



Town of Blue River
Wildfire Mitigation Grant Program
2023

Date: _____ Contractor: _____

Homeowner Name

Blue River Address

Homeowner Phone/Email

Description of Work

*(Include number of trees removed, location and Zoned impacted) *Attach photos**

Zone 1:

Zone 2:

Additional information/Limb ladder fuels:

Total trees to be removed:
Estimated Total Acres Treated:

Cost to Remove Trees: \$ _____

Noxious Weed Control: \$ _____

Total Costs: \$ _____

50/50 Grant: ~~-\$~~ _____

Town of Blue River Incentive: ~~-\$100~~ _____

Homeowner Obligation to be paid directly to the Town of Blue River: \$ _____

Signed: _____ **Date:** _____

Additional Information needed for grant submittal:

- Personnel/labor expense
- Equipment/supplies expense
- Estimated total acres treated. We will need this detail in the final submittal when the work is completed as well.
- Before/After photos.
- Environmental factors: describe the maintenance requirements unique to the project based on site characteristics.
- Noxious weed management plan.

Project timeline:

- Applications open August 2022
- **Project applications due to the Town April 15, 2023**
- Grant submittal April 2023
- Grant Application review by the Summit County Wildfire council May 2023
- Review, recommendations and approvals by Board of County Commissioners June 2023
- Grant awards July 2023

ATTACHMENT B: PROJECT PARTICIPATION and WEED MANAGEMENT ACKNOWLEDGEMENT FORM

I _____, acknowledge my participation in the Summit County Hazardous Fuels Reduction Grant Program and my personal responsibilities in accordance with the grant criteria.

_____ I have received a copy of the Weed Management Plan applicable to my property.

_____ As a participant of the Hazardous Fuels Reduction Grant, I understand my responsibility to manage noxious weeds on my property.

_____ I authorize Summit County Government to access my property to conduct noxious weed inspection for up to 2 years following project completion.

_____ I understand my property is subject Summit County Land Use and Development Code re: noxious weed control and failure to do so may result in corrective action by county Weed Control staff.

Project Name: _____

_____ Property Owner

Name: _____

_____ Physical Address of

Property: _____

_____ Legal Description

(Lot, Block, Subdivision): _____

_____ Mailing Address:

_____ Property Owner

Signature: _____ Date: _____

Electronic signature ok

Please return this signed form to your neighborhood Grant Representative.

For Grant Representative Use Only

Grant Representative – Please complete contact information below prior to distributing Weed Management and Project Participation Acknowledgement Forms to participating property owners.

(Grant Representative) First and Last Name:

(Grant Representative) E-mail Address:

(Grant Representative) Mailing Address:

All individual property owners' Project Participation and Weed Management Acknowledgement Forms must be completed and submitted with the Grant Acceptance Letter.