



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 (VFA/RFA)	
Colorado Forest Restoration Grant	
Insect and Disease Prevention and Suppression Program	
State Fire Assistance (SFA)	✓
Front Range Fuels Treatment Partnership (FRFTP)	
Stevens Fuels Treatment Funds (CAFA)	
Emergency Supplemental Funds (ESF)	

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

08-04-15  
(Ka)

Name: Buckskin Heights Road Association ✓

Address: P.O. Box 352  
Masonville, CO 80541 ✓

Approved for Payment  
C.S.F.S.  
6633992  
08-06-15  
(Ka)

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

Grant Number: 5379590-1-1-FC Non-Federal Match: \$2873.95 ~

Approved Funding: \$16,000 ~ Total Project: \$5,348.95 ~

SPLIT FUNDED: 5346020-6693 = \$825 - ✓

CSFS Account Number: 5379590-6693 ✓ Amount of Payment: \$2,475 ~

'13CPG SFA CG3 NoCo WUI FUELBREAK PROGRAM ✓

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

Program Manager Signature [Signature] ✓

Date: 7/29/15

Program Manager Name Gott m. woods ✓

**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>5379590-1-1-FC</u>	2. Total Award Amount: <u>\$10,000</u>
3. Project Name:	4. Reimbursement Amount to Date: <u>\$4,400</u>
5. Make Payment To: <u>BUCKSKIN HEIGHTS ROAD ASSOC.</u> Name: <u>P.O. BOX 352</u> Attn: Address: <u>MASONVILLE, CO 80541</u>	6. Period of Performance (Project Period): From: <u>9/13</u> To: <u>9/15</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.

3.5 ACRES OF FUEL REDUCTION IN BUCKSKIN HEIGHTS

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>10,000</u>	<u>2475</u>	<u>2873.95</u>	<u>5348.95</u>	<u>2475</u>	<u>46.3</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 \$ 2475 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: Paul Hesson Date: 7/18/2015

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

District Forester Signature: [Signature] Date: 7/21/15

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

Program Manager Signature: [Signature] Date: 7/29/15  
SCOTT WOODS

EXHIBIT B  
CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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1. Project/Account #: <u>5379590-1-1</u>	2. Total Award Amount: <u>\$10,000</u>
3. Project Name:	4. Reimbursement Amount to Date: <u>\$4,400</u>
5. Make Payment To: <u>BUCKSKIN HEIGHTS ROAD ASSOC.</u> Name: Attn: <u>P.O. BOX 352</u> Address: <u>MASONVILLE, CO 80541</u>	6. Period of Performance (Project Period): From: <u>9/13</u> To: <u>9/15</u>

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(3.5)

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			B + C		E / D
<u>10,000</u>	<u>2475</u>	<u>2873.95</u>	<u>5348.95</u>	<u>2475</u>	<u>46.3</u>

\* Use results from Exhibit B1 Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B1 and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

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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: Buckskin Heights Road Association

Address: P.O. Box 352  
Massenville, CO 80541

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

Grant Number: 5379590-1-1                      Non-Federal Match: \$ 2873.95

Approved Funding: \$16,000                      Total Project: \$ 5,348.95

CSFS Account Number: 5379590-6693                      Amount of Payment: \$ 2,475

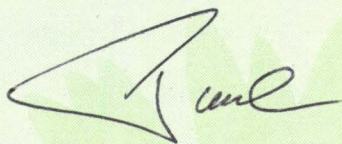
Circle one:    1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> Payment    Final Payment

Program Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

Program Manager Name \_\_\_\_\_

DIANA,

I HAVE MORE HOURS THAT WE  
WILL SUBMIT TOWARD THE  
2015/2016 GRANT. ALSO, PLEASE  
NOTE THAT \$ 500 WAS NOT  
PART OF THE REQUESTED  
REIMBURSEMENT AS THAT  
INVOICE WAS PAID BY THE  
GRANT FORM FROM THE  
NATIONAL WILDFIRE PREPAREDNESS  
DAY.

A handwritten signature in black ink, appearing to be 'J. [unclear]', written over a faint green floral watermark.

**Exhibit B 1**

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

**CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet\***

<b>A. Award amount obligated from funding source</b> (To earn the obligated award amount, the recipient must complete 100% of the deliverables agreed to in the Statement of Work)	<b>B. Recipient Contribution:</b> (AKA: cash; hard match; in-kind/soft match; actual costs)  <b>INCLUDES:</b> (contracted services with receipts) (recipients' own labor to be valued at current volunteer labor rate) (labor of recipient's employees-salaried employees-to be valued at actual amount and must be documented) (equipment rental with receipts) (use of recipient-owned equipment to valued at market rental rate) (cost of supplies with receipts: this includes items such as bar oil and two cycle fuel, but does not include repairs or other parts, such as chains, sparkplugs, etc.) (materials with receipts) (materials, if provided to valued at market price) (meeting room rental with receipts) (meeting room provided by recipient to be valued at market price) (printing with receipts) <i>Current volunteer labor rate is the current rate at the time of reimbursement request. Any recipient contributions can be used as match to an award. Reimbursement for these contributions can not exceed the obligated amount and must meet the cost share rate.</i>	<b>C. Non-recipient Contribution:</b> (AKA: donated; in-kind/soft match; volunteer)  <b>INCLUDES:</b> (volunteers' labor to be valued at current volunteer labor rate) (donated materials/supplies to be valued at market value) (donated use of equipment to be valued at rental rate) (meeting room provided to be valued at market price)  While non-recipient contributions can be used as match to an award, the recipient will not be reimbursed for these contributions.	<b>D. Total Contributions</b> (AKA: Total Project Value; Total Project Costs) (B + C)	<b>E. Reimbursement Amount</b> (will be equal to or less than A and must meet the matching requirement)	<b>F. Total Match Ratio</b> (Cost-share rate) (E / D)
\$0.00 10,000.00	\$0.00 2475.00	\$0.00 2873.95	5348.95 \$0.00	2475 \$0.00	46.3 #DIV/0!

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

**PAID**

Summit Forestry  
5201 Greenview Dr.  
Fort Collins CO 80525

# Invoice

Date	Invoice #
6/11/2015	1915

<b>Bill To</b>
Buckskin Heights c/o Paul Hesson

Item	Quantity	Description	Rate	Amount
Chipping		This is our final invoice for our round of early summer chipping for BHRA. We completed our community chipping the week of June 15th this year. Our initial estimate was for approximately \$2550 worth of chipping. We were off on my initial estimate of work by \$200	2,750.00	2,750.00
Chipping		This chipping was added after our initial drive through therefor was not included on our initial estimate. This property was on Otter Road and all the property was stacked off the road down in the ditch and back down the drive ways a bit. We spent 2 hours staggng and chipping this slash. I have broken it out on the bill because it was not included in our initial estimate.	225.00	225.00
Payment		This payment reflects the initial deposit you sent before starting work. This payment has already been received and put in the bank prior to starting work.	-850.00	-850.00
Payment		This payment reflects the previous invoice I sent along to the BHRA. I was asked to submit an individual bill for \$500 worth of chipping only. I sent this invoice along earlier. I have not yet received payment for this invoice. Invoice #1914	-500.00	-500.00
Payment			-1,625.00	-1,625.00
All work is complete!			<b>Total</b>	\$0.00

<b>Terms</b>	Due on receipt	Subject to 1.25% after 30 days
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Pam Robinson  
8315 Gray Squirrel Dr.  
Lot 17 2<sup>nd</sup> filing

This project was creating a defensible space around the residence. The area affected was approximately one acre of dense Juniper trees in steep terrain. The property owners have their own chipper and hours submitted include both cutting and chipping hours. Before and after pictures attached.

