State of California
California Environmental Protection Agency
California Air Resources Board
EARLY ACTION DESK REVIEW FINDINGS

EARLY ACTION DESK REVIEW FINDINGS

ARB Staff Use Only	ARB Form Tracking Number:	Date Findings Received:	Date Findings Processed:	*ARB Staff Use Only*
	Date Findings Reviewed:	Date More Information Requested:	Date Findings Approved:	

PART I. VERIFICATION BODY INFORMATION

Verification Body Name:	Verification Body ID Number:
Environmental Services, Inc.	H2-12-002

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name:	EAOP Project ID#:	ARB Project ID#:
Big River/Salmon Creek Forests	CAR408	CAFR0041

Name of Party Requesting Desk Review:
The Conservation Fund

Reporting Period Start Date:	Reporting Period End Date:
01/01/2008	12/31/2008

Note: A separate Early Action Desk Review Findings must be provided for each reporting period being reviewed.

Part III. ATTACHMENT

☒ **Report Detailing the Desk Review Findings**

Part IV. DESK REVIEW FINDINGS SUMMARY

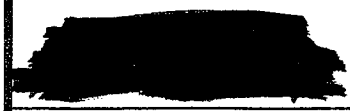
1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?	☒ **Yes** ☐ **No**
2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?	☒ **Yes** ☐ **No**
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?	☒ **Yes** ☐ **No**

Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE

If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.

Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING

SIGNATURE:	PRINTED NAME:
TITLE:	DATE:

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING	
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.	
ATTESTATION SIGNATURE: 	**PRINTED NAME:** Jonathan Pomp
TITLE: ARB Lead Verifier (H2-14-188)	**DATE:** 07 January 2015
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER	
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.	
ATTESTATION SIGNATURE:	**PRINTED NAME:** Janice McMahon
TITLE: Sr. Vice President and Technical Director Forestry, Carbon, and GHG Services	**DATE:** 07 January 2015

JAP/JPM/rb/VO12100.00 BRSC CAFR0043 ARB Desk Review FY2008 Final.doc
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State of California
California Environmental Protection Agency
California Air Resources Board
EARLY ACTION DESK REVIEW FINDINGS

EARLY ACTION DESK REVIEW FINDINGS

ARB Staff Use Only	ARB Form Tracking Number:	Date Findings Received:	Date Findings Processed:	*ARB Staff Use Only*
	Date Findings Reviewed:	Date More Information Requested:	Date Findings Approved:	

PART I. VERIFICATION BODY INFORMATION

Verification Body Name:	Verification Body ID Number:
Environmental Services, Inc.	H2-12-002

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name:	EAOP Project ID#:	ARB Project ID#:
Big River/Salmon Creek Forests	CAR408	CAFR0041

Name of Party Requesting Desk Review:
The Conservation Fund

Reporting Period Start Date:	Reporting Period End Date:
01/01/2009	12/31/2009

Note: A separate Early Action Desk Review Findings must be provided for each reporting period being reviewed.

Part III. ATTACHMENT

☒ **Report Detailing the Desk Review Findings**

Part IV. DESK REVIEW FINDINGS SUMMARY

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?	☒ **Yes** ☐ **No**
2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?	☒ **Yes** ☐ **No**
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?	☒ **Yes** ☐ **No**

Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE

If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.

Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING

SIGNATURE:	PRINTED NAME:
TITLE:	DATE:

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING	
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.	
ATTESTATION SIGNATURE:	**PRINTED NAME:** Jonathan Pomp
TITLE: ARB Lead Verifier (H2-14-188)	**DATE:** 19 January 2015
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER	
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.	
ATTESTATION SIGNATURE:	**PRINTED NAME:** Janice McMahon
TITLE: Vice President and Regional Technical Manager Forestry, Carbon, and GHG Services	**DATE:** 19 January 2015

JAP/CLS/JPM/rb VO12100.00 CAFR0041 ARB EADesk Review 2009-final 19Jan2015
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State of California
California Environmental Protection Agency
California Air Resources Board
EARLY ACTION DESK REVIEW FINDINGS

EARLY ACTION DESK REVIEW FINDINGS

ARB Staff Use Only	**ARB Form Tracking Number:**	**Date Findings Received:**	**Date Findings Processed:**	*ARB Staff Use Only*
	Date Findings Reviewed:	**Date More Information Requested:**	**Date Findings Approved:**	

PART I. VERIFICATION BODY INFORMATION

Verification Body Name:	**Verification Body ID Number:**
Environmental Services, Inc.	H2-12-002

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name:	**EAOP Project ID#:**	**ARB Project ID#** (if known):
Big River/Salmon Creek Forests	CAR408	CAFR0041

Name of Party Requesting Desk Review:
The Conservation Fund

Offset Project Data Report (Reporting Period) Start Date:	**Offset Project Data Report (Reporting Period) End Date:**
01/01/2010	12/31/2010

Note: A separate Early Action Desk Review Findings must be provided for each Offset Project Data Report (Reporting Period) for which an Early Action Verification Report and Offset Verification Statement is being reviewed.

