

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

DISTRICT'S: Please Complete

District Submitting Project:	Boulder
Forester Submitting Project:	Bryan Baer
District Priority Number:	
Date Submitted:	11/30/2010
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Balarat Outdoor Education Center
Contact Person:	Teague Nystrom
Address:	1192 CR 87
City/Zip Code:	Jamestown, CO 80455
Phone (Work/Cell):	303-447-8233
Email:	teague_nystrom@dpsk12.org
Fax:	720-424-2958

Community At Risk Information			
Name of Project:	Balarat O.E.C.		
Community Name(s):	Jamestown		
County:	Boulder	Congressional District:	T2N,R71W,Sec#17
Latitude (decimal degrees):	40.139	Longitude (decimal degrees):	-105.371
Threat Description (check all that apply)			
Homes:	<input type="checkbox"/>	Infrastructure:	<input type="checkbox"/> Estimated value of:
Businesses:	X	Economic Viability:	<input type="checkbox"/> Estimated value of:
Watersheds:	<input type="checkbox"/>	Historic Structures:	<input type="checkbox"/> Number of:
Other (Describe):	Multiple Outdoor Education cabins/lodges/learning centers		

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 May Not Exceed \$470 x Number of Acres Proposed For Treatment	
Dollar Amount Requested	\$18,800.00
Will this Project be conducted as a Pass-Through Grant? X Yes <input type="checkbox"/> No	
Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)	
<p>The project area is located on Balarat Ranch, owned by Denver Public Schools, north-northwest of Jamestown. The area consists of a large component of Ponderosa Pine on the south facing slopes, and Douglas Fir on the north facing slopes. Smaller pockets of Ponderosa Pine and Douglas Fir exist throughout the entire project area as a midlevel-understory component. Aspen is also present in pockets throughout the project area. The ground cover is made up of a variety of juniper, random grasses, and other native brush species. The elevation of the project area is approximately 7,000-8,000 feet.</p>	

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 In recent years, Balarat Ranch has seen fire activity adjacent to the project area. This project will strive to reduce the hazardous fuel present throughout the specified area. Hazardous fuels reduction will be accomplished through forest thinning, limbing of trees left uncut (up to a minimum of six feet above ground level), and slash/bole-wood management. Slash will either be chipped, lop-and-scattered, hauled off site, or piled for burning, depending on chosen contractor's abilities. Bole-wood (logs) will be bucked and piled away from leave-trees, bucked into firewood rounds and stacked in a cleared area for utilization, strategically placed on the ground and left for nutrient cycling (with no two new logs touching), or hauled off site, depending on chosen contractor's abilities. Management practices will also strive to focus on overall forest health, by removal of mountain pine beetle trees, as well as other trees attacked by insect and disease (ex: dwarf mistletoe).

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

Project area will be continually monitored over the next several years to maintain the conditions from a fuels reduction standpoint. Efforts will also be made to enhance forest health characteristics by removing mountain pine beetle hit trees, as well as other insect and disease affected trees, as they are discovered.

What is the duration of this project? (check one) ☒ 1 Year ☐ 2 Years ☐ 3 Years ☐ 4 Years

Is this a continuing project from previous year/s? (check one) ☒ Yes ☐ No

Provide a timeline for the project

Project will begin as soon as chosen contractor is available, and weather conditions are favorable. Project work will continue through completion, with a target finish date of 12-31-2011.

Interagency Collaboration

5 **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.).**

Project will most likely be contracted out. Balarat personnel reserve the option to donate labor hours toward project completion. Americorps may also donate labor hours toward project completion.

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

6	Project Category (check all that apply and answer related questions)			
	Hazard Fuels Reduction <input checked="" type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	40.0	Estimated cost per acre:	\$1,500.00
	Project Type (check all that apply)			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
	Fuelbreak	<input checked="" type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	

7	Total Project Expense (Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 18,800.00
	TOTAL:	\$18,00.00	\$ 18,800.00

Grant funding may only be used for Contractual Service.

8	Total Project Expense (Non-Pass Through)		
	<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
	Contractual Services:		\$ 0
	Indirect Costs:		\$ 0
TOTAL:	\$0	\$ 0	

Grant funding may only be used for Contractual Service and Indirect.


