**Pennsylvania Association of Conservation Districts, Inc.
Buffer Sub-Grant for Conservation Districts Final Report**

**Grant Number:**

**Grant Recipient (County):**

**Project Contact:**

*The final report is due to PACD within 60 days of the project end date. The final 10% of your grant funds will be disbursed after review and approval of this final report.*

Please submit before and after photos (labeled) with this report for promotion of your project.

A GIS layer of all completed buffer sites must be submitted with final report.

You must report this (these) buffers to DEP’s Stream Releaf database. Completed \_\_\_\_\_\_Yes \_\_\_\_\_\_No Date completed \_\_\_\_\_\_\_\_\_\_\_\_\_

 **Reimbursement Request:**

|  |  |
| --- | --- |
| Total spent on all site locations: | **$** |
| Amount already received from PACD initially: | **$** |
| Amount already received from PACD following mid-term report: | **$** |
| Final disbursement due to the conservation district (final 10%): | **$** |

**Budget Breakdown by Project:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Site #** | **Site Location:***(name and address of landowner)* | **Expenditure Category***(for all projects completed)* | **Reimbursement Request** |
| 1 | Total acreage: | Buffer Materials |  |
|  | Staff Time (for actual installation of the buffer only) |  |
| Hand Tools |  |
| Herbicide Application Equipment |  |
| Other (please describe): |  |
| **Total:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Site #** | **Site Location:***(name and address of landowner)* | **Expenditure Category***(for all projects completed)* | **Reimbursement Request** |
| 2 | Total Acreage: | Buffer Materials |  |
|  | Staff Time (for actual installation of the buffer only) |  |
| Hand Tools |  |
| Herbicide Application Equipment |  |
| Other (please describe): |  |
| **Total:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Site #** | **Site Location:***(name and address of landowner)* | **Expenditure Category***(for all projects completed)* | **Reimbursement Request** |
| 3 | Total Acreage: | Buffer Materials |  |
|  | Staff Time (for actual installation of the buffer only) |  |
| Hand Tools |  |
| Herbicide Application Equipment |  |
| Other (please describe): |  |
| **Total:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Site #** | **Site Location:***(name and address of landowner)* | **Expenditure Category***(for all projects completed)* | **Reimbursement Request** |
| 4 | Total Acreage: | Buffer Materials |  |
|  | Staff Time (for actual installation of the buffer only) |  |
| Hand Tools |  |
| Herbicide Application Equipment |  |
| Other (please describe): |  |
| **Total:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Site #** | **Site Location:***(name and address of landowner)* | **Expenditure Category***(for all projects completed)* | **Reimbursement Request** |
| 5 | Total Acreage: | Buffer Materials |  |
|  | Staff Time (for actual installation of the buffer only) |  |
| Hand Tools |  |
| Herbicide Application Equipment |  |
| Other (please describe): |  |
| **Total:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Site #** | **Site Location:***(name and address of landowner)* | **Expenditure Category***(for all projects completed)* | **Reimbursement Request** |
| 6 | Total Acreage: | Buffer Materials |  |
|  | Staff Time (for actual installation of the buffer only) |  |
| Hand Tools |  |
| Herbicide Application Equipment |  |
| Other (please describe): |  |
| **Total:** |  |

**Buffer Data:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site #** | **Site Location***(name and address of landowner)* | **Number of Acres Planted as Multi-functional Buffers** | **Width of Buffer***(in feet)* | **Date Planting was Completed** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

*All checks will be issued to the conservation district office. By signing this final report, you certify that the information provided is to the best of your knowledge.*

 *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_*

 ***Signature of authorized person Title Date***