**Pennsylvania Association of Conservation Districts, Inc.   
Ag Plan Reimbursement Program Final Report**

**ATTACHMENT E**

**Grant Number:**

**Grant Recipient (County):**

**Project Contact:**

*The final report is due to PACD within 30 days of the project end date. The lesser of $1,500 or 80% of the plan costs will be disbursed after review and approval of this final report. Maximum amount of $6,000 per landowner/operator.*

DO NOT SEND RECEIPTS. Keep them with your financial records, in case of audit. Plan data will be entered into the Practice Keeper database before reimbursement.

**Landowner Information:**

Landowner/Operator:

Farm Name:

County:

Planner Name/Company:

Which watershed is the property located?  Chesapeake Bay

Delaware

Ohio **Reimbursement Request**

Plan Development

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenditures:** | | |  |
| **Please indicate for which plan(s) reimbursement is requested** | **Date Developed** | **Amount Invoiced by Planner** | **Amount eligible for reimbursement** *(Maximum is lesser of $1,500 per plan or 80% of cost. Maximum $6,000 per landowner/operator)* |
| Manure Management Plan |  |  |  |
| Nutrient Management Plan |  |  |  |
| Ag E&S Plan |  |  |  |
| **Total** |  |  |  |

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

|  |  |
| --- | --- |
| Education and Outreach |  |
| Data Entry |  |
| Reporting |  |
| Office Supplies (checks, postage, printing, etc.) |  |
| **Total** |  |

|  |  |
| --- | --- |
| **TOTAL REIMBURSEMENT REQUEST** |  |

*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 and that manure management plans are complete, nutrient management plans are complete and approved by the SCC, and Ag E&S plans are complete and approved by a certified plan reviewer. All plan data must be entered into Practice Keeper.*

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

***Signature of District Manager or Chair Title Date***

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For PACD use:

Cost of Plan(s): \_\_\_\_\_\_\_\_ Match amount: \_\_\_\_\_\_\_\_ Percent Match:\_\_\_\_\_\_\_ Total reimbursement:\_\_\_\_\_\_\_\_