Attach Project Map Showing Specific Treatment Areas

Balarat Project Proposal Area



0 750 1,500 3,000 4,500 Feet

Balarat Project Proposal: 40 Acres

 Balarat_Proposal_Area



Created By: Bryan Baer
CSFS-Boulder District
December, 2010





EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-BO-20
(For Official Use Only)

NAME: Teague Nystrom
MAILING ADDRESS: P.O. Box 90
City: Jamesburg State: CO
Zip code: 80455
TELEPHONE NO: 303-447-8233

PROJECT ADDRESS/LEGAL DESCRIPTION: Section 17 Township 2N Range 71W

PRACTICES TO BE COMPLETED BY: 12/31/2011
Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
		Total:

Request for financial assistance under the Emergency Supplemental LOA program is to meet the objective stated in the management plan. I will not receive more than the actual cost up to \$470 per acre. **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. Practices must be maintained for a minimum of 10 years. Requests for partial payments will be approved on a case by case basis.

LANDOWNER SIGNATURE: Teague Nystrom DATE: 11/30/2010
To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: B. B. DATE: 8-9-2011
(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: Alvin AMOUNT: \$18,800.00 DATE: 12-3-10
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.



COPY

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 type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

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

08-23-11

Name: BALARAT OUTDOOR EDUCATION CENTER (TEAGUE NYSTROM)

Address: P.O. Box 90

JAMESTOWN, CO 80455

Approved for Payment

C.S.F.S.

1469746

08-23-11

(X)

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: 5308400-BD-20 ~

Approved Funding: \$ 18,800.00 -

Total Project: \$ 44,100.00

CSFS Account Number: 5308400-6693

'09 SUP HAZ FUELS FR BD

Amount of Payment: \$ 3,995.00

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

Approved by

[Signature]
(Program manager signature)

Date:

8/22/11

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)**

Project No. 5308400-BO-20(For Official Use Only-
No. from original application)Applicant name (please print): BALARAT OUTDOOR ED. CENTER
(TEAGUE NYSTROM)

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$ 23,100.00		A Labor Cost= \$ 23,100.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$ 23,100.00
			Amount Originally Approved = \$ 18,800.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 3,995.00 -

¹ Any contracted services where payment was made for services.² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Teague NystromDate: 8/9/11

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

Mailing Address: P.O. Box 90City: IronstoneCounty: Boulder State: Co Zip: 80455Phone: 303-447-8233Practice certified by: Bryan Baer (B B)

CSFS forester

Payment Approval: [Signature]
CSFS program managerAmount: \$ 3,995.00 Date: 8/22/11

N

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.

01/19/10

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)**

Project No. 5308400-Bo-20

To be completed by CSFS forester:

PROGRAM:

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

FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: X Forest

Restoration Grant (SB71 and HB1199): _____

8.5 Acres
Hazz. Fuels Red.

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: _____

Accomplishment (Not included above) – LOA Practice Number:

#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 = _____



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 type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

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

Name: BALARAT OUTDOOR EDUCATION CENTER (TEAGUE NYSTROM)

Address: P.O. Box 90

JAMESTOWN, CO 80455

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: 5308400-B0-20

Approved Funding: \$ 18,800.00

Total Project: \$ 44,100.00

CSFS Account Number: 5308400-6693 Amount of Payment: \$ 3,995.00

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

Approved by _____
(Program manager signature)

Date: _____

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)**

Project No. 5308400-130-20
(For Official Use Only-
No. from original application)

Applicant name (please print): BALARAT OUTDOOR ED. CENTER
(TEAGUE NYSTROM)

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$ 23,100.00		A Labor Cost= \$ 23,100.00
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) = \$ 23,100.00
			Amount Originally Approved = \$ 18,800.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$ 3,995.00

¹ Any contracted services where payment was made for services.

² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.

³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)

⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.

⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: [Signature]

Date: 8/9/11

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

Mailing Address: P.O. Box 90

City: Timestown

County: Boulder State: Co Zip: 80455

Phone: 303-447-8733

Practice certified by: Bryan Baer (B B)
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.

