



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

☐ Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Red Feather Lakes Fire Protection District

Address: P.O. Box 67

Red Feather Lakes, CO 80545

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

Grant Number: 5366950-7

Non-Federal Match: \$ 787.⁵⁰

Approved Funding: \$ 45,563.⁰⁰

Total Project: 1575.⁰⁰

CSFS Account Number: 5366950-6663

Amount of Payment: \$ 787.⁵⁰

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

5th payment

Program Manager Signature _____

Date: _____

Program Manager Name _____

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM 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>5366950-7</u>	2. Total Award Amount: <u>45563</u>
3. Project Name:	4. Reimbursement Amount to Date: <u>\$17,555.00</u>
5. Make Payment To: Name: <u>Red Feather Lakes Fire Protection Dist.</u> Attn: <u>Cris Meeks</u> Address: <u>PO Box 67, RFL, CO 80545</u>	
6. Period of Performance (Project Period): From: <u>10/22/13</u> To: <u>12/17/14</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.

Defensible space - 745 Nokomis Rd & 16 Teddy's Ln
2 properties ~ 2 acres total.

8. 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>45563</u>		<u>1,575.00</u>	<u>1575.00</u>	<u>787.50</u>	<u>50%</u>

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

Reimbursement Request: I request reimbursement in the amount of \$ 787.50 for the work completed and documented above.

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: _____

Nancy Kay

Date: 2-13-15

10. Certification:

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

District Forester Signature: _____

[Signature]

Date: 3/2/15

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

Program Manager Signature: _____

Date: _____

mailed to
Scott Woods
on 8/1/13

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM 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>5366950-7</u>	2. Total Award Amount: <u>\$45,563</u>
3. Project Name: <u>Red Feather Lakes Fuels Mitigation</u>	4. Reimbursement Amount to Date: <u>0</u>
5. Make Payment To: Name: <u>Red Feather Lakes Fire Protection Dist</u> Attn: <u>Cris Meeks</u> Address: <u>PO Box 67, RFL, CO 80545</u>	
6. Period of Performance (Project Period): From: <u>Nov 2012</u> To: <u>July 24, 2013</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. <u>Attach additional sheets as necessary.</u> <u>① Partial completion of Nokomis shaded fuel belt and secondary escape route for Nokomis area (~8.5 acres)</u> <u>② Defensible space at 574 Nokomis Rd (1 acre)</u>	

8. 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>45,563</u>	<u>0</u>	<u>12,555</u>	<u>\$12,555</u>	<u>6,277.50</u>	<u>50%</u>

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

Reimbursement Request: I request reimbursement in the amount of \$ 6,277.50 for the work completed and documented above.

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: 7-24-13

10. Certification:

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

District Forester Signature: _____

Date: 8/1/13

11. Funding is available and request is approved for reimbursement

Program Manager Signature: _____

Date: 7/24/13



Colorado State Forest Service Program Payment Request

GRANT PROGRAM (CHECK APPROPRIATE PROGRAM TYPE):	
Forest Restoration Grant (SB71 and HB1199)	<input type="checkbox"/>
Volunteer or Rural Fire Assistance (a.k.a.: VFA/RFA)	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (a.k.a.: SFA)	<input checked="" 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 type="checkbox"/>

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

Name: Red Feather Lakes Fire Protection District

Address: PO. BOX 67

Red Feather Lakes, CO 80545

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: 5366950-07

Cooperator Match: \$6,277.50

Approved Funding: \$45,563

Total Project: \$12,555

CSFS Account Number: 5366950 - 6693 Amount of Payment: \$6,277.50

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

Approved by _____
(Program manager signature)

Date: _____



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/>

Name:

Red Feather Lakes Fire Protection District

Address:

Attn: Chris Meeks

P.O. BOX 67

Red Feather Lakes, CO 80545

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: 5366950-7Cooperator Match: \$ 7,110Approved Funding: \$ 45,563Total Project: \$ 14,220CSFS Account Number: 5366950 6693Amount of Payment: \$ 7,110

Circle one:

1st Payment2nd Payment3rd Payment

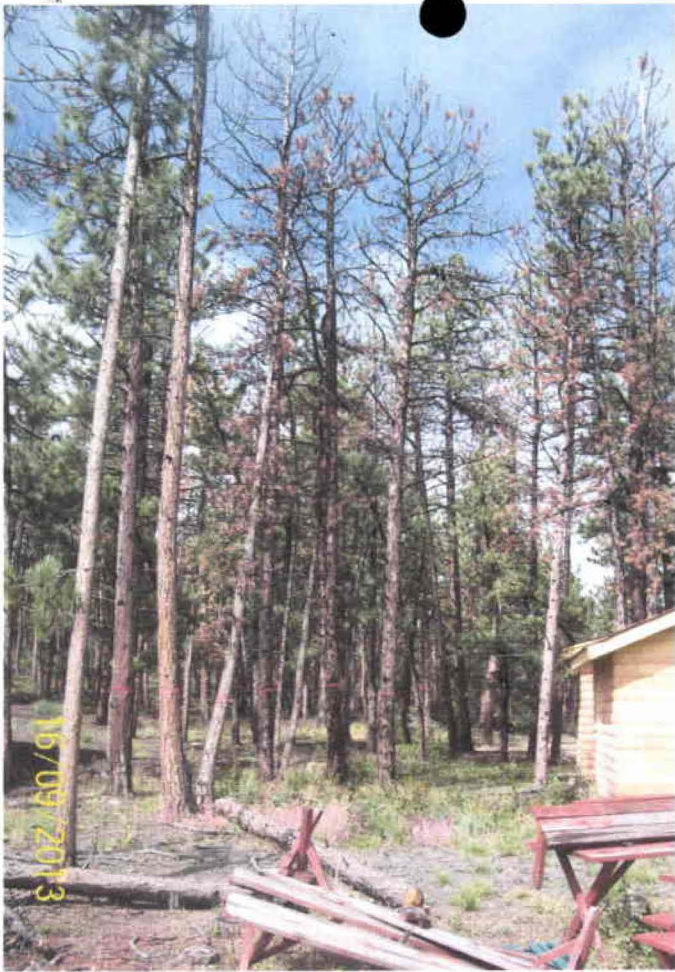
Final Payment

Approved by _____

(Program manager signature)

