

# COSWAP Workforce Development Grant Application:

# Department of Corrections SWIFT Crews

Colorado Department of Natural Resource’s Strategic Wildfire Action Program (COSWAP) has funding available to support wildfire mitigation work by the Department of Corrections (DOC) State Wildland Inmate Fire Teams (SWIFT). DOC SWIFT crews are available within a 3 hour drive of the Four Mile Correctional Facility, near Cañon City, Colorado. Projects located within a 1.5 hour drive of the facility are likely to be day trips, and projects located 1.5-3 hours from the facility will likely be overnight trips. Applicants must be able to fulfill the logistical needs of DOC SWIFT including finding camping locations, securing bathrooms and sharing project prescriptions. The SWIFT calendar is full June-September 2025, projects that must be completed in summer months will not fit in the crew schedule.

## Contact Information

If you have any questions regarding this application, please contact DNR staff:

Roberta Anderson Courtney Young

Program Assistant Program Administrator

roberta.anderson@state.co.us courtney.young@state.co.us

## How to Apply

Applicants should review the Request for Applications (RFA) document found on the [COSWAP website](https://dnr.colorado.gov/divisions/forestry/co-strategic-wildfire-action-program) before filling out the application. The RFA includes important information on eligibility, timeline, and process.

Applicants should submit a completed application combined into a single pdf file to coswap@state.co.us with “COSWAP-Application-*Your Project Name*” in the subject line. Hard copies will not be accepted. You should receive an email confirmation of your submission within 1 week. If you do not hear back about your application within 1 week, please contact Roberta Anderson.

Contact the Department of Corrections SWIFT Supervisor to discuss your project and determine if it is appropriate for DOC SWIFT crews. Questions can be directed to Greg Hawkins at gregory.hawkins@state.co.us or at 719-338-8052.

# COSWAP Workforce Development Grant Application:

# DOC-SWIFT Grant Application

**Applications must be submitted by email to coswap@state.co.us** and will be accepted until November 1, 2024.

| Project name: | | Date: |
| --- | --- | --- |
| Applicant Information | | |
| Organization name (entity legally responsible for the project): | | |
| Project Manager: | Title: | |
| Mailing address/City/State/Zip: | | |
| Telephone (Work/Cell): | | |
| Email: | | |
| Workforce Development Grant Please select the workforce development grant(s) that you are requesting. Fill in the appropriate application sections corresponding with your selection(s). | | |
| Crew time award  ☐ Department of Corrections SWIFT crew  Cash award  ☐ Cash grant for project management expenses | | |
| Mitigation Project Details Applicants requesting DOC SWIFT crews for a mitigation project must complete this section. | | |
| Is your project located within a 1.5 hour drive from Canon City? YES ☐ NO ☐  Is your project located within a 3 hour drive from Canon City? YES ☐ NO ☐ | | |
| Project county: | Property owner: | |
| If the project manager is different from the property owner, please describe that relationship. | | |
| Property name (if applicable): | Project size (acreage): | |
| Desired month(s) for project work in 2025: | Is the timeline flexible? YES ☐ NO ☐ | |
| Approximate project **and** access coordinates (lat, long): | | |
| The Project Manager is responsible for securing access and all necessary permits, licenses, clearances, and environmental analysis documentation necessary to comply with local, state, and/or federal laws. **Place an X next to the appropriate status of due diligence.** Complete ☐ In process ☐ | | |

| Department of Corrections (DOC) SWIFT Crews Applicants are required to speak with a DOC representative about their project before submitting a project request. This is the DOC contact that has reviewed this project and affirmed DOC is fully aware of and agrees to the scope of the project, approximate crew time needed, and timeline. |
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| DOC contact name: |
| Have you worked with this workforce partner before? YES ☐ NO ☐ |
| DOC SWIFT Crew Budget - Crew Week Request and Crew Descriptions |
| **SWIFT Day Crew** – Up to a 20\* person crew with two crew leaders that travels to and from the project site. All crew members are chainsaw trained and fully equipped with saws and safety gear. Crews are also able to assist in pile burning.  **SWIFT Overnight Crew** - Up to a 20\* person crew with two crew leaders that camps near the project site or at a nearby facility. All crew members are chainsaw trained and fully equipped with saws and safety gear. Crews are able to assist in pile burning.  **Chipper** – DOC can provide chipping services to a project.  \*Note: A SWIFT week is four days, Monday-Thursday or Tuesday-Friday. Crew sizes may vary. |

