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| ARM-LWR-537 (rev. 09/21) |
|  | Wisconsin Department of Agriculture, Trade and Consumer ProtectionDivision of Agricultural Resource ManagementP.O. Box 8911, Madison, WI 53708-8911 Sec. 91.10 (6), Stats. | FOR DATCP USE ONLY |
| DATE RCV’D: MM/DD/YYYY      |
| STATUS:       |
| Nutrient Management Farmer Education - Grant Reimbursement Form |
| E-mail Electronically Signed Reimbursement to: datcpsoilandwatershedmanagement@wisconsin.govProgram Questions: Email: datcpsoilandwatershedmanagement@wisconsin.gov |
| NMFE Grant Recipient Name:       | From:       | To:       |
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| Eligible Categories | Reimbursement Rate | No. of Participants or Trainers | APPENDIX-B NMFE Budget Award | Amount of First Reimbursement Request | Amount of Second Reimbursement Request | Amount of Funds Remaining By Category | DATCP Use Only Approved Reimbursement Amount |
| Training Participant Payment--Soil Testing (Tier 1 projects only) | No more than $750/participant. |       |       |       |       | $ 0.00 |       |
| Training Participant Payment—Manure Analysis (Tier 1 projects only) | No more than $100/participant. |       |       |       |       | $ 0.00 |       |
| Training Participant Payment—Stipend, Voucher, Instructional or Incentive Payment (Tier 1 projects only) | No more than $500/participant. |       |       |       |       | $ 0.00 |       |
| Payments for Persons Performing Administrative or Training Activities (Tier 1 and Tier 2 projects) | Maximum payment in this category is 25 percent of the grant.  |       |       |       |       | $ 0.00 |       |
| Payments for Support Costs (Tier 1 and Tier 2 projects) | Maximum payment in this category for Tier 1 projects is 10 percent of the grant. There is no limit for Tier 2 projects. | N/A |       |       |       | $ 0.00 |       |
| Payments for Support Costs (Training Laptops) | Payment corresponds to approved award for training computers and accessories. Not to exceed $2,000. | N/A |       |       |       | $ 0.00 |      |
|  | TOTALS: | N/A | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $0.00 |
| 1. Used funding under this grant solely for the purpose of planning, delivery and evaluation of nutrient management training as defined under the terms of this grant, and not for the support of local land conservation personnel to fund any activities under s. 92.14 (3)(a) through (f).
2. Verified through internal controls that the county has not submitted reimbursement requests under the SWRM grant program for the work performed by any county employees and independent contractors identified in this reimbursement request, and has established accounting procedures to prevent the future submission of duplicate reimbursement requests for employees and contractors under this planning grant and SWRM grant.
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| The Authorized Grant Representative, by typing their name, indicates agreement with the terms of this request. This method of completing the form constitutes an electronic signature and has the same force and effect, pursuant to Chapter 137 of the Wisconsin Statutes, as a non-electronic signature. |
| AUTHORIZED GRANT REPRESENTATIVE SIGNATURE: |       | DATE: |       |
| For DATCP Use Only: Signature of person approving payments and date of the approval. |
| DATCP APPROVAL SIGNATURE: |       | DATE: |       |

Grant recipients may seek reimbursement for costs incurred in the grant year by submitting no more than two payment requests to the DEPARTMENT using this form with a final request for payment submitted no later than February 15th following the grant year. The DEPARTMENT may withhold 10 percent of the maximum grant award until the CONTRACTOR completes the training and all other activities required under this Agreement. Reimbursement rates are set based on your contract with the DEPARTMENT. |

Personally identifiable information you provide may be used for purposes other than that for which it was collected. (Wis. Stat. §15.04 (1)(m)).