

Colorado State Forest Service

Emergency Supplemental

2010 Grant Application

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

Applicant Information	
Applicant:	David Talcott
Contact Person:	" "
Address:	285 Whispering Hope Way
City/Zip Code:	Blackhawk 80422
Phone (Work/Cell):	720-272-6990
Email:	canoe.2@hotmail.com
Fax:	

Community At Risk Information			
Name of Project:			
Community Name(s):			
County:		Congressional District:	
Latitude (decimal degrees):		Longitude (decimal degrees):	
Threat Description (check all that apply)			
Homes:	<input type="checkbox"/>	Number of:	
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Other (Describe):			

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	
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)	

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

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

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

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

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 type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:		Estimated cost per acre:	
	Project Type (check all that apply)			
	Defensible Space		<input type="checkbox"/>	Thinning w/o Product
	Fuelbreak		<input type="checkbox"/>	Mastication
Thinning w/ Product		<input type="checkbox"/>	Other	

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

Grant funding may only be used for Contractual Service.

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

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

Attach Project Map Showing Specific Treatment Areas

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:	1/18/2011
FOR REVIEWER'S USE ONLY:	
Rating:	

Applicant Information	
Applicant:	Dave Talcott
Contact Person:	Dave Talcott
Address:	285 Whispering Hope Way
City/Zip Code:	Blackhawk, CO 80422
Phone (Work/Cell):	720-272-6890
Email:	Canoe.2@hotmail.com
Fax:	

Community At Risk Information			
Name of Project:	Talcott Property		
Community Name(s):	South Beaver Creek Rd.		
County:	Gilpin	Congressional District:	T2S,R72W,Sec#4
Latitude (decimal degrees):	39.908	Longitude (decimal degrees):	105.455
Threat Description (check all that apply)			
Homes:	<input checked="" type="checkbox"/>	Number of:	1
Businesses:	<input type="checkbox"/>	Number of:	
Watersheds:	<input type="checkbox"/>	Number of:	
Infrastructure:	<input type="checkbox"/>	Estimated value of:	
Economic Viability:	<input type="checkbox"/>	Estimated value of:	
Historic Structures:	<input type="checkbox"/>	Number of:	
Other (Describe):			

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	\$940.00
Will this Project be conducted as a Pass-Through Grant?	<input checked="" type="checkbox"/> 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 composed of primarily lodgepole pine, with a small mix of ponderosa pine, douglas fir, and aspen present as well. The project area is located on fairly mild slopes, with no slope exceeding 20%. There are random native grasses and junipers in the understory, as well as a small component of regenerating tree species. Access to the project area is through Whispering Hope Way.</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 Project work will be done with a primary objective of increasing the spacing of the dominant healthy trees, as much of the area has a density above a desired level. Removal of insect and disease stricken trees will also be an objective of the project, as overall improvement to forest health is desirable. Removal of understory, suppressed trees will also be accomplished, as landowner will target those trees to improve the nutrient availability for the dominant, desired trees left uncut. Increasing the amount of aspen currently present may also be accomplished through project work, as more sunlight will penetrate to the forest floor where aspen have previously been established. All slash and bole-wood material will be dealt with appropriately, as landowner and forester see fit. All trees left uncut will be limbed up to 6 feet or by 25%, whichever is the lesser.

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

Continual maintenance will be performed by landowner, by removal of undesired re-growth of trees upon detection. Desired re-growth of trees will also be continually monitored for proper spacing and limbing as the trees grow and become established.

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 work will begin as soon as hired contractor and landowner are able, and will continue through completion, which is targeted for Fall/Winter of 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 N/A

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:	2.0	Estimated cost per acre:	\$1,500.00
	Project Type (check all that apply)			
	Defensible Space	<input checked="" type="checkbox"/>	Thinning w/o Product	<input checked="" type="checkbox"/>
Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>	
Thinning w/ Product	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	

Total Project Expense (Pass Through)		
<i>Please fill all fields</i>	Grant Share (\$ Amount Requested)	TOTAL
7	Contractual Services:	\$ 940.00
	TOTAL:	\$ 940.00

