|  |  |  |
| --- | --- | --- |
| ARM-LWR-282(Rev. 10/16) | Wisconsin Dept. of Agriculture Trade and Consumer ProtectionDivision of Agricultural Resource ManagementPO Box 8911Madison WI 53708-8911Phone: (608) 224-4634 | M:\badcreplogo.bmp |
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# **CREP ANNUAL REPORT**

## Annual Summary for Costs to Implement Wisconsin’s CREP

**YEAR: 20\_\_\_\_\_** *(Period: Oct 1 – Sept 30)*

**COUNTY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUMMARY OF STAFF COSTS\*** (From Staff Time Sheets)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name or Position Number | Cost (Salary & Fringe Benefits) |  | Name or Position Number  | Cost (Salary & Fringe Benefits) |
|  | $ |  |  | $ |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Staff Cost to Implement CREP in the Year |  |

### OTHER COSTS FOR THE YEAR TO IMPLEMENT CREP

|  |  |  |
| --- | --- | --- |
| Item (and number of units) | Average Unit Cost | Total Cost |
| \_\_\_\_\_\_\_\_\_\_\_Vehicle Miles (Non –federal vehicle) | $ 0.\_\_\_\_\_ per mile | $ |
| Postage for \_\_\_\_\_\_\_\_\_\_ letters or pieces of mail | $ \_\_\_\_\_\_\_\_\_ per piece  | $ |
| \_\_\_\_\_\_\_\_\_\_\_ photocopies | $ \_\_\_\_\_\_\_\_\_ per copy | $ |
|  |  |  |
|  |  |  |
| **Total Other Costs to Implement CREP in the Year** |  |
| TOTAL COSTS TO IMPLEMENT CREP IN THE YEAR |  |

#### Supervisor (or authorized person’s) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### \*The County may include time spent by state agency personnel. List state agency and work unit, as well as name and hours spent on CREP. DATCP will calculate costs of state personnel

Attach additional sheets if needed.

#### Return this form annually to: CREP, LWRM Bureau, DATCP, P.O. Box 8911, Madison, Wisconsin 53708-8911

## **Time Sheet for Staff Hours to Implement Wisconsin’s CREP\***

###### DO NOT SUBMIT THIS SHEET TO DATCP – FOR COUNTY USE

|  |  |
| --- | --- |
| **Name:** | **State Agency or County:** |
| ACTIVITIES | Dates →Week of: | Sun | Mon | Tues | Wed | Thur | Fri | Sat |  **TOTAL** |
|  |  |  |  |  |  |  |
| Project Activities Related to CREP |  |  |  |  |  |  |  |  |
| Other Activities (Not Related to CREP) |  |  |  |  |  |  |  |  |
| TOTAL HOURS IN THIS WEEK: |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVITIES | Dates →Week of: | Sun | Mon | Tues | Wed | Thur | Fri | Sat |  **TOTAL** |
|  |  |  |  |  |  |  |
| Project Activities Related to CREP |  |  |  |  |  |  |  |  |
| Other Activities (Not Related to CREP) |  |  |  |  |  |  |  |  |
| TOTAL HOURS IN THIS WEEK: |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVITIES | Dates →Week of: | Sun | Mon | Tues | Wed | Thur | Fri | Sat |  **TOTAL** |
|  |  |  |  |  |  |  |
| Project Activities Related to CREP |  |  |  |  |  |  |  |  |
| Other Activities (Not Related to CREP) |  |  |  |  |  |  |  |  |
| TOTAL HOURS IN THIS WEEK: |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVITIES | Dates →Week of: | Sun | Mon | Tues | Wed | Thur | Fri | Sat |  **TOTAL** |
|  |  |  |  |  |  |  |
| Project Activities Related to CREP |  |  |  |  |  |  |  |  |
| Other Activities (Not Related to CREP) |  |  |  |  |  |  |  |  |
| TOTAL HOURS IN THIS WEEK: |  |  |  |  |  |  |  |  |

**Total hours worked on CREP during this period times the person’s salary and fringe benefit equals the Total Annual Staff Cost to implement CREP in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\* *Report information from this form annually to DATCP using the “Annual Summary for Costs to Implement CREP” Form*