

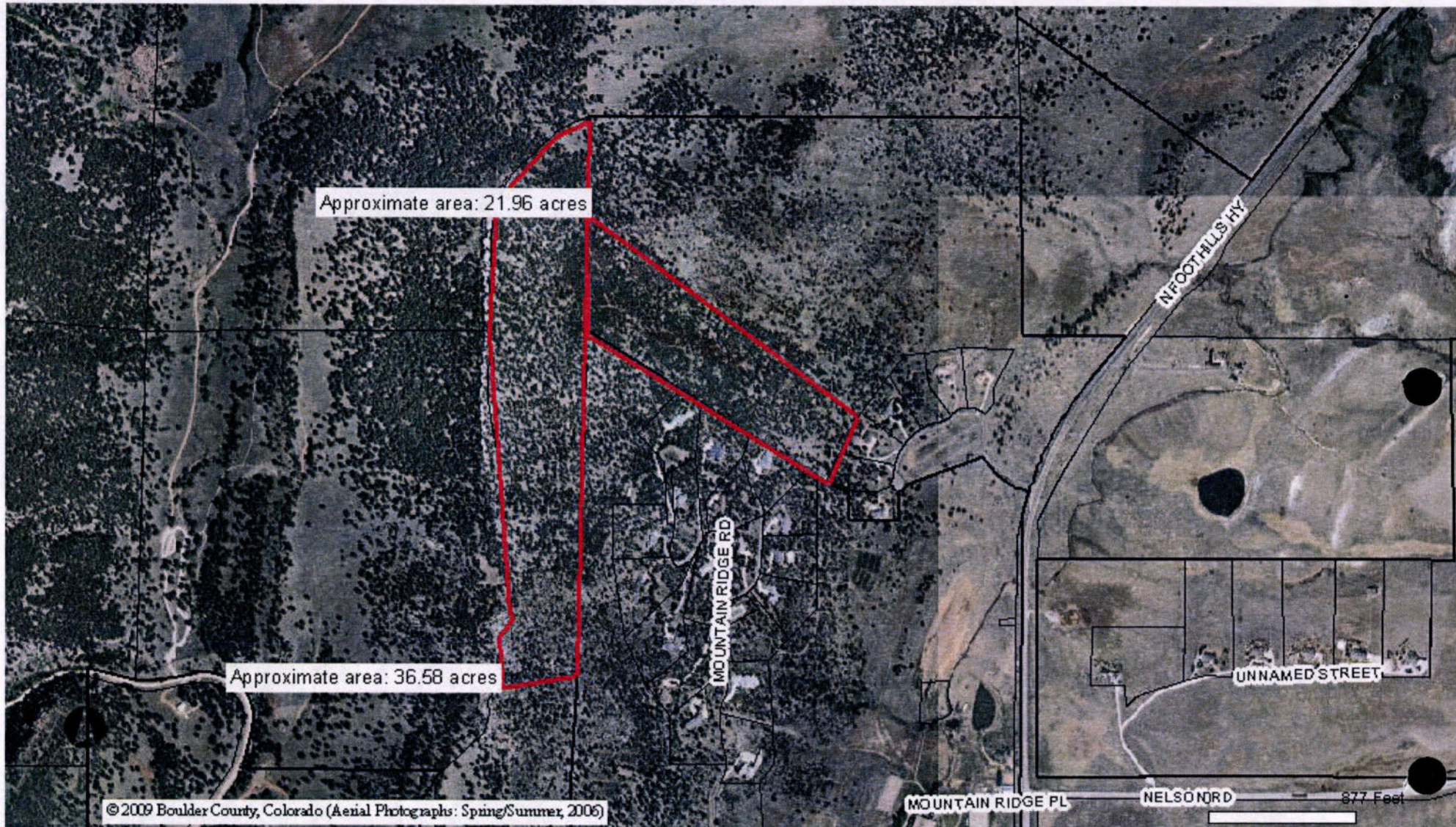


Boulder County Thu Jul 09 10:49:53 MDT 2009 This map is intended for display purposes only and is not intended for any legal representations

102.23ac

102

160.77



Boulder County Thu Jul 09 10:59:31 MDT 2009 This map is intended for display purposes only and is not intended for any legal representations

58.54ac

Owen Jr,Allen

From: CHRIS O'BRIEN [cjobrien_42@msn.com]
Sent: Tuesday, October 16, 2012 5:26 AM
To: Owen Jr,Allen; Russell Leadingham
Subject: Soft match question

Hey Allen-

I checked in with Mr Griffin, so he will likely be the last of that grant group. We will have about 4 more residences to put in with the grant that will cover Cal-wood.

Sooooo, Cal-wood's soft match. If we were a contract mitigator, let's say R & C cutters and we were hired by Cal-wood for another project that would come in at \$4,000. We complete the project and bill Cal-wood \$4,000. Cal-wood has qualified for a grant, and under the grant, the soft match. During operations, Cal-wood amasses \$1,000 in soft match money. So, the State pays the hard match from the grant at \$2,000. Cal-wood pays their hard match of \$1,000, for a total of \$3,000. Where does the last \$1,000 come from for R & C cutters? Looking at the paperwork from Cal-wood, the soft match is submitted to the state. So I'm assuming that the state is on the hook for the soft match. Thus the question becomes does the soft match come from the original grant, or does it come from the emergency assistance to landowners?

Scratching my head...
Chris

Owen Jr,Allen

From: CHRIS O'BRIEN [cjobrien_42@msn.com]
Sent: Tuesday, October 02, 2012 7:46 PM
To: Owen Jr,Allen; Russell Leadingham; Chris O'Brien
Subject: Calwood...

I have questions..... BTW, it's really satisfying using a paint gun instead of flagging. A lot of these hours look a bit like their firewood project, aaaaand, the "checking in" on project time is a bit suspect. I suppose hauling the logs off the decks is good, but what about the chip spreading on the road. What did we arrive at for the match amount? I come to \$14736.90 (CSFS personnel/equip/supplies billed to LHFPD and LHFPD personnel/equip/supplies billable invoice) which gives us \$7368.45 hard match from the grant, the \$5,000 hard match from Calwood yields \$12,368.45, which means that the difference of \$2368.45 (covered by the soft match) is paid by what entity, or does this become charity from LHFPD, which is a lot of charity for a tax exempt group.... Does the LOA soft match come out of the grant and or the emergency supplemental funds (LOA) to augment their hard match, in which case they have more than covered it and the grant/emergency supplemental funds (LOA) should extend back to LHFPD \$9736.90 (\$7368.45 hard match from grant plus \$2368.45 soft match from Calwood funded by state).

Clear like mud?

**Colorado State Forest Service
Front Range Fuels Treatment
Partnership
Wildland Urban Interface
2009 Grant Application**

DISTRICT'S: Please Complete	
District Submitting Project:	60
Forester Submitting Project:	
District Priority Number:	3
Date Submitted:	
FOR REVIEWER'S USE ONLY:	
FRFTP Rating:	

Applicant Information	
Applicant:	Left Hand Fire Protection
Contact:	Seth Patterson (Fire)
Address:	PO Box 156
City/Zip:	Jamestown CO 80455
Phone:	720-214-0560
Email:	spatterson@lefthandfire.o
Fax:	720-214-0559

Community At Risk Information							
Name of Project:		North Foothills Fuel Break Continuation					
Community Name(s):		Lake of the Pines, Mountain Ridge, North Foothills Ranch, Private					
County:		Boulder		Congressional District:		13	
Latitude (decimal degrees):		40° 8'15.00"N		Longitude (decimal degrees):		105°17'36.00"	
Threat Description (check all that apply)							
Homes:	<input checked="" type="checkbox"/>	Number of:	111	Infrastructure:	<input checked="" type="checkbox"/>	Estimated value of:	\$1MM
Businesses:	<input checked="" type="checkbox"/>	Number of:	2	Economic Viability:	<input checked="" type="checkbox"/>	Estimated value of:	Unknown
Watersheds:	<input type="checkbox"/>	Number of:		Historic Structures:	<input checked="" type="checkbox"/>	Number of:	2
Other (Describe):		Front range view shed. Wildland fires that kill everything look ugly (e.g. Overland)					

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 \$ 80,500	Projected Match \$ 80,500
Will this Project be conducted as a Pass-Through Grant? Yes	

100

3 Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)

Several individual treatments to complete the North Foothills Interface Fuel Break: Souders 45 acres; BCPOS 37 acres (to the west of 2008 FRFTP project – Mountain Ridge Outlot A); Lake of the Pines 1 & 2 57 acres; North Foothills Ranch Outlot partial treatment 22 acres.

161. Ac

Two businesses: a large horse boarding and training facility (Autumn Hill Ranch) and a restaurant (The Greenbriar) are within the impact area of these treatments. Approximately 111 residences are directly affected within the respective subdivisions or communities treated however the lower Lefthand subcommunity (unincorporated) is also within the impact zone – 15 homes in the 000 to 700 block.