| **Crew type** | **Number of weeks requested** |
| --- | --- |
| SWIFT Day Crew |  |
| SWIFT Overnight Crew |  |
| Chipper |  |

| Cash Grant Complete this section when requesting cash for project management expenses. Note: Cash grants are an optional addition to the crew time award. You cannot request a cash grant in this section without requesting a crew time award. | |
| --- | --- |
| Please indicate what you are requesting a cash grant for: | |
| ☐ Personnel expenses for project management  ☐ Biomass hauling  ☐ Porta-potties  ☐ Camping (Funding for camping will only be provided if the applicant has exhausted all free options.)  ☐ Other: Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

| Cash Grant Budget | | | | |
| --- | --- | --- | --- | --- |
| Applicants are required to complete the budget below if applying for a cash grant. Up to 10% of the request may be used for indirect costs. Applicants must provide a 25% match of the award amount, except for Tribal entities who are exempt from the match requirement.  **Project Categories**   * Personnel time: Amount needed for personnel to manage the project * Biomass hauling: Amount for truck or trailer rental and fees for dropping off slash * Porta-potties: Amount for porta-potty rental * Other: Herbicides, camping, or other project management expenses not listed above * Indirect: Indirect costs are the expenses of doing business that are not readily identified in the grant budget. Indirect cannot exceed 10% of the total requested from COSWAP. | | | | |
| **Match**  Column C + D totals must equal at least 25% of column B total.  Match (In-kind): Personnel time, equipment usage, training cost, travel expenses, etc.  Match (dollars): Cash | | **Match Calculator**  If requesting $10,000 a $2,500 match is required.  If requesting $50,000 a $12,500 match is required.  If requesting $100,000 a $25,000 match is required. | | |
| **A** | **B** | **C** | **D** | **E** |
| **Project categories** | **Grant share**  **(Amount requested)** | **Match**  **(In-Kind)** | **Match**  **(Dollars)** | **Total** |
| Personnel time |  |  |  |  |
| Biomass hauling |  |  |  |  |
| Porta-potties |  |  |  |  |
| Other |  |  |  |  |
| Indirect (max 10%) |  |  |  |  |
| **Total Budget** |  |  |  |  |

| Cash Grant Budget Narrative Please describe each of the project categories in detail below. Include details for both the grant share and match. |
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**A-1**

| Scope of Work All applicants must complete this section. |
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| Break down the project into a list of tasks to be completed, including specific fuel treatments by acreage. These should be quantifiable items that correspond to the crew types requested. The final outlined task should be biomass removal. Please provide a clear plan and timeline for removing any woody material/slash generated by the project. If creating burn piles, please explain why this is the most effective project treatment and a timeline for burning the piles.  Applicants are able to apply for a project continuation from a previous COSWAP grant. However, applications will not be accepted that have the exact same map and scope of work as the previous application. Please include a map of what was previously completed with COSWAP funds and describe how the scope of work has evolved.  Provide a detailed description of each task using the following format:  **Task #- Task Name:**  Description of Task and methods:  Deliverables:  Examples  **#1- Shaded fuel break:**  Description of Task and methods: Create a shaded fuel break along the primary evacuation route for the Rainbow community. Thin 200ft on either side of the roadway using hand crews. Remove all conifers up to 8 inches DBH. Limb all trees greater than 8 inches DBH to 6 feet above ground.  Deliverable: Enhance the primary excavation route by thinning 1 mile of roadway.  **#2- Biomass removal:**  Description of Task and methods: The project will have a combination of hand fed chipping and creation of piles for future burning. Crews will be advised to spread chips no more than 4 inches deep across the project area. Applicant has a qualified crew to burn piles in the off season and will work with DFPC on a burn plan for winter 2022/2023. Burn piles will be constructed according to DFPC’s Colorado Pile Construction Guide. Burn piles are essential for the northeast area of the project due to access issues with driving in a chipper.  Deliverable: Biomass created from this project has a defined plan. |
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**A-2**

| Application Narrative Instructions: Remove instructional questions (please keep the headings!) from this page and replace them with information specific to this project. Please limit your application narrative to two pages. |
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### Organization Info:

- Briefly describe your organization and your role in wildfire mitigation.

- What local and/or regional partnerships are you affiliated with? Is this project planned in collaboration with any other organizations?

- Describe your organization's ability to provide project oversight and management on your project.

### Project Purpose and Objectives:

- List your project purpose and three objectives pertaining to reducing wildfire risk to communities.

- How will the project accomplish your objectives?

