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**Pennsylvania Association of Conservation Districts, Inc.**

**CREP Mini-Grant Project Final Report**

**Conservation District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Completed reports should be emailed to* [*swehinger@pacd.org*](mailto:swehinger@pacd.org)*.*

**TOTALS:**

1. How many CREP walk-abouts/field days did you conduct?   
   1. How many of these focused on CREP Maintenance?
   2. How many of these focused on new enrollment?
   3. How many of these focused on re-enrollment?
2. How many farmer or landowner workshops did you conduct?
   1. How many of these focused on CREP Maintenance?
   2. How many of these focused on new enrollment?
   3. How many of these focused on re-enrollment?
3. How many one-on-one visits did you conduct?
   1. How many of these focused on CREP Maintenance?
   2. How many of these focused on new enrollment?
   3. How many of these focused on re-enrollment?
4. How many total farmers and landowners did you reach through your project?
5. How many others did you reach through your workshop(s)? *(Please list their agencies and how many.)*

**WORKSHOP/FIELD DAY/WALK-ABOUT EVALUATION SUMMARY:**

1. Number of evaluations competed:
2. Number of participants who increased their knowledge of CREP:
3. Number of participants who increased their knowledge of CREP Maintenance:
4. Number of participants indicating they are currently enrolled in CREP:
5. Number of participants indicating they plan to enroll in the future:  
   1. For those that answered yes, how many total acres:
   2. For those that answered no, please list reasons listed why not:

*Continued…*

1. Number of participants planning to re-enroll in CREP when their contract expires:   
   1. For those that answered no, please list reasons listed why not:
2. Number of participants living in the following watersheds:  
     
   Ohio Watershed: \_\_\_\_\_\_ Chesapeake Bay Watershed: \_\_\_\_\_ Delaware Watershed \_\_\_\_\_
3. Number of participants indicating they will seek further information from the district and/or FSA:
4. Average rating for how helpful the workshops were in learning about the CREP Program (on a scale of 1-10):
5. Please list any additional comments from participants:

**REIMBURSEMENT REQUEST:**

Please provide an itemization of expenses. DO NOT SEND RECEIPTS. Keep them with your financial records, in case of audit. PLEASE ROUND TO NEAREST DOLLAR.

|  |  |
| --- | --- |
| **Expenditure Category** | **Reimbursement Request** |
| **Advertising/Promotion** |  |
| **Mileage** (@$54.5 cents/mile or current rate) |  |
| **Project Office Supplies** |  |
| **Postage/Distribution** |  |
| **Printing / Copying** |  |
| **Staff Wages** *(not already fully funded by DEP)* |  |
| **Fees/Rental** |  |
| **Food/Beverages** |  |
| **Materials** |  |
| **Professional Services** |  |
| **Other** (please list)**:** |  |
| **Total:** |  |

**Final Versions of ALL written materials, presentations, web materials, photographs, etc.** (as outlined in your agreement) **should be submitted electronically with this final report**.

**Have you or will you be providing any type of follow-up with your target audience to determine the actions they have taken as a result of your project** (If so, how? If this follow-up has already occurred, what were the outcomes? By what date will you file an addendum to your final report with any additional outcomes (if applicable)?)**:**