These treatments in combination with existing work underway will complete a massive collaboration with several stakeholders in a fire prone WUI area. Boulder County Open Space (Heil Ranch), 3 subdivisions and a large private landholder make up this diverse group. Proposed treatment is approx. 161 acres of decedent ponderosa pine. Treatment area is proximal to planned (or completed) Open Space treatment on west facing slopes of the Dakota Hogback. Additional large scale treatments in the Heil Ranch Open Space are planned.

Three lightning caused fires have occurred in the Mountain Ridge Subdivision over the last 15 years requiring substantial resources and equipment to protect the homes. All of the proposed treatment area was threatened by the 2003 Overland Fire and many aspects of this fire regime are similar to the area burned in the 3000 acre 2009 Olde Stage fire

This project is the realization of the long term approaches mentioned in our 2008 FRFTP grant application.

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

Due to the inaccessibility of much of this area to large equipment. The area will be thinned using a fire department sawyer crew. Low impact techniques will be utilized to minimize vehicle travel in the area. It is the goal to reduce impacts of erosion and scouring. The prescription will be according to the CSFS definition of forest thinning. Burn piles will be created and burned on-site during appropriate windows of opportunity (snow or rain days, not in pollution advisory season and not during hazardous fire conditions). Project burn permit will be acquired through CDPHE. Burn piles will be located to reduce fire scarring, and will not be placed on rock outcrops.

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

Maintenance of fuel breaks is part of the long-term goals of Left Hand Fire Protection District's Fuels Reduction and Fire Mitigation program. Additional grant funding may be sought in the future to re-treat this area. Five years is the period the department has identified as necessary for re-evaluation of regeneration of hazardous fuels. Additionally, some areas of the break may experience a "release" due to the thinning and have to be retreated more heavily as a result of the initial thinning. Additionally these east facing slopes are prone to accumulation of brush after thinning projects have been completed

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
Fall 2010 through Summer 2011

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.).

5 As previously mentioned, Boulder County Open Space and Mountain Parks is planning a large scale forest thinning operation in 2009 for the West facing slopes of the Dakota Hogback in Heil Ranch directly west of this proposed project. This project will give further motivation to the County to continue their efforts to the West over the ridge and tie into the proposed forest thinning in the private land area.

Community Wildfire Protection Plan (CWPP)

Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) yes no

Is this project part of the plan? (check one) yes no

A copy of the plan must be submitted with this application, or on file with CSFS.

Project Category (check all that apply and answer related questions)

Hazard Fuels Reduction

Number of acres to be treated: 161 Estimated cost per acre: \$1000

Number of communities directly affected by this project: 4

Information & Education

Number of citizens to be reached: ~ 300

Planning

Number of residences affected: 111

Project Type (check all that apply)

Assessment / Scoping: Implementation / Treatment:

Homeowner / Community Action: Monitoring / Evaluation:

Information / Education:

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)	Lefthand FPD	Lake of the Pines	N. Foothills Ranch	Mountain Ridge	Private Landowners	Other	TOTAL
Dollars (HardMatch):	\$5,500	\$28,500	\$11,000	\$5,000	\$22,500	\$8,000	\$80,500

In-Kind (SoftMatch):	\$0						\$ 0
TOTAL:	\$5,500	\$28,500	\$11,000	\$5,000	\$22,500	\$8,000	\$80,500

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	
8	Personnel / Labor:	60000	60000	0	\$120,000
	Operating:	15000	15000	0	\$30,000
	Travel:	0	0	0	\$ 0
	Contractual Services:	0	0	0	\$ 0
	Equipment:	5500	5500	0	\$11,000
	Indirect Costs:	0	0	0	\$ 0
	TOTAL:	\$80,500	\$80,500	\$ 0	\$161,000

Attach Project Map Showing Specific Treatment Areas

See attached PDF Maps:

20090709_FRFTP_LHFPD_proposed_1.pdf

20090709_FRFTP_LHFPD_proposed_2.pdf

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

Date: 3-8-10	Requested By: Allen Owen	Resale to:	CSFS Invoice #:
--------------	--------------------------	------------	-----------------

Vendor: Lefthand FPD (Seth Patterson) P.O. Box 156 Jamestown, CO 80455	Ship To: Colo. State Forest Service 5625 Ute Highway Longmont, CO 80503 (PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)
---	---

COPY

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: ENCUMBERED
---	--

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	5308910	6693	1		North Foothills Fuel Break Continuation		\$80,500
2					09CPG SFA CG6 BO		
3					Project Start - 10-01-08		
4					Project End - 09-30-10		
5							
6							
7							
8							
9							
10							

SPECIAL INSTRUCTIONS: <p style="font-size: 1.2em; font-weight: bold; margin-left: 20px;">PLEASE ENCUMBER</p>	Expenditure Approval: Authorized Signature: /s/ Allen Owen Date: 3-8-10	Subtotal: \$ _____ Discount: \$ _____ TOTAL: \$ 80,500
---	---	--

Pre-Encumbrance

COPY

Doc Nbr: 670502	Status: FINAL
Initiator: kmcarlin	Created: 10:35 AM 03/22/2010

* required field

Document Overview

ENCUMBERED

Document Overview

* Description: 09CPG SFA CG6 BO Lefthand FPD	Explanation: FINANCIAL ASSISTANCE PROGRAM COOPERATIVE MATCH PROJECT; Front Range Fuels Treatment Partnership; 09CPG SFA CG6 BO; 5308910-BO; North Foothills Fuel Break Continuation; Project End Date - 09-30-10.
Org. Doc. #:	

Financial Document Detail

Total Amount: 80,500.00

Pre-Encumbrance Details

Pre-Encumbrance Details

Reversal Date:

Accounting Lines

Accounting Lines

Encumbrance

	* Chart	* Account Number	Sub-Account	* Object	Sub-Object	Project	Org Ref Id	* Amount	Actions
	CO Colorado State University	5308910 09CPG SFA CG6 BO		6693 Cost Share Reimb			BO	80,500.00	

Total: 80,500.00

Disencumbrance

Total: 0.00

General Ledger Pending Entries

Notes and Attachments (1)

Notes and Attachments

Posted

	Timestamp	Author	* Note Text	Attached File	Actions
add:			<input type="text"/>	<input type="text"/> Browse... <input type="button" value="CANCEL"/>	<input type="button" value="add"/>
1	03/22/2010 10:35 AM	Carlin, Karen M	CSFS Boulder District Form 805 to Encumber \$80,500 for the Lefthand FPD for its 09CPG SFA CG 6 BO Grant, North Foothills Fuel Break Continuation Project. Project End Date 09-30-10.	Lefthand FPD - 5308910 \$80,500 03-08-10.pdf (58 KB, application/pdf)	

Ad Hoc Recipients

Route Log

CSFS REQUEST FOR SUPPLIES OR SERVICES (other than GSA)

CSFS # 805 Rev. 02/04/05

Date: 3-8-10 Requested By: Allen Owen Resale to: CSFS Invoice #:

Vendor: Lefthand FPD
(Seth Patterson)
P.O. Box 156
Jamestown, CO 80455

Ship To: Colo. State Forest Service
5625 Ute Highway
Longmont, CO 80503

(PLEASE PROVIDE COMPLETE DELIVERY ADDRESS)

Reason for Vendor Selection: Sole Source (attach completed Sole Source Justification Form)
 Previous Supplier
 Other

Terms:

Shipping Instructions:
 FOB Fort Collins, Colorado
 FOB

Delivery Date:

Deliver to:
Initials ___ Bldg ___ Room ___ Phone ___

#	Account	Subcode	Qty	UOM	Description of Supplies or Services	Unit Price	Item Total
1	5308910	6693	1		North Foothills Fuel Break Continuation		\$80,500
2					09CPG SFA CG6 BO		
3					Project Start – 10-01-08		
4					Project End - 09-30-10		
5							
6							
7							
8							
9							
10							

SPECIAL INSTRUCTIONS:

Expenditure Approval:
Authorized Signature: /s/ Allen Owen
Date: 3-8-10

Subtotal: \$ _____
Discount: \$ _____
TOTAL: \$ 80,500

Financial Assistance Program

Cooperative Match Project

To be conducted by: **Lefthand Fire Protection District**

Project Number: 5308910
09 CPG SFA CG6 BO (FRFTP)

Estimated Project Cost: \$161,000

Funding provided by CSFS: \$80,500

Minimum Recipient Match: \$80,500

Project to be completed by: September 1, 2010
(see * below)

Based on the strength of the application submitted by **Lefthand Fire Protection District** the Colorado State Forest Service is providing funding in the amount up to but not exceeding **\$80,500** to accomplish the project described in the attached scope of work.

As the project lead, **Seth Patterson, Lefthand Fire Protection District** will be responsible managing the appropriated grant fund dollars within the CSFS/CSU grant guidelines. Costs incurred in implementing the project up to the amount listed above must meet the following requirements:

- A. Complete work as described in "Exhibit A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.

Complete and submit periodic Grant Report(s) using the form provided in "Exhibit 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
Attn: Allen Owen
5625 Ute Highway
Longmont, CO 80503

- C. 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.
- D. Manage the grant funds with consideration of CSU fiscal requirements allowing for indirect charges against appropriate portions of the grant amount awarded, as applicable.

