

# Colorado State Forest Service

## Emergency Supplemental

### 2010 Grant Application

#### DISTRICT'S: Please Complete

District Submitting Project:

Forester Submitting Project:

District Priority Number:

Date Submitted:

#### FOR REVIEWER'S USE ONLY:

Rating:

Applicant Information	
1	<p><b>Applicant:</b> Camp Paul Hummel</p> <p><b>Contact Person:</b> Rodney L. Henry</p> <p><b>Address:</b> 11732 ELM CT.</p> <p><b>City/Zip Code:</b> Thornton, CO 80233</p> <p><b>Phone (Work/Cell):</b> 303-920-8782</p> <p><b>Email:</b> rodhenry777@msn.com</p> <p><b>Fax:</b></p>

Community At Risk Information			
2	<b>Name of Project:</b>		
	<b>Community Name(s):</b>		
	<b>County:</b>	<b>Congressional District:</b>	
	<b>Latitude (decimal degrees):</b>	<b>Longitude (decimal degrees):</b>	
	Threat Description (check all that apply)		
<b>Homes:</b>	<input type="checkbox"/>	Number of:	
<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>	
3	<p><b>Dollar Amount Requested</b></p> <p><b>Will this Project be conducted as a Pass-Through Grant?</b> X Yes <input type="checkbox"/> No</p> <p><b>Provide a brief overview of the project and the project area. (If applying for a fuels reduction project, identify vegetation types)</b></p>



<b>Scope of Work / Project Timeline</b>	
All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.	
<b>Provide a brief scope of work that clearly describes how grant funds will be spent. (<i>This should be more specific than the project description</i>)</b>	
<b>Describe all planned long-term maintenance (grant funded or other).</b>	
<b>What is the duration of this project? (<i>check one</i>)</b>	<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3Years <input type="checkbox"/> 4 Years
<b>Is this a continuing project from previous year/s? (<i>check one</i>)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Provide a timeline for the project</b>	

**Provide a brief scope of work that clearly describes how grant funds will be spent. (This should be more specific than the project description)**

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

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

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

### Provide a timeline for the project

<b>5</b>		<b>Interagency Collaboration</b>
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.).		
<b>Community Wildfire Protection Plan (CWPP)</b>		
Does this community have a wildfire protection plan that follows the Healthy Forest Restoration Act CWPP guidelines? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no		
Is this project part of the plan? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no		

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.).

## 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 type="checkbox"/> Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:		Estimated cost per acre:	
	<b>Project Type</b> (check all that apply)			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	<input type="checkbox"/>
	Fuelbreak	<input 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>\$ 0</b>
	<b>TOTAL:</b>	<b>\$0</b>	<b>\$ 0</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*



# 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>10/20/2010</b>
<b>FOR REVIEWER'S USE ONLY:</b>	
Rating:	

Applicant Information	
<b>Applicant:</b>	Camp Paul Hummel
<b>Contact Person:</b>	Rodney L. Henry
<b>Address:</b>	11732 Elm Ct.
<b>City/Zip Code:</b>	Thornton, CO 80233
<b>Phone (Work/Cell):</b>	303-920-8782
<b>Email:</b>	Rodhenry777@msn.com
<b>Fax:</b>	

Community At Risk Information			
<b>Name of Project:</b>	Camp Paul Hummel		
<b>Community Name(s):</b>	Boulder Mountain		
<b>County:</b>	Boulder	<b>Congressional District:</b>	
<b>Latitude (decimal degrees):</b>	40.073 N	<b>Longitude (decimal degrees):</b>	105.356 W
Threat Description (check all that apply)			
<b>Homes:</b>	<input checked="" type="checkbox"/>	Number of:	2
<b>Infrastructure:</b>	<input type="checkbox"/>	Estimated value of:	
<b>Businesses:</b>	<input checked="" type="checkbox"/>	Number of:	2
<b>Economic Viability:</b>	<input type="checkbox"/>	Estimated value of:	
<b>Watersheds:</b>	<input type="checkbox"/>	Number of:	
<b>Historic Structures:</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>	\$6,580.00
<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>Camp Paul Hummel is composed of a variety of Ponderosa Pine, Douglas Fir, and Aspen. The understory is primarily composed of shrub juniper and random native grasses. The entire camp property consists of approximately 250 acres. The majority of the property is located on south facing slopes, with a large proportion located on a fairly flat ridge top. The best access to the property is from Mine Lane. The project area has seen recent fire activity (Four Mile Canyon Fire), but the majority of the project area remains unburned at this time.</p>	



### Scope of Work / Project Timeline

All information for the project must fit into the space provided below. Attachments will not be considered by the review committee.