87.5 HOURS X ACRE

2 acres



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

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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
8/6/14	Pam	Thinning & limbing up.	8	
8/7/14	Pam	Thinning & limbing	8	
8/14/14	Pam	" "	7	
8/26/14	Pam	" "	9	
9/4/14	Pam	" "	9 1/2	
9/8/14	Pam & Conwell	Chipping	8/16	
9/9/14	Pam & Conwell	Chipping	7/14	
9/18/14	Pam	Thinning & limbing	9	
9/19/14	Pam	Thinning & limbing	7	

\*Use Exhibit B CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

87.5

Pamela K. Robinson      11/01/14  
 Grant Recipient Signature      Date  
 Revised 8/2012 Paul Eksson      6/5/15

\_\_\_\_\_  
 District Forester Signature      Date

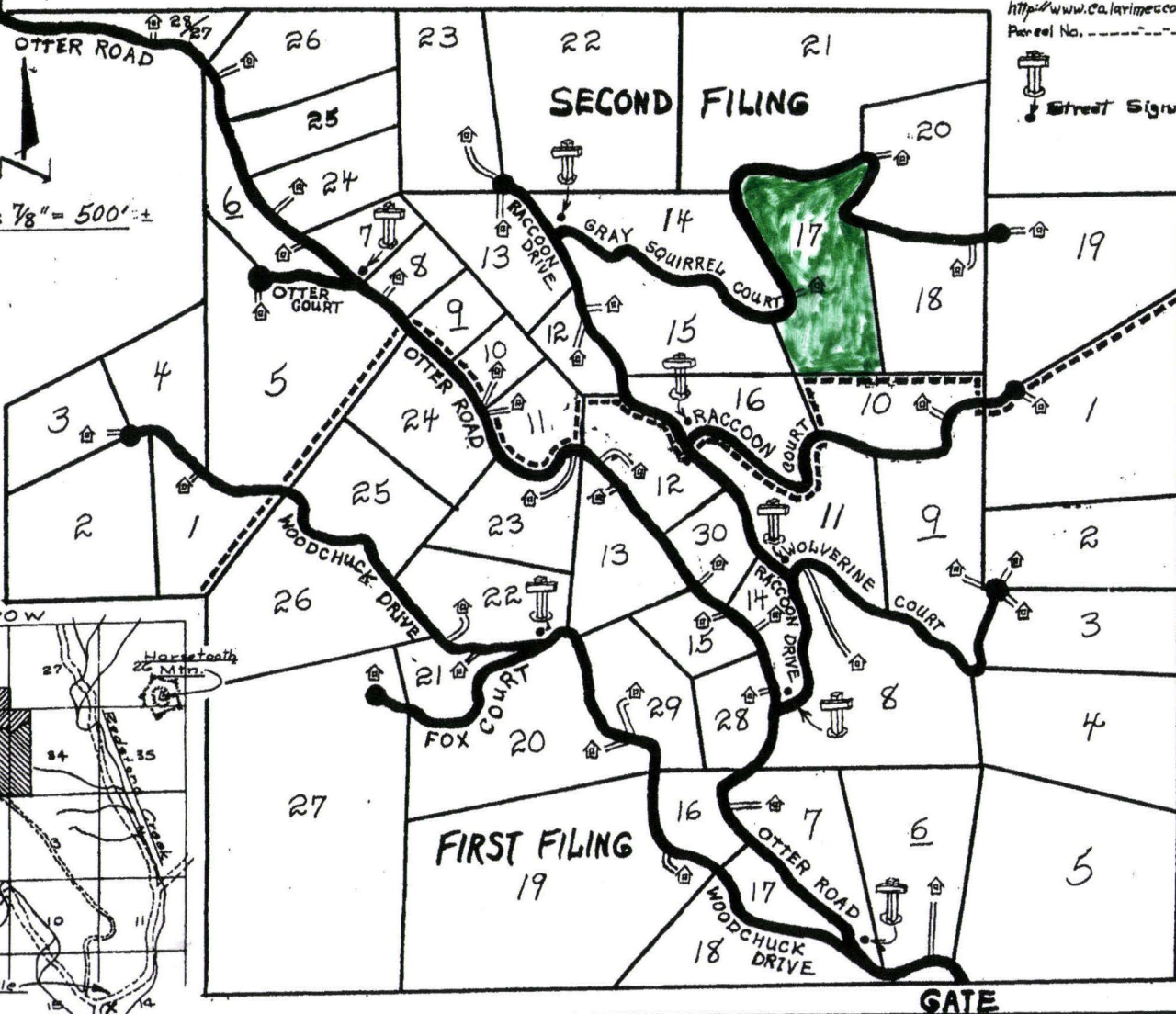
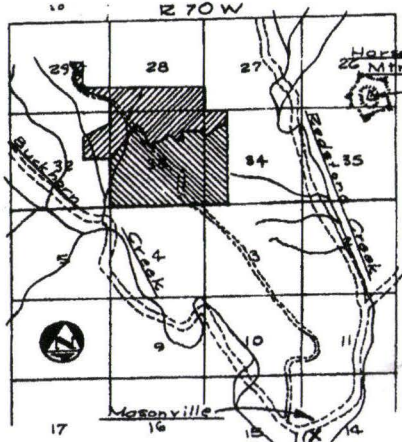
Anderson Ranch

PLAT OF  
BUCKSKIN HEIGHTS  
FIRST AND SECOND FILINGS  
LARIMER COUNTY, COLORADO

All Loveland CO. addresses with 80538 zip but most have a Masonville CO. P.O. Box No. with 80541 zip.  
Updated 2003

SCALE: 7/8" = 500' ±

VICINITY MAP  
SCALE: 1" = 1 Mile



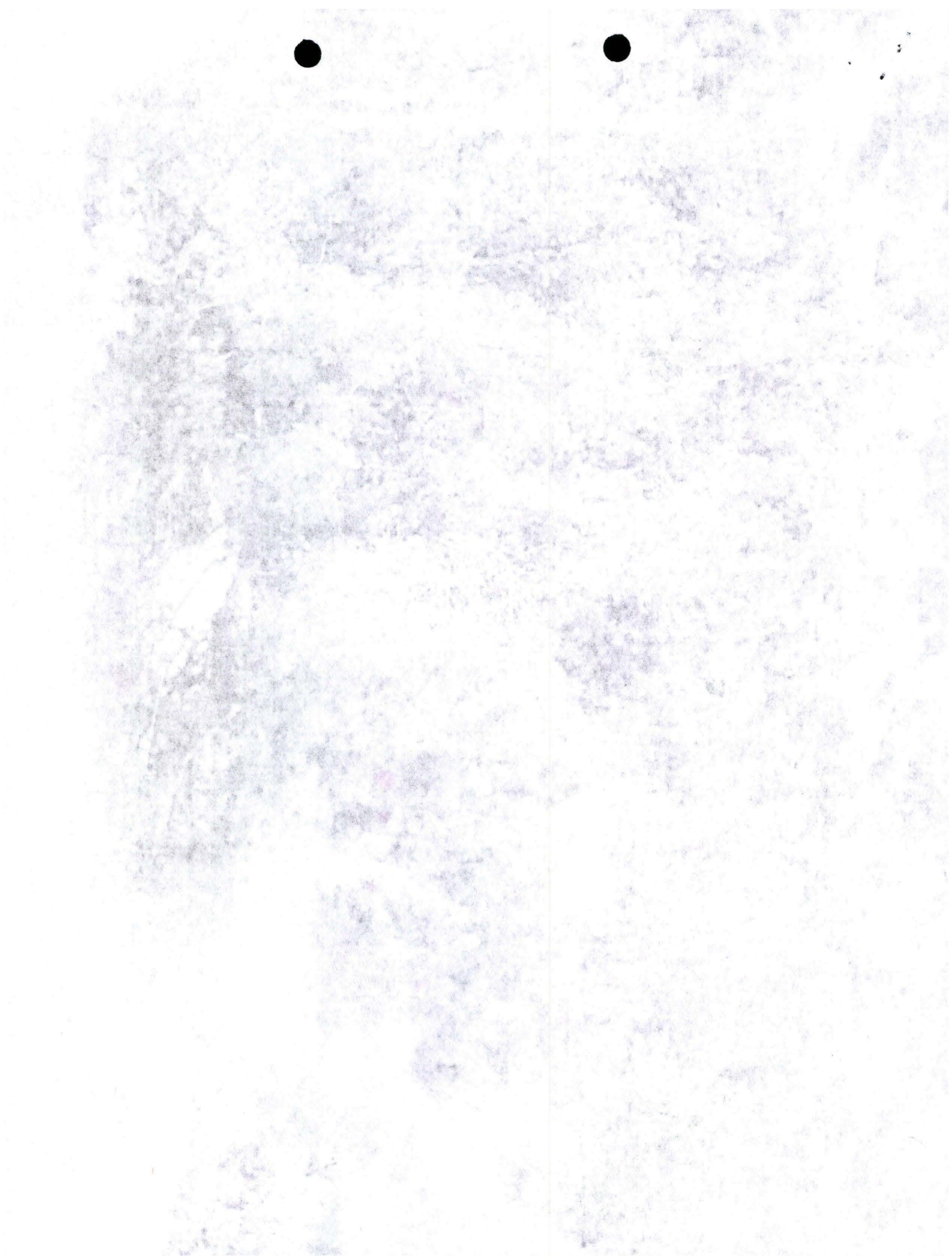
<http://www.larimerco.us>  
Parcel No. -----