Date: _____

62 Autumn Sun Ln



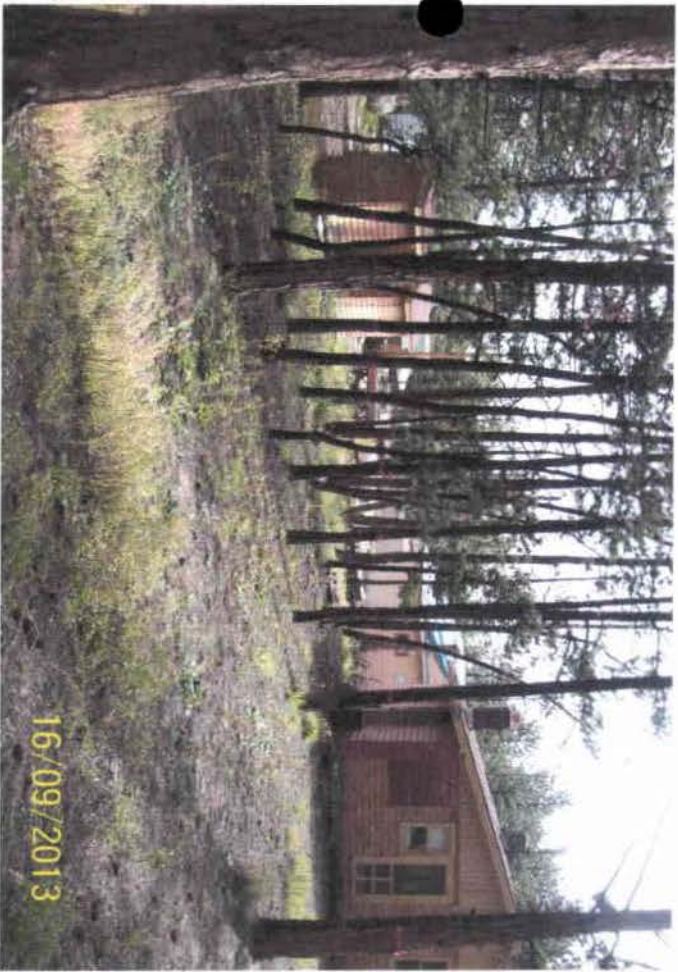




EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

Mailed to Scott W. on 10/22/13

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>5366950-7</u>	2. Total Award Amount: <u>45,563</u>
3. Project Name: <u>Red Feather Lakes Fuels Mitigation</u>	4. Reimbursement Amount to Date: <u>15,278.50</u>
5. Make Payment To: <u>Red Feather Lks Fire Protection Dist.</u> Name: _____ Attn: <u>Cris Meeks</u> Address: <u>PO Box 67, RFL, CO 80545</u>	
6. Period of Performance (Project Period): From: _____ To: _____	

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.

1. Defensible space at 62 Autumn Sun Ln
2. Shaded fuel break & secondary escape route - Nokomis (12 acres)

8. 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>45,563</u>		<u>14,220</u>	<u>14,220</u>	<u>7,110</u>	<u>50%</u>

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

Reimbursement Request: I request reimbursement in the amount of \$ 7,110 for the work completed and documented above.

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: *Jerry L. Valente* Date: 10/15/13

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

District Forester Signature: *Dea Chubb* Date: 10/22/13

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

Program Manager Signature: _____ Date: _____



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

☐ Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Red Feather Lakes Fire Protection District

Address: Attn: Cris Meeks

P.O. Box 67

Red Feather Lakes, CO 80545

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

Grant Number: 5366950-7

Non-Federal Match: \$3,380

Approved Funding: \$45,563.00

Total Project: \$6,760

CSFS Account Number: 5366950-6693

Amount of Payment: \$3,380

Circle one: 1st Payment

2nd Payment

3rd Payment

Final Payment

Program Manager Signature _____

Date: _____

Program Manager Name _____

EXHIBIT B

CSFS GRANT AND COST-SHARE PROGRAM 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>5366950-7</u>	2. Total Award Amount: <u>45,563</u>
3. Project Name: <u>Red Feather Lakes Fuel Mitigation</u>	4. Reimbursement Amount to Date: <u>13,387.50</u>
5. Make Payment To: Name: <u>Red Feather Lakes Fire Protection Dist.</u> Attn: <u>Cris Meeks</u> Address: <u>PO Box 67, Red Feather, CO 80545</u>	
6. Period of Performance (Project Period): From: <u>10/22/13</u> To: <u>4/22/14</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.

5 acres along shaded fuelbreak and 1 Defensible Space completed

DCS

8. 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>\$45,563</u>	<u>\$6,760</u>	<u>\$6,760</u>	<u>\$6,760</u>	<u>\$3,380</u>	<u>50%</u>

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

Reimbursement Request: I request reimbursement in the amount of \$ 3,380 for the work completed and documented above.