**Provide a brief scope of work that clearly describes how grant funds will be spent. (This should be more specific than the project description)**

- 4 Project funding will be used to reduce the hazardous fuels that are present on the property, with a strong emphasis on creating greater spacing between the retained trees. Project work will reduce the amount of insect and disease throughout the property, and promote healthy conditions for the regenerating/retained trees on the property. Project work will also aim to minimize the negative impacts of soil erosion (where there was fire activity), by creating water-drainage features that will encourage slower movement of water over the landscape. Trees will be limbed to at least six feet above the ground level, and slash will most definitely be chipped or piled for burning.

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

Landowner will continue to monitor property for encroaching, undesired regenerating vegetation, and remove upon detection. Landowner will also continue to prune trees throughout the property, to reduce fuel ladders. As the project is completed, landowner will continue to investigate funding options and carry out additional project work.

**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**

Work will begin as soon as available contractor can start, and will be completed by Fall 2011.

### Interagency Collaboration

**Specify the private, local, tribal, county, state, federal and/or non-governmental (501c3) organizations that will contribute to or participate in the completion of this project. Describe briefly the contributions each partner will make (i.e. – donating time/equipment, funding, etc.).**

- 5 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 X Other Forest Management Treatment <input type="checkbox"/>			
	Number of acres to be treated:	14.0	Estimated cost per acre:	\$1,000.00
	<b>Project Type</b> (check all that apply)			
	Defensible Space	<input type="checkbox"/>	Thinning w/o Product	X
	Fuelbreak	<input type="checkbox"/>	Mastication	<input type="checkbox"/>
	Thinning w/ Product	X	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>	\$6,580.00	\$ 6,580.00
	<b>TOTAL:</b>	\$6,580.00	\$ 6,580.00

Grant funding may only be used for Contractual Service.

