**PART F - INDIVIDUAL TREATMENT SPECIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **TREATMENT/ACTIVITY NAME** |  | **PART E**  **Spec-#** |  |
| **NFPORS TREATMENT CATEGORY\*** |  | **FISCAL YEAR(S)**  **(list each year):** |  |
| **NFPORS TREATMENT TYPE \*** |  | **WUI? Y / N** |  |
| **IMPACTED COMMUNITIES AT RISK** |  | **IMPACTED T&E SPECIES** |  |

\* See NFPORS Restoration & Rehabilitation module - Edit Treatment screen for applicable entries.

**WORK TO BE DONE** (describe or attach exact specifications of work to be done):

|  |
| --- |
| **A. General Description**:  **B. Location/(Suitable) Sites:**  **C. Design/Construction Specifications:**  1. a.  b.    2. a.  b.  .  **D. Purpose of Treatment Specifications (relate to damage/change caused by fire):**    **E. Treatment consistent with Agency Land Management Plan (identify which plan):**  **F. Treatment Effectiveness Monitoring Proposed:** |

**LABOR, MATERIALS AND OTHER COST:**

|  |  |
| --- | --- |
| **PERSONNEL SERVICES: (Grade @ Cost/Hours X # Hours X # Fiscal Years = Cost/Item):**  **Do not include contract personnel costs here (see contractor services below).** | **COST / ITEM** |
|  | $ |
|  |  |
|  |  |
|  |  |
| **TOTAL PERSONNEL SERVICE COST** |  |
| **EQUIPMENT PURCHASE, LEASE AND/OR RENT (Item @ Cost/Hour X # of Hours X #Fiscal Years = Cost/Item): Note: Purchases require written justification that demonstrates cost benefits over leasing or renting.** |  |
|  | $0 |
|  | $0 |
|  | $0 |
|  | $0 |
|  |  |
| **TOTAL EQUIPMENT PURCHASE, LEASE OR RENTAL COST** | $0 |
| **MATERIALS AND SUPPLIES (Item @ Cost/Each X Quantity X #Fiscal Years = Cost/Item):** |  |
|  | $0 |
|  |  |
| **TOTAL MATERIALS AND SUPPLY COST** | $0 |
| **TRAVEL COST (Personnel or Equipment @ Rate X Round Trips X #Fiscal Years = Cost/Item):** |  |
|  |  |
|  |  |
| **TOTAL TRAVEL COST** | $0 |
| **CONTRACT COST (Labor or Equipment @ Cost/Hour X #Hours X #Fiscal Years = Cost/Item):** |  |
|  |  |
|  |  |
|  |  |
| **TOTAL CONTRACT COST** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SPECIFICATION COST SUMMARY** | | | | | | | |
| **FISCAL YEAR** | **PLANNED INITIATION DATE (M/D/YYYY)** | **PLANNED COMPLETION DATE (M/D/YYYY)** | **WORK AGENT** | **UNITS** | **UNIT COST** | **PLANNED ACCOMPLISHMENTS** | **PLANNED COST** |
|  |  |  |  |  |  |  | $0 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **TOTAL** | | | | | | | $0 |

**Work Agent**: C=Coop Agreement, F=Force Account, G=Grantee, P=Permittees, S=Service Contract, T=Timber Sales Purchaser, V=Volunteer

**SOURCE OF COST ESTIMATE**

|  |  |
| --- | --- |
| 1. Estimate obtained from 2-3 independent contractual sources. |  |
| 2. Documented cost figures from similar project work obtained from local agency sources. |  |
| 3. Estimate supported by cost guides from independent sources or other federal agencies |  |
| 4. Estimates based upon government wage rates and material cost. |  |
| 5. No cost estimate required - cost charged to Fire Suppression Account |  |

**P** = Personnel Services, **E** = Equipment **M** = Materials/Supplies, **T** = Travel, **C** = Contract, **F** = Suppression

**RELEVANT DETAILS, MAPS AND DOCUMENTATION INCLUDED IN THIS REPORT:**

|  |
| --- |
| See Appendix I Assessment; Appendix IV Maps |