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: Larry L. Valenta

Date: 4/16/14

10. Certification:

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

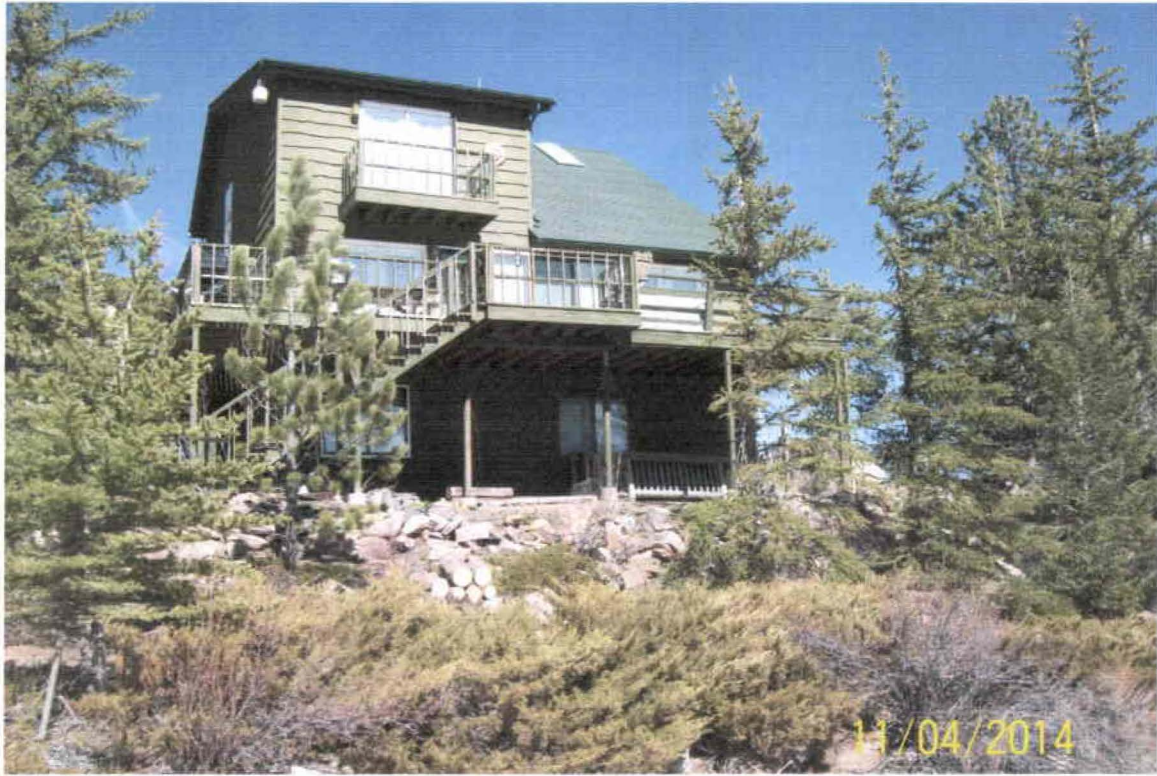
District Forester Signature: [Signature]

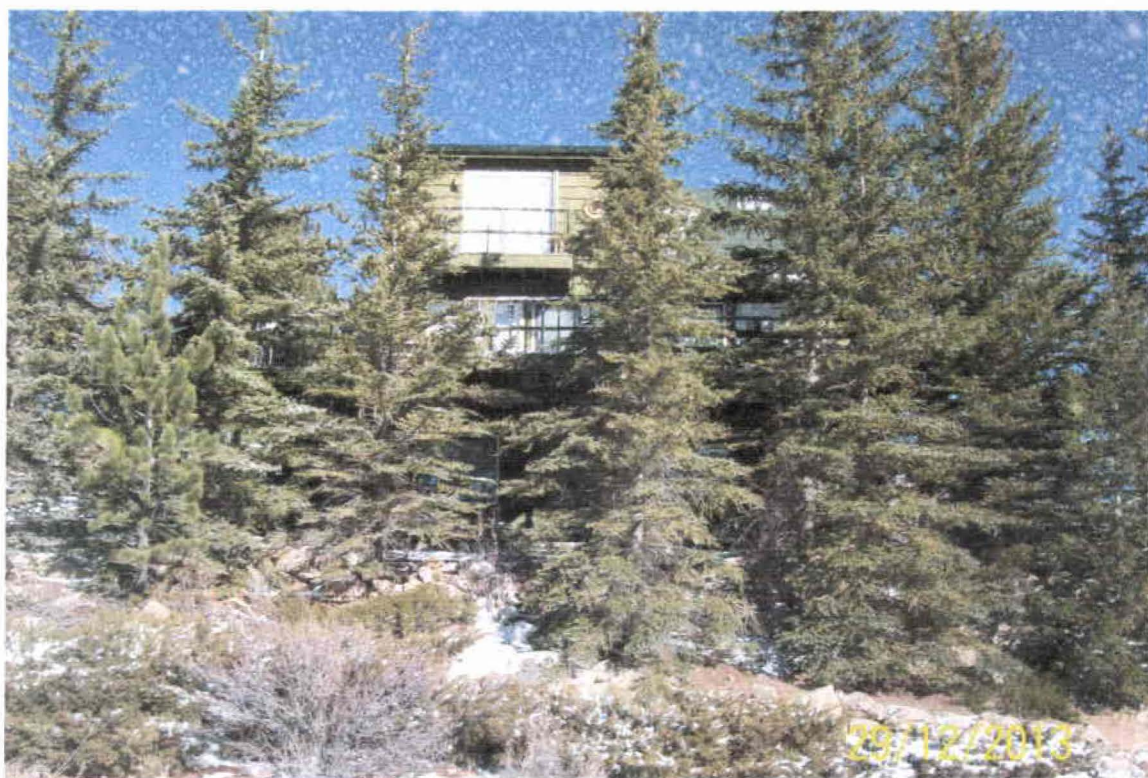
Date: 4/21/14

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

Program Manager Signature: _____

Date: _____







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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

☐ Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Red Feather Lakes Fire Protection District

Address: Attn: Chris Meeks

P.O. Box 67

Red Feather Lakes, CO 80545

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

Grant Number: 5366950-7-FC

Non-Federal Match: \$2,970.00

Approved Funding: \$45,563.00

Total Project: \$5940.00

CSFS Account Number: 5366950-6693

Amount of Payment: \$2,970.00

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

4th Payment

Program Manager Signature _____

Date: _____

Program Manager Name _____

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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1. Project/Account #: <u>5366950-7</u>	2. Total Award Amount: <u>\$45,563</u>
3. Project Name: <u>Red Feather Lakes Fuel Mitigation</u>	4. Reimbursement Amount to Date: <u>\$16,767.50</u>
5. Make Payment To: Name: <u>Red Feather Lakes Fire Protection Dist.</u> Attn: <u>Cris Meeks</u> Address: <u>PO Box 67, RFL, CO 80545</u>	6. Period of Performance (Project Period): From: <u>10/22/13</u> To: <u>9/1/14</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.

Defensible space at:
 1) 2524 Phantom Ranch Rd
 2) 574 Letitia Rd
 3) 37 Morton Ct

8. 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>45,563</u>	<u>\$5,940</u>	<u>\$5,940</u>	<u>\$5,940</u>	<u>\$2,970</u>	<u>50%</u>

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

Reimbursement Request: I request reimbursement in the amount of \$ 2,970 for the work completed and documented above.