This funding will remain available until September 1, 2010. **Extension is available for this project if requested in writing prior to August 1, 2010.**



LEFTHAND FIRE PROTECTION DISTRICT IS REQUESTING AN EXTENSION THROUGH SEPTEMBER 1, 2011.

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

Cooperator Signature:

Date: 3/16/2010

Mailing Address:

Lefthand Fire Protection District
Attn: Tom Stoffel

P.O. Box 156
Jamestown, CO 80455
Telephone Number: 720.214.0560/Fax: 720.214.0559
Email Address: spatterson@lefthandfire.org
Fax: 720.214.0560

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5308910

Cooperator: Lefthand Fire Protection District
Type of Project – Hazardous Fuels Reduction

Work to be completed:

The proposed project areas focus on wildfire hazard mitigation in the North Foothills Interface Fuelbreak; Souders (45 acres), BCPOS (37 acres, directly west and adjacent to the 08 FRFT project area), Lake of the Pines 1 & 2 (57 acres) and the North Foothills Out lot (22 acres). The approximate total combined project is 161 acres.

The areas to be treated will be completed by the LHFPD Mitigation Crew. Low impact techniques will be used to minimize vehicle travel, erosion and scouring. The silvicultural prescriptions for fuels reduction will adhere to the CSFS standards for fuelbreak and defensible space guidelines. Burn piles will be created in areas inaccessible to the department's chipper. Piles will be burned by the department during appropriate prescriptive weather windows. Smoke permits will be acquired by LHFPD through the APCD (CDPHE).

CSFS personnel may assist and request reimbursement for project(s) setup if deemed appropriate by the Cooperator project manager.

This interface zone was identified in the LHFPD CWPP, surveyed according NFPA 1144 wildfire hazard assessment protocol, resulting in an HIGH rating. Recommended treatment units were highlighted in the report.

Milestone dates: Submit signed Cooperator Match and initialed Scope of Work by **April 1, 2010**
E-mail statement of progress by **May 1, 2010** to allen.owen@colostate.edu
Written extension request by **August 1, 2010** OR complete project by **September 1, 2010**

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

Project Period: November 9, 2009 to September 1, 2010

Funded Amount: \$80,500 **Minimum cooperator match:** \$80,500

Deliverables: 161 acres treated

Project Types: **Hazardous Fuels Mitigation/Planning/Information and Education**

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, will be the document used to both request reimbursement and to certify that work has been completed to minimum standards. Cooperator must provide GPS map with each "Exhibit B" Reimbursement Request, showing completed acres for that specific reimbursement request.

Initial: 



Left Hand Fire Protection District
PO Box 156
Jamestown, CO 80455
(720) 214-0560
(720) 214-0559 (Fax)

March 16, 2010

Dear Allen,

Due to weather delays and injuries to key personell within our fire department, the LHFPD mitigation crew will not be able to complete the fuels reduction project 09-5308910 09 CPG SFA CG6B0 (FRFTP) by 9/1/10.

We are formally requesting an extension of the above mentioned project completion date to September 1, 2011.

Thank you,

Tom Stoffel

Acting Fire Chief/Mitigation Coordinator

Owen Jr,Allen

From: sp@research.colostate.edu
Sent: Monday, August 27, 2012 3:30 PM
To: Krueger,TERESA; Atella,Mary; Owen Jr,Allen
Subject: 5-3 project update (Blue sheet notification)

8/24/2012

Project number 5-30891 has been created or updated

Investigator: Owen Jr,David Allen
09CPG SFA CG6 BO

Sponsor Name: USDA-USFS-Forest Research

Contract No: 09-DG-11020000-044

Brief description of this action:

8/23/2012

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=0891

Project Start: 10/1/2008

Project End:

9/30/2013

http://purgatory.research.colostate.edu/reports/rwservlet?RPS_Proj+0891+PDF

Owen Jr,Allen

From: sp@research.colostate.edu
Sent: Friday, July 02, 2010 3:30 PM
To: kfrasier@colostate.edu; Atella,Mary; Owen Jr,Allen
Subject: 5-3 project update (Blue sheet notification)

7/1/2010

Project number 5-30891 has been created or updated

Investigator: Owen Jr,David Allen
09CPG SFA CG6 BO

Sponsor Name: USDA-USFS-Forest Research
Contract No: 09-DG-11020000-044

Brief description of this action:
6/30/2010

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=0891

Project Start: 10/1/2008
Project End:

9/30/2012

http://purgatory.research.colostate.edu/reports/rwservlet?RPS_Proj+0891+PDF

alowen

From: sp@research.colostate.edu
Sent: Monday, November 09, 2009 2:30 PM
To: kfrasier@colostate.edu; mary.atella@colostate.edu; Allen.OWEN@colostate.edu
Subject: 5-3 project update (Blue sheet notification) 11/6/2009

Project number 5-30891 has been created or updated

Investigator: Owen Jr,David Allen
09CPG SFA CG6 BO

Sponsor Name: USDA-USFS-Forest Research

Contract No: 09-DG-11020000-044

Brief description of this action:

11/5/2009

rwolsch/Start

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

<https://pass.research.colostate.edu/rps/rps.asp?proj=0891>

Project Start: 10/1/2008

Project End:

9/30/2010

<http://purgatory.research.colostate.edu/reports/rwServlet?KPS PROJ+0891+PDT>

Account ?

new acct.

Doc Nbr: 488846	Status: FINAL
Initiator: kfs	Created: 07:15 PM 11/05/2009

* required field

Document Overview

Document Overview

* Description: 09CPG SFA CG6 BO	Explanation:
Org. Doc. #:	

Account Maintenance

New

Chart Code: CO
Account Number: 5308910
Account Title: 09CPG SFA CG6 BO
Organization Code: 5060
Campus Code: MC - CSU Main Campus
Account Effective Date: 10/01/2008
Account Postal Code: 80523
Account City Name: Fort Collins
Account State Code: CO
Account Street Address: 5060 Campus Delivery
Sub-Fund Group Code: SPONPR
Account Expiration Date: 11/30/2010
Continuation Chart Code: CO - Colorado State University
Continuation Account Number: 2005060
Closed?: No

Account Responsibility

New

Fiscal Officer Principal Name: <u>kfrasier</u> - Frasier, Kathleen P
Account Manager Principal Name: <u>jjahnke</u> - Jahnke, Jeff J
Account Supervisor Principal Name: <u>alowen</u> - Owen Jr, David Allen

CSU Reporting Attributes

New

Org Account Grouping:
Cluster Code:

Contracts And Grants

Guidelines And Purpose

New

Account Expense Guideline Text: Per Sponsor Agreement
--

Account Income Guideline Text:	Per Sponsor Agreement
Account Purpose Text:	09CPG SFA CG6 BO

Account Description	▶ show
Central Administration	▶ show
Notes and Attachments (0)	▶ show
Ad Hoc Recipients	▶ show
Route Log	▶ show

[send ad hoc request](#) [FYI](#) [close](#)

530850 – 09 CPG SFA CG6 WUI CWPP (FRFTP Projects)

Beginning Balance:	\$298,000.00	
Out-year salary retention:	\$100,000.00	
5% retention for 16 fund cut:	<u>\$9,900.00</u>	
Total for project allocation:	\$188,100.00	
Platte Canyon/GO/Priority 1**:	<u>\$80,000.00</u>	Establish new sub-account for GO.Request transfer of \$80,000.00 from 530853 to GO district 5308920.
Total for project allocation:	\$108,100.00	
North Foothills/BO/Priority 3:	<u>\$80,500.00</u>	Establish new sub-account for BO.Request transfer of \$80,500.00 from 530853 to BO district 5308910.
Total for project allocation:	\$27,600.00	
Thunder Mtn./FC/Priority 1:	<u>\$11,000.00</u>	Establish new sub-account for FC Request transfer of \$11,000.00 from 530853 to FC district 5308900.*
Total for project allocation:	\$16,600.00	
Pingree Park/FC/Priority 4:	<u>\$13,000.00</u>	Request the transfer of \$13,000.00 from 530853 to FC district 5308900.*
Remaining Balance:	\$3,600.00	

*1 new sub-account for Ft. Collins for the Thunder Mtn. and Pingree Park Projects.

**\$80,000.00 for Platte Canyon represents 50% funding of the \$160,000.00 project application as discussed with Platte Canyon and Andy Perri.

530811 – 08 CPG SFA NFP Watershed FRFTP – Woodland Park HFI (Redesign Projects)

Beginning Balance:	\$68,302.91	
5% retention for 16 fund cut:	<u>\$3,415.15</u>	
Total for project allocation:	\$64,887.76	
Elk Valley Estates/WP/Priority 2*:	<u>\$60,000.00</u>	Establish new sub-account for WP. Request transfer of \$60,000 from 530811 to WP District 5308390.
Remaining Balance:	\$4,886.76	

*\$60,000.00 for Elk Valley Estates represents 85.5% funding of the \$70,150.00 project application as discussed with Dave Root.