FIRST FILING		SECOND FILING	
1	8001 Raccoon Ct.	1.	3881 Woodchuck Dr.
2.	8001 Wolverine Ct.	2.	3721 Woodchuck Dr.
3	8017 Wolverine Ct.	3.	3725 Woodchuck Dr.
4.	07343-06-004	4.	3724 Woodchuck Dr.
5.	4532 Otter Rd.	5.	57 Otter Court
6	4528 Otter Rd.	6.	3521 Otter Rd.
7	4524 Otter Rd.	7.	3616 Otter Rd.
8	8205 Wolverine Ct.	8.	3580 Otter Rd.
9	8120 Wolverine Ct.	9.	3712 Otter Rd.
10.	8220 Raccoon Ct.	10.	3728 Otter Rd.
11.	3900 Raccoon Ct.	11.	382 Otter Rd.
12.	3928 Otter Rd.	12.	3725 Raccoon Dr.
13	4017 Otter Rd.	13.	3621 Raccoon Dr.
14.	4120 Otter Rd.	14.	3504 Raccoon Dr.
15.	4121 Otter Rd.	15.	3724 Raccoon Dr.
16.	09334-05-016	16.	3820 Raccoon Dr.
17.	07334-05-017	17.	8613 Gray Squirrel Ct.
18.	4525 Woodchuck Dr.	18.	3129 Gray Squirrel Ct.
19.	4429 Woodchuck Dr.	19.	8001 Gray Squirrel Ct.
20.	4225 Woodchuck Dr.	20.	8220 Gray Squirrel Ct.
21.	4135 Woodchuck Dr.	21.	8613 Gray Squirrel Ct.
22.	4132 Woodchuck Dr.	22.	3500 Raccoon Dr.
23.	3821 Otter Rd.	23.	3501 Raccoon Dr.
24.	07332-05-024	24.	3520 Otter Rd.
25.	07332-06-025	25.	3408 Otter Rd.
26.	07335-05-026	26.	3332 Otter Rd.
27.	8829 Fox Ct.	27/28	3312 Otter Rd.
28.	4217 Otter Rd.		
29.	4220 Woodchuck Dr.	29.	3212 Otter Rd.
30.	4016 Otter Rd.	30.	3120 Otter Rd.



BEFORE  
JAH





AFTER  
PEH

Linda Bilsing  
8829 Fox Ct.  
Lot 27 2<sup>nd</sup> Filing

This project was roadside thinning encompassing ½ acre.

12 Hours 1/2 ACRE

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

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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
3/15/15	Linda Bilking	Thinning / stacking	2	
4/4/15	Linda Bilking	Thinning / stacking	2	
4/13/15	Linda Bilking	Thinning / stacking	1.5	
4/29/15	Linda Bilking	Thinning / stacking	1.5	
5/16/15	Linda Bilking	Thinning / stacking	1	
5/27/15	Linda Bilking	Thinning / stacking	1.5	
5/28/15	Bob Faris	Cutting / stacking	1.5	
5/28/15	Linda Bilking	Thinning / stacking	1	
		Total:	(12)	

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Linda Bilking  
Grant Recipient Signature

5/28/15  
Date

\_\_\_\_\_  
District Forester Signature

\_\_\_\_\_  
Date

Paul Hesson 6/5/15

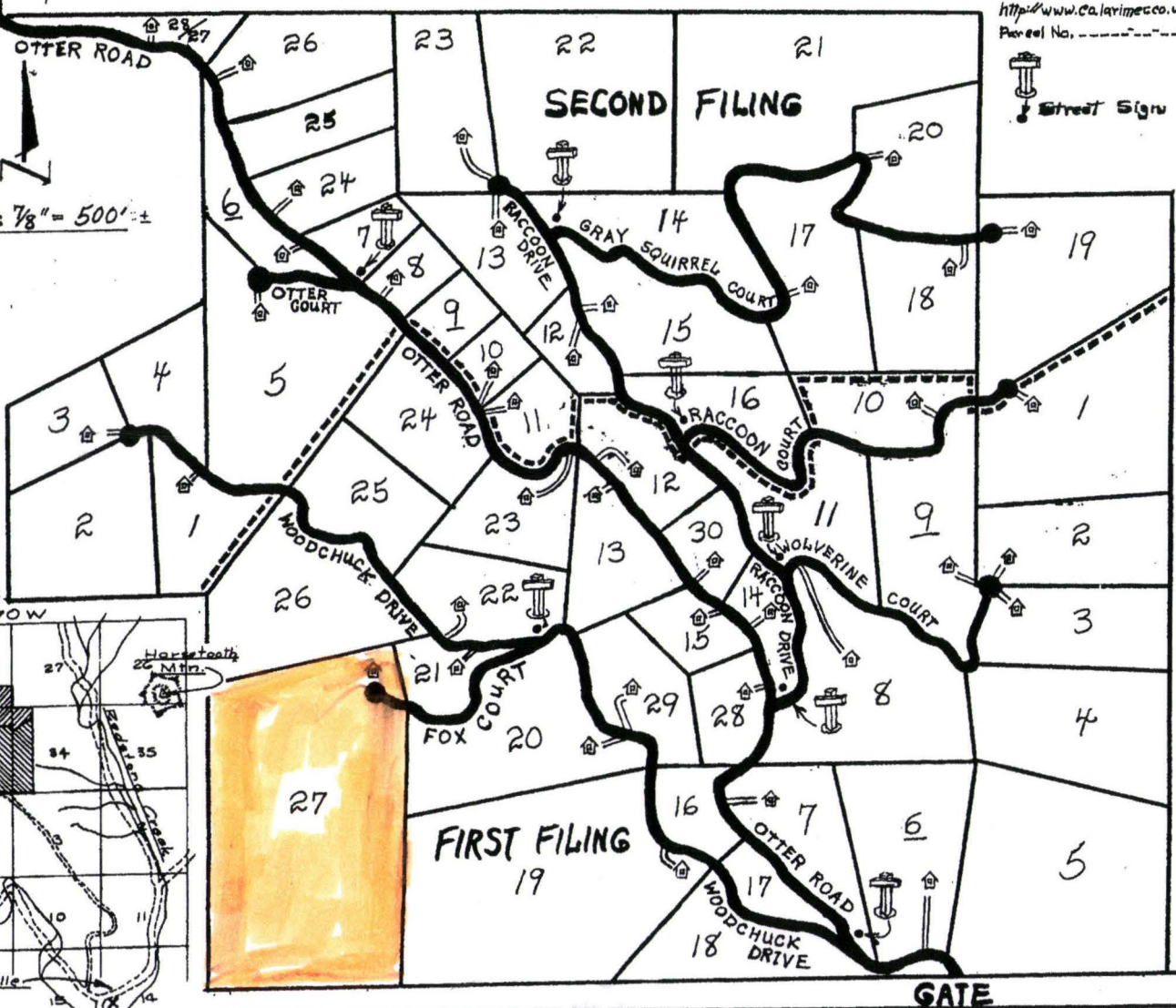
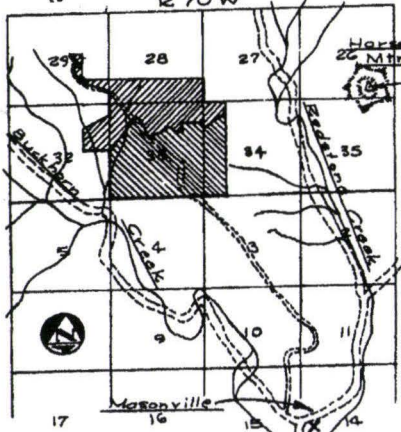
Anderson Ranch

PLAT OF  
BUCKSKIN HEIGHTS  
FIRST AND SECOND FILINGS  
LARIMER COUNTY, COLORADO

All Loveland CO. addresses with 80538 zip but most have a Masonville CO. P.O. Box No. with 80541 zip.  
 Updated 2003

