

# Colorado State Forest Service

## Emergency Supplemental

### 2010 Grant Application

#### DISTRICT'S: Please Complete

District Submitting Project:	<b>Boulder</b>
Forester Submitting Project:	<b>Bryan Baer</b>
District Priority Number:	
Date Submitted:	<b>7/5/2011</b>
<b>FOR REVIEWER'S USE ONLY:</b>	
Rating:	

Applicant Information	
<b>Applicant:</b>	John Hoffmann
<b>Contact Person:</b>	John Hoffmann
<b>Address:</b>	PO Box 1751
<b>City/Zip Code:</b>	Boulder, CO 80302
<b>Phone (Work/Cell):</b>	303-443-4771
<b>Email:</b>	john@hoffmannassociates.com
<b>Fax:</b>	

Community At Risk Information			
<b>Name of Project:</b>	Hoffmann2		
<b>Community Name(s):</b>	Sunshine Canyon		
<b>County:</b>	Boulder	<b>Congressional District:</b>	2 <sup>nd</sup>
<b>Latitude (decimal degrees):</b>	40.048 N	<b>Longitude (decimal degrees):</b>	105.351 W
Threat Description (check all that apply)			
<b>Homes:</b>	<input checked="" type="checkbox"/> X	Number of:	1
<b>Businesses:</b>	<input type="checkbox"/>	Number of:	
<b>Watersheds:</b>	<input type="checkbox"/>	Number of:	
<b>Other (Describe):</b>			

Requested Grant Amount / Project Description	
All information for the project must fit into the space provided below. The review committee will not consider attachments.	
<b>Dollar Amount Requested May Not Exceed \$470 x Number of Acres Proposed For Treatment</b>	
<b>Dollar Amount Requested</b>	\$9,400.00
<b>Will this Project be conducted as a Pass-Through Grant?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)</b>	
<p>The property has had recent fire activity through the Four Mile Canyon Fire. Burn intensity ranges from moderate in some areas to severe in others. Vegetation consists of predominately ponderosa pine and douglas fir in the overstory, and rocky mountain juniper and random native grasses throughout the understory. Slopes throughout the project area range from mild to steep.</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)**

Project funding will be used to conduct hazardous fuels reduction throughout the intended project area. In areas of moderate burn intensity, trees will be thinned from below to increase the residual crown spacing. Bole-wood material will be cut into manageable lengths and stacked for firewood consumption at a later time. Slash will be chipped, with no new depth to exceed 4 inches. In areas of severe burn intensity, trees will be thinned heavily, leaving many wildlife habitat trees (7-10/acre). Bole-wood will either be contour felled and used for erosion control purposes, or cut into manageable lengths and stacked for firewood consumption at a later time. Slash will be chipped where it can be reasonably reached or lopped and scattered (no new depth to exceed 18 inches) elsewhere. All remaining trees throughout the project area will be limbed, and all stumps cut as low as possible. All completed work will reflect CSFS standards of approvable forest management.

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

Landowner will continually monitor property for any new undesirable re-growth of trees, and remove upon detection. Landowner will also monitor maturing, growing vegetation, and continually remove limbs and other ladder fuels as they become present.

**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 funding is in place, and will continue through completion, which is targeted for Summer 2012

### 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.).**

None

### 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	<b>Project Category</b> (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:	20.0	Estimated cost per acre:	\$2,000.00
	<b>Project Type</b> (check all that apply)			
	Defensible Space	<input checked="" type="checkbox"/>	Thinning w/o Product	<input type="checkbox"/>
	Fuelbreak	<input checked="" type="checkbox"/>	Mastication	<input type="checkbox"/>
Thinning w/ Product	<input type="checkbox"/>	Other	<input type="checkbox"/>	

7	<b>Total Project Expense (Pass Through)</b>		
	<i>Please fill all fields</i>	<b>Grant Share</b> (\$ Amount Requested)	<b>TOTAL</b>
	<b>Contractual Services:</b>		<b>\$ 9,400.00</b>
	<b>TOTAL:</b>	<b>\$9,400.00</b>	<b>\$ 9,400.00</b>

Grant funding may only be used for Contractual Service.

