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

2017-18 Manure Management Manual and Chapter 102 Compliance   
Mini-Grant Program for Conservation Districts

**FINAL REPORT**

**Deadline: No later than May 25, 2018**

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

**Project Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you and/or others in your office attend a 2018 Manure Management Train-the-Trainer workshop held by PACD? If so, please list name(s):
2. How many workshops, numbers of farmers reached, and plans were written in the past year without funding through this mini-grant? For example, those held outside of the timeframe of the mini-grant cycle.

**TOTALS:**

1. How many full-day workshops did you conduct?
2. How many half-day workshops did you to conduct?
3. How many total farmers did you reach through your project?
4. How many farmers did you meet with one-on-one to complete plans already in progress? *(to avoid double counting, do not list plans here that are already accounted for in the workshops section)*
5. As a result of your workshop(s) or one-on-one meetings, how many manure management plans were completed?   
   *\*If any existing plans were updated rather than newly created plans, please list these separately.*
6. How many total acres were covered in the completed manure management plans?
7. How many agricultural erosion & sedimentation plans were completed as a result of your workshop(s) and one-on-one meetings?
8. How many total acres were covered in the completed agricultural erosion & sedimentation plans?
9. How many consultants did you reach through your workshop(s)?
10. How many others did you reach through your workshop(s)? *(Please list their agencies and how many.)*

*Continued…*

**BREAKDOWN**

**Workshops:**

*(These numbers should match the totals on page 1)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date of Workshop** | **Location** | **Full Day or Half Day?** | **How many farmers reached?** | **How many Manure Management Plans completed (include total acres)?** | **How many Ag E&S Plans completed? (include total acres)?** |
| **Workshop #1** |  |  |  |  |  |  |
| **Workshop #2** |  |  |  |  |  |  |
| **Workshop #3** |  |  |  |  |  |  |
| **Workshop #4** |  |  |  |  |  |  |
| **Workshop #5** |  |  |  |  |  |  |

**Please list the Animal Types and AEUs for each completed plan from your workshop(s):**

**One-on-One Meetings**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Date of One-on-one Meeting** | **Location** (name of town) | **Was a Manure Management Plan completed? *If yes, Identify # of Acres covered by the plan*** | **Animal Type(s)** | **AEUs** | **Was an Ag E&S Plan completed?**  ***If yes, Identify # of Acres covered by the plan*** |
| **Meeting #1** |  |  |  |  |  |  |
| **Meeting #2** |  |  |  |  |  |  |
| **Meeting #3** |  |  |  |  |  |  |
| **Meeting #4** |  |  |  |  |  |  |
| **Meeting #5** |  |  |  |  |  |  |

*(add rows as needed)*

*Continued…*

**WORKSHOP EVALUATION SUMMARY:**

1. Number of evaluations competed:
2. Number of participants who increased their knowledge of Chapter 102 Regulations:
3. Number of participants who increased their knowledge of Manure Management Regulations:
4. Number of participants indicating they will seek further assistance from the  
   district to complete their plan:
5. Average rating for how helpful the workshops were in creating a manure   
   management plan and/or agricultural erosion & sedimentation plan (on a scale of 1-10):
6. How did participants hear about the workshop? *(Please use this information to advertise future trainings!)*
7. 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) |  |
| Staff Wages (if the position is not already fully funded by DEP) |  |
| Office Supplies |  |
| Postage/Distribution |  |
| Printing/Copying |  |
| Fees/Rental |  |
| Food |  |
| Materials |  |
| Other (please list) |  |
| **Total:** |  |