SCALE: 7/8" = 500' ±

VICINITY MAP  
 SCALE: 1" = 1 Mile



<http://www.ca.larimereco.us>  
 Parcel No. -----  
 Street Sign

FIRST FILING		SECOND FILING	
1	8001 Raccoon Ct.	1	38E1 Woodchuck Dr.
2	8001 Wolverine Ct.	2	37E1 Woodchuck Dr.
3	8017 Wolverine Ct.	3	37E5 Woodchuck Dr.
4	07373-08-004	4	37E4 Woodchuck Dr.
5	4532 Otter Rd.	5	57 Otter Court
6	4528 Otter Rd.	6	35E1 Otter Rd.
7	4524 Otter Rd.	7	3616 Otter Rd.
8	8225 Wolverine Ct.	8	35E0 Otter Rd.
9	8120 Wolverine Ct.	9	371E Otter Rd.
10	8220 Raccoon Ct.	10	37E8 Otter Rd.
11	3900 Raccoon Ct.	11	38E0 Otter Rd.
12	3928 Otter Rd.	12	37E5 Raccoon Dr.
13	4017 Otter Rd.	13	36E1 Raccoon Dr.
14	4120 Otter Rd.	14	3504 Raccoon Dr.
15	4121 Otter Rd.	15	37E4 Raccoon Dr.
16	07334-05-016	16	38E0 Raccoon Dr.
17	07334-05-017	17	8613 Gray Squirrel Ct.
18	4525 Woodchuck Dr.	18	31E9 Gray Squirrel Ct.
19	4429 Woodchuck Dr.	19	8001 Gray Squirrel Ct.
20	4226 Woodchuck Dr.	20	82E0 Gray Squirrel Ct.
21	4135 Woodchuck Dr.	21	8613 Gray Squirrel Ct.
22	413E Woodchuck Dr.	22	3500 Raccoon Dr.
23	38E1 Otter Rd.	23	3501 Raccoon Dr.
24	07332-05-004	24	35E0 Otter Rd.
25	07332-06-083	25	3408 Otter Rd.
26	07333-05-026	26	333E Otter Rd.
27	8329 Fox Ct.	27/28	331E Otter Rd.
28	4217 Otter Rd.		
29	4220 Woodchuck Dr.	29	321E Otter Rd.
30	4016 Otter Rd.	30	31E0 Otter Rd.

Chuck Petty  
13312 Woodchuck Dr.  
Lot 22 2<sup>1st</sup>Filing

This project was roadside thinning encompassing  $\frac{1}{2}$  acre.

15 HOURS  $\frac{1}{2}$  ACRE

Chuck + Penny Pettee

Project/Account # \_\_\_\_\_

Form D

Page \_\_\_ of \_\_\_

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

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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
10/2/14	Chuck Pettee	cut trees, limb trees	1	
10/2/14	Penny Pettee	clear slash	1	
10/5/14	Chuck Pettee	cut trees, limb trees, clear slash	1/2	
10/5/14	Penny Pettee	clear slash	1/2	
2/13/15	Chuck Pettee	cut trees	1	
3/29/15	Chuck Pettee	limb trees	1	
4/29/15	Chuck Pettee	clear + stack slash	1/2	
5/5/15	Chuck Pettee	limb trees	1	
5/12/15	Chuck Pettee	clear + stack slash	1	

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Pam Peterson  
Grant Recipient Signature

6/5/15  
Date

\_\_\_\_\_  
District Forester Signature

\_\_\_\_\_  
Date

Chuck + Penny Pettee

Project/Account # \_\_\_\_\_

Form D

Page \_\_\_ of \_\_\_

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

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Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
5/14/2015	Chuck Pettee	cut trees, limb trees, stack slash	1.5	
5/14/2015	Penny Pettee	stack slash	1.5	
5/16/2015	Chuck Pettee	cut trees, limb trees, stack slash	0.5	
5/21/15	Chuck Pettee	limb trees, stack slash	1.0	
5/23/15	Chuck Pettee	cut trees, limb trees, stack slash	1.0	
5/26/15	Chuck Pettee	stack slash	1.5	
5/28/15	Chuck Pettee	stack slash	0.5	

\*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Paul Hession  
Grant Recipient Signature

6/5/15  
Date

\_\_\_\_\_  
District Forester Signature

\_\_\_\_\_  
Date

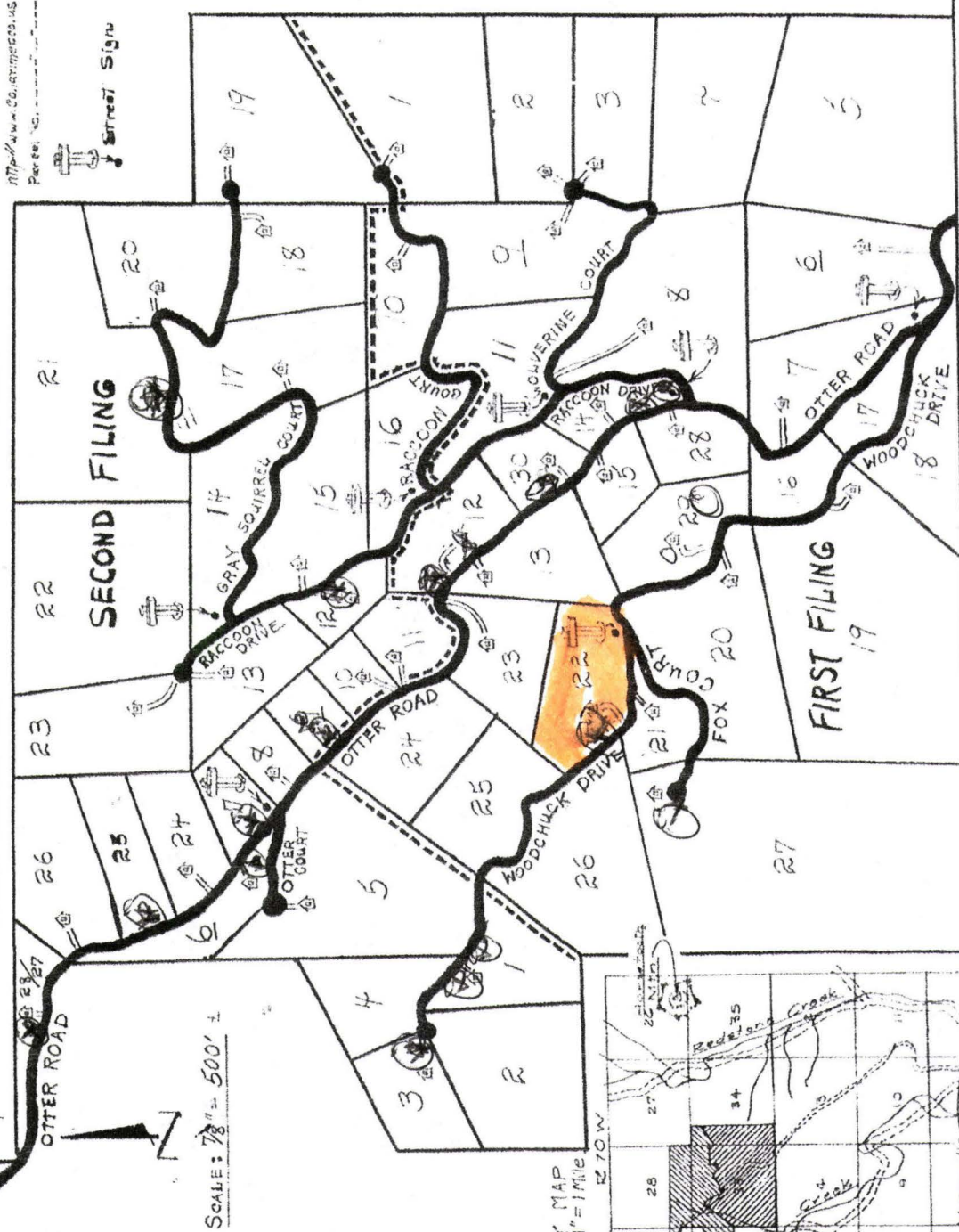
7/2015 - K017

Anderson Ranch

PLAT OF  
BUCKSKIN HEIGHTS  
FIRST AND SECOND FILINGS  
LARAMIE COUNTY, COLORADO

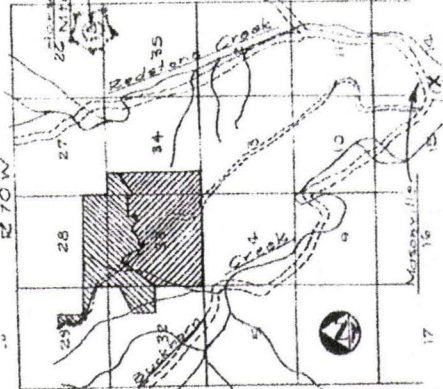
All Loveland CO. addresses with 80538 zip but most have a Masonville CO. P.O. Box 16. with 80541 zip.