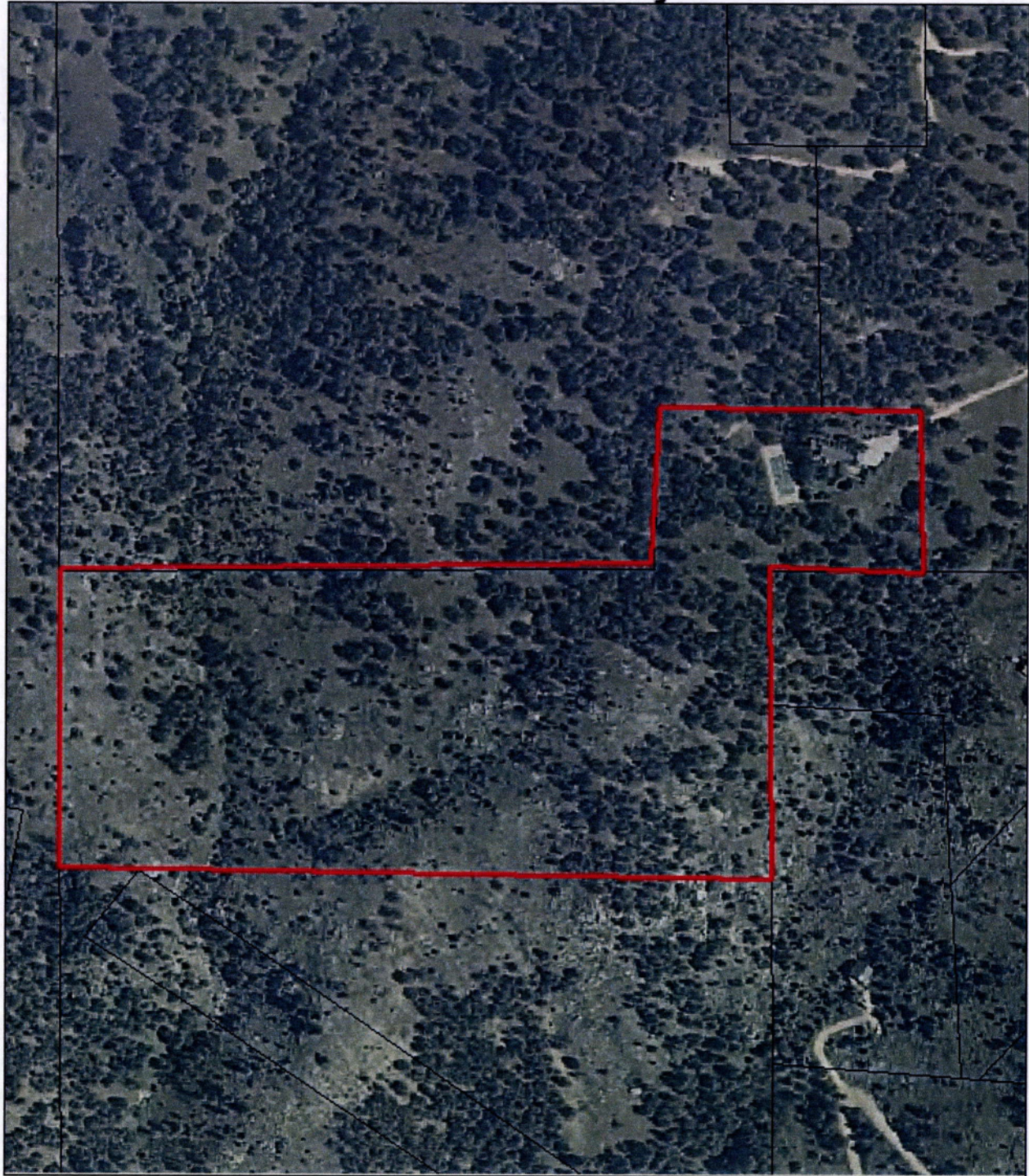
8	<b>Total Project Expense (Non-Pass Through)</b>		
	<i>Please fill all fields</i>	<b>Grant Share</b> (\$ Amount Requested)	<b>TOTAL</b>
	<b>Contractual Services:</b>		<b>\$ 0</b>
	<b>Indirect Costs:</b>		<b>\$ 0</b>
	<b>TOTAL:</b>	<b>\$0</b>	<b>\$ 0</b>

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

*Attach Project Map Showing Specific Treatment Areas*



# Hoffmann2 Project



0 187.5 375 750 1,125 1,500 Feet

**Hoffmann2 Proposal: 20 acres**



Hoffmann2



BOCO\_PARCELS1209



Created By: Bryan Baer  
CSFS - Boulder Dist.  
May, 2011







EMERGENCY SUPPLEMENTAL FUNDS  
LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION

Form A-ES

PROJECT NUMBER: 5308400-BO-48  
(For Official Use Only)

NAME: JOHN HOFFMANN

MAILING ADDRESS: P.O. BOX 1251

City: BOULDER State: CO.