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: _____

Bruce Friger

Date: _____

9/9/14

10. Certification:

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

District Forester Signature: _____

Boyd O'Lebeden

Date: _____

9/16/14

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

Program Manager Signature: _____

Date: _____



CSFS Financial Assistance Cost-Share Program Cost Documentation Worksheet

Project/Account #:	5366950-7
Award Amount (obligated from funding source):	\$45,563.00
A. Remaining Award Amount:	\$28,795.50
Reimbursement Request:	

Match				
B. Recipient Cost to be reimbursed (not to exceed the remaining award amount and excluding items not eligible for reimbursement)**a	C. Recipient Cost (reimbursable costs that exceed the award amount and items or costs not allowable for reimbursement)**a	D. Non-recipient Cost**b	E. Total Project Cost = B+C+D	F. Recipient Match Rate = (C+D)/E
\$2,970.00	\$2,970.00		\$5,940.00	50%

[illegible]

TOTALS:	G. Cumulative Recipient Cost=	\$0.00
	H. Recipient Cost (Match)=	\$0.00
	I. Non-recipient Cost (Match)=	\$5,940.00

Grant Recipient Signature:

District Forester Signature: _____

Date: _____

Date: _____

mail to Scott Woods
on 5/22/15

EXHIBIT B
CSFS GRANT AND COST-SHARE PROGRAM 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>5366950-7</u>	2. Total Award Amount: <u>\$45,563</u>
3. Project Name: <u>Red Feather Lakes Mitigation Grant 2012</u>	4. Reimbursement Amount to Date: <u>25,038</u>
5. Make Payment To: Name: <u>Red Feather Lakes Fire Protection Dist.</u> Attn: <u>Gerry Wagner</u> Address: <u>PO Box 67, Red Feather, CO 80545</u>	6. Period of Performance (Project Period): From: <u>3/1/15</u> To: <u>4/10/15</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.

Creating shaded fuel break south of Fox Acres (15 acres).

8. 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>\$45,563</u>		<u>\$14,935</u>	<u>\$14,935</u>	<u>\$7,467.50</u>	<u>50%</u>

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

Reimbursement Request: I request reimbursement in the amount of \$ 7,467.50 for the work completed and documented above.

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: X Nancy E. Kay

Date: 4/8/15

10. Certification:

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

District Forester Signature: [Signature]

Date: 5/22/15

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

Program Manager Signature: _____

Date: _____



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 (VFA/RFA)	<input type="checkbox"/>
Colorado Forest Restoration Grant	<input type="checkbox"/>
Insect and Disease Prevention and Suppression Program	<input type="checkbox"/>
State Fire Assistance (SFA)	<input checked="" type="checkbox"/>
Front Range Fuels Treatment Partnership (FRFTP)	<input type="checkbox"/>
Stevens Fuels Treatment Funds (CAFA)	<input type="checkbox"/>
Emergency Supplemental Funds (ESF)	<input type="checkbox"/>

☐ Checked for Federal suspension and debarment (State Office) <https://www.sam.gov/portal/public/SAM/>

