



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/>

09-02-15
(X)

Name: Glen Haven Association

Address: PO. Box 297
Glen Haven, CO 80532

Doc # 6861335
Approved for Payment
C.S.F.S.
09-02-15
(X)

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

Grant Number: 5379590-2-2-FC Non-Federal Match: \$3,300

Approved Funding: \$2,000 Total Project: \$4,725

CSFS Account Number: 5366020-6693 Amount of Payment: \$1,425

11CPG Cooperative Fire Protection, Stat.

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

Program Manager Signature [Signature] Date: 9/2/15

Program Manager Name Justin M. 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>5379590-2-2-FC</u>	2. Total Award Amount: <u>2,000⁰⁰</u>
3. Project Name: <u>GLEN HAVERN FUELS REDUCTION PROJECT</u>	4. Reimbursement Amount to Date: <u>0</u>
5. Make Payment To: <u>GLEN HAVERN ASSOCIATION</u> Name: <u>TONY FINK</u> Attn: <u>P.O BOX 297</u> Address: <u>GLEN HAVERN COLORADO 80532</u>	6. Period of Performance (Project Period): From: <u>JAN 1, 2015</u> - <u>AUGUST 25, 2015</u> To: _____

7. What has been accomplished? Please provide a description of accomplishments that meet the requirements listed in the project Scope of Work. Please be specific and report numbers such as acres treated, numbers of defensible spaces, tons of, cubic feet or yards of slash collected, number of presentations, number of plans written, etc., for which the award was granted. Attach additional sheets as necessary.

DURING THE 8 MO PRIOR TO CHIPPING, MULTIPLE HOMEOWNERS ACCOMPLISHED DEFENSIBLE SPACE WORK NEAR THEIR HOMES. NUMEROUS BEETLE KILL TRAPS WERE ALSO REMOVED. THE RESULTANT SLASH WAS STACKED ALONG THE MAIN ROADS IN GLEN HAVERN. A CHIPPER WAS CONTRACTED & VOLUNTEERS ASSISTED IN BROADCAST CHIPPING AT LEAST

NOTE: 10 ACRES OF RESIDENTIAL AREAS

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>2,000</u>	<u>3,300</u>	<u>1,425⁰⁰</u>	<u>4,725⁰⁰</u>	<u>1,425⁰⁰</u>	<u>30%</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 \$ 1,425⁰⁰ 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: *[Signature]* for GLEN HAVERN ASSOCIATION Date: 8/25/2015

10. Certification:

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

District Forester Signature: *[Signature]* Date: 8/26/15

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

Program Manager Signature: *[Signature]* Date: 9/2/15
SCOTT WOODS



Colorado State Forest Service Program Payment Request

Mailed to Scott W on 8/26/15

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: Glen Haven Association

Address: PO. Box 297
Glen Haven, CO 80532

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

Grant Number: 5379590-2-2 Non-Federal Match: \$3,300

Approved Funding: \$2,000 Total Project: \$4,725

CSFS Account Number: 5366020-6693 Amount of Payment: \$1,425

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

Program Manager Signature _____ Date: _____

Program Manager Name _____

EXHIBIT B

CSFS GRANT AND COST-SHARE PROGRAM REIMBURSEMENT REQUEST

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1. Project/Account #: <u>5379590-2-2</u>	2. Total Award Amount: <u>2000⁰⁰</u>
3. Project Name: <u>GLEN HAVERN FUELS REDUCTION PROJECT</u>	4. Reimbursement Amount to Date: <u>0</u>
5. Make Payment To: <u>GLEN HAVERN ASSOCIATION</u> Name: <u>TONY FINK</u> Attn: <u>P.O BOX 297</u> Address: <u>GLEN HAVERN COLORADO 80532</u>	6. Period of Performance (Project Period): From: <u>JAN 1, 2015</u> - <u>AUGUST 25, 2015</u> To:

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DURING THE 8 MO PRIOR TO CHIPPING, MULTIPLE HOMEOWNERS ACCOMPLISHED DEFENSIBLE SPACE WORK NEAR THEIR HOMES. NUMEROUS BEETLE KILL TREES WERE ALSO REMOVED. THE RESULTANT SLASH WAS STACKED ALONG THE MAIN ROADS IN GLEN HAVERN. A CHIPPER WAS CONTRACTED & VOLUNTEERS ASSISTED IN BROADCAST CHIPPING AT LEAST 10 ACRES OF RESIDENTIAL AREAS.

