



COPY

### 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)	<input checked="" type="checkbox"/>

Checked for Federal suspension and debarment (State Office) <http://www.epls.gov/> 09-10-10  
kc

Name: Clare Johnson

Address: 118 W. 72<sup>nd</sup> St. Apt. 704  
New York, NY 10023 /

**Approved for Payment**  
**C.S.F.S.**  
965634  
09-16-10  
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: 5308420 - FC Cooperator Match: \$ 20,380 ~

Approved Funding: \$ 9,635 Total Project: \$ 30,015 ~

CSFS Account Number: 5308420-10093 Amount of Payment: \$9,635.00 ~  
'09 SUP HAZ FUELS FR FC

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

Approved by: [Signature] Date: 9/7/10  
(Program manager signature)

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

Project No. 5308420-  
(For Official Use Only-  
No. from original application)

Applicant name (please print): Clare Johnson  
(for Krotter-Johnson Family Cabins LLC)

	Total Contracted Services <sup>1</sup>	Total Landowner Services <sup>2</sup>	Totals
Labor Cost (Actual)			A Labor Cost=
Operating Exp <sup>3</sup> (Actual)			B Oper. Exp.=
Project Cost	\$30,015.	0	C Total Project (A+B) = \$30,015.
			Amount Originally Approved = \$9,635.
			Amount to be Reimbursed not to exceed \$470 Per Acre \$9,635.

<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: Clare Johnson Date: August 31, 2010  
 All expenses are true and accurate and all cost share is true and accurate.  
 Mailing Address: Clare Johnson 118 W. 72nd St. Apt. 704 City: New York  
 County: \_\_\_\_\_ State: NY Zip: 10023 Phone: 212 362 3096

Practice certified by: Jim Cady  
*CSFS forester*  
 Payment Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
*CSFS program manager*

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



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

Project No. 5308420

To be completed by CSFS forester:

**PROGRAM:**

WUI Incentives D-space: \_\_\_\_\_ I & D Prevention and Suppression - Bark Beetle: \_\_\_\_\_

FRFTP: \_\_\_\_\_ STEVENS' Fund: \_\_\_\_\_ SFA: \_\_\_\_\_ ESF:  Forest  
Restoration Grant (SB71 and HB1199): \_\_\_\_\_

**WUI D-space Accomplishment:**

No. of D-spaces = 1 Acres slash disposal = \_\_\_\_\_ Acres fuel breaks = \_\_\_\_\_  
Acres thinned = 20 Acres pruned = \_\_\_\_\_ Total = 21 acres

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

No. of infested trees treated: \_\_\_\_\_  
Acres inspected and treated: \_\_\_\_\_  
Acres thinned: \_\_\_\_\_

**Accomplishment (Not included above) - LOA Practice Number:**

#1 Plan Acres = _____	#5 Acres = _____	#9 Acres treated = _____
#2 Acres tree planting = _____	#6 Acres treated = _____	#10 Acres of restoration = _____
Acres treated = _____	#7 Acres treated = _____	#11 Acres = _____
#3 Acres treated = _____	#8 Acres treated = _____	
#4 Acres planted/ renovated = _____		









EMERGENCY SUPPLEMENTAL FUNDS
LANDOWNER ASSISTANCE PROGRAMS
APPLICATION

PROJECT NUMBER: 5308420-02

(For Official Use Only)

NAME: Krotter-Johnson Family Cabins, LLC

MAILING ADDRESS: 4474 Greenbrier Blvd.

City: Boulder State: CO

Zip code: 80305

TELEPHONE NO: 720-210-7635 (Gail Johnson)

212-362-3096 (Clare Johnson)

PROJECT ADDRESS/LEGAL DESCRIPTION: 2375 Cliff Road
Estes Park, CO.

PRACTICES TO BE COMPLETED BY: 03/31/2011

Date

Landowner and CSFS forester:

CSFS forester:

Table with 3 columns: Practice No. & Component Title, Quantity Requested, Quantity Approved. Row 1: LOA 7& 9: Forest Health and Fire Risk Reduction, \$9,635, \$9,635. Row 2: Total: \$9,635.