01/19/10

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5308400-Bo-20

To be completed by CSFS forester:

PROGRAM:

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

FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: ☒ Forest
Restoration Grant (SB71 and HB1199): _____

8.5 Acres
Hazz. Fuels Red.

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: _____

Accomplishment (Not included above) – LOA Practice Number:

#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 = _____

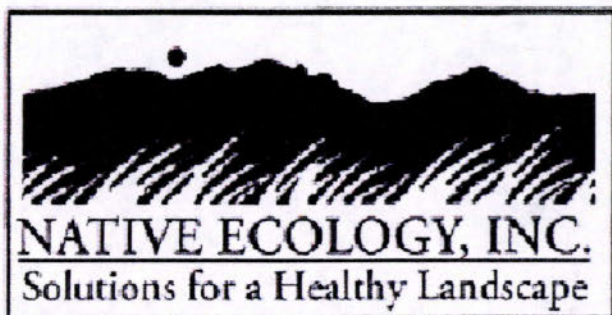
#3 Acres treated = _____

#8 Acres treated = _____

#4 Acres planted/ renovated = _____

Invoice

4/6/2011



Native Ecology, Inc.
PO Box 976
Nederland, CO 80466
303-258-1753

Bill to:

Balarat Outdoor Education Center
1551 S. Monroe St.
Denver, CO 80210

Date	Description	Amount
4/6/2011	Balarat Forest Thinning Completion of 16.5 acres at \$1,400/acre Work completed 3/4/11 to 4/1/11	\$23,100.00
Total		\$23,100.00

5-17-11

Hi, Allen & Bryan.

This copy is for the
Boulder District Office
files.

Best regards,
Karen Carlin

(970) 491-3006

COPY



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Bureau of Land Management Task Order Program	
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	
Forest Land Enhancement Program (a.k.a.: FLEP)	
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)	X

☒ Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 05-13-11
KC

Name: BALARAT OUTDOOR ED CENTER

Address: PO Box 90

JAMESTOWN, CO 80455

~

Approved for Payment
C.S.F.S.

1307592

05-13-11

KC

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

Grant Number: 5308400-30-20 ~

Match: \$ 29,295.00

Approved Funding: \$ 18,800.00 ~

Total Project: \$ 44,100.00 - ~

CSFS Account Number: 5308400-6693

09SUP HAZ FUELS Fr 80

Amount of Payment: \$ 14,805.00 ~

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

Approved by: [Signature]
(Program manager signature)

Date: 5/11/11

COPY

Form C-ES

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)**

Project No. 5308400-80-20

(For Official Use Only-

No. from original application)

Applicant name (please print): Teague Nystrom

on behalf of BALARAT OUTDOOR ED CENTER per
Allen Owen
(K) 5-13-1

	Total Contracted Services ¹	Total Landowner Services ²	Totals
Labor Cost (Actual)	\$44,100.00		A Labor Cost= \$44,100.00
Operating Exp ³ (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B)= \$44,100.00
			Amount Originally Approved = \$18,800.00 -
			Amount to be Reimbursed not to exceed \$470 Per Acre \$14,805.00 ~

¹ Any contracted services where payment was made for services.² Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.³ Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)⁴ Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.⁵ Reimbursement amount cannot exceed \$470/acres for Emergency Supplemental Funds.

* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Teague NystromDate: 4/19/11

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

Mailing Address: P.O. Box 90City: TimberstoneCounty: Boulder State: CO Zip: 80455Phone: 303-447-8233Practice certified by: [Signature] (Bryan Bear)

CSFS forester

Payment Approval: [Signature]

CSFS program manager

Amount: \$14,805.00 Date: 5/11/11

~

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.

