**2025-2027 Lawn Conversion and Riparian Buffer Mini-Grant**

**Program for Conservation Districts**

**POST-PLANTING ESTABLISHMENT FINAL REPORT**

**Grant Number:**

**Grant Recipient:**

*(County CD)*

**Project Contact:**

Number of volunteers:

Volunteer time spent on the projects:

Total number of trees/shrubs replanted:

 **Reimbursement Request:**

|  |  |
| --- | --- |
| Total mini-grant funds 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 by project below. Please include copies of receipts with your final report. Highlight or label the expenses if they are part of a larger receipt for multiple projects.

**SITE #1**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PPE Start & Completion Dates** | **Acres** | **Type***(LC Meadow, LC Forest, RB, Multifunctional RB)* | **Site Location***(name and address of landowner)* | **Expenditure Category** | **Reimbursement Request** |
|  |  |  |  | **Staff Time & Labor***(For PPE project only)* |  |
| Notes: | **Materials**(Trees/seed/shelters, etc.) |  |
| **Equipment Rental** |  |
| **Invasive Removal** |  |
| **Mileage** |  |
| **Other***(please specify)* |  |
| **TOTAL REQUEST** |  |

**SITE #2**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PPE Start & Completion Dates** | **Acres** | **Type***(LC Meadow, LC Forest, RB, Multifunctional RB)* | **Site Location***(name and address of landowner)* | **Expenditure Category** | **Reimbursement Request** |
|  |  |  |  | **Staff Time & Labor***(For PPE project only)* |  |
| Notes: | **Materials**(Trees/seed/shelters, etc.) |  |
| **Equipment Rental** |  |
| **Invasive Removal** |  |
| **Mileage** |  |
| **Other***(please specify)* |  |
| **TOTAL REQUEST** |  |

**SITE #3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PPE Start & Completion Dates** | **Acres** | **Type***(LC Meadow, LC Forest, RB, Multifunctional RB)* | **Site Location***(name and address of landowner)* | **Expenditure Category** | **Reimbursement Request** |
|  |  |  |  | **Staff Time & Labor***(For PPE project only)* |  |
| Notes: | **Materials**(Trees/seed/shelters, etc.) |  |
| **Equipment Rental** |  |
| **Invasive Removal** |  |
| **Mileage** |  |
| **Other***(please specify)* |  |
| **TOTAL REQUEST** |  |

|  |  |  |
| --- | --- | --- |
| **Match** *(all sites)* | **Match Source & Category** | **Match Amount** |
| Notes: |  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL MATCH**  |  |

Was the final site inspection form completed?

If not, please complete one approx. 6 months after post-planting establishment and submit it to PACD.

List any challenges you’ve had to overcome.

**Please include BEFORE and AFTER photos with the final report. JPG files work best.**

*Photo tip: Take the before and after photos from the same spot. Include a reference point/object such as a large tree, pond, road, etc.*

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

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*Conservation District Representative (printed) Title*

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*Conservation District Representative (signed) Date*