Name: Red Feather Lakes Fire Protection District

Address: P.O. Box 67

Red Feather Lakes, CO 80545

Attn: Gerry Wagner

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

Grant Number: 5366950-7

Non-Federal Match: \$7,467.50

Approved Funding: \$45,563

Total Project: \$14,935.00

CSFS Account Number: 5366950 6693

Amount of Payment: \$7,467.50

Circle one: 1st Payment

2nd Payment

3rd Payment

Final Payment

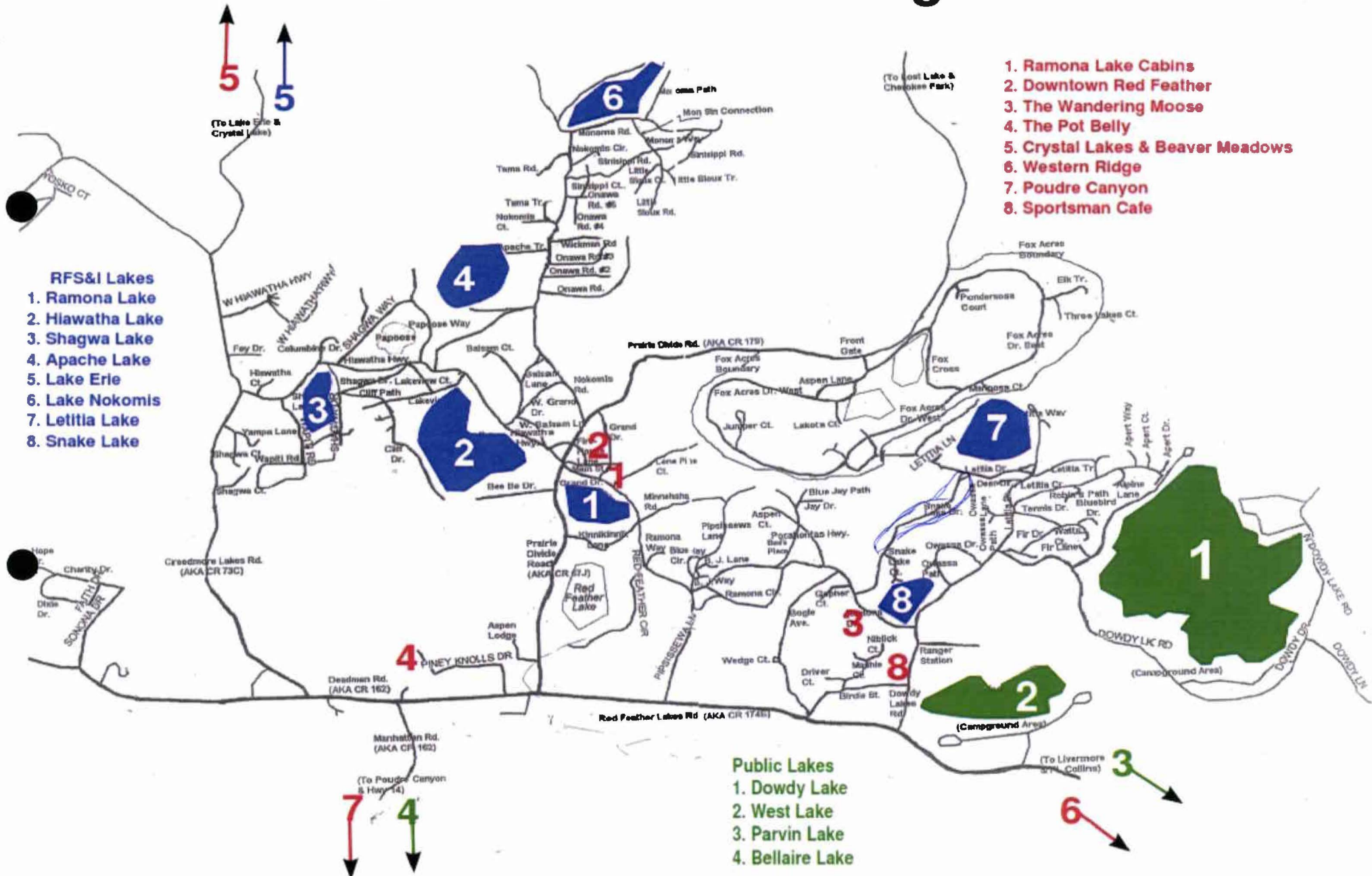
6th reimbursement

Program Manager Signature _____

Date: _____

Program Manager Name _____

Red Feather Lakes Village



2012 State Fire Assistance WUI Competitive Grant

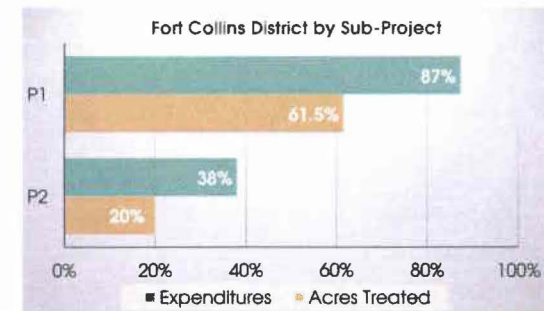
Fort Collins District Account 5366950 - Parent Account 5366650
Project Start Date 6/22/12 - Project End Date 8/21/17

Last Updated 4/28/2016 KLM

Last Viewed 8/4/2016

Project Progress

	Project Name/ Cooperator	Project Award	Award Spent	Acres Targeted	Acres Completed
P1	Northern Larimer County Mountain Communities/	\$139,789	\$122,110	626	385.22
P2	Larimer County Road 68C Fuels Reduction/ P2 Sub-Cooperators: Magic Sky, Red Feather Lakes, Shambhala, Hermit, Redstone	\$105,454	\$40,095	472	94.5



Reimbursements to Date

Cooperator Name	Date	Sub- Project	Amount	Acres Treated
Red Feather Lakes	8/13/2013	P2	\$6,277.50	9.5
Glacier View FPD	8/15/2013	P1	\$11,831.82	26.56
Girl Scouts of Colorado	8/16/2013	P1	\$6,000	18
Cherokee Meadows Road	9/30/2013	P1	\$10,456.66	27
Glacier View FPD	10/24/2013	P1	\$17,849.40	32.56
Crystal Lakes Assoc.	12/16/2013	P1	\$3,000	5
Red Feather Lakes	1/6/2014	P2	\$7,110	12
Cherokee Meadows	5/14/2014	P1	\$12,043.34	83
Red Feather Lakes FPD	5/14/2014	P2	\$3,380	5
Longs Peak Council BSA	5/20/2014	P1	\$40,724.04	157
Glacier View FPD	6/10/2014	P1	\$10,466.80	19.1
Crystal Lakes Assoc.	8/12/2014	P1	\$2,304.17	5
Crystal Lakes Assoc.	9/24/2014	P1	\$4,695.83	8
Red Feather Lakes	9/25/2014	P2	\$2,970	3
Glacier View FPD	11/25/2014	P1	\$2,192	4
Red Feather Lakes FPD	3/17/2015	P2	\$787.50	2
Red Feather Lakes FPD	6/16/2015	P2	\$7,467.50	15
Shambhala Mountain Center	2/15/2016	P2	\$8,064.90	27
Girl Scouts of Colorado	2/16/2016	P1	\$546.16	0
Shambhala Mountain Center	3/16/2016	P2	\$4,038.05	21

Total Fort Collins Project Dollars 5366950 Balance	Total Reimbursements	Total Acres Treated
\$245,243	\$50,034.33	\$162,205.67
		479.72

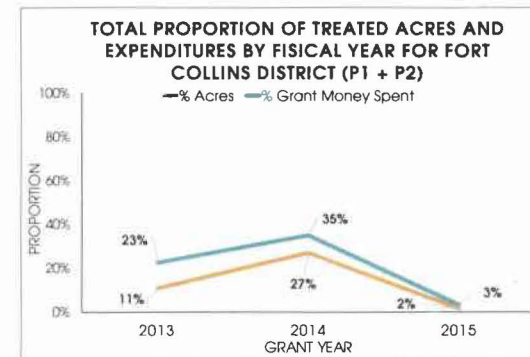
Encumbrance Amount \$33,000

1.) Larimer County NR \$25,000 on 1/21/16

2.) Redstone Canyon Association \$8,000 on 1/21/16

Additional Accomplishments:

42 Defensible Spaces, 4 Fuel Breaks, 2 Evacuation Routes, 18 Acres of Pruning, 12 Slash Piles Burned



**Financial Assistance Program
Cooperative Match Project**

To be conducted by:

Red Feather Lakes

Project Number:	5366950-7
Estimated Project Cost:	\$91,126
Funding provided by CSFS:	\$45,563
Minimum Recipient Match:	\$45,563
Project to be completed by:	September 1, 2014

Based on the strength of the application submitted by Red Feather Lakes, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$45,563 to accomplish the project described in the attached scope of work.

As the cooperator, Red Feather Lakes, will be reimbursed for actual (hard dollars spent) costs incurred in implementing the project up to the amount listed above once the following requirements are met:

- A. Complete work as described in "Attachment A" (scope of work).
- B. Provide documentation that project funds have been matched at a minimum ratio of 1:1.
- C. Complete and submit through the local CSFS District Office periodic Grant Report(s)/Reimbursement Request(s) using the form provided in "Attachment B", as needed, and a Final Report that provides details on expenditures and accomplishments as a result of this project. Submission to:

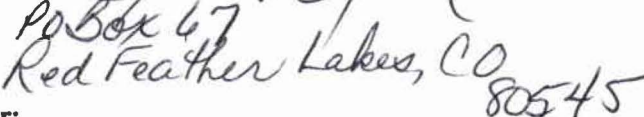
Colorado State Forest Service
5060 Campus Delivery, Bldg. 1052
Fort Collins, CO 80523-5060
Attn: Diana Selby

- D. Certify that neither the cooperator nor any principals represented herein are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

This funding will remain available until September 1, 2014. It may be extended at any time at the discretion of CSFS.