Updated 2003



SCALE: 1/8" = 500'

VICINITY MAP  
SCALE: 1" = 1 MILE



FIRST FILING	SECOND FILING
1. 8001 Raccoon Dr. 3821	1. 3821 Woodchuck Dr.
2. 8001 Raccoon Dr. 3721	2. 3721 Woodchuck Dr.
3. 8017 Wolverine Ct. 3725	3. 3725 Woodchuck Dr.
4. 07393-05-04 Wolverine Ct. 3724	4. 3724 Woodchuck Dr.
5. 4532 Otter Rd. 57	5. 57 Other Rd.
6. 4532 Otter Rd. 3521	6. 3521 Other Rd.
7. 4524 Otter Rd. 3616	7. 3616 Other Rd.
8. 4524 Otter Rd. 3528	8. 3528 Other Rd.
9. 8120 Wolverine Ct. 3712	9. 3712 Other Rd.
10. 8220 Wolverine Ct. 3728	10. 3728 Other Rd.
11. 3900 Raccoon Dr. 3821	11. 3821 Other Rd.
12. 3728 Otter Rd. 3725	12. 3725 Raccoon Dr.
13. 4017 Otter Rd. 3621	13. 3621 Raccoon Dr.
14. 4120 Otter Rd. 3504	14. 3504 Raccoon Dr.
15. 4121 Otter Rd. 3724	15. 3724 Raccoon Dr.
16. 07337-05-04 Otter Rd. 3920	16. 3920 Raccoon Dr.
17. 07337-05-04 Otter Rd. 3613	17. 3613 Other Rd.
18. 4525 Woodchuck Dr. 3129	18. 3129 Woodchuck Dr.
19. 4729 Woodchuck Dr. 5001	19. 5001 Woodchuck Dr.
20. 4525 Woodchuck Dr. 8220	20. 8220 Woodchuck Dr.
21. 4195 Woodchuck Dr. 3613	21. 3613 Woodchuck Dr.
22. 4120 Woodchuck Dr. 3501	22. 3501 Woodchuck Dr.
23. 3821 Otter Rd. 3501	23. 3501 Raccoon Dr.
24. 07332-05-04 Otter Rd. 3520	24. 3520 Other Rd.
25. 07332-05-04 Otter Rd. 3408	25. 3408 Other Rd.
26. 07332-05-04 Otter Rd. 3332	26. 3332 Other Rd.
27. 8229 Fox Ct. 3312	27. 3312 Other Rd.
28. 4217 Otter Rd. 3212	28. 3212 Other Rd.
29. 4220 Otter Rd. 3212	29. 3212 Other Rd.
30. 4016 Otter Rd. 3120	30. 3120 Other Rd.



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

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

07-24-14  
(X)

Name: Buckskin Heights Road Association

Address: P.O. Box 352  
Masonville, CO 80541

**Approved for Payment**  
**C.S.F.S.**  
**3982277**  
07-24-14  
(X)

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

Grant Number: 5379590-1-1-FC ~ Non-Federal Match: \$ 7,726<sup>.61</sup> ~

Approved Funding: \$ 10,000<sup>00</sup> ~ Total Project: \$ 12,126<sup>.61</sup> ~

CSFS Account Number: 5379590-66093 Amount of Payment: \$ 4,400<sup>00</sup> ~

'13 CPG SFA CG3 No Co WUI Fuelbreak Program

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

Program Manager Signature [Signature] ~

Date: 7/21/14

Program Manager Name Scott Woods ~

COPY

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>5379590-1-1</u>	2. Total Award Amount: <u>\$10,000</u>
3. Project Name: <u>BUCKSKIN HEIGHTS</u>	4. Reimbursement Amount to Date:
5. Make Payment To: <u>BUCKSKIN HEIGHTS ROAD ASSOCIATION</u> Name: Attn: <u>PO BOX 352</u> Address: <u>MASONVILLE 80541</u>	6. Period of Performance (Project Period): From: <u>9/13</u> To: <u>9/15</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.

8 ACRES OF FUEL REDUCTION WORK IN BUCKSKIN HEIGHTS.

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.

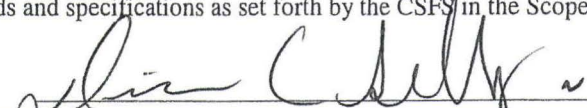
A. Award Amount	B. Recipient Contribution	C. Non-recipient Contribution	D. Total Contributions	E. Reimbursement Requested Amount	F. Total Match Ratio %
			<b>B + C</b>		<b>E / D</b>
<u>\$10,000</u>	<u>4400<sup>00</sup></u>	<u>7726<sup>61</sup></u>	<u>12126<sup>61</sup></u>	<u>\$4400<sup>00</sup></u>	<u>36.3%</u>

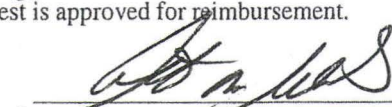
\* Use results from Exhibit B1 Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B1 and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

Reimbursement Request: I request reimbursement in the amount of \$ 4400<sup>00</sup> 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: 7/15/14

10. Certification:  
Work meets minimum standards and specifications as set forth by the CSFS in the Scope of Work.  
District Forester Signature:  Date: 7/16/14

11. Funding is available and request is approved for reimbursement.  
Program Manager Signature:  Date: 7/24/14  
SCOTT WOODS

COPY



### Colorado State Forest Service Program Payment Request

mailed to  
Scott Woods  
on 7/16/14

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: Buckskin Heights Road Association  
 Address: PO Box 352  
Masonville, CO 80541

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

Grant Number: 5379590-1-1      Non-Federal Match: \$ 7,726.<sup>61</sup>  
 Approved Funding: \$ 10,000.<sup>00</sup>      Total Project: \$ 12,126.<sup>61</sup>  
 CSFS Account Number: 5379590-6693      Amount of Payment: \$ 4,400.<sup>00</sup>

Circle one: 1<sup>st</sup> Payment    2<sup>nd</sup> Payment    3<sup>rd</sup> 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>5379590-1-1</u>	2. Total Award Amount: <u>\$10,000</u>
3. Project Name: <u>BUCKSKIN HEIGHTS</u>	4. Reimbursement Amount to Date:
5. Make Payment To: <u>BUCKSKIN HEIGHTS ROAD ASSOCIATION</u> Name: Attn: <u>PO BOX 352</u> Address: <u>MASONVILLE 80541</u>	6. Period of Performance (Project Period): From: <u>9/13</u> To: <u>9/15</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.

8 ACRES OF FUEL REDUCTION WORK IN BUCKSKIN HEIGHTS.


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>B + C</b>		<b>E / D</b>
<u>\$10,000</u>	<u>4400<sup>00</sup></u>	<u>7726<sup>61</sup></u>	<u>12126<sup>61</sup></u>	<u>\$4400<sup>00</sup></u>	<u>36.3%</u>

\* Use results from Exhibit B1 Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to complete table above. Include Exhibit B1 and Form D, CSFS Financial Assistance Cost-Share Program Cost Documentation, or other approved documentation with Exhibit B to request reimbursement.

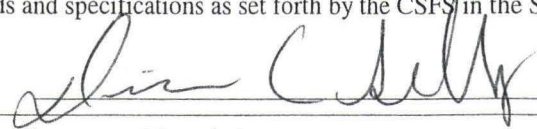
Reimbursement Request: I request reimbursement in the amount of \$ 4400<sup>00</sup> for the work completed and documented above.