Part III. DESK REVIEW FINDINGS

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?	☒ **Yes** ☐ **No**
2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?	☒ **Yes** ☐ **No**
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable Offset Project Data Report year?	☒ **Yes** ☐ **No**

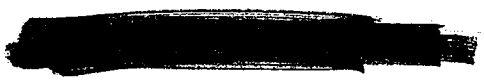
If the verification body answered <u>no to any</u> of the three questions above, please do <u>not</u> sign the attestation in Part IV. Please provide a report to ARB that explains the reasons for your findings and provide your signature here in Part III.

SIGNATURE:	**PRINTED NAME:**
TITLE:	**DATE:**

Part IV. VERIFICATION BODY ATTESTATION AND SIGNATURE

If the verification body answered <u>yes to all</u> of the questions in Part III above, please provide your signature below.

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable Offset Project Data Report year. I further certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

SIGNATURE:	**PRINTED NAME:**
	**Stewart McMorrow**

TITLE: **ARB Lead Verifier (H2-12-111)**	**DATE:** **8 January 2014**

SPM/CLS/rbVO12100.00 Big River ARB review-2010.doc
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State of California
California Environmental Protection Agency
California Air Resources Board
EARLY ACTION DESK REVIEW FINDINGS

EARLY ACTION DESK REVIEW FINDINGS

ARB Staff Use Only	**ARB Form Tracking Number:**	**Date Findings Received:**	**Date Findings Processed:**	*ARB Staff Use Only*
	Date Findings Reviewed:	**Date More Information Requested:**	**Date Findings Approved:**	

PART I. VERIFICATION BODY INFORMATION

Verification Body Name:	**Verification Body ID Number:**
Environmental Services, Inc.	H2-12-002

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name:	**EAOP Project ID#:**	**ARB Project ID#** (if known):
Big River/Salmon Creek Forests	CAR408	CAFR0041

Name of Party Requesting Desk Review:
The Conservation Fund

Offset Project Data Report (Reporting Period) Start Date:	**Offset Project Data Report (Reporting Period) End Date:**
01/01/2011	12/31/2011

Note: A separate Early Action Desk Review Findings must be provided for each Offset Project Data Report (Reporting Period) for which an Early Action Verification Report and Offset Verification Statement is being reviewed.

Part III. DESK REVIEW FINDINGS

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?	☒ **Yes** ☐ **No**
2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?	☒ **Yes** ☐ **No**
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable Offset Project Data Report year?	☒ **Yes** ☐ **No**

If the verification body answered <u>no to any</u> of the three questions above, please do <u>not</u> sign the attestation in Part IV. Please provide a report to ARB that explains the reasons for your findings and provide your signature here in Part III.

SIGNATURE:	**PRINTED NAME:**
TITLE:	**DATE:**

Part IV. VERIFICATION BODY ATTESTATION AND SIGNATURE

If the verification body answered <u>yes to all</u> of the questions in Part III above, please provide your signature below.

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable Offset Project Data Report year. I further certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

SIGNATURE:	**PRINTED NAME:**
	Stewart McMorrow

SPM/CLS/rbVO12100.00 Big River ARB review-2011-final.doc
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State of California
California Environmental Protection Agency
California Air Resources Board
EARLY ACTION DESK REVIEW FINDINGS

EARLY ACTION DESK REVIEW FINDINGS

ARB Staff Use Only	ARB Form Tracking Number:	Date Findings Received:	Date Findings Processed:	*ARB Staff Use Only*
	Date Findings Reviewed:	Date More Information Requested:	Date Findings Approved:	

PART I. VERIFICATION BODY INFORMATION

Verification Body Name:	Verification Body ID Number:
Environmental Services, Inc.	H2-12-002

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name:	EAOP Project ID#:	ARB Project ID# (if known):
Big River/Salmon Creek Forests	CAR408	CAFR0041

Name of Party Requesting Desk Review:
The Conservation Fund

Offset Project Data Report (Reporting Period) Start Date:	Offset Project Data Report (Reporting Period) End Date:
01/01/2012	12/31/2012

Note: A separate Early Action Desk Review Findings must be provided for each Offset Project Data Report (Reporting Period) for which an Early Action Verification Report and Offset Verification Statement is being reviewed.

Part III. DESK REVIEW FINDINGS

1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?	☒ **Yes** ☐ **No**
2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?	☒ **Yes** ☐ **No**
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable Offset Project Data Report year?	☒ **Yes** ☐ **No**

If the verification body answered no to any of the three questions above, please do not sign the attestation in Part IV. Please provide a report to ARB that explains the reasons for your findings and provide your signature here in Part III.

SIGNATURE:	PRINTED NAME:
TITLE:	DATE:

Part IV. VERIFICATION BODY ATTESTATION AND SIGNATURE

If the verification body answered yes to all of the questions in Part III above, please provide your signature below.

I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable Offset Project Data Report year. I further certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.

SIGNATURE:	PRINTED NAME:
[redacted]	**Stewart McMorrow**

TITLE: **ARB Lead Verifier (H2-12-111)**	**DATE:** **8 January 2014**

SPM/CLS/rbVO12100.00 Big River ARB review-2012-final.doc
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State of California
California Environmental Protection Agency
California Air Resources Board
EARLY ACTION DESK REVIEW FINDINGS

EARLY ACTION DESK REVIEW FINDINGS

ARB Staff Use Only	ARB Form Tracking Number:	Date Findings Received:	Date Findings Processed:	*ARB Staff Use Only*
	Date Findings Reviewed:	Date More Information Requested:	Date Findings Approved:	

PART I. VERIFICATION BODY INFORMATION

Verification Body Name:	Verification Body ID Number:
Environmental Services, Inc.	H2-12-002

PART II. EARLY ACTION PROJECT INFORMATION

Early Action Project Name:	EAOP Project ID#:	ARB Project ID#:
Big River/Salmon Creek Forests	CAR408	CAFR0041

Name of Party Requesting Desk Review:
The Conservation Fund

Reporting Period Start Date:	Reporting Period End Date:
01/01/2013	12/31/2013

Note: A separate Early Action Desk Review Findings must be provided for each reporting period being reviewed.

Part III. ATTACHMENT

☒ **Report Detailing the Desk Review Findings**

Part IV. DESK REVIEW FINDINGS SUMMARY

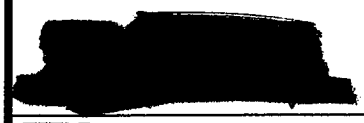
1. Were the previously provided offset verification services sufficient to render a reasonable assurance to support the issuance of early action offset credits by the Early Action Offset Program?	☒ **Yes** ☐ **No**
2. Were the data checks conducted by the offset verification body for the Early Action Offset Program calculated correctly and demonstrate the early action offset project data report meets the applicable quantitative materiality threshold as set forth in the early action quantification methodology?	☒ **Yes** ☐ **No**
3. Does this verification body conclude with reasonable assurance that it concurs that a positive verification statement should have been issued based on the Early Action Verification Report and the Offset Verification Statement submitted to the Early Action Offset Program for the applicable early action reporting period?	☒ **Yes** ☐ **No**

Part V. VERIFICATION BODY ATTESTATION AND SIGNATURE

If the verification body answered "No" to any of the three questions in Part IV, sign this form in Part V.A immediately below. If the verification body answered "Yes" to all three questions, provide the attestation in Part V.B.

Part V.A. LEAD VERIFIER SIGNATURE IF NOT CONCURRING

SIGNATURE:	PRINTED NAME:
TITLE:	DATE:

Part V.B. LEAD VERIFIER ATTESTATION AND SIGNATURE IF CONCURRING	
I certify under penalty of perjury under the laws of the State of California that I have conducted a desk review in accordance with the requirements of section 95990(f)(3) and concur with the issuance of a positive verification statement based on the Early Action Verification Report and Offset Verification Statement that was submitted to the Early Action Offset Program for the applicable early action reporting period.	
ATTESTATION SIGNATURE: 	**PRINTED NAME:** Jonathan Pomp
TITLE: ARB Lead Verifier (H2-14-188)	**DATE:** 12 December 2014
Part V.C. SIGNATURE BY VERIFICATION BODY OFFICER	
I concur with the findings in this form and certify that I am duly authorized to represent and legally bind the Offset Verification Body on all matters related to this form.	
ATTESTATION SIGNATURE:	**PRINTED NAME:** Janice McMahon
TITLE: Vice President and Regional Technical Manager Forestry, Carbon, and GHG Services	**DATE:** 12 December 2014

JAP/CLS/JPM/rbVO12100.00 Big River ARB review-2013-final.doc
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