



**Modoc Fire Safe Council**  
**501 (c) Not for Profit Organization**  
**P.O. Box 1448**  
**Alturas, CA 96101**  
**(530) 233-5516**

**Residential Chipping Program**  
Request Form

Name: \_\_\_\_\_

Address/Location of Property: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Assessor's Parcel No. \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, am the rightful owner of the property stated above. I understand that the Modoc Fire Safe Council (hereinafter referred to as MFSC) will treat any brush that is cleared 100 ft. from any permanent structure and/or 30 ft. from any roadside or driveway used for evacuation purposes. Furthermore, I understand that any vegetation that grows past such limitations is beyond the boundaries of what MFSC will treat. I also understand that the MFSC is not able to chip solid piles of leaves, pine needles, yard clippings or decaying wood. In addition, by signing below, I also agree to the following terms and conditions:

- 1) I agree to admit the Modoc Fire Safe Council's private contractor onto my property.
- 2) I agree that I, together with members of my family and friends may not assist and must stay 100 feet from the chipping operations.
- 3) I agree to have the material chipped back onto my property, unless other arrangements have been made.
- 4) I agree to comply with the contractor's decision where to place the chips, as safety is the number one concern.
- 5) I understand that the MFSC contractor has final authority in determining whether piles are suitable for chipping.
- 6) I understand that the contractor makes final scheduling decisions.
- 7) I understand that the MFSC is not obligated to perform this service and the MFSC is not liable for its failure to perform this service.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please help the MFSC by completing the **Volunteer In-Kind Contribution Record** with your hours and dates of Defensible Space activities. Providing this information is not required but does assist the MFSC by using your volunteer time as an in-kind match to certain funding opportunities.

Modoc Fire Safe Council  
Residential Chipping Program

**MODOC FIRE SAFE COUNCIL**

P.O. Box 1448

Alturas, CA 96101

***Volunteer In-Kind Contribution Record***

Grantee Organization:  
Modoc Fire Safe Council

CalFire Agreement  
5GG21215

Project Name:  
Modoc Fire Safe Council Defensible Space and Residential Chipping

Authorizing Official: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Email: \_\_\_\_\_

*To the best of our knowledge, the person listed below performed the listed service(s) on the specified date(s) and times and are allowable costs per the approved project budget.*

**Volunteer Printed Name:** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_

**Volunteer Mailing Address:** \_\_\_\_\_

Phone: \_\_\_\_\_

Dates of Service	Total Hours Worked	Location Work Performed	Description of Work	Fair Market Value of Work
Total Hrs. Worked: _____		Hourly Rate: \$ 38.61 Rate Based On: Independent Sector 2023 Volunteer Value Rate <a href="https://independentsector.org/wp-content/uploads/2024/04/is-vovt-report-all-years_v2-1.pdf">https://independentsector.org/wp-content/uploads/2024/04/is-vovt-report-all-years_v2-1.pdf</a>		

2 CFR 200.306

(j) For third-party in-kind contributions, the fair market value of goods and services must be documented and to the extent feasible supported by the same methods used internally by the non-Federal entity.