

SWCD Office: _____
 Phone: _____
 Contact Email: _____
 FTE: _____

State Funding: _____
 Local F&A Match: _____
 Other Local Match: _____
 Total Required Match: _____
 Total Budget: _____
 Hours Worked To-Date: _____
 Start Date: _____

BUDGET	Payment 1st	Payment 2nd	Payment 3rd	Payment 4th	Payment 5th	Payment 6th	Payment 7th	Payment 8th	Payment 9th	Payment 10th	Payment 11th	Payment 12th	BALANCE
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0.00	0	0	0	0	0	0	0	0	0	0	0	0	0

End Date: **6/30/2020**

CREP OUTREACH & IMPLEMENTATION PROGRAM

Information on this sheet will be prefilled for you or auto-populate from information entered on the Billable Rates and Employee Tabs.

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

6th Payment

Work Period: Monthly	Hours	# Initial Contracts	Total Enrolled	CP2	CP21	CP23	CP23A
Month			# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres
October 2019	0	0	0 0	0 0	0 0	0 0	0 0
November 2019	0	0	0 0	0 0	0 0	0 0	0 0
December 2019	0	0	0 0	0 0	0 0	0 0	0 0
TOTAL	0	0	0 0	0 0	0 0	0 0	0 0

Amount Requested for 6th Reimbursement Submitted by SWCD: 0 **\$0.00**

Submitted by BWSR: _____ Date: _____

Name: _____ Date: _____

The above duties have been performed as described and the hours recorded are an accurate reflection of time expended during above time period. Check box for approval

7th Payment

Work Period: Monthly	Hours	# Initial Contracts	Total Enrolled	CP2	CP21	CP23	CP23A
Month			# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres
January 2019	0	0	0 0	0 0	0 0	0 0	0 0
February 2019	0	0	0 0	0 0	0 0	0 0	0 0
March 2019	0	0	0 0	0 0	0 0	0 0	0 0
TOTAL	0	0	0 0	0 0	0 0	0 0	0 0

Amount Requested for 7th Reimbursement Submitted by SWCD: 0 **\$0.00**

Submitted by BWSR: _____ Date: _____

Name: _____ Date: _____

The above duties have been performed as described and the hours recorded are an accurate reflection of time expended during above time period. Check box for approval

8th Payment

Work Period: Monthly	Hours	# Initial Contracts	Total Enrolled	CP2	CP21	CP23	CP23A
Month			# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres
April 2019	0	0	0 0	0 0	0 0	0 0	0 0
May 2019	0	0	0 0	0 0	0 0	0 0	0 0
June 2019	0	0	0 0	0 0	0 0	0 0	0 0
TOTAL	0	0	0 0	0 0	0 0	0 0	0 0

Amount Requested for 8th Reimbursement Submitted by SWCD: 0 **\$0.00**

Submitted by BWSR: _____ Date: _____

Name: _____ Date: _____

The above duties have been performed as described and the hours recorded are an accurate reflection of time expended during above time period. Check box for approval

9th Payment

Work Period: Monthly	Hours	# Initial Contracts	Total Enrolled	CP2	CP21	CP23	CP23A
Month			# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres
July 2019	0	0	0 0	0 0	0 0	0 0	0 0
August 2019	0	0	0 0	0 0	0 0	0 0	0 0
September 2019	0	0	0 0	0 0	0 0	0 0	0 0
TOTAL	0	0	0 0	0 0	0 0	0 0	0 0

Amount Requested for 9th Reimbursement Submitted by SWCD: 0 **\$0.00**

Submitted by BWSR: _____ Date: _____

Name: _____ Date: _____

The above duties have been performed as described and the hours recorded are an accurate reflection of time expended during above time period. Check box for approval

10th Payment

Work Period: Monthly	Hours	# Initial Contracts	Total Enrolled	CP2	CP21	CP23	CP23A
Month			# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres
October 2019	0	0	0 0	0 0	0 0	0 0	0 0
November 2019	0	0	0 0	0 0	0 0	0 0	0 0
December 2019	0	0	0 0	0 0	0 0	0 0	0 0
TOTAL	0	0	0 0	0 0	0 0	0 0	0 0

Amount Requested for 10th Reimbursement Submitted by SWCD: 0 **\$0.00**

Submitted by BWSR: _____ Date: _____

Name: _____ Date: _____

The above duties have been performed as described and the hours recorded are an accurate reflection of time expended during above time period. Check box for approval

11th Payment

Work Period: Monthly	Hours	# Initial Contracts	Total Enrolled	CP2	CP21	CP23	CP23A
Month			# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres
January 2020	0	0	0 0	0 0	0 0	0 0	0 0
February 2020	0	0	0 0	0 0	0 0	0 0	0 0
March 2020	0	0	0 0	0 0	0 0	0 0	0 0
TOTAL	0	0	0 0	0 0	0 0	0 0	0 0

Amount Requested for 11th Reimbursement Submitted by SWCD: 0 **\$0.00**

Submitted by BWSR: _____ Date: _____

Name: _____ Date: _____

The above duties have been performed as described and the hours recorded are an accurate reflection of time expended during above time period. Check box for approval

12th Payment

Work Period: Monthly	Hours	# Initial Contracts	Total Enrolled	CP2	CP21	CP23	CP23A
Month			# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres	# Contracts # Acres
April 2020	0	0	0 0	0 0	0 0	0 0	0 0
May 2020	0	0	0 0	0 0	0 0	0 0	0 0
June 2020	0	0	0 0	0 0	0 0	0 0	0 0
TOTAL	0	0	0 0	0 0	0 0	0 0	0 0

Amount Requested for 12th Reimbursement Submitted by SWCD: 0 **\$0.00**

Submitted by BWSR: _____ Date: _____

Name: _____ Date: _____

The above duties have been performed as described and the hours recorded are an accurate reflection of time expended during above time period. Check box for approval