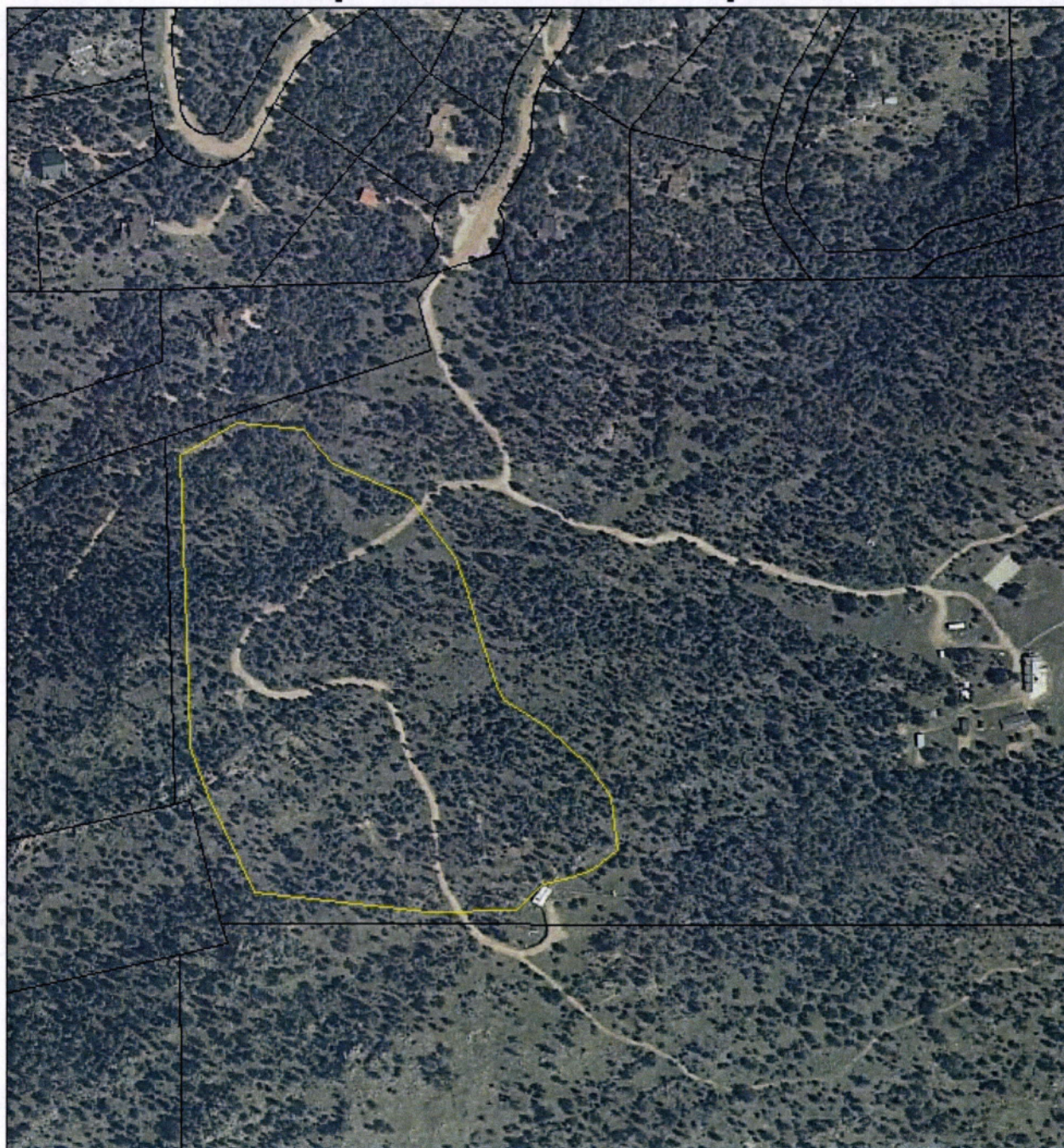
8	<b>Total Project Expense (Non-Pass Through)</b>		
	<i>Please fill all fields</i>	<b>Grant Share</b> (\$ Amount Requested)	<b>TOTAL</b>
	<b>Contractual Services:</b>		\$ 0
	<b>Indirect Costs:</b>		\$ 0
	<b>TOTAL:</b>	\$0	\$ 0

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

*Attach Project Map Showing Specific Treatment Areas*




# Camp P Hummel Proposal



0 250 500 1,000 1,500 Feet

**Camp Paul Hummel Project: 14acres**

 CPH\_Proposal

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







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/>
06-28-11  
kcName: CAMP PAUL HUMMELAddress: 11732 Elm Ct.Thornton, CO 80233Approved for Payment  
C.S.F.S.1386176  
06-28-11  
kc

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

Grant Number: 5308400-80-12 ~Approved Funding: \$6,580.00 ~Total Project: \$18,981.70 -CSFS Account Number: 5308400-6693  
109SUP HAZ FUELS FR BOAmount of Payment: \$6,580.00 ~Circle one: 1<sup>st</sup> Payment 2<sup>nd</sup> Payment 3<sup>rd</sup> Payment Final Payment ~Approved by: [Signature]  
(Program manager signature)Date: 6/22/11



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

Project No 5308400-80-12  
(For Official Use Only-  
No. from original application)

Applicant name (please print):

Camp Paul Hamme/

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)	\$18,981.70		A Labor Cost= \$18,981.70
Operating Exp. <sup>3</sup> , (Actual)			B Oper. Exp.=
Project Cost	\$18,981.70		C Total Project (A+B)=\$18,981.70
			Amount Originally Approved = \$6580
14 acres @ \$470/acre			Amount to be Reimbursed not to exceed \$470 Per Acre \$6580

<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:

Rodney J. Henry

Date:

4/12/11

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

Mailing Address:

11732 Elm Ct.

City:

Thornton

County:

Adams

State:

CO

Zip:

80233

Phone:

303-920-8782

Practice certified by:

Bryan Baer  
CSFS forester

Payment Approval:

[Signature]  
CSFS program manager

Amount:

\$6,580.00

Date:

6/22/11

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

01/19/10

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