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: April 16, 2010

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Additional USFWS guidelines addressed)

PROGRAM:
ESF:

Funding Allocated: [Signature] AMOUNT: \$9635 DATE: 9/2/10

CSFS District Forester

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.

Adam's Tree Service  
P.O. Box 4420  
Estes Park, CO 80517



**ADAM'S TREE  
SERVICE**  
— *Estes Park, Co* —

# Invoice

<b>Bill To:</b>
Clare Johnson 118 W. 72nd St., Apt. 704 New York, NY 10023

Date	Invoice No.
08/19/10	1090

Item	Description	Amount
Fuels Reduction/Beetle N	Remove or debark dead and beetle infested trees on 21 acres 667 man hours @ \$45 per hour	30,015.00
Balance Forward	30,015.00	-30,015.00

<b>Total</b>	<b>\$0.00</b>
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EMERGENCY SUPPLEMENTAL FUNDS  
LANDOWNER ASSISTANCE PROGRAMS  
APPLICATION

PROJECT NUMBER: 5308420-02  
(For Official Use Only)

NAME: Krotter-Johnson Family Cabins, LLC

MAILING ADDRESS: 4474 Greenbrier Blvd.

City: Boulder State: CO

Zip code: 80305

TELEPHONE NO: 720-210-7635 (Gail Johnson)

212-362-3096 (Clare Johnson)

PROJECT ADDRESS/LEGAL DESCRIPTION: 2375 Cliff Road  
Estes Park, CO.

PRACTICES TO BE COMPLETED BY: 03/31/2011

Date

Landowner and CSFS forester:

CSFS forester:

Practice No. & Component Title	Quantity Requested	Quantity Approved
LOA 7& 9: Forest Health and Fire Risk Reduction	\$9,635	\$9,635
		<b>Total: \$9,635</b>

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: Clare Johnson DATE: April 16, 2010

To be completed by CSFS forester:

CSFS FIELD REVIEW SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Additional USFWS guidelines addressed)

**PROGRAM:**

**ESF:**

Funding Allocated: Bydoleboda AMOUNT: \$9635 DATE: 9/2/10  
CSFS District Forester

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

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

Applicant name (please print): Clare Johnson  
(for Krotter-Johnson Family Cabins LLC)

	<b>Total Contracted Services<sup>1</sup></b>	<b>Total Landowner Services<sup>2</sup></b>	<b>Totals</b>
Labor Cost (Actual)			A Labor Cost=
Operating Exp <sup>3,*</sup> (Actual)			B Oper. Exp.=
Project Cost	\$30,015.	0	C Total Project (A+B) = \$30,015.
			Amount Originally Approved = \$9,635.
			Amount to be Reimbursed not to exceed \$470 Per Acre \$9,635.

- <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: Clare Johnson Date: August 31, 2010

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

Mailing Address: Clare Johnson 118 W. 72nd St. Apt. 704 City: New York  
County: \_\_\_\_\_ State: NY Zip: 10023 Phone: 212 362 3096

Practice certified by: \_\_\_\_\_  
CSFS forester

Payment Approval: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_  
CSFS program manager

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



COMPLIMENT REPORT FOR REIMBURSEMENT (Page 1)  
LANDOWNER ASSISTANCE PROGRAMS  
LANDOWNER SUPPLEMENTAL FUNDS

Project No. \_\_\_\_\_  
County \_\_\_\_\_  
Township \_\_\_\_\_

Reimbursement Period: \_\_\_\_\_

Total	Total Landowner Services	Total Contracted Services	Total
1. Total Contracted			
2. Total Landowner			
3. Total Project (1+2)			
4. Amount (3) with approved =			
5. Amount to be Reimbursed (4) - (1)			

1. The amount of the reimbursement is made for services performed by the contractor and the amount of the reimbursement is made for services performed by the landowner. This is the maximum amount available for reimbursement. The amount of the reimbursement is based on the amount of the contract and the amount of the reimbursement is based on the amount of the contract. The amount of the reimbursement is based on the amount of the contract and the amount of the reimbursement is based on the amount of the contract.

