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

**Please describe how you worked with the Master Watershed Stewards and the Chesapeake Bay Foundation to complete this project.**

Number of volunteers:

Volunteer time spent on the projects:

Number of trees acquired through the CBF Keystone 10 Million Trees Program:

**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: | Materials |  |
|  | | Staff Time (for actual installation of the project only) |  |
| Hand Tools Specific to the Project |  |
| Equipment |  |
| Other (please describe): |  |
| **Total:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Site #** | **Site Location:**  *(name and address of landowner)* | **Expenditure Category**  *(for all projects completed)* | **Reimbursement Request** |
| 2 | Total Acareage: | Materials |  |
|  | | Staff Time (for actual installation of the project only) |  |
| Hand Tools Specific to the Project |  |
| Equipment |  |
| Other (please describe): |  |
| **Total:** |  |

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

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

**Lawn Conversion Data:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Site #** | **Site Location**  *(name and address of landowner)* | **Number of Acres** | **Type of Lawn Conversion** | **Date Lawn Conversion was Completed** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

*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***