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

Cooperator Signature:  **Date:**

Mailing Address: 

Telephone Number:

Email Address:

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5366950-7

Cooperator: Red Feather Lakes

Work to be completed:

As described in the "Scope of Work" from the 2012 State Fire Assistance Grant Application.

1. Type of Treatment – Thinning, defensible space, fuels mitigation

Milestone dates: Completion by September 1, 2014

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

Project Period: November 2012 – September 1, 2014

Funded Amount: \$91,126

Minimum cooperator match: \$45,563

Deliverables: treatment of 68.5 acres

Project Types:

All work completed under this project must be certified as meeting minimum Colorado State Forest Service standards prior to any reimbursement being made to the cooperator. Attachment B to the project entitled "Attachment B, Grant Report/ Reimbursement Request, WSFM Competitive Grants" will be the document used to both request reimbursement and to certify that work has been completed to minimum standards.

Initials:



Colorado State Forest Service
State Fire Assistance Grant
Application

FOR OFFICIAL USE ONLY	
District Submitting Project:	Fort Collins
District Priority Number:	
Dollar Amount Requested:	45,563
Matching Share:	45,563

*For guidance on filling in each box in this application, refer to the *Criteria and Instructions*

1	Applicant Information	
	Applicant:	Red Feather Lakes
	Contact Person:	Cris Meeks
	Address:	PO Box 361
	City/Zip Code:	Red Feather Lakes, CO 80545
	Phone (Work/Cell):	970-881-2672
	Email:	cmeeks@centurytel.net
	Fax:	N/A
Federal Tax ID/DUNS #:		

2	Community At Risk Information		
	Name of Project:	Red Feather Lakes CWPP Implementation	
	Community Name:	Red Feather Lakes	
	County(ies):	Larimer	
	Congressional District:	4	
Latitude:	40.8025	Longitude:	105.591667

3	Grant Contributors (Matching Share)							
	(Applications will be disqualified if insufficient match is identified; federal dollars DO NOT qualify- see criteria & instructions for exception) Specify each match contributor and the dollar amount of each contribution. DO NOT show grant requested funds in this table. This is for matching share only.							
	Contributors Name:	Red Feather						TOTAL
	Dollars (Hard Match):	18,750						18,750
	In-Kind (Soft Match):	26,813						26,813
TOTAL:		45,563						45,563

Total Project Expense (break down matching share totals from block #3)				
Budget Detail (Provide additional information in Block 7)	Grant Share (\$ Amount Requested)	Match (from block #3)		TOTAL
		Dollars	In-Kind	
Personnel / Labor:			26,813	26,813
Fringe Benefits:				
Travel:				
Equipment:				
Supplies:	100	100		200
Contractual:	45,463	18,650		64,113
Construction:				
Other:				
Indirect Costs:				
TOTAL:	45,563	18,750		91,126

Budget Narrative

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There are three types of projects that align to the overall objectives to reduce hazardous fuels and improve education:

- 1) Reduce Hazardous Fuels via CWPP priority projects (led by HOAs, fire departments or managing entities). This includes thinning, shaded fuels breaks and evacuation route fuel breaks. Each community has identified costs for their own projects including use of professional contractors, volunteer labor, and hard match. (\$26,813 in-kind, \$45,463 Contractual, \$18,650 Contractual hard match).
- 2) Reduce Hazardous fuels via Defensible Space/Fuels Reduction projects implemented by private property owners in our communities. The Defensible Space/Fuels Reduction program will allow for property owners of improved and unimproved lots to participate in a 50/50 match for their use to reduce hazardous fuels based on an established selection process, measurable success rate, and inspection process. Offered in two Phases during 2012/2013 season. Costs include professional contractors and property owner's volunteer labor. The new non-profit "CL-FIRES" will administer the grant funds for Red Feather Lakes.
- 3) A Collaborative education program for defensible space and fuels reduction for private property owners in our communities. Education program costs include buying training materials from CSFS, advertising the program locally, hosting the training sessions with property owners. Our communities will share the cost of this training wherever possible. ("Supplies" \$100, \$100 match).

Project Area Description

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Crystal Lakes, Magic Sky Ranch, and Red Feather Lakes are communities at risk within the northern Larimer county WUI. The elevation varies between 7000 and 9000 feet. The topography includes valleys, slopes, rocky cliffs and mountains. The vegetation in the rangeland, woodland, and forest areas include dense to very dense populations of ponderosa and lodge pole pine, Douglas fir, juniper and non-resinous shrubs. The area is rated "high" to "very high" fire hazard by USFS. The area is working to mitigate severe infestations of dwarf mistletoe and mountain pine beetle and reduce wildfire risk to surrounding communities plus maintain and improve wildlife habitat. In the Statewide Forest Resource Assessment, our area is considered very high priority for "Enhance Public Benefits" and the "Aggregate" maps. Our projects reduce wildfire risks in the WUI and address the potential for post-fire erosion in the watersheds, declining forest resiliency, and potentially air quality threats if a wildfire did occur in the area.

Red Feather Lakes area is 6905 acres, 1627 lots with 812 developed. The community has community buildings, offices, restaurants, and maintained infrastructure.

Scope of Work

7

1. RFL CWPP Shaded fuel break. Northern tier of RFL Fire protection district, Township 10 N, R 73 W., Sec. 20. 1500 linear feet, 310 feet wide. Work will provide a secondary evacuation route from northwest edge of Nokomis Lake westward to CR 73C. Lop and scatter is \$850/acre, treat 10 acres. Total cost \$8500, grant requested \$4250, soft match (volunteers) \$4250.
2. RFL Fuel break bordering evacuation route. This is property flanking County Road 67 J (Prairie Divide) from northern edge of Red Feather Lakes north to Fox Acres entrance. 310 feet wide by 1200 linear feet. Projected per acre cost with lop and scatter is \$850. 8.5 acres to be treated. Total cost \$7225, grant requested \$3613, soft match (volunteer labor) \$3613.
3. Defensible Space/Fuels Reduction projects conducted by private property owners in RFL. Treat 50 acres in RFL. We will train owners on proper disposal of slash, including the new air curtain burner in RFL. Estimating \$1500/acre for defensible space and \$1000/acre for unimproved lots fuel reduction adjacent to CWPP projects.
4. Collaborative Defensible Space/Fuels Reduction Education Program. Funds will be spent on educational materials from CSFS, advertising of training in local newspapers and 4 training sessions. Target to reach 130 RFL property owners.