### Wildfire Risk Information:

- Is your project located in an area at high or highest-risk to wildfire as identified in the [CSFS Wildland-Urban Interface (WUI) Risk Index](https://co-pub.coloradoforestatlas.org/#/)? If your community has a localized risk assessment, share a link.

- Is your project identified in a Community Wildfire Protection Plan, FEMA Hazard Mitigation Plan or other plan? If so, please share a link and note the page number.

- If your project location is not identified as high risk please explain why your project is a priority.

### Project Location:

- Where is the project located? What access is available to the work site?

- If this is a continuation of a previously funded COSWAP project, describe how this work is complementary and not duplicative, what acreage was already complete and what are you hoping to achieve now?

- What is the closest community to your project and does your project directly reduce fuels adjacent or within the community?

- What are the current conditions of the site in terms of the type, density and health of vegetation?

- What other fire mitigation work have you or neighboring landowners done at this site or in the area?

- If the project is on private land, please list clear, discernable public benefits of the project.

### Timeline:

- What is the project timeline? Does your project have seasonal constraints?

### Project Impact:

- Explain how this project is strategic, why it is a priority and how it directly protects life and property.

- What types of critical infrastructure does this project directly protect? Types of critical infrastructure include but are not limited to: evacuation routes, power lines, communication towers, health care and emergency services.

- Does your project protect critical watersheds, or municipal and agricultural water supply structures?

### Project Maintenance:

- How long will your project be effective at reducing wildfire risk?

- Please outline a five year maintenance plan for the project. How will this maintenance be funded?

### Leveraged Funding and Resources:

- Please explain the time needed for project management, layout, implementation and reporting. What leveraged funding will you be providing for this project (equipment usage, leveraged public or private funds)? If any revenue or cost offsets will be generated by this project please explain including the value of firewood or material for biomass heating.

**A-3**

| Project Location |
| --- |

Project map: Please attach a map identifying the specific area to be treated. If there are multiple treatment types please differentiate these on the map.

Applicants are able to apply for a project continuation from a previous COSWAP grant. However, applications will not be accepted that have the exact same map and scope of work as the previous application. Please include a map of what was previously completed with COSWAP funds and describe how the scope of work has evolved.

| Agreement, Liability, and Insurance Acknowledgements | | |
| --- | --- | --- |
| ☐ I understand that all successful applicants will be required to enter a Grant Agreement with the State of Colorado as a condition of receiving the grant award. I have reviewed the Grant Agreement sample template found on the COSWAP webpage.  ☐ I understand that all successful applicants must agree to assume all liability related to the approved project and to indemnify and hold harmless the State of Colorado and DOC SWIFT for any and all claims arising out of the approved project. I agree that the State and DOC SWIFT will not be liable for any act or omission of any party as a part of an approved grant program that causes any harm or that fails to prevent or mitigate wildfire damage at any time in the future.  ☐ I understand that the State and DOC SWIFT cannot guarantee the work completed as a result of either crew time awards or cash awards will prevent future wildfires or minimize the damage from future wildfires. The State will not guarantee the effectiveness or outcomes of any approved project.  ☐ I understand the State cannot guarantee project completion.  ☐ I understand that all successful applicants will be required to maintain and provide proof of adequate insurance coverage as detailed in the Grant Agreement. I agree to acquire and maintain such insurance coverage as a condition of any grant award.  ☐ I understand and acknowledge that a successful applicant will be responsible for providing crews with the following:  1) Site visit with the crew manager before final grant agreement.  2) Frequent check-ins and technical project assistance.  3) Camping locations (if necessary).  4) Specialty work tools and project supplies as required and not provided by the crew.  5) On the ground project evaluation throughout the entirety of the project.  6) All reporting required by the Grant Agreement including a final report to the State.  7) Lawful access to all properties necessary for project work.  8) Relevant maps, including geospatial maps, and other pertinent technical support.  ☐ I understand if I am not requesting a cash grant, that all project management expenses will be my responsibility and not borne by the State. | | |
| Authorized Signature | | |
| I certify that I am authorized to sign on behalf of the applicant and that, if awarded a grant for this project, the applicant will comply with the grant administration requirements of both the State and the workforce development organization. I certify that the contents of this application are true to the best of my knowledge and agree to provide any corrections or updates to the State as soon as practical after discovery of an error. | | |
| Signature (Electronic and PDF Signatures are accepted; unsigned applications will not be accepted): | | |
|  | | |
| Name: | Title: | Date: |