FTFTP – Project Funding Allocations – 11/10/09
 Highlighted - New Accounts – Blue Sheets to Follow (you can start work now)
 In Red - Project Name/District/District Priority

Summary: Overall balances for allocation were agreed upon with Rick Curtis on 10/19/09. Balances were not available through Quali Financial System, but were derived through assistance from the S.O. A 5% retention of funds was implemented to cover potential 16 fund reductions. These retained funds will be used to cover Broomfield Office operations.

530803 – 08 CPG Watershed FRFTP (FRFTP Projects)

Beginning Balance:	\$36,837.23	
% retention for 16 fund cut:	<u>\$1,841.86</u>	
Total for project allocation:	\$34,995.37	
Spruce Mtn./FK/Priority 2:	<u>\$32,500.00</u>	Establish new sub-account for FK. Request transfer of \$32,500.00 from 530803 to FK district 5308380.
Remaining Balance:	\$2,495.37	

530853 – 09 CPG SFA FRFTP (FRFTP Projects)

Beginning Balance:	\$191,500.00	
Out-year salary retention:	\$100,000.00	
5% retention for 16 fund cut:	<u>\$4,575.00</u>	
Total for project allocation:	\$86,925.00	
Crystal Park HOA/WP/Priority 2:	<u>\$32,000.00</u>	Establish new sub-account for WP. Request transfer of \$32,000.00 from 530853 to WP district 5308960.
Total for project allocation:	\$54,925.00	
Allens Park-Gilpin/BO/Priority 2:	<u>\$25,000.00</u>	Establish new sub-account for BO. Request transfer of \$25,000.00 from 530853 to BO district 5308950.*
Total for project allocation:	\$29,925.00	
Buckskin Heights/FC/Priority 2:	<u>\$12,000.00</u>	Establish new sub-account for FC. Request transfer of \$12,000.00 from 530853 to FC district 5308940.
Total for project allocation:	\$17,925.00	
Staunton SP/GO/Priority 2:	<u>\$10,000.00</u>	Establish new sub-account for GO. Request transfer of \$10,000.00 from 530853 to GO district 5308930.
Total for project allocation:	\$7,925.00	
Rockwood Acres/BO/Priority 1:	<u>\$8,000.00</u>	Request the transfer of \$8,000.00 from 530853 to BO district 5308950.*
Remaining Balance:	\$0.00	

*1 new sub-account for Boulder for the Allens Park-Gilpin and Rockwood Acres Projects.



9769 W. 119th Dr. Ste 3,6,12
Broomfield, CO 80021
(303)438-6975

October 28, 2009

Allen Owen & Bob Bundy
CSFS – Boulder District
E-mail Correspondence

Dear Allen & Bob,

This letter is to inform you about which projects have and have not been funded through the Front Range Fuels Treatment Partnership application process which occurred in July, 2009. It is your responsibility to inform your cooperators of their funding status. Unfunded projects will be retained on file in the Broomfield Office for consideration in future opportunities. I am requesting the establishment of new 53 accounts for each of your projects. Some projects may be combined under the same 53 account and will be noted as such. You will be receiving "Blue Sheet" notification upon establishment of each account at which time project work may commence.

Funds have been allocated for:

- 1. Allenspark & Gilpin CWPP Demo. Projects for \$25,000.00***
- 2. Rockwood Acres for \$8,000.00***
***both projects will be funded under the same 53 account that will be assigned to your district.**
- 3. North Foothills Fuelbreak for \$80,500.00**

None of your other projects have been funded at this time. An attempt was made to match available funding with district priorities and grant scoring. I apologize for the time lag between application collection and fund distribution. Please let me know if you have any questions.

COPY



Colorado State Forest Service Program Payment Request

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

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

10-09-13

Name: Lefthand FPD

Address: 900 Lefthand Canyon Drive

Boulder, CO 80302

ATTN: Russell Leadingham

Approved for Payment

C.S.F.S.

2652787

10-11-13

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: 5308910-BO

Cooperator Match: \$7710.00

Approved Funding: \$80,500

Total Project: \$15,420

CSFS Account Number: 5308910-6693
'09CPG SFA CG6 BO

Amount of Payment: \$7710.00

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

Approved by: [Signature]
(Program manager signature)

Date: 10/8/13

EXHIBIT B
CSFS GRANT REPORT/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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

1. Project/Account #: 5308910 ✓	2. Total Award Amount \$80,500 ✓
3. Project Name: Lower Lefthand Mitigation	4. Reimbursement Amount to Date:
5. Make Payment To: Name: Lefthand FPD Attn: Russell Leadingham Address: 900 Lefthand Canyon Dr. Boulder CO 80302 ✓	6. Period of Performance (Project Period): From: November 2012 To: 9/30/2013

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.

Lefthand FPD was able to mitigate 20.5 acres including broadcast chipping to Firewise standards within the Lefthand FPD boundaries. There are now 11 new defensible spaces within the district.

8. Reimbursement Request: I request reimbursement in the amount of \$7710 for the work completed and documented above. ✓

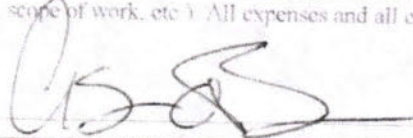
Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project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

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions ✓ B + C	E. Reimbursement Requested Amount	F. Total Match Ratio % E / D
\$7,764	\$7,710	\$7,710	\$15,420	✓ \$7,710	50%

* Use results from Exhibit B: Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D: Cost Documentation or other approved documentation with Exhibit B to request reimbursement

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: _____

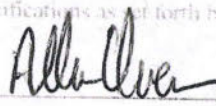


Date: 9/29/13

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work

District Forester Signature: _____



Date: 9/30/13

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____




Date: 10/8/13

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

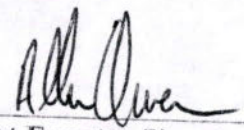
The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
5/14- 20/2013	Lefthand FPD	Mitigate 1.5 acres at 63 Sparn way includes broadcast chipping		\$3020
5/22- 29/2013	Lefthand FPD	Mitigate 2 acres at 6700 Overland Rd includes broadcast chipping		\$2868
5/29- 30/2013	Lefthand FPD	Mitigate 2 acres at 439 Ranch Rd. includes broadcast chipping		\$742
6/4/2013	Lefthand FPD	Mitigate surface fuels reduction 6565 Red Hill 8.5 acres		\$180
6/3/2013	Lefthand FPD	Mitigate 1.5 acres at 2910 N Lakeridge Trl		\$1304
6/10- 12/2013	Lefthand FPD	Mitigate 9 acres at 372 Lefthand Canyon Dr includes broadcast chipping		\$2438
6/17- 19/2013	Lefthand FPD	Mitigate 1.2 acres at 2950 N Lakeridge Trl		\$1727
7/1/2013	Lefthand FPD	Mitigate 1.2 acres at 6570 Olde Stage Rd includes broadcast chipping		\$711
6/24- 26/2013	Lefthand FPD	Mitigate 1.2 acres at 2919 S Lakeridge Trl includes broadcast chipping		\$1489

*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.


Grant Recipient Signature

9/29/13
Date


District Forester Signature

9/30/13
Date

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
5/15/2013	Lefthand FPD	Mitigate 1.3 acres at 6798 Overland Rd includes broadcast chipping		\$772
7/6/2013	Lefthand FPD	Mitigate 1 acre of 4.2 at 194 Nugget Hill Rd		\$350

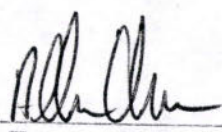
*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.



 Grant Recipient Signature

9/29/13

 Date



 District Forester Signature

9/30/13

 Date

Exhibit B 1

(Accompanies Exhibit B-CSFS Grant and Cost-Share Program Reimbursement Request)

CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet*

<p>A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)</p>	<p>B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs) INCLUDES: (contracted services with receipts) (recipient's own labor to be valued at current volunteer labor rate) (labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented) (equipment rental with receipts) (use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.) (materials with receipts) (materials, if provided to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost share rate</p>	<p>C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer) INCLUDES: (volunteers' labor to be valued at current volunteer labor rate) (donated materials/supplies to be valued at market value) (donated use of equipment to be valued at rental rate) (meeting room provided to be valued at market price) While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.</p>	<p>D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)</p>	<p>E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)</p>	<p>F. Total Match Ratio (Cost-share rate) (E / D)</p>
<p>\$7,764.00</p>	<p>\$15,420.00</p>	<p>\$0.00</p>	<p>\$15,420.00</p>	<p>\$7,764.00</p>	<p>50%</p>

*Use Form D-CSFS Financial Assistance Cost-Share Program Cost Documentation or other approved documentation to support calculations



COPY

Colorado State Forest Service Program Payment Request

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

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> *ke 11-27-12*

Name: Left Hand FPD

Address: 900 Left Hand Canyon Dr.