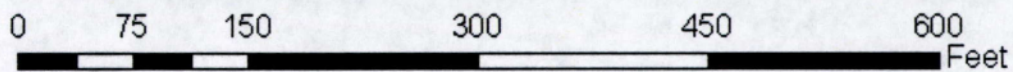
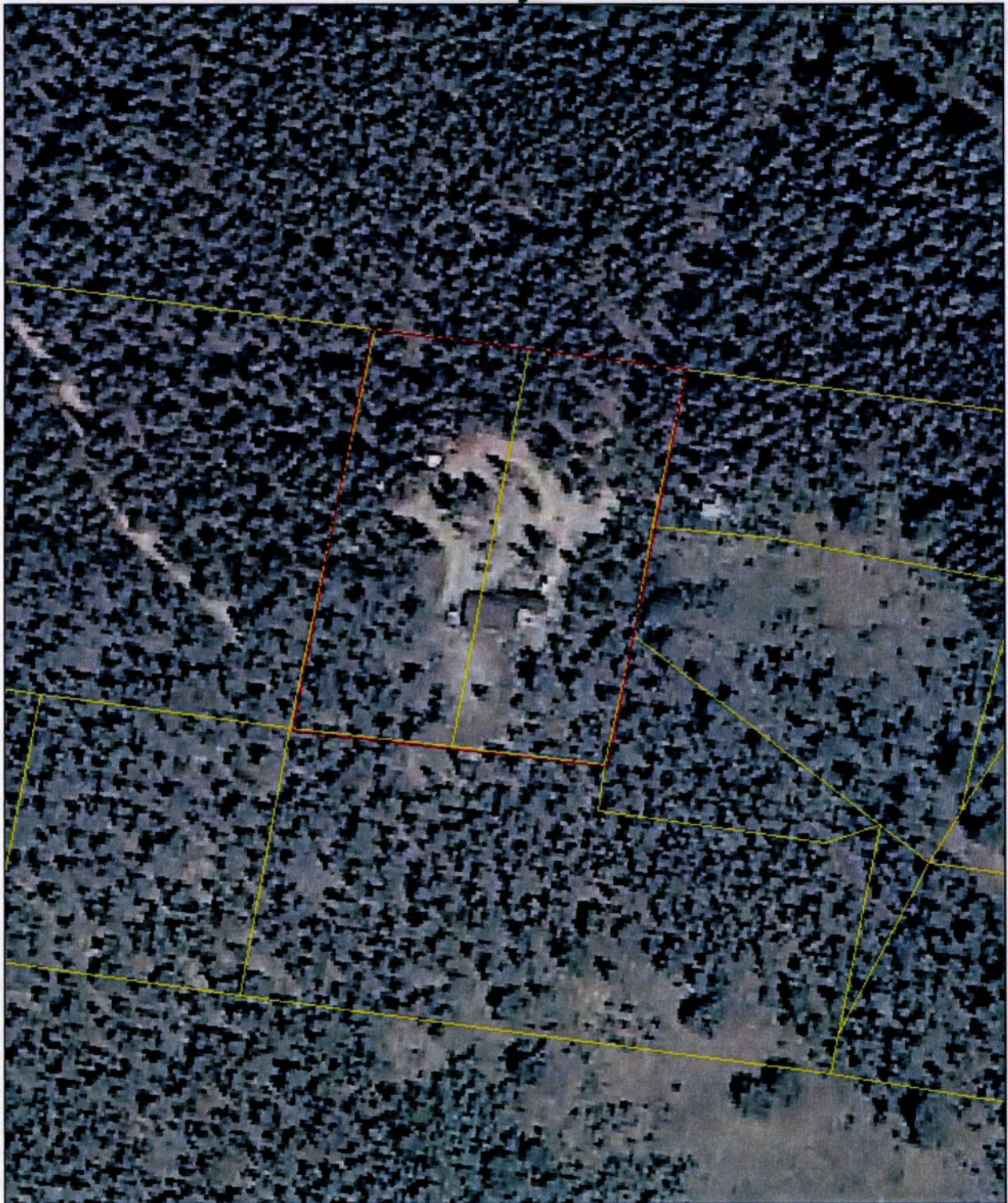
Grant funding may only be used for Contractual Service.

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



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

Attach Project Map Showing Specific Treatment Areas

Talcott Project Area



Talcott: 2.0 acres

-  Talcott
-  Gilpin_Parcel_2010

Created By: Bryan Baer
CSFS - Boulder District
January, 2011



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

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

Applicant name (please print): _____

	Total Contracted Services¹	Total Landowner Services²	Totals
Labor Cost (Actual)			A Labor Cost=
Operating Exp ^{3,*} (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) =
			Amount Originally Approved =
			Amount to be Reimbursed not to exceed \$470 Per Acre

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: *David J. [Signature]* Date: 1/20/13

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

Mailing Address: 285 Whispering Hope Way City: Blackhawk

County: Gilpin State: CO Zip: 80422 Phone: _____

Practice certified by: _____
CSFS forester

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

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

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

Project No. _____

To be completed by CSFS forester:

<u>PROGRAM:</u> <i>WUI Incentives D-space:</i> _____ <i>I & D Prevention and Suppression – Bark Beetle:</i> _____ <i>FRFTP:</i> _____ <i>STEVENS' Fund:</i> _____ <i>SFA:</i> _____ <i>ESF:</i> _____ <i>Forest Restoration Grant (SB71 and HB1199):</i> _____

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 = _____		



Alpine Land Services
P.O. 630
Pinecliff, Co
303-7048394

5/12/11

Job address-285 Whispering Hope Way, Blackhawk Co.

Fire mitigation and slash clearing on one acre

\$1500

Alpine Land Services
P.O. 630
Pinecliff, Co
303-7048394

1/16/11

Job address-285 Whispering Hope Way, Blackhawk Co.
Fire mitigation and slash clearing on one acre

\$1500