8	Project Summary (check all that apply and answer related questions)			
	Project Category 1: Hazard Fuels Reduction / Fire Adapted Ecosystem Restoration			
	Number of acres to be treated:	68.5	Estimated cost per acre:	1,330
	Number of communities directly affected by this project:		1	
	Project Category 2: Information & Education X			
	Number of citizens to be reached:	130		
	Project Category 3: Planning X			
	Number of residences affected:	700		

9	Interagency Collaboration			
	<p>COLORADO STATE FOREST SERVICE - Assist in evaluation and management of Forest Stewardship plan, CWPP. Assist with training materials and delivery of programs for private property owners for Defensible Space/Fuels Reduction program. Property evaluations prior to work (optionally) and after work is done.</p> <p>LARIMER EMERGENCY SERVICES - Assist with Defensible Space/Fuels Reduction program and property evaluations.</p> <p>LARIMER COUNTY COORDINATING GROUP - Advice and consult on CWPP project priorities.</p> <p>GIRL SCOUTS OF COLORADO – Adjacent complementary work</p> <p>RFL/ CRYSTAL LAKES - manage the implementation of CWPP projects. Collaborate on education materials and training plan for Defensible Space/Fuels Reduction program. Set up training sessions, purchase materials and advertising. Coordinate property owner applications and selection, property evaluations and final evaluations with CSFS.</p> <p>"CL-FIRES" non-profit - manage flow of grant funds from CSFS to CL-FIRES to RFL and CL property owners.</p> <p>FRONT RANGE ROUNDTABLE - fire risk and forest health consulting, GIS data.</p>			
	Community Wildfire Protection Plan (CWPP)			
	Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one)			
	X	yes	no	in development
	Is this project part of the plan? (check one)			
	X	yes	no	
	Where would we obtain a copy of this plan? CSFS CWPP website			
	Is this project identified in your Statewide Forest Resource Assessment and Strategy?			
	X	yes	no	

10	Project Timeline	
	<p>CWPP projects will be implemented between grant start date (estimated May/June 2012) and end date of September 2013.</p> <p>Defensible Space/Fuels Reduction private property owner grant matching program will be implemented in two phases: First phase started in June 2012: 20 owners from RFL Second phase starting in Spring 2013: 30 owners from RFL</p> <p>The property owner education programs will follow these phases as well. Planning for these training sessions will begin in 4th Qtr of 2011, with goal to start as soon as notification that grant has been awarded (est. May/June 2012). Applications for Phase 1 will be accepted immediately after the first training with plans for Phase 1 reimbursements to be administered in Fall of 2012. Phase 2 will begin May/June 2013 with training, and application submittals with plans for Phase 2 reimbursements in August 2013.</p>	

Maintenance / Sustainability

11

For CWPP Projects:

Given typical conifer growth patterns, the two fuel breaks proposed in the Red Feather Lakes district will need to be assessed at four to five year intervals and maintained as needed by volunteers recruited by the Red Feather Lakes Volunteer Fire District.

For DEFENSIBLE SPACE/FUELS REDUCTION PROPERTY OWNER GRANT PROGRAM:

The sustainability of property owner accomplishments under Defensible Space/Fuels Reduction will be supported in two ways: First, the primary focus of the required education program (based on two hour presentation entitled "15 Months, 15 Days, 15 Hours, 15 Minutes"), is to reinforce the idea that their natural self-interest in protecting lives and property is best realized by performing a yearly cycle of specific steps to maintain Zones One and Two, update insurance coverage and evacuation plans, etc. Second, homeowners seeking grant reimbursement for their efforts will agree as part of their contract to continue Defensible Space practices following the grant period. We will rely on CSFS assistance to help educate property owners and inspect their work when complete.

Red Feather Lakes will measure and report results, determine best practices, identify what works and what did not, and define project plans and goals going forward.

Landscape Scale

12

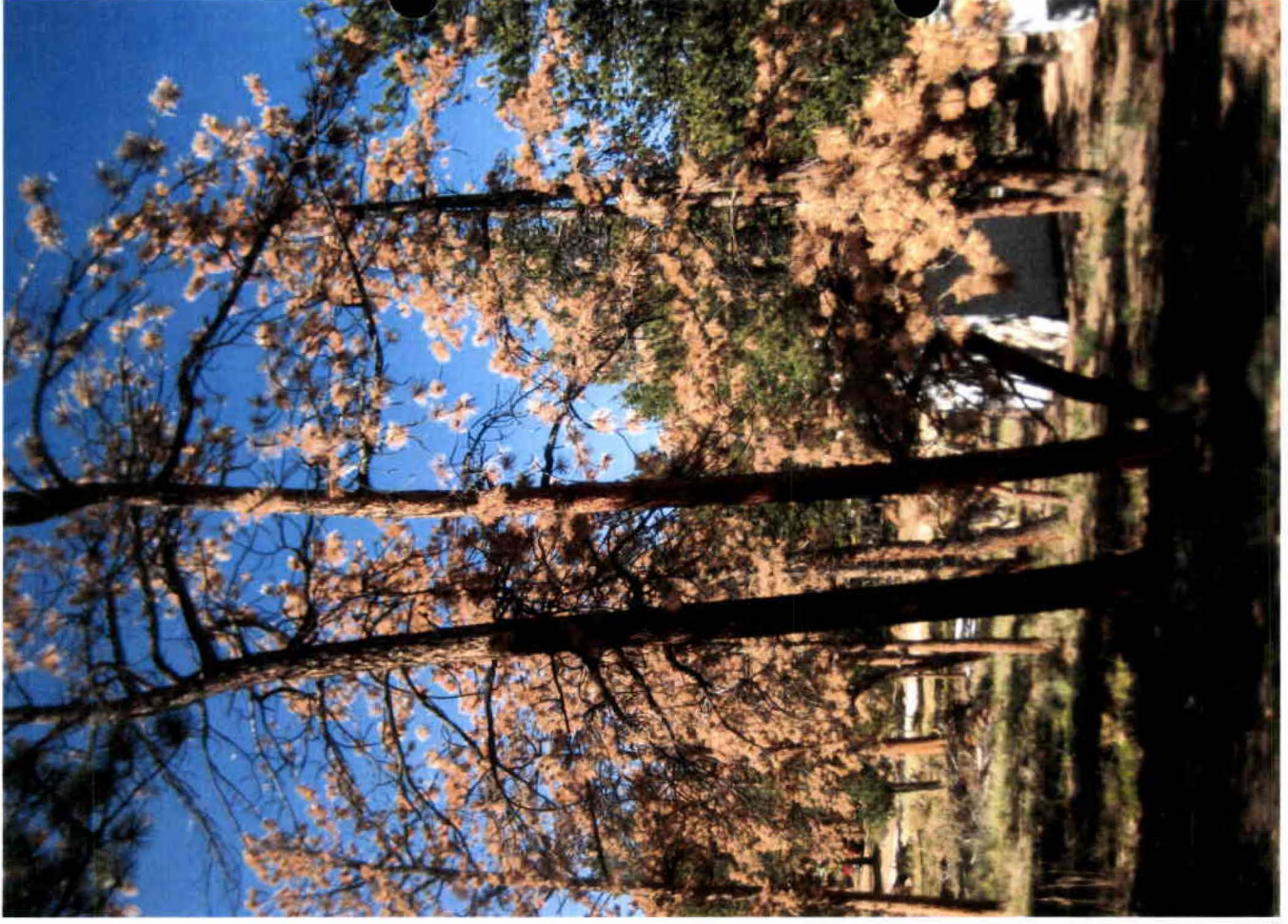
This grant application includes multiple neighboring communities in the Red Feather Lakes area, totaling over 12,355 acres. Each community borders other private property and National Forest. The work scoped in this application complements fuels reduction efforts of neighboring private property owners and ties into National Forest fuels reduction projects, such as the Fuels Reduction Project planned to commence in the next year near Magic Sky Ranch, previously completed work near Crystal Lakes, and Poudre Valley Rural Electric Association work targeting fuels reduction along their power lines in Red Feather Lakes.