Boulder, CO 80302

Attn: Russell Leadingham

Approved for Payment
C.S.F.S.
2162224
11-27-12
ke

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: 5308910-BO ~ Cooperator Match: \$3413.50 ~

Approved Funding: 80,500 ~ Total Project: \$6827.00 ~

CSFS Account Number: 5308910-6693 Amount of Payment: \$3413.50 ~
'09C16 SFA CG6 BO

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

Approved by
(Program manager signature)

Date: 11/16/12

EXHIBIT B
CSFS GRANT REPORT/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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

1. Project/Account #: 5308910	2. Total Award Amount: \$80,500
3. Project Name: Lower Lefthand Mitigation	4. Reimbursement Amount to Date: \$69,322.75
5. Make Payment To: Lefthand FPD Name: Lefthand FPD Attn: Russell Leadingham Address: 900 Lefthand Canyon Dr., Boulder, CO 80302	6. Period of Performance (Project Period): From: August 2012 To: October 2012

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.

Created Wildland Defensible Space on 4 adjacent properties in the Lake of the Pines subdivision, and one property on Olde Stage Rd. See attachment for individual project details

8. Reimbursement Request: I request reimbursement in the amount of \$ 3413.50 for the work completed and documented above.

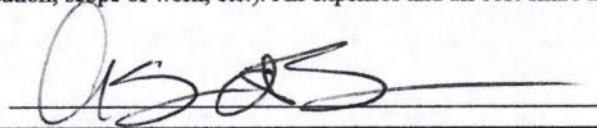
Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project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

A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
80,500	6827			3413.5	50%

* Use results from Exhibit B: Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit B: and Form D Cost Documentation or other approved documentation with Exhibit B to request reimbursement.

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: _____



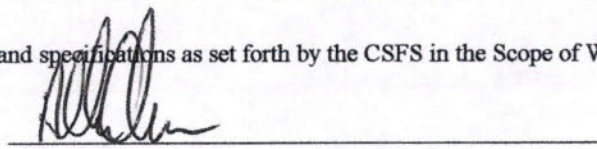
Date: _____

11/9/12

10. Certification:

Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.

District Forester Signature: _____

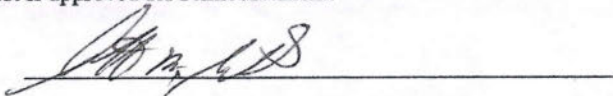


Date: _____

11/9/12

11. Funding is available and request is approved for reimbursement.

Program Manager Signature: _____



Date: _____

11/16/12

COPY

Exhibit B 1

(Accompanies Exhibit B-Reimbursement Request)

CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet*

A. Award amount obligated from funding source (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	B. Recipient Contribution: (AKA: cash; hard match; in-kind/soft match; actual costs) INCLUDES: (contracted services with receipts) (recipients' own labor to be valued at current volunteer labor rate) (labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented) (equipment rental with receipts) (use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.) (materials with receipts) (materials, if provided to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) <i>Current volunteer labor rate is the correct rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost share rate.</i>	C. Non-recipient Contribution: (AKA: donated; in-kind/soft match; volunteer) INCLUDES: (volunteers' labor to be valued at current volunteer labor rate) (donated materials/supplies to be valued at market value) (donated use of equipment to be valued at rental rate) (meeting room provided to be valued at market price) While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.	D. Total Contributions (AKA: Total Project Value; Total Project Costs) (B + C)	E. Reimbursement Amount (will be equal to or less than A and must meet the matching requirement)	F. Total Match Ratio (Cost-share rate) (E / D)
\$80,500.00	\$6,827.00		\$6,827.00	\$3,413.50	50%

*Use From D-Cost Documentation or other approved documentation to support calculations

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
August	LHFPD	Richard McDermott 1ac.		\$245
Sept.	LHFPD	Dawn Cairns 1ac		\$1174
Sept.	LHFPD	Mike Berman 1ac		\$1684
October	LHFPD	Frank Bigelow 1ac		\$1596
October	LHFPD	Diane Griffiths 1.5ac		\$2128
		5.5 ac=\$1241.27/ac		\$6827/2 \$3413.5


*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.



Grant Recipient Signature

11/9/12

Date



District Forester Signature

11/9/12

Date



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

Inv. # 628
Mailed to Cust. 20/2/12

Date: August 2, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Richard McDermott Phone: 303-545-6030
 Address: 5785 Olde Stage Rd
 City, ST Zip: Boulder CO, 80302
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
 Remove pine at S end of driveway, remove Laurel(?) W of Driveway, remove ground shrub beneath both Ponderosas W of driveway, clean up fuel break in Mt Mahogany W of house, similar to previous treatment. Broadcast chip S of driveway. All work performed in a workmanlike manner.

Item/Description	Hours	Rate	TOTAL
Labor			
2 person crew	4	\$30	\$120
			\$
			\$
Equipment			
Truck 1/2 day	5	\$25	\$25
Chipper	1	\$100	\$100
Materials			
			\$
			\$
GRAND TOTAL:			\$245

grant
\$122.50
105
Hancock
\$122.50

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed _____

Lefthand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 720-214-0560



BILL TO
Dawn Cairns 9154 Pineridge Ln. Boulder, CO 80302

*Sent to Cust. via e-mail
 10/2/12*

Invoice

DATE	INVOICE #
9/24/2012	622

DESCRIPTION	AMOUNT
Labor, 1 person crew - 11 hrs @ \$30/hr	330.00
Labor, 1 person crew - 5 hrs @ \$50/hr	250.00
Truck Expense - 2 Days @ \$50/day	100.00
Chipper Expense - 1/2 day @ \$350	350.00
Saws/Equipment Expense - 2 days @ \$36/day per person (2)	144.00
Less, 50% for CSFS Cost Share Grant	-587.00
Amount Due \$587.00	

(REVISED) AMT. 10/2/12

Payments/Credits Received

\$0.00



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

*Inv. # 627
 Mailed to Cust. 10/2/12*

Date: September 5, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Mike Berman Phone: 303-413-1941
 Address: 2930 N Lakeridge Tr.
 City, ST Zip: Boulder CO 80302
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
 Remove all bumblebee flagged trees, full extraction. Broadcast chip where accessible. Homeowner may be eligible for 50/50 cost share grant with CSFS. Homeowner eligible for Mitigation Tax Adjustment of 50% of total spent.

Item/Description	Hours	Rate	TOTAL
Labor			
2 Person Crew	40	\$30	\$1200
2 Person Crew slash burn	8	\$30	\$240
			\$
Equipment			
Truck	2d	\$50/d	\$100
			\$
Materials			
Saws	2d x 2	\$36/d	\$144
			\$
GRAND TOTAL:			\$1684

*grant / Homeowner
 share
 842/ra*

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed _____

Job Name: Bigelow ✓
 Job Size: 2ac

Contact Name: Frank Bigelow
 Contact Phone: 303-413-1941

Address: 2940 Lakeridge Trl

Totals

Crew	Rate	Date: 10/8/12 start/stop				Date: 10/9/12 start/stop				Date: 10/10/12 start/stop				Date:	start/stop
GROFF	\$30/h	0800	1230	1300	1600	0800	1230	1300	1730	0800	1200				
FRYESS	\$30/h	0800	1230	1300	1600	0800	1230	1300	1730	0800	1200				
	\$30/h														
	\$30/h														
			4.5	3		4.5	4.5			4.0					
			9	6		9	9			8		41		1230	personnel
Equipment															
Truck	\$50/d	1				1				1				150	TRUCK
Saws	\$36/d	11				11				11				216	SAWS
Chipper	\$100/h	—	—	—	—										
Fuel															
Saw Fuel															

Total 1596 / 798 50/50
 STATE

Project Description: Remove all bumblebee flagged trees, full extraction. Bole wood to trailer, slash to LOP slash pile. Bole wood may be returned to the station for removal by firewood project. Aspen trees front of house, please remove dead limbs

Invoice #631

MLD 10/22/12

Job Name: Griffiths
Job Size: 2ac

Contact Name: Diane Griffiths
Contact Phone: 303-443-6426

Address: 2881 N Lakeridge Trl

Crew	Rate	Date: 10/22/12 start/stop				Date: 10/23/12 start/stop				Date: 11/1/12 start/stop				Date: 11/5/12 start/stop			
BEN GROFF	\$30/h	1030	1200	1230	1730	0700	1200	1230	1800	1500	1700			0700	1200	1230	1730
MELISSA FRIESS	\$30/h	1030	1200	1230	1730	0700	1200	1230	1800	1500	1700			0715	1200	1230	1730
	\$30/h	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓
	\$30/h																
		3		10		10		11		4				10		10	
Equipment																	
Truck	\$50/d	1				1				1				1			
Saws	\$36/d	1				1				1				1			
Chipper	\$100/h			856.2	857.5	857.5	858.5	866.2	866.3	1.1				866.3	866.8	.5	
Fuel																	
Saw Fuel																	

486

4d
8x5
2h

invoiced \$632

Labor 1440
 Truck 200
 Saws 288
 Chipper 2120
 Total 2120
 less 556 1064
 Grant 1064
 Total → 1064

Project Description: Remove all trees flagged with bumblebee, full extraction. Remove all sumac on property especially East facing yard. Broadcast chip into East facing yard. Remove light from tree with double flagging prior to cutting. Personal assistant, Julie Breedlove, would like some bole wood for fire wood. The balance of the bole wood may be moved to St 1 for firewood project.