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: 7/15/14

10. Certification:

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

District Forester Signature:  Date: 7/16/14

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

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9/2013-8/2014

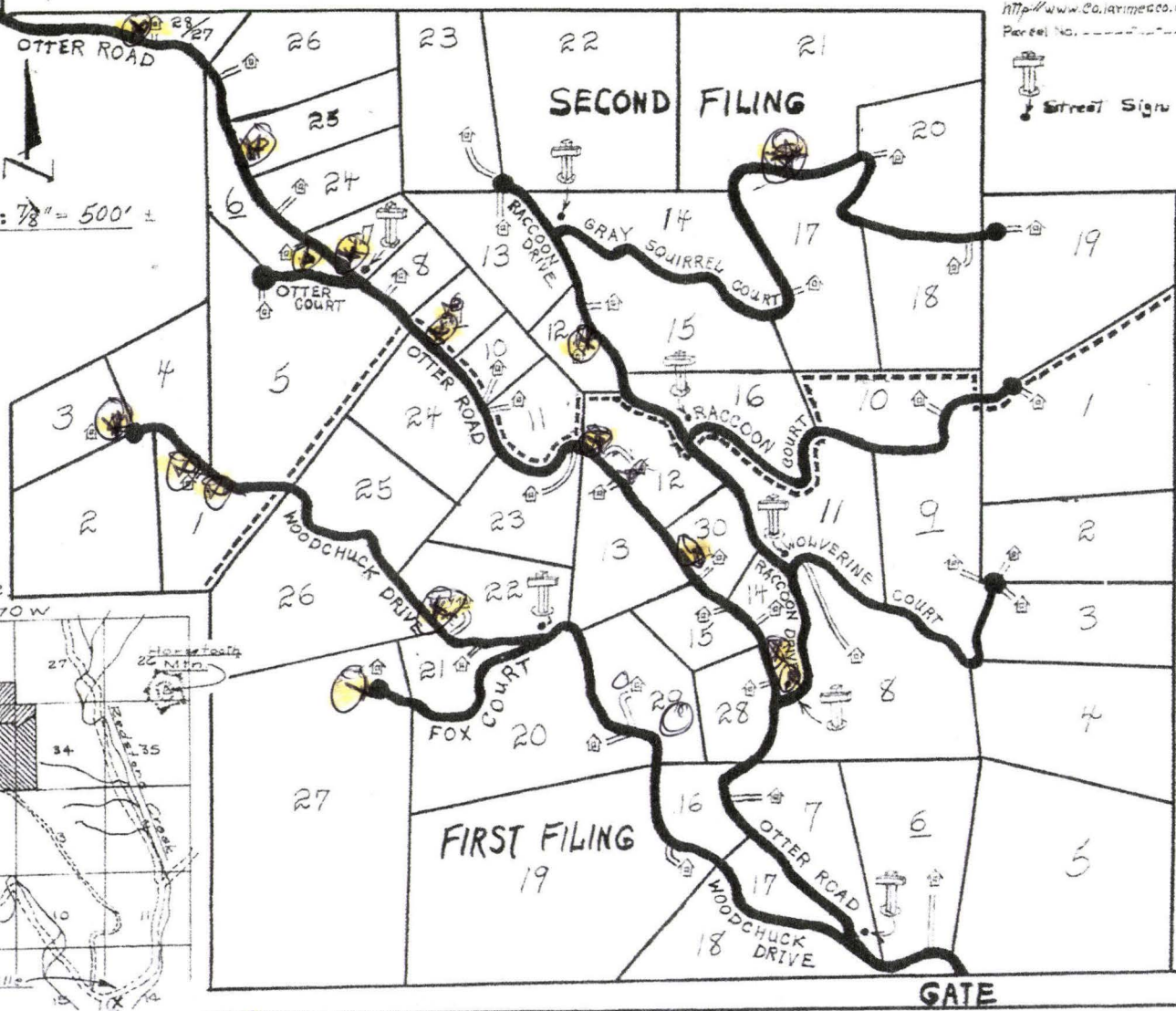
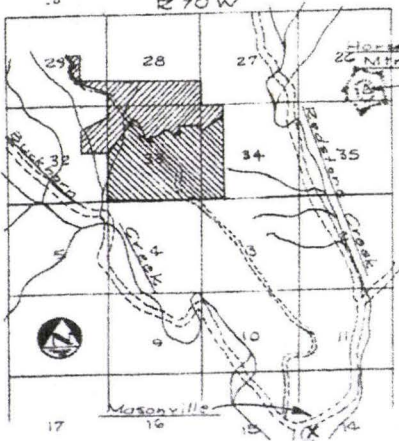
Anderson Ranch

PLAT OF  
BUCKSKIN HEIGHTS  
FIRST AND SECOND FILINGS  
 LARIMER COUNTY, COLORADO

All Loveland CO. addresses with 80538 zip but most have a Massville CO. P.O. Box No. with 80541 zip.  
 Updated 2003

SCALE: 7/8" = 500' ±

VICINITY MAP  
 SCALE: 1" = 1 Mile



<http://www.co.larimer.co.us>  
 Parcel No. -----  
 Street Sign

FIRST FILING		SECOND FILING	
1.	8001 Raccoon Ct.	1.	3821 Woodchuck Dr.
2.	8001 Wolverine Ct.	2.	3721 Woodchuck Dr.
3.	8017 Wolverine Ct.	3.	3725 Woodchuck Dr.
4.	07343-05-004	4.	3724 Woodchuck Dr.
5.	4532 Otter Rd.	5.	57 Otter Court
6.	4528 Otter Rd.	6.	3521 Otter Rd.
7.	4524 Otter Rd.	7.	3616 Otter Rd.
8.	8208 Wolverine Ct.	8.	3580 Otter Rd.
9.	8120 Wolverine Ct.	9.	3712 Otter Rd.
10.	8220 Raccoon Ct.	10.	372 Otter Rd.
11.	3900 Raccoon Ct.	11.	3820 Otter Rd.
12.	3928 Otter Rd.	12.	3725 Raccoon Dr.
13.	4017 Otter Rd.	13.	3621 Raccoon Dr.
14.	4120 Otter Rd.	14.	3504 Raccoon Dr.
15.	4121 Otter Rd.	15.	3724 Raccoon Dr.
16.	07334-05-016	16.	3820 Raccoon Dr.
17.	07334-05-017	17.	8613 Gray Squirrel Ct.
18.	4525 Woodchuck Dr.	18.	8129 Gray Squirrel Ct.
19.	4729 Woodchuck Dr.	19.	8001 Gray Squirrel Ct.
20.	4225 Woodchuck Dr.	20.	8220 Gray Squirrel Ct.
21.	4135 Woodchuck Dr.	21.	8613 Gray Squirrel Ct.
22.	4132 Woodchuck Dr.	22.	350 Raccoon Dr.
23.	3821 Otter Rd.	23.	3501 Raccoon Dr.
24.	07332-05-004	24.	3520 Otter Rd.
25.	07332-05-005	25.	3408 Otter Rd.
26.	07333-05-026	26.	3332 Otter Rd.
27.	8829 Fox Ct.	27/28	3312 Otter Rd.
28.	4217 Otter Rd.		
29.	4220 Woodchuck Dr.	29.	3212 Otter Rd.
30.	4016 Otter Rd.	30.	3120 Otter Rd.

7-10 TH / ac.

**PAID**

Summit Forestry  
5201 Greenview Dr.  
Fort Collins CO 80525

# Invoice

Date	Invoice #
6/19/2014	1792

**Bill To**  
Buckskin Heights  
c/o Dan Glanz  
PO Box 370  
Masonville CO 80541

Item	Quantity	Description	Rate	Amount
Chipping	2.75	2.75 days of chipping in Buckskin Heights. We had a very good turnout this early summer. Work was completed on 6/17/14	1,600.00	4,400.00
Payment		Payment received at start of project.	-2,400.00	-2,400.00
Payment		Final payment received week of June 30th.		-2,000.00

All work is complete!

