

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

State Funding: \$13,225.00
 Local Match: \$1,322.50
 Total Budget: \$14,547.50
 Date: 7/1/16 - 8/16/16
 Max Hours: 470.13

FY16 CARRY-OVER	FY17 BUDGET	TOTAL	Payment 1st Qtr	Payment 2nd Qtr	Payment 3rd Qtr	Payment 4th Qtr	BALANCE
\$13,225.00	\$8,500.00	\$71,725.00	\$12,946.83	\$13,129.68	\$0.00	\$0.00	\$45,648.49
\$1,322.50	\$6,500.00	\$7,822.50	\$1,104.60	\$1,120.20	\$0.00	\$0.00	\$5,597.70
\$14,547.50	\$65,000.00	\$79,547.50	\$14,051.43	\$14,249.88	\$0.00	\$0.00	\$51,246.19
7/1/16 - 8/16/16	8/17/16 to 6/30/17						
470.13	2,080						

FY 2017 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 FY17 agreement. BWSR anticipates there to be FY17 dollars/hours to carry into FY18 until new agreement is executed for that program year.

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

Work Period: Monthly	Hours	# Initial Contacts	# Response Contacts	Total Enrolled		CCRP Filterstrips		CCRP Riparian Buffer		CCRP Wetlands		General CRP		Management Activities		Other:		CCRP Tree Practices		CCRP Grasslands		RIM		P
				#Contracts	#Acres	#Contracts	#Acres	#Contracts	#Acres	#Contracts	#Acres	#Contracts	#Acres	#Contracts	#Acres	#Contracts	#Acres	#Contracts	#Acres	#Contracts	#Acres	#Contracts	#Acres	
July 1 - August 16, 2016	240	30	27	4	50.4					4	50.4													
August 17 - August 31, 2016	92.25	27	27	7	113.13			1	15	2	69.38							3	5.78	1	2.97			
September 2016	128	18	18	81	548.47	22	128.46	16	98.21	9	131.53	4	22.79					27	143.98	3	23.5			
TOTAL	460.25	75	72	92	712	22	128.46	17	113.21	15	271.31	4	22.79	0	0	0	0	30	149.76	4	26.47	0	0	0

Amount Requested for 1st Reimbursement

460.25 X \$28.13 = \$12,946.83

Submitted by
SWCD

Name: Nicole Zimmerman (Emailed 10/11/16) Date: _____

Check box for approval

Submitted by
BWSR

Name: Tabor Hoek Date: 10/13/2016

Check box for approval

October 2016	160.75	41	34	0	0																			
November 2016	144	46	40	2	37.27					2	37.27													
December 2016	142	20	20	3	163.84					3	163.84													
TOTAL	466.75	107	94	5	201.11	0	0	0	0	5	201.11	0	0	0	0	0	0	0	0	0	0	0	0	0

Amount Requested for 2nd Reimbursement

466.75 X \$28.13 = \$13,129.68

Submitted by
SWCD

Name: _____ Date: _____

Check box for approval

Submitted by
BWSR

Name: _____ Date: _____

Check box for approval

January 2017				0	0																			
February 2017				0	0																			
March 2017				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

Amount Requested for 3rd Reimbursement

0 X \$28.13 = \$0.00

Submitted by
SWCD

Name: _____ Date: _____

Check box for approval

Submitted by
BWSR

Name: _____ Date: _____

Check box for approval

April 2017				0	0																			
May 2017				0	0																			
June 2017				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

Amount Requested for 4th Reimbursement

0 X \$28.13 = \$0.00

Submitted by
SWCD

Name: _____ Date: _____

Check box for approval

Submitted by
BWSR

Name: _____ Date: _____

Check box for approval