COPY

Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: <u>FRFTP</u>)	X
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 10-4-12 KM

Name: Left Hand FPD

Address: 900 Left Hand Canyon Dr.

Boulder, CO 80302 ~

ATTN: Russell Leadingham

Approved for Payment
C.S.F.S.
2092193
10-09-12
ke

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: 5308910-BO ~ Cooperator Match: 14,892.75

Approved Funding: \$ 80,500 ~ Total Project: \$ 29,785.50

CSFS Account Number: 5308910-6693 Amount of Payment: \$ 14,892.75
'09CPG SFA C66 BO ~

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

Approved by [Signature]
(Program manager signature)

Date: 10/2/12

EXHIBIT B
CSFS GRANT REPORT 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 receipts for actual costs (out of pocket expenses) incurred by the recipient. 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 have corresponding match.

1. Project/Account #: <u>5308910-B0</u>	2. Total Award Amount: <u>80,500</u>
3. Project Name:	4. Reimbursement Amount to Date:
5. Make Payment To: <u>LeftHAWKS FPD</u> Name: Attn: <u>Russell LEADINGHAM</u> Address: <u>900 LeftHAWKS Canyon Dr.</u> <u>BOULDER, CO 80302</u>	6. Period of Performance (Project Period): From: <u>July 1, 2012</u> To: <u>Sept 24, 2012</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.

<u>Defensible space Implementation</u>	<u>7 PROPERTIES-NORTH FEATHERHILLS RANCH</u>	<u>12.5 AC</u>
" " "	<u>6 PROPERTIES-LAKE OF THE PINES</u>	<u>12.0 AC</u>
<u>FUEL BREAK Installation</u>	<u>NORTH FEATHERHILLS RANCH</u>	<u>7.5 AC</u>
		<u>32 AC TOTAL</u>


8. Reimbursement Request: I request reimbursement in the amount of \$ 14,892.75 for the work completed and documented above.

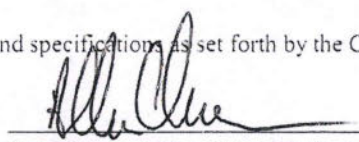
Reimbursement request amount cannot exceed the total project award obligation as identified in the project award notification. The reimbursement request amount must comply with the appropriate cost-share requirement for the period being billed. The reimbursement amount cannot exceed the actual project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

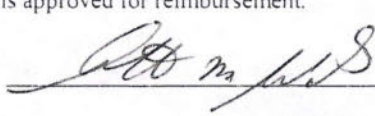
A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			B + C		E / D
<u>80,500</u>	<u>29,785.50</u>	<u>0</u>	<u>14,892.75</u>	<u>14,892.75</u>	<u>50%</u>

* Use results from Exhibit B: Financial Assistance Programs Reimbursement Calculation Worksheet to complete table above. Include Exhibit B and Form D Cost Documentation or other approved documentation with Exhibit B to request reimbursement.

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:  Date: 9/19/12

10. Certification:
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.
District Forester Signature:  Date: 9/24/12

11. Funding is available and request is approved for reimbursement.
Program Manager Signature:  Date: 10/2/12

**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense**	Hours	Value (\$)
7/1/2012	LHFPI	7 Defensible SPACES - NORTH FOOTHILLS RANCH	-	8276.50
9/24/2012		6 Defensible SPACES - LAKE OF THE PINE		9849.00
		FUELBREAK THINNING - NORTH FOOTHILLS RANCH		11,660.00
			\$	29,785.50

*Use Exhibit B1 Financial Assistance Programs Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project.



 Grant Recipient Signature

9/24/12

 Date

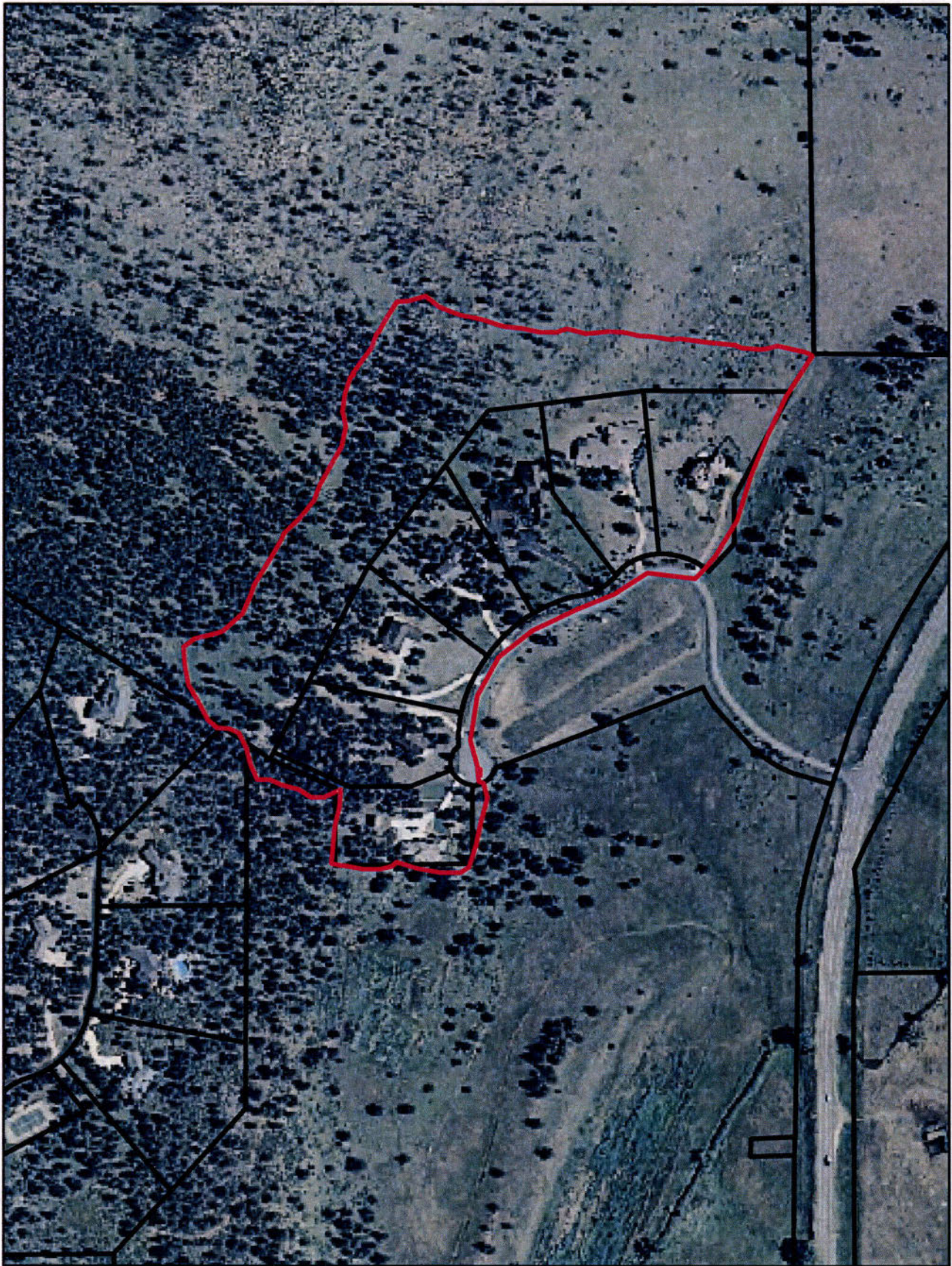


 District Forester Signature



9/24/12

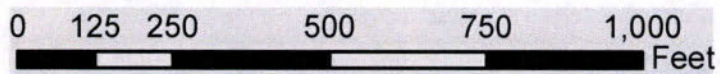
 Date

North Foothills Phase 1



Legend

-  NorthFoothills1
-  BOCO_PARCELS1209



3-8176009



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

Date: July 25, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Christi Gordon Phone: 303-956-2295
 Address: 3028 S. Lakeridge Tr.
 City, ST Zip: Boulder CO, 80302
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
 Remove marked trees and broadcast chip all slash and bole wood up to 12". All work performed in a workmanlike manner. Bid does not reflect 50/50 cost share with CSFS grant.

Item/Description	Hours	Rate	TOTAL
Labor			
3 person crew	5	30/h/pp	\$450
			\$
			\$
Equipment			
Truck Day Charge	5		\$50
Chipper ½ Day charge			\$300
Materials			
			\$
			\$
GRAND TOTAL:			\$800

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed _____



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

Date: July 10, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: MacSalkas Phone: _____
 Address: _____
 City, ST Zip: _____
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
 Remove marked trees, chip in open area on corner, full extraction of bole wood. Remove sumac to designated boundary 100' from house. Homeowner is eligible for 50% cost reimbursement through CSFS mitigation grant program.