<b>Total</b>	\$0.00
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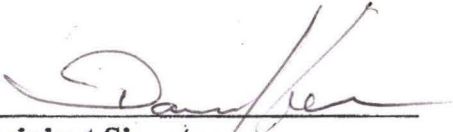
<b>Terms</b>	Due on receipt	Subject to 1.25% after 30 days
--------------	----------------	--------------------------------

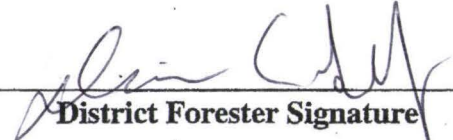
**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**

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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
12/13/13	P.G. Weber N.F.W. / J.C.	Trimmed Ponderosa pines on W. end of property from S end to @ middle	~ 3	
12/14/13	P.G.W. N.F.W.	Trimmed Ponderosa pines on N. end of property from middle to N. end	~ 2	
1/18/14	P.G.W. N.F.W.	Trimmed Ponderosa on NW end of Property	~ 2	
1/19/14	P.G.W. N.F.W.	Trimmed Ponderosa on N.W. end of Property	~ 2	
2/11/14	PW/NW	cut & trimmed ponderosa pine SW end	2	
2/12/14	NW	cut & trimmed ponderosa near house	2	
3/13/14	PW/NW	cut & trimmed ponderosa @ N.W. end	3	
3/14/14	NW	cut & trimmed ponderosa around house	2	
			18 Hrs	392 <sup>22</sup>

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

  
**Grant Recipient Signature**  
7/15/14  
**Date**

  
**District Forester Signature**  
7/16/14  
**Date**

Summit Forestry  
5201 Greenview Dr.  
Fort Collins CO 80525

PAID

# Invoice

Date	Invoice #
6/19/2014	1792

<b>Bill To</b>
Buckskin Heights c/o Dan Glanz PO Box 370 Masonville CO 80541

Item	Quantity	Description	Rate	Amount
Chipping	2.75	2.75 days of chipping in Buckskin Heights. We had a very good turnout this early summer. Work was completed on 6/17/14	1,600.00	4,400.00
Payment		Payment received at start of project.	-2,400.00	-2,400.00
All work is complete!			<b>Total</b>	\$2,000.00
Terms	Due on receipt	Subject to 1.25% after 30 days		



**PAID**

Summit Forestry  
5201 Greenview Dr.  
Fort Collins CO 80525

# Invoice

Date	Invoice #
6/5/2014	1789

Bill To
Buckskin Heights c/o Dan Glanz PO Box 370 Masonville CO 80541

Item	Quantity	Description	Rate	Amount
Chipping	1.5	1.5 days of chipping with a 3 man chip crew. We will bill you the remainder of the balance upon completion. We estimate this to be 1/2 of the overall chipping cost but homeowners are still bringing slash out so the total may go up accordingly.	1,600.00	2,400.00
Payment			-2,400.00	-2,400.00

Thank you for your business.	<b>Total</b> \$0.00
------------------------------	---------------------

Terms	Due on receipt	Subject to 1.25% after 30 days
-------	----------------	--------------------------------

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

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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
10/2013	R.Stahl	Clear and stack dead wood	6	
11/2013	" "	Cut and stack trees	13	
03/2014	" "	Clear and stack slash	5	
04/2014	" "	clear downed limbs	6	
04/2014	C. Stahl	Stack wood	6	
05/2014	C&R Stahl	Clear dead wood	6	
		<i>TOTAL</i>	<i>42 HRS</i>	<i>915<sup>18</sup></i>

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

E Signature  
Richard & Chris Stahl                      06/2014  
 Grant Recipient Signature                      Date

*Alan C. Stahl*                      7/10/14  
 District Forester Signature                      Date

Revised 8/2012  
*Dan [Signature]*                      6/22/14

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

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

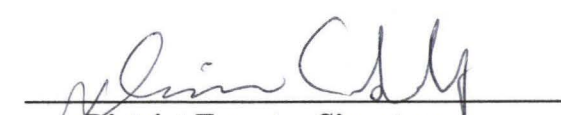
Date. m/d/yr	By Whom	Activity/Expense*	Hours	Value(\$)
11/1/2013	Paul & Jo <i>HESSON</i>	Limb trees @13428 otter	2.0	
3/17/2014	Paul & Jo	Roadside thinning	2.0	
4/11/2014	Paul & Jo	Roadside thinning	2.0	
4/12/2014	Paul & Jo	Roadside thinning	3.5	
4/15/2014	Paul & Jo	Roadside thinning	2.5	
4/24/2014	Paul & Jo	Roadside thinning	5.5	
5/24/2014	Paul & Jo	Roadside thinning	8.0	
5/26/2014	Paul & Jo	Roadside thinning	7.0	
		<i>TOTAL</i>	<i>32.5 hrs</i>	<i>700<sup>17</sup></i>

\*

CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

  
**Grant Recipient Signature**

*6/22/14*  
**Date**

  
**District Forester Signature**

*7/16/14*  
**Date**

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

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


*RICHARD DIXON*

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
1/3/14	Richard	Cut Trees Pile BRANCHES	4	\$87.16
1/3/14	Joe	" " " "	4	\$87.16
1/7/14	Richard	Burn slash Piles	6	\$130.74
1/7/14	Joe	" " "	6	\$130.74
1/15/14	Richard	Cut Trees	5	\$108.95
1/15/14	Joe	" "	5	\$108.95
2/4/14	Richard	CUT Trees & DRAG	3 1/2	\$76.27
2/14/14	Richard	CUT Trees & DRAG	5	\$108.95
3/10/14	Richard	Cut Trees & DRAG	4	\$87.16

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

  
\_\_\_\_\_  
Grant Recipient Signature

6/22/14  
Date

  
\_\_\_\_\_  
District Forester Signature

7/16/14  
Date

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

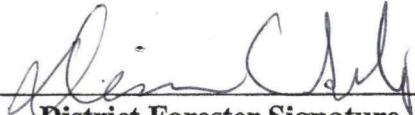
The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
3/13/14	Richard	Drag Trees & Pile Brush	6	\$130.74
4/1/14	Richard	Cut Trees Pile Brush	5	\$108.95
4-8-14	Richard	Drag Trees	4	\$87.16
4-11-14	Richard	Cut Trees Pile Brush	5	\$108.95
4-17-14	Richard	Cut Trees Pile Brush	3.5	\$76.27
4-18-14	Chau	Pile Brush	2.5	\$54.48
4-18-14	Richard	Cut & drag Trees	6	\$130.74
4-19-14	Phil	Cut Trees	3	\$65.37
4-19-14	Richard	Pile Brush	4	\$87.16

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

\_\_\_\_\_  
Grant Recipient Signature

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
District Forester Signature

7/16/14  
\_\_\_\_\_  
Date

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

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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
5/15/14	Richard	Cut + Pile Brush	3 1/2	\$76.27
6-14-14	Richard	Trim Road	6	\$130.74
6-14-14	Charleen	Pile Brush	6	\$130.74
		TOTAL	97 HRS	2113.63

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

\_\_\_\_\_  
Grant Recipient Signature

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
District Forester Signature

7/16/14  
\_\_\_\_\_  
Date

537890-1-1

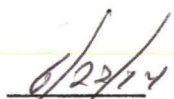
**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM  
COST DOCUMENTATION**


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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
Jan 25, 2014	H M Hunt	Cut Down 16 medium-to-large trees, 6-14" diameter, around cabin (primarily S of cabin)	3.0 hrs	
Mar 8,9,16,17,19,20, 2014	Hunt	Cut Down 23 medium trees, 5-10", along Otter Rd & Raccoon Dr; cut up + stacked for chipping	14.0 hrs	
May 18,19,20,22, 2014	Hunt	Cut branches off trees felled in January and cut up as necessary; cut down numerous small trees	6.0 hrs	
May 18, 2014	Matt Hartwig	Cut and remove 12 stumps along Otter Rd and Raccoon Dr	1.0	
May 27,28,29,30, 2014	Hunt	Move large amount of slash from interior of property to 24 piles along roadway for chipping	4.0 hrs	
			Total 28 hrs	610 <sup>12</sup>

\*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

  
\_\_\_\_\_  
Grant Recipient Signature

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
District Forester Signature

  
\_\_\_\_\_  
Date

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


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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
4/28	STEVEN BROWN	HAULING SLASH TO ROAD W/ HESSONS	1	
5/26	STEVE	" " " " " "	1.5	
		TOTAL	2.5	54.47

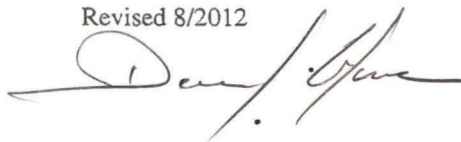
\*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

  
Grant Recipient Signature

4/28/14  
Date

  
District Forester Signature

7/16/14  
Date



6/22/14

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

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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
3/29/14	Linda Bilsing	Cutting & piling slash and trees	3	
3/30/14	"	"	2	
4/6/14	"	"	2	
4/17/14	"	"	1	
4/26/14	"	"	2	
5/18/14	"	"	2	
		TOTAL	12	26/48

\*Use Exhibit B, CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Linda Bilsing

Grant Recipient Signature

5/26/14

Date

[Signature]

District Forester Signature

7/16/14

Date

Revised 8/2012

[Signature]

6/22/14

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

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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
3/10/14	Andrew Michler	Cut 8 mature Ponderosa Trees and pile slash on lower property	8	174.32
4/19/14	Andrew Michler	Cut 6 mature Ponderosa Trees and pile slash on lower property	7	152.53
5/21/14	Andrew Michler	Cut 12 mature Ponderosa Trees and pile slash on Woodchuck dr	12	261.48
5/22/14	Andrew Michler	Cut 10 mature Ponderosa Trees and pile slash on Woodchuck dr	12	261.48
5/26/14	Andrew Michler	Cut 5 mature Ponderosa Trees and pile slash on Woodchuck dr	4	87.16
6/01/14	Andrew Michler	Cut 4 mature Ponderosa Trees and pile slash on Woodchuck dr	3	65.37
6/02/14	Andrew Michler	Cut 3 mature Ponderosa Trees and pile slash on Woodchuck dr	3	65.37
		<i>TOTAL</i>	<i>49 Hrs</i>	<i>256.90</i>

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.