01/19/10

COPY



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 type="checkbox"/>
Cooperative Fire Agreement (Active Fire Suppression Cooperators; CRS#R-24-103-206-01)	<input type="checkbox"/>
Emergency Supplemental Funds (a.k.a.: ESF)	<input checked="" type="checkbox"/>

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

Name: BALARAT OUTDOOR ED CENTER

Address: PO Box 90

JAMESTOWN, CO 80455

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: 5308400-B0-20

Approved Funding: \$ 18,800.00

Total Project: \$ 44,100.00

CSFS Account Number: 5308400-6693

Amount of Payment: \$ 14,805.00

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

Approved by _____
(Program manager signature)

Date: _____

**EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT FOR REIMBURSEMENT (Page 1)**

Project No. 5308400-B0-20

(For Official Use Only-

No. from original application)

Applicant name (please print): Teague Nystrom

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)	\$44,100.00		A Labor Cost= \$44,100.00
Operating Exp ^{3,4} (Actual)			B Oper. Exp.= N/A
Project Cost			C Total Project (A+B) = \$44,100.00
			Amount Originally Approved = \$18,800.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$14,805.00

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* Attach receipts, Cost Documentation Form D-ES (contractor costs, your time ledger, gas, oil, etc). Keep copies for your files.

Landowner Signature: Teague NystromDate: 4/19/11

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

Mailing Address: P.O. Box 90City: TamnestownCounty: Boulder State: CO Zip: 80455Phone: 303-447-8233Practice certified by: [Signature] (Bryan Bear)
CSFS foresterPayment 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.

01/19/10

EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
ACCOMPLISHMENT REPORT (page 2)

Project No. 5308400-80-20

To be completed by CSFS forester:

PROGRAM:

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

FRFTP: _____ STEVENS' Fund: _____ SFA: _____ ESF: X Forest
Restoration Grant (SB71 and HB1199): _____

31.5 Acres
Haz. Fuels Red.

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: _____

Accomplishment (Not included above) – LOA Practice Number:

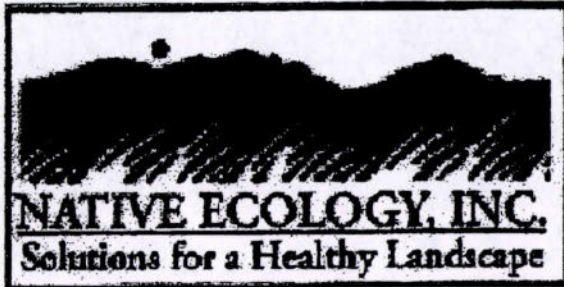
#1 Plan Acres = _____	#5 Acres = _____	#9 Acres treated = _____
#2 Acres tree planting = _____	#6 Acres treated = _____	#10 Acres of restoration = _____
Acres treated = _____	#7 Acres treated = _____	#11 Acres = _____
#3 Acres treated = _____	#8 Acres treated = _____	
#4 Acres planted/ renovated = _____		

PO

11 01832

Invoice

3/7/2011



Native Ecology, Inc.
PO Box 976
Nederland, CO 80466
303-258-1753

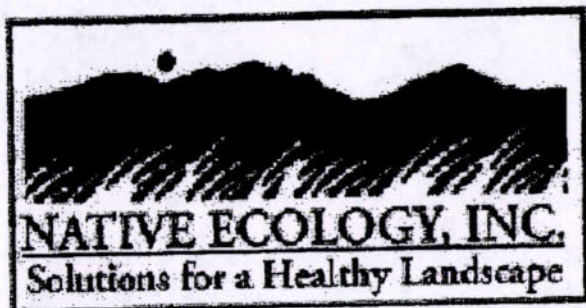
Bill to:
Balarat Outdoor Education Center 1551 S. Monroe St. Denver, CO 80210

Date	Description	Amount
3/7/2011	Balarat Forest Thinning Completion of 15 acres at \$1,400/acre Work completed 2/15/11 to 3/4/11	\$21,000.00
Total		\$21,000.00

Batch # 887788
RJ 39697
3/8/11

Invoice

4/6/2011



Native Ecology, Inc.
PO Box 976
Nederland, CO 80466
303-258-1753

Bill to:
Balarat Outdoor Education Center 1551 S. Monroe St. Denver, CO 80210

Date	Description	Amount
4/6/2011	Balarat Forest Thinning Completion of 16.5 acres at \$1,400/acre Work completed 3/4/11 to 4/1/11	\$23,100.00
Total		\$23,100.00