Item/Description	Hours	Rate	TOTAL
Labor			
3 Person Crew	60	30/h	\$1800
			\$
			\$
Equipment			
Truck	2 d	\$50/d	\$100
Chipper	3h	\$100/h	\$300
Materials			
Saws/fuel	Day		\$40
			\$
GRAND TOTAL:			\$2240

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed _____



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

Date: August 31, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Maria Kolbeck Phone: 303-447-0196
 Address: 2998 S Lakeridge Tr
 City, ST Zip: Boulder CO 80302
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
 Remove all marked trees, chip slash, bole wood to be removed. Owner is eligible for 50/50 CSFS cost share mitigation grant. Owner is eligible for Colorado State tax deduction of 50% of hard match. Estimate does not reflect 50/50 cost share price. All work performed in a workmanlike manner.

Item/Description	Hours	Rate	TOTAL
Labor			
2 person crew	20	\$30	\$600
			\$
			\$
Equipment			
Truck	1d	\$50/d	\$50
Chipper	1h	100/h	\$100
Materials			
Saws	1d	\$36/d	\$36
			\$
GRAND TOTAL:			\$786

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed _____.



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

Date: July 25, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Kent Welley Phone: 303-981-1189
 Address: 2838 S. Lakeridge Tr.
 City, ST Zip: Boulder CO, 80302
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
 Remove marked trees and broadcast chip all slash and bole wood up to 12". All work performed in a workmanlike manner. Bid does not reflect 50/50 cost share with CSFS grant.

Item/Description	Hours	Rate	TOTAL
Labor			
2 person crew	24h	30/h	\$720
			\$
			\$
Equipment			
Truck Day Charge	8		\$50
Chipper	1d	\$450/d	\$450
Materials			
			\$
			\$
GRAND TOTAL:			\$1220

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed _____,



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

Date: July 25, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Kent Welley Phone: 303-981-1189
 Address: 2838 S. Lakeridge Tr.
 City, ST Zip: Boulder CO, 80302
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
 Remove marked trees and broadcast chip all slash and bole wood up to 12". All work performed in a workmanlike manner. Bid does not reflect 50/50 cost share with CSFS grant.

Item/Description	Hours	Rate	TOTAL
Labor			
2 person crew	12.5h	30/h	\$375
			\$
			\$
Equipment			
Truck Day Charge	8		\$50
Chipper	1	100/h	\$100
Materials			
			\$
			\$
GRAND TOTAL:			\$525

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed _____

Lefthand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 720-214-0560



PAYED

BILL TO
Joanne Keys 2861 N. Lakeridge Trail Boulder, CO 80302

Invoice

DATE	INVOICE #
7/25/2012	610

DESCRIPTION	AMOUNT
Labor - 72 hrs @ \$30/hr	2,160.00
Chipper - 1 Day @ \$450	450.00
Truck - 3 days @ \$50/day	150.00
Fuel, 10g Diesel @ \$3.85/gal	38.50
Fuel, 5g Saw Mix @ \$4.00/gal	20.00
Less 50% Match from CSFS	-1,409.25

Amount Due	\$1,409.25
-------------------	-------------------

Payments/Credits Received

\$-1,409.25



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

Date: August 04 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: North Foothills Ranch Open Space Phone: 303- 545 - 6776
 Address: _____
 City, ST Zip: _____
 E-Mail: ronalberty@comcast.net

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments): Cut all trees with blue marked on trunks. Limb all trees where branches are marked. Lop and scatter all branch material Stack all bowl wood for removal. Per CSFS Specs
 Area to be treated This is for only the common area adjacent to the homes up to the meadow
 And does not include the individual lots . Bid is a estimate of the total cost and does not include the cost 50/50 match.
 If a chipper is used the cost is 55.00 per hour of run time
 No dump fee's included
 App Time to complete 10 days

Item/Description	Hours	Rate	TOTAL
Labor			
4 person crew	320	30/h	\$9600
			\$
			\$
Equipment			
Saw		36/D	\$360.00
Truck		50/D	\$500.00
Materials			
			\$
			\$
GRAND TOTAL:			\$10,460

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

+ 1 day @ \$1200-

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.



Left Hand Fire Protection District
900 Lefthand Canyon Drive
Boulder, CO 80302
(720) 214-0560
(720) 214-0559 (Fax)

Inv. #600

Date: May 21, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Bob Goldfarb Phone: 303-448-0117
Address: 2967 N. Foothills Ranch
City, ST Zip: Boulder, CO 80302
E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
Remove 2 beetle infected Ponderosa Pines, including broadcast chipping into N side yard. Larger unchippable boles to be treated for beetle infestation. All work done in workmanlike manner.

Item/Description	Hours	Rate	TOTAL
Labor			
3 Person crew	4	30/h/pp	\$360
			\$
			\$
Equipment			
Truck/equipment charge	½ day	25	\$25
Chipper	2	75	\$150
Materials			
			\$
			\$
GRAND TOTAL:			\$535

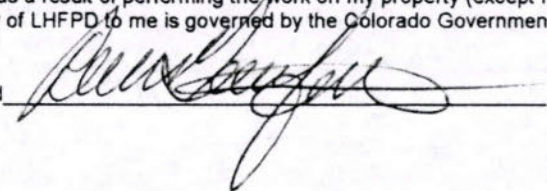
Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed 



Left Hand Fire Protection District
900 Lefthand Canyon Drive
Boulder, CO 80302
(720) 214-0560
(720) 214-0559 (Fax)

ReEntry Invoice

Date: August 31, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Bob Goldfarb Phone: _____

Address: N. Foothills Ranch

City, ST Zip: Boulder CO 80302

E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
Remove all blue marked trees, chip slash, bole wood to be removed. Owner is eligible for 50/50 CSFS cost share mitigation grant. Owner is eligible for Colorado State tax deduction of 50% of hard match. Estimate does not reflect 50/50 cost share price. All work performed in a workmanlike manner.

Item/Description	Hours	Rate	TOTAL
Labor			
2 person crew	18.75	\$30/h	\$562.50
			\$
			\$
Equipment			
Truck	1d	\$50	\$50
Chipper	2h	\$100/h	\$200
Materials			
Saws		\$36/d	\$36
			\$
GRAND TOTAL:			\$848.50

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed _____

CREW TIME REPORT

(1) CREW NAME <i>dot</i>				(2) CREW NUMBER			
(3) OFFICE RESPONSIBLE FOR FIRE <i>LHFPD</i>			(4) FIRE NAME <i>Golden b</i>		(5) FIRE NUMBER		
(6)	(7)	(8)	(9)		(10)		
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE		DATE		
			9/6/12				
			Military Time	Military Time	Military Time	Military Time	
			ON	OFF	ON	OFF	
	<i>Friess</i>		<i>12:45</i>	<i>17:00</i>	<i>4.25</i>	<i>8.5</i>	
	<i>Martens</i>		<i>12:45</i>	<i>17:00</i>	<i>4.25</i>	<i>8.5</i>	
	<i>Saw</i>		<i>12:45</i>	<i>17:00</i>			
	<i>Groff</i>						
	<i>Martens</i>						
	<i>Saw</i>						
	<i>Chipper</i>						
			<i>9/11/12</i>				
	<i>Friess</i>		<i>7:30</i>	<i>11:30</i>			
	<i>Groff</i>		<i>7:30</i>	<i>11:30</i>	<i>10.25</i>		
	<i>Martens</i>		<i>9:15</i>	<i>11:30</i>			
	<i>Saw</i>		<i>7:30</i>	<i>9:00</i>	<i>4.5</i>		
	<i>Chipper</i>		<i>10:15</i>	<i>11:30</i>	<i>4.25</i>		
	<i>HOBBS</i>		<i>8:44.9</i>	<i>8:45.9</i>			
(11) REMARKS							



Left Hand Fire Protection District
900 Lefthand Canyon Drive
Boulder, CO 80302
(720) 214-0560
(720) 214-0559 (Fax)

Invoice

Date: August 15, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Mark Kelley Phone: _____
Address: 2975 N Foothills Ranch
City, ST Zip: Boulder CO 80302
E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
Remove all blue marked trees, chip slash, bole wood to be XXXX. Owner is eligible for 50/50 CSFS cost share mitigation grant. Owner is eligible for Colorado State tax deduction of 50% of hard match. Estimate does not reflect 50/50 cost share price. All work performed in a workmanlike manner.

