate: \$36.78			
# of Days	Amount	# of Days	Amount
1	\$36.78	12	\$441.38
2	\$73.56	13	\$478.16
3	\$110.34	14	\$514.94
4	\$147.13	15	\$551.72
5	\$183.91	16	\$588.51
6	\$220.69	17	\$625.29
7	\$257.47	18	\$662.07
8	\$294.25	19	\$698.85
9	\$331.03	20	\$735.63
10	\$367.82	21	\$772.41
11	\$404.60		

Monthly Pay: \$1,000.00 Daily Rate: \$45.98			
# of Days	Amount	# of Days	Amount
1	\$45.98	12	\$551.72
2	\$91.95	13	\$597.70
3	\$137.93	14	\$643.68
4	\$183.91	15	\$689.66
5	\$229.89	16	\$735.63
6	\$275.86	17	\$781.61
7	\$321.84	18	\$827.59
8	\$367.82	19	\$873.56
9	\$413.79	20	\$919.54
10	\$459.77	21	\$965.52
11	\$505.75		

FOR YOUR
REFERENCE:

Shambhala Mtn. Ctr. payment/salary rates
 ↳ how SMC determines per diem
 rates when employee does not work
 full month

ROOM & BOARD

\$200/month per employee:

- 30-day months = \$6.67/day per employee
- 31-day months = \$6.45/day per employee



Form A

LANDOWNER ASSISTANCE PROGRAMS
APPLICATION FOR COST-SHAREPROJECT NUMBER: _____
(For Official Use Only)NAME: Shambhala Mountain Center
MAILING ADDRESS: 4921 County Rd. 68C
City: Red Feather Lakes State: CO
Zipcode: 80545-9505

TELEPHONE NO: 970-881-2184 ext. 271

PROJECT ADDRESS/LEGAL DESCRIPTION: 4921 CR 68C, Red Feather Lakes, parcels
39140-00-928, 39140-00-963, 39230-00-908, 39230-00-928, & 39230-00-909PRACTICES TO BE COMPLETED BY: August 15, 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
LOA-9 Fire and Catastrophic Risk Reduction	97.4	97.4	N/A	\$34,000	\$34,000
					Landowner match should total \$5,000
		Total:			\$34,000

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 87.18% 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: 9.25.09

To be completed by CSFS forester:

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.

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

Date: <u>04/29/2009</u>		Requested By: <u>Diana Selby</u>		Resale to:		CSFS Invoice #:	
Vendor: <u>Shambhala Mountain Center</u> <u>4921 County Rd. 68C</u> <u>Red Feather Lakes, CO 80545-9505</u> (PLEASE PROVIDE COMPLETE ADDRESS)				Ship To: <u>Fort Collins District</u> (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)			
Reason for Vendor Selection: <u>Sole Source</u> (attach completed Sole Source Justification Form) <u>Previous Supplier</u> <u>X</u> Other						Terms:	
Shipping Instructions: <u> </u> FOB Fort Collins, Colorado <u> </u> FOB			Delivery Date:		Deliver to: Initials <u> </u> Bldg <u> </u> Room <u> </u> Phone <u> </u>		
#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	530969	5980			Shambhala Mountain Center will	\$23,990	
2					treat and reduce hazardous		
3					fuels in ponderosa pine and		
4					mixed conifer forests stands on		
5					97.4 acres. A volunteer hand		
6					crew will implement work including		
7					thinning, limbing, slash piling and		
8					pile burning. Firewood will be		
9					utilized for Shambhala residences.		
10							
SPECIAL INSTRUCTIONS:			Expenditure Approval: Authorized Signature: _____ Date: _____				Subtotal: \$ <u>23,990</u> Discount: \$ _____ TOTAL: \$ <u>23,990</u>