Zip code: 80306

TELEPHONE NO: 303-443-4771

PROJECT ADDRESS/LEGAL DESCRIPTION: 4795 SUNSHINE CANYON DRIVE  
BOULDER, CO.

PRACTICES TO BE COMPLETED BY: Summer 2012  
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: [Signature]

DATE: 7/1/11

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: [Signature]

DATE: 8/31/2012

(Additional USFWS guidelines addressed)

PROGRAM:

ESF: X

Funding Allocated: [Signature]

CSFS District Forester

AMOUNT: \$9,400.00 DATE: 7/5/11

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	
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/>

09-14-12

(K)

Name: JOHN HOFFMANNAddress: PO Box 1751BOULDER, CO 80306Approved for Payment  
C.S.F.S.

2056792

09-17-12

(K)

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-BO-48 ~Approved Funding: \$ 9,400.00 ~Total Project: \$ 20,500.00CSFS Account Number: 5308400-6693Amount of Payment: \$ 9,400.00 ~

'09 SUP HAZ FUELS Fr BO

Circle one: 1<sup>st</sup> Payment 2<sup>nd</sup> Payment 3<sup>rd</sup> Payment Final Payment ~

Approved by

(Program manager signature)

Date:

9/11/12



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

Project No. 5308400-20-48

(For Official Use Only-

No. from original application)

Applicant name (please print): JOHN HOFFMANN

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)	\$20,500.00		A Labor Cost= \$20,500.00
Operating Exp <sup>3</sup> (Actual)			B Oper. Exp.=
Project Cost			C Total Project (A+B) =
			Amount Originally Approved = \$9,400.00
			Amount to be Reimbursed not to exceed \$470 Per Acre \$9,400.00

<sup>1</sup> Any contracted services where payment was made for services.<sup>2</sup> Use up to \$ 20.25/hour for Landowner time. This is the maximum allowable.<sup>3</sup> Equipment rental, supplies, etc. needed to complete project. (Tools and Equipment purchases are not reimbursable.)<sup>4</sup> Reimbursement amount cannot exceed amount approved. Requests for partial payments will be considered on a case by case basis.<sup>5</sup> 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: John HoffmannDate: 8/30/12

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

Mailing Address: P.O. Box 1751City: BOULDERCounty: BOULDER State: CO. Zip: 80306Phone: 303-443-4771Practice certified by: BRYAN BAER (BB)  
CSFS foresterPayment Approval: [Signature]  
CSFS program managerAmount: \$9,400.00 Date: 9/11/12

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



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

Project No. 5308400-B0-48

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): \_\_\_\_\_

20.0 Acres  
HAZ FUELS RED

**WUI D-space Accomplishment:**

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

Acres thinned = 20 Acres pruned = \_\_\_\_\_

**I & D Prevention and Suppression Accomplishment:**

No. of infested trees treated: \_\_\_\_\_

Acres inspected and treated: \_\_\_\_\_

Acres thinned: 20

**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 = \_\_\_\_\_

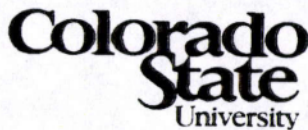
#8 Acres treated = \_\_\_\_\_

#4 Acres planted/ renovated = \_\_\_\_\_

Colorado  
State  
FOREST  
SERVICE

01/19/10





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Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

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(Program manager signature)

Date: \_\_\_\_\_



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

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- |                                     |                          |                                  |
|-------------------------------------|--------------------------|----------------------------------|
| #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 = _____ |                          |                                  |



## Healthy Forest Mitigation Services

311 Warwick Street  
Frederick, Colorado 80530  
303-833-0329 or 303-903-9023  
Wildfire2283@msn.com



### Invoice

**Date:** May 11, 2012

**Invoice Number:** 1157

**Contracted By:** John Hoffman

**Property Address:** 4795 Sunshine Canyon  
Boulder, CO

#### Work Completed:

- Mitigation of 20 acres
- Chipping of 1 acre of slash
- Pile slash for burning by landowner on remaining acres
- Waterbars will be put in place in areas of potential erosion.
- Retention of habitat trees

**TOTAL:**

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**\$20,500.00**

Thank You