6/01/2014

Grant Recipient Signature

Date

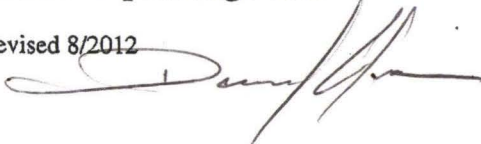


7/16/14

District Forester Signature

Date

Revised 8/2012



6/22/14

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


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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
12/14/13	Chuck Pettee	Thinning trees, cut down and limbing	1.0	
2/23/14	Chuck Pettee	Removing stumps	2.0	
3/6/14	Chuck Pettee	Cut trees, remove stumps	1.5	
3/10/14	Chuck Pettee	" "	2.0	
3/11/14	Chuck + Penny Pettee	" limb, pile slash	1.5	
4/6/14	Chuck Pettee	pile / move slash	1.0	
4/8/14	Chuck Pettee	limb trees, move slash	2.5	
4/8/14	Penny Pettee	move slash	0.5	
4/9/14	Chuck Pettee	move slash	0.5	

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

  
Grant Recipient Signature

  
Date

  
District Forester Signature

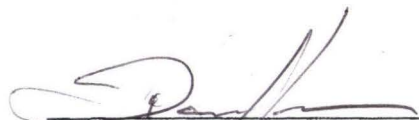
  
Date

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

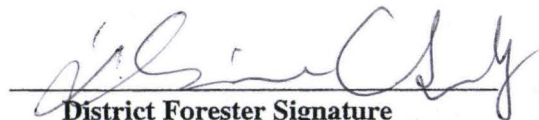
The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
4/10/2014	Chuck Pettee	limbing trees and moving slash	2	
4/12/14	Chuck Pettee	move/stack slash	0.5	
4/22/14	Chuck Pettee	limbing + moving slash	2.0	
		TOTAL	17 HRS	370.43

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

  
\_\_\_\_\_  
Grant Recipient Signature

8/22/14  
Date

  
\_\_\_\_\_  
District Forester Signature

7/16/14  
Date

To: glanz@lp.broadband.net

Project/Account # 5379590-1-1

Form D

Page 1 of 1

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

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

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
<sup>Thurs</sup> 5-1-14	Jerry Campbell Sr.	Cleared brush and dead trees by front of cabin	3	65.37
<sup>Sun</sup> 5-4-14	Jerry Campbell Jr.	Cleared brush and dead trees SE of cabin + <sup>West</sup> North	6	130.74
<sup>Mon</sup> 5-5-14	Jerry Campbell Sr.	Cleared brush by front of cabin and moved uphill	3	65.37
<sup>Wed</sup> 5-7-14	Jerry Campbell Sr.	Cleared brush around well house and tool shed	4	87.16
<sup>Sun</sup> 5-11-14	Jerry Campbell Jr.	Cleared brush and dead trees around propane tank & drive	4	87.16
<sup>Sat</sup> 5-17-14	Jerry Campbell Jr.	Cleared " " " " " " " "	4	87.16
<sup>Sat</sup> 5-24-14	Jerry Campbell Jr.	Cleared by propane tank & around SE of cabin	4	87.16
<sup>Sun</sup> 6-8-14	Jerry Campbell Jr.	cleared dead trees + brush NE of cabin	10	217.90
	Jerry Campbell, Sr.		38	828.02 TOTAL

\*Use Exhibit B: CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

Gary R Campbell Jr.      6/9/14  
Grant Recipient Signature      Date

[Signature]      7/16/14  
District Forester Signature      Date

Revised 8/2012      13498 Woodchuck  
Buckskin Heights

[Signature]      6/23/14

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

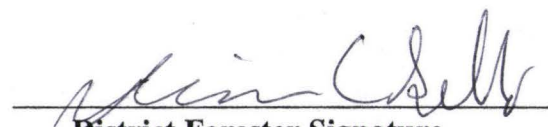
The following are activities conducted for completion of the Financial Assistance Program practice for which I have been funded. The value of each the activity is itemized below. Attach receipts.

Date m/d/yr	By Whom	Activity/Expense*	Hours	Value (\$)
10/19/13	DAN BLANZ	CUTTING + STAGING TREES + SLASH	6.5	
10/14/13	ERIN EULEYER	CUTTING + STAGING TREES + SLASH	6.5	
10/20/13	DAN BLANZ	CUTTING TREES TRAINING DRAG SLASH	4.0	
10/20/13	ERIN EULEYER	CUTTING TREES STAGING SLASH	4.0	
11/2/13	DAN BLANZ	MOVING SLASH	3.5	
11/2/13	ERIN EULEYER	CUTTING + MOVING SLASH	3.5	
11/3/13	DAN BLANZ	CUTTING + STAGING SLASH	4.0	
		TOTAL	32.0	697.28

\*Use Exhibit B1 CSFS Financial Assistance Cost-Share Program Reimbursement Calculation Worksheet to be sure you account for the type of activities, expenses and other contributions provided to complete project, or phase of project. Visit Independent Sector to determine current volunteer labor rate.

  
Grant Recipient Signature

6/22/14  
Date

  
District Forester Signature

7/16/14  
Date





**Daniel Glanz**

---

**From:** Kathy Merlo <grafite100@aol.com>  
**Sent:** Saturday, June 14, 2014 7:35 PM  
**To:** Daniel Glanz  
**Cc:** grafite100@aol.com; ecrot225@aol.com  
**Subject:** CSFS FINACIAL ASSISTANCE COST SHARE PROGRAM- COST DOCUMENTATION- JUNE, 2014- CROTEAU & MERLO, BUCKSKIN HEIGHTS

DATE	BY WHOM	ACTIVITY/EXPENSE	HOURS	VALUE
June 13, 2014	Kathy Merlo	cutting, limbing, gathering slash	9 hr	
June 13, 2014	Ed Croteau	gathering slash	5 hr	
June 13, 2014	Aaron Chelowa	Chainsaw operation, limbing, thinning		\$130 RECEIPT? 6 HRS
February, 2014	Kathy Merlo	configure, setup, load Big Tent website CWPP INFO SYSTEM	20 hr	

TOTAL 40 HRS 871.60

*Kathy Merlo*

# 537890 -1-1

*Daniel Glanz 6/22/14*

*Aaron Chelowa*  
*7/16/14*

**Financial Assistance Program**  
**Cooperative Match Project**

To be conducted by:

**Buckskin Heights**

<b>Project Number:</b>	5379590-1-1
<b>Estimated Project Cost:</b>	\$20,000
<b>Funding provided by CSFS:</b>	\$10,000
<b>Minimum Recipient Match:</b>	\$10,000
<b>Project to be completed by:</b>	September 1, 2015

Based on the strength of the application submitted by Buckskin Heights, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$10,000 to accomplish the project described in the attached scope of work.

As the cooperator, Buckskin Heights, 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, 2015. 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: 10/2/13

**Mailing Address:** PO Box 370  
MASONVILLE CO 80541

**Telephone Number:** 970 6908425

**Email Address:** GLANZ@LPBROADBAND.NET

EXHIBIT A  
**Financial Assistance Program**  
**Cooperative Match Project**  
SCOPE OF WORK

**Project Number:** 5379590-1-1

**Cooperator:** Buckskin Heights

**Work to be completed:**

As described in the "Scope of Work" from the 2013 State Fire Assistance Grant Application.

1. Type of Treatment – Shaded fuel break on Woodchuck Road

**Milestone dates:** Completion by September 1, 2015

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

**Project Period:** September 2013 – September 1, 2015

**Funded Amount:** \$10,000

**Minimum cooperator match:** \$10,000

**Deliverables:** treatment of 13.5 acres

Project Types: fuels reduction

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:

DBL 10/2/13