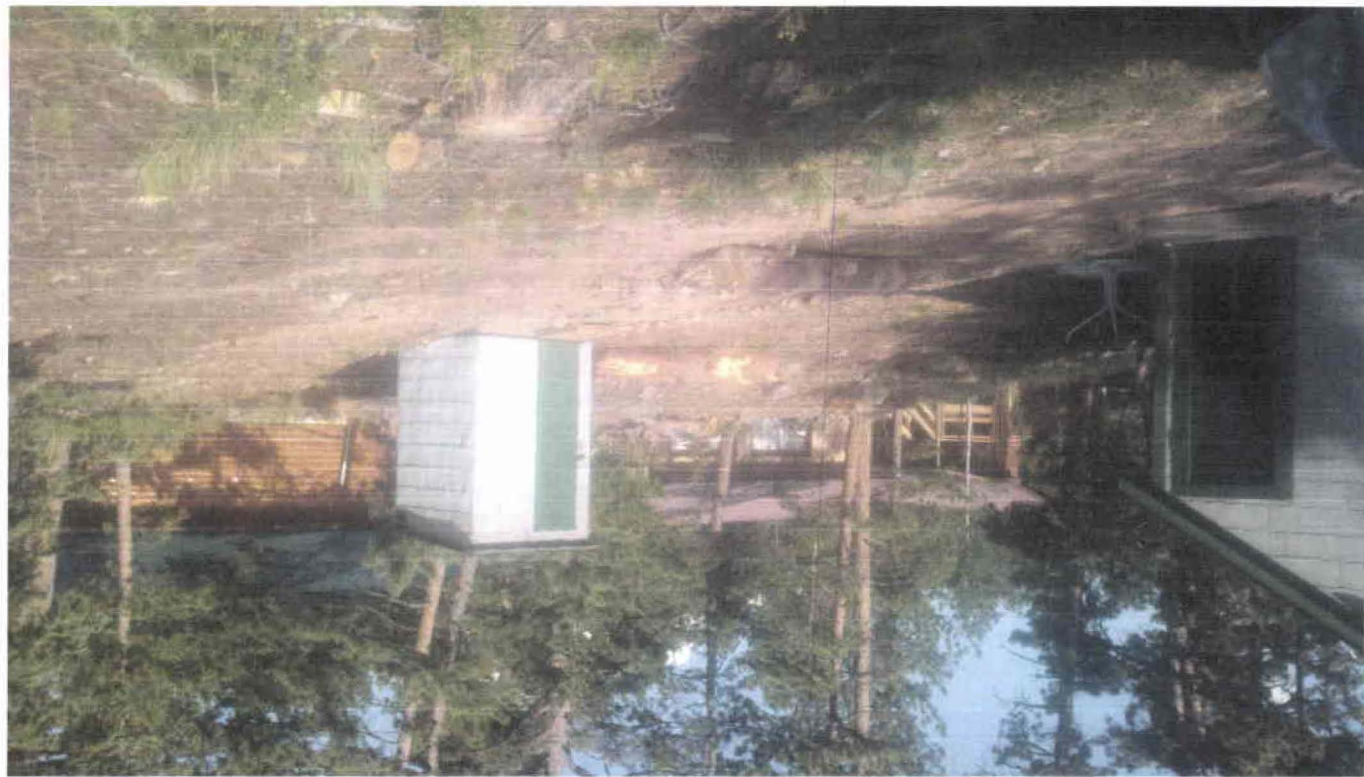
The work in Red Feather Lakes ties in with our ongoing CWPP work to prioritize and implement projects for safety of our people, homes and infrastructure.

The proposed Defensible Space/Fuels Reduction homeowner training will have as its foundation the FIREWISE and Defensible Space education package now nearing completion by the agents of the Larimer, Boulder and Gilpin County Extension Services in collaboration with the Colorado State Forest Service. (Working title: "15 Months, 15 Days, 15 Hours, 15 Minutes."). Our training therefore, will advance the WUI community protection goals these agencies endorse, and will do so among residents living beyond as well as within the grantee communities, since training publicity will be regional and attendance will be open to all.

ALL INFORMATION MUST FIT INTO THE BOXES PROVIDED. ATTACHMENTS AND/OR MODIFICATIONS WILL NOT BE CONSIDERED BY THE COMMITTEE.

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