2. Attach receipts for the reimbursement from the contractor. Receipts must be submitted with this report. Receipts must be submitted with this report. Receipts must be submitted with this report. Receipts must be submitted with this report.

3. All expenses are to be itemized and itemized receipts must be submitted with this report. All expenses are to be itemized and itemized receipts must be submitted with this report.

4. The amount of the reimbursement is based on the amount of the contract and the amount of the reimbursement is based on the amount of the contract. The amount of the reimbursement is based on the amount of the contract and the amount of the reimbursement is based on the amount of the contract.

5. The amount of the reimbursement is based on the amount of the contract and the amount of the reimbursement is based on the amount of the contract. The amount of the reimbursement is based on the amount of the contract and the amount of the reimbursement is based on the amount of the contract.

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

Project No. \_\_\_\_\_

*To be completed by CSFS forester:*

**PROGRAM:**

*WUI Incentives D-space:* \_\_\_\_\_ *I & D Prevention and Suppression – Bark Beetle:* \_\_\_\_\_

*FRFTP:* \_\_\_\_\_ *STEVENS' Fund:* \_\_\_\_\_ *SFA:* \_\_\_\_\_ *ESF:* \_\_\_\_\_ *Forest  
Restoration Grant (SB71 and HB1199):* \_\_\_\_\_

**WUI D-space Accomplishment:**

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

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

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

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

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

Acres thinned: \_\_\_\_\_

**Accomplishment (Not included above) – LOA Practice Number:**

#1 Plan Acres = _____	#5 Acres = _____	#9 Acres treated = _____
#2 Acres tree planting = _____	#6 Acres treated = _____	#10 Acres of restoration = _____
Acres treated = _____	#7 Acres treated = _____	#11 Acres = _____
#3 Acres treated = _____	#8 Acres treated = _____	
#4 Acres planted/ renovated = _____		



EMERGENCY REPTILES AND AMPHIBIANS  
 LANDOWNER ASSISTANCE PROGRAMS  
 ACCOMPLISHMENT REPORT (page 2)

Project No. \_\_\_\_\_

As completed for CSF 2 forest...

**PROGRAM:** \_\_\_\_\_  
**RTT Location:** \_\_\_\_\_  
**RTT Location Description:** \_\_\_\_\_  
**TRACT:** \_\_\_\_\_  
**Section:** \_\_\_\_\_  
**Acres:** \_\_\_\_\_

**1.0 Species/Assignment:** \_\_\_\_\_  
**2.0 Description:** \_\_\_\_\_  
**3.0 Status:** \_\_\_\_\_

**4.0 Prevention and suppression accomplishments:**  
 Acres treated: \_\_\_\_\_  
 Acres not treated: \_\_\_\_\_  
 Total acres: \_\_\_\_\_

**5.0 Summary of treated areas - UOA/Tract Number**

UOA/Tract Number	Acres Treated	Acres Not Treated	Total Acres
01	_____	_____	_____
02	_____	_____	_____
03	_____	_____	_____
04	_____	_____	_____
05	_____	_____	_____
06	_____	_____	_____
07	_____	_____	_____
08	_____	_____	_____
09	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
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24	_____	_____	_____
25	_____	_____	_____
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48	_____	_____	_____
49	_____	_____	_____
50	_____	_____	_____













Adams Tree Service  
 P.O. Box 1430  
 East Park, CO 80817

ADAMS TREE SERVICE  
 East Park Co



Invoice

Bill To:  
 Claire Johnson  
 118 W. 75th St., Apt. 707  
 New York, NY 10023

Date	Invoice No.
08/19/10	1090

Amount	Description	Item
00.00	Remove of black dead and beetle infested trees on 21 acres	Fuels
30,015.00	Buy fuel tanks @ 245 per hour	Balance Forward
-30,015.00		

Total