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* Use results from Exhibit B: 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 \$ 1425⁰⁰ 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: [Signature] Date: 8/25/2015
for GLEN HAVERN ASSOCIATION

10. Certification:

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

District Forester Signature: [Signature] Date: 8/26/15

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

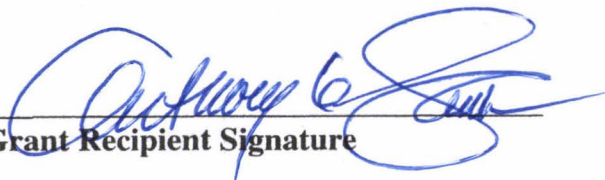
Program Manager Signature: _____ Date: _____

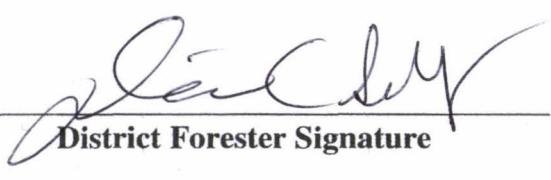
**CSFS FINANCIAL ASSISTANCE COST-SHARE PROGRAM
COST DOCUMENTATION**

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 (\$)
6/3/15	TONY FINC	TREE & BRUSH TRIMMING	9 ⁰	
6/24/15	"	"	6 ⁰	
6/29/15	"	"	2 ⁰	
7/21/15	"	"	4 ⁰	
7/21/15	STEVE GREEN	"	4 ⁰	
7/23/15	TONY FINC	"	4 ⁰	
8/1/15	DICK CHOISSANT	"	2 ⁰	
8/8/15	Jack Vaughan Mayo	"	4 ⁰	
8/8/15	Wally	"	2 ⁰	

*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 8/25/15
 Date


 District Forester Signature 8/26/15
 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 (\$)
8/3	Bert Johnson	TREE & BRUSH Removal	10 ^o	
8/3	John Brab	" " "	8 ^o	
8/18 ² .19	Dick Croissant	BRUSH collection & Chipping	9 1/2	
8/18	Jack Mayo	" " "	6 1/2	
8/18 ² .19	Tony Fink	" " "	9 1/2	
8/18	Wally	" " "	6 1/2	
8/18 ² .19	Bert Johnson	" " "	9 1/2	
8/18 ² .19	DAVE JOHNSON	" " "	9 1/2	
8/18	John Brab	" " "	6 1/2	

*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 8/25/15
 Date


 District Forester Signature 8/26/15
 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 (\$)
8/15	Ray Osorato	Brush Collection & Chipping	6 1/2	
8/18-19	Steve Green	" "	9 1/2	
8/18-1	Bruce White	" "	3	
			13 1/2 hrs	@ 25⁰⁰
				= \$ 3300 ⁰⁰

*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 8/25/15
 Date


 District Forester Signature 8/26/15
 Date

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



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

Invoice

Bill To:
Glen Haven Association c/o Tony Fink P.O. Box 297 Glen Haven, CO 80532 anthonysarahfink@msn.com

Date	Invoice No.
08/22/15	1693

Item	Description	Amount
Chipping	9.5 hours @ \$150 per hour.	1,425.00
Total		\$1,425.00

Pd ch# 3969 dated 8/23/15

**Financial Assistance Program
Cooperative Match Project**

To be conducted by:

Glen Haven Homeowners Association

Project Number: 5379590-2-2
Estimated Project Cost: \$5,000
Funding provided by CSFS: \$2,000
Minimum Recipient Match: \$3,000
Project to be completed by: September 1, 2015

Based on the strength of the application submitted by Glen Haven Homeowners Association, the Colorado State Forest Service is providing funding in the amount up to but not exceeding \$2,000 to accomplish the project described in the attached scope of work.

As the cooperator, Glen Haven Homeowners Association, 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: *GLEN HAVEN HOMEOWNERS ASSOCIATION*
ANTHONY G. FINK
Anthony G. Fink Date: *Sept 8, 2013*

Mailing Address:

Telephone Number:

Email Address:

*P.O. BOX 297
GLEN HAVEN CO 80532
970-586-6032
ANTHONY SARAH FINK@MSN.COM*

EXHIBIT A
Financial Assistance Program
Cooperative Match Project
SCOPE OF WORK

Project Number: 5379590-2-2

Cooperator: Glen Haven Homeowners Association

Work to be completed:

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

1. Type of Treatment –Tree thinning, chipping, defensible space

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: \$2,000

Minimum cooperator match: \$3,000

Deliverables: treatment of 10 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:

