

SWCD Office: Pope
 Phone: 320-634-5327
 Contact Email: holly.kovarik@mn.nacdnet.net
 FTE: 100%

State Funding:
 Local Match:
 Total Budget:
 Date:
 Max Hours:

FY15 CARRY-OVER	FY16 BUDGET	TOTAL	Payment 1st Qtr	Payment 2nd Qtr	Payment 3rd Qtr	Payment 4th Qtr	BALANCE
\$12,788.00	\$45,000.00	\$57,788.00	\$10,863.67	\$13,367.34	\$0.00	\$0.00	\$33,556.99
\$1,278.80	\$5,000.00	\$6,278.80	\$1,205.40	\$1,483.20	\$0.00	\$0.00	\$3,590.20
\$14,066.80	\$50,000.00	\$64,066.80	\$12,069.07	\$14,850.54	\$0.00	\$0.00	\$37,147.19
7/1/15 - 8/23/15	8/24/15 to 6/30/16						
591.5	2,080						

FY 2016 MN Farmbill Initiative - Work Documentation Sheet

Record the actual hours worked on this form. The yellow highlighted area shows carry-over dollars and maximum number of hours that are eligible for the stated time period until new FY16 agreement was executed. BWSR anticipates there to be FY16 dollars/hours to carry into FY17 until new agreement is executed for that program year.

Submit this completed report to Roxie.Serreyn@state.mn.us

Work Period: Monthly	Hours	# Initial Contracts	# Response Contracts	Total Enrolled		CCRP Filterstrips		CCRP Riparian Buffer		CCRP Wetlands		General CRP		Management Activities		Other:		CCRP Tree Practices		CCRP Grasslands		RIM		Pollinator		WRE		EQIP		NPB		
				#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	
July 1 - August 23, 2015	325.75	61	61	61	384.48	3	6.18	22	142.63	3	38.3							17	47.1	16	150.27											
August 24 - 31, 2015	8			0	0																											
September 2015	168.5	10	10	10	122.6			4	33.4	1	10.1							1	0.9	4	78.2											
TOTAL	502.25	71	71	71	507.08	3	6.18	26	176.03	4	48.4	0	0	0	0	0	0	18	48	20	228.47	0	0	0	0	0	0	0	0	0	0	

Amount Requested for 1st Reimbursement: 502.25 X \$21.63 = **\$10,863.67**

Submitted by SWCD: Holly Kovarik (emailed 10/13/15) Date: _____
 Submitted by BWSR: Tabor Hoek Name: _____ Date: 10/13/2015
 Check box for approval Check box for approval

Month	Hours	# Initial Contracts	# Response Contracts	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	
October 2015	176.5	33	33	4	51.03					3	40.93									1	10.1									
November 2015	139.25	30	30	2	31.4															2	31.4									
December 2015	302.25	55	55	5	83.4	1	5.81			2	63.88								1	1.11	1	12.6								
TOTAL	618	118	118	11	165.83	1	5.81	0	0	5	104.81	0	0	0	0	0	0	0	1	1.11	4	54.1	0	0	0	0	0	0	0	0

Amount Requested for 2nd Reimbursement: 618 X \$21.63 = **\$13,367.34**

Submitted by SWCD: Holly Kovarik (emailed 12/30/15) Date: _____
 Submitted by BWSR: _____ Name: _____ Date: _____
 Check box for approval Check box for approval

Month	Hours	# Initial Contracts	# Response Contracts	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	
January 2016				0	0																									
February 2016				0	0																									
March 2016				0	0																									
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Amount Requested for 3rd Reimbursement: 0 X \$21.63 = **\$0.00**

Submitted by SWCD: _____ Name: _____ Date: _____
 Submitted by BWSR: _____ Name: _____ Date: _____
 Check box for approval Check box for approval

Month	Hours	# Initial Contracts	# Response Contracts	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	#Contracts	# Acres	
April 2016				0	0																									
May 2016				0	0																									
June 2016				0	0																									
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Amount Requested for 4th Reimbursement: 0 X \$21.63 = **\$0.00**

Submitted by SWCD: _____ Name: _____ Date: _____
 Submitted by BWSR: _____ Name: _____ Date: _____
 Check box for approval Check box for approval