Item/Description	Hours	Rate	TOTAL
Labor			
3 person crew	45	\$30/h	\$1350
			\$
			\$
Equipment			
Truck	2d	\$50/d	\$100
Chipper	2	\$100/h	\$200
Materials			
Saws	2d	\$36/d	\$72
			\$
GRAND TOTAL:			\$1722

**Property Owner Permission to Perform Mitigation Work and
Mutual Release of Liability**

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed _____

Printed MARK KELLEY

CREW TIME REPORT

(1) CREW NAME <i>Art</i>			(2) CREW NUMBER			
(3) OFFICE RESPONSIBLE FOR FIRE <i>CHFD</i>		(4) FIRE NAME <i>Kelley</i>	(5) FIRE NUMBER			
RE-MARKS NO.	NAME OF EMPLOYEE	CLASSIFICATION	DATE <i>9/11/12</i>		DATE <i>9/10/12</i>	
			Military Time	Military Time	Military Time	Military Time
			ON	OFF	ON	OFF
	<i>Martens</i>		<i>12³⁰</i>	<i>16¹⁵</i>	<i>3:75</i>	<i>15</i>
	<i>Fress</i>		<i>12³⁰</i>	<i>16¹⁵</i>		
	<i>Saw</i>		<i>12³⁰</i>	<i>16¹⁵</i>		
			DATE <i>9/15/12</i>			
	<i>Fress</i>		<i>10⁰⁰</i>	<i>13³⁰</i>	<i>3.5</i>	
	<i>Martens</i>		<i>10⁰⁰</i>	<i>13³⁰</i>	<i>14⁰⁰</i>	<i>16³⁰</i>
	<i>Saw</i>		<i>10⁰⁰</i>	<i>13³⁰</i>		<i>9.5</i>
			DATE <i>9/16/12</i>			
	<i>Martens</i>		<i>8⁰⁰</i>	<i>12²⁵</i>	<i>4.25</i>	<i>7.5</i>
	<i>Fress</i>		<i>09⁰⁰</i>	<i>12²⁵</i>	<i>3.25</i>	
			DATE <i>9/10/12</i>			
	<i>Groff</i>		<i>8:30</i>	<i>11:30</i>	<i>3</i>	
	<i>Martens</i>		<i>8:30</i>	<i>11:30</i>	<i>3</i>	
	<i>Saw</i>		<i>8:30</i>	<i>11:30</i>	<i>3</i>	<i>9</i>
			DATE <i>9/11/12</i>			
	<i>Martens</i>		<i>800</i>	<i>830</i>	<i>-1/2 hr</i>	
(11) REMARKS <i>34 h labor</i>						
<i>15</i>						
(12) OFFICER-IN-CHARGE (Signature)			(13) TITLE (Officer-in-Charge)			
(14) NAME (Person Posting to Emergency Time Report)					(15) DATE	



Left Hand Fire Protection District
900 Lefthand Canyon Drive
Boulder, CO 80302
(720) 214-0560
(720) 214-0559 (Fax)

Invoice

Date: August 15, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Charles Pellerin Phone: _____
Address: 2983 N Foothills Ranch Dr.
City, ST Zip: Boulder CO 80302
E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
Remove all blue marked trees, chip slash, bole wood to be XXXX. Owner is eligible for 50/50 CSFS cost share mitigation grant. Owner is eligible for Colorado State tax deduction of 50% of hard match. Estimate does not reflect 50/50 cost share price. All work performed in a workmanlike manner.

Item/Description	Hours	Rate	TOTAL
Labor			
3 Person Crew	48.5	\$30/h	\$1455
			\$
			\$
Equipment			
Truck	3d	\$50/d	\$150
Chipper	2h	\$100/h	\$200
Materials			
Saws	3d	\$36/d	\$108
			\$
GRAND TOTAL:			\$1913

**Property Owner Permission to Perform Mitigation Work and
Mutual Release of Liability**

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed _____

Printed

Charles Pellerin



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

*Inv# 614
 (mailed to Cust. 7/31/12)*

Date: August 15, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Ron Albery Phone: _____
 Address: 2991 N Foothills Ranch Dr
 City, ST Zip: Boulder CO 80302
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
 Remove all blue marked trees, chip slash, bole wood to be XXXX. Owner is eligible for 50/50 CSFS cost share mitigation grant. Owner is eligible for Colorado State tax deduction of 50% of hard match. Estimate does not reflect 50/50 cost share price. All work performed in a workmanlike manner.

Item/Description	Hours	Rate	TOTAL
Labor			
3 Person crew , <i>10 hrs.</i>	30	\$30/h	\$900
			\$
			\$
Equipment			
Truck	1d	\$50	\$50
Chipper	2	\$100/h	\$200
Materials			
Saws		\$36/d	\$36
			\$
GRAND TOTAL:			\$1186 / 2 → 593

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed *Ron Albery*

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed Row L. Alberry

Printed Row L. Alberry

Start 08¹⁵ 4h
End 12¹⁵

(Grant)



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

*Inv # 616
 mailed to Cust 8/31/12*

Date: August 15, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: William Jeffers Phone: _____
 Address: 3029 N Foothills Dr
 City, ST Zip: Boulder CO 80302
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
 Remove all blue marked trees, chip slash, bole wood to be XXXX. Owner is eligible for 50/50 CSFS cost share mitigation grant. Owner is eligible for Colorado State tax deduction of 50% of hard match. Estimate does not reflect 50/50 cost share price. All work performed in a workmanlike manner.

Item/Description	Hours	Rate	TOTAL
Labor			
3 Person crew	30	\$30/h	\$900
			\$
			\$
Equipment			
Truck	1d	\$50d	\$50
Chipper	2	\$100/h	\$200
Materials			
Saws		\$36/d	\$36
			\$
GRAND TOTAL:			\$1186 / 2 → 593

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

I understand that the LHFPD chipper operator is allowed to feed material into the chipper. Additional personnel may hand or stage material for the LHFPD chipper operator.

Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed *William Jeffers* 8-21-12

Lefthand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 720-214-0560



PAID

BILL TO
Karla Mahanna 3045 Foothills Ranch Drive Boulder, CO 80302

Invoice

DATE	INVOICE #
6/5/2012	604

DESCRIPTION	AMOUNT
Labor, 2 people, 1 hr (\$40/hr/pp)	80.00
Chipper - 1 hour (\$74/hr)	75.00
Fuel Charge	5.00

Amount Due	\$160.00
-------------------	-----------------

Payments/Credits Received

\$-160.00



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

Inv # 604
 (mailed to Cust 6/4/12)

Date: 6/5/12

PROPOSAL FOR MITIGATION WORK

Customer Name: Karla / Pete Mahanna Phone: 3 413 1810
 Address: 3045th Footn. 1/2s Ranch Dr
 City, ST Zip: Bldr CO 80302
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):

Item/Description	Hours	Rate	TOTAL
Labor			
2 persons 40	1	40h/p	\$ 80
			\$
			\$
Equipment			
1h Chipper	1	75	\$ 75
			\$
Materials			
Fuel		5	\$
			\$
GRAND TOTAL:			\$ 166

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

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Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed K Mahanna

Printed _____

Start 12²⁰
End 13²⁰ (14)



Left Hand Fire Protection District
 900 Lefthand Canyon Drive
 Boulder, CO 80302
 (720) 214-0560
 (720) 214-0559 (Fax)

INV # 615
 Mailed to Cust. 8/31/12

Date: August 15, 2012

PROPOSAL FOR MITIGATION WORK

Customer Name: Christina Kaufman Phone: 3/8299975
 Address: 3061 N Foothills Ranch Dr
 City, ST Zip: Boulder CO 80302
 E-Mail: _____

Description of project (defensible space/wildfire mitigation, chipping, misc. treatments):
 Remove all blue marked trees, chip slash, bole wood to be XXXX. Remove blue marked shrubs. Owner is eligible for 50/50 CSFS cost share mitigation grant. Owner is eligible for Colorado State tax deduction of 50% of hard match. Estimate does not reflect 50/50 cost share price. All work performed in a workmanlike manner.

Item/Description	Hours	Rate	TOTAL
Labor			
3 Person crew	18	\$30	\$540
			\$
			\$
Equipment			
Truck	1d	\$50	\$50
Chipper	1 1/2	\$100/h	\$100
Materials			
Saws		\$36/d	\$36
			\$
GRAND TOTAL:			\$726 / 2 → 363

Handwritten circled note:
 \$363.00

Property Owner Permission to Perform Mitigation Work and Mutual Release of Liability

I will inform LHFPD of any known hazards that might be affected, prior to the chipping work described above on the property.

I also warrant that I have the legal right and authority to grant access to the property for the purpose of performing the work described above.

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Further, I understand that LHFPD will waive any claims against me for injuries to its personnel or equipment that may suffer as a result of performing the work on my property (except for injuries or damages caused by my intentional acts), and that the liability of LHFPD to me is governed by the Colorado Governmental Immunity Act.

Signed *Christina Kaufman*



COPY

Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (a.k.a.: SFA)	
Front Range Fuels Treatment Partnership (a.k.a.: FRFTP)	✓
Stevens Fuels Treatment Funds	
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	
Emergency Supplemental Funds (a.k.a.: ESF)	

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

04-27-12
ke

Name: Lefthand FPD

Address: 900 Lefthand Canyon Dr.
Boulder, CO 80302

Approved for Payment
C.S.F.S.

1823614

04-27-12

ke

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: 5308910 - 80

Cooperator Match: \$57,551.75 ~

Approved Funding: \$80,500 ~

Total Project: \$111,981.75 -

CSFS Account Number: 5308910-6693
'09CPG SFA CGG 80

Amount of Payment: \$54,430.00 ~

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

Approved by [Signature]
(Program manager signature)

Date: 4/23/12

