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| **MN CREP OUTREACH AND IMPLEMENTATION PROGRAM GRANT****PROPOSAL**July 1, 2019 - June 30, 2020 |

 ***Open document in “Edit” view. Proceed by using the tab key to complete the information.***

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| **DATE:** |       | **COUNTY:** |       |
| **CONTACT****PERSON:** |       | **PHONE****NUMBER:** |       |
| **EMAIL:** |       |

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| **Proposal Information (July 1, 2019 to June 30, 2020)** |
| A. | Is your SWCD located within the 54 county MN CREP area? *(Check One)* [ ]  YES [ ]  NO  |
| B. | Will this be a SWCD or Contract position? *(Check One)* [ ]  SWCD [ ]  CONTRACT  |
|  |  If Contract, which organization?       |
| C. | Will this fund parts of more than one position? *(Check One)* [ ]  YES [ ]  NO  |
|   |  If so, explain how time will be allocated and funds utilized:       |
| D.  | Currently have access to NRCS computer seat? *(Check One)*  [ ]  YES [ ]  NO  |
|  |  If no, do you need a NRCS computer seat and is there office space to support the computer seat?       |
| E.  | Job Approval Authority (JAA) exists for practices utilized in your SWCD? [ ]  YES [ ]  NO  |
|  | *(Check One)*  If yes, which practices? If no, explain the status of gaining JAA.       |
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| F. | FY20 Work Plan and Workload Analysis: |
| **PROGRAM** | **LANDOWNER CONTACTS** | **OUTREACH EVENTS** | **NUMBER OF CONTRACTS** | **NUMBER OF ACRES** |
| MN CREP – 54 county area |       |       |       |       |
|  |  |  |  |  |
| G. | FY20 Budget Analysis: |
| **FUNDING SOURCE** | **TIME (%)** | **FY20 STAFF** **COST ($)** |  |
| MN CREP – 54 county area | 0% | $0 |  |
| Total FTE % and $’s requesting | 0% | $0 |  |
|  Minimum Match (10%) | $0 |  |

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| H. | Breakdown of Local Organization Match: |  |
|  | **Local Match (minimum 10%)** |
|  | **Amount** | **Source** | **Type** |
|  | $0 | 1.
 | Choose Type |
|  | $0 | 1.
 | Choose Type |
|  | $0 | 1.
 | Choose Type |
|  | **$0** | **Minimum Local Match Required** |  |

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| I. | Billable Rate: |  |
|  | What are the current billable rates for the employee(s) performing work under this grant? *(Each employee will need two billable rates. The first including wage, benefits, and leave ONLY and the second including facilities and administration.)* |
|  | **Employee Name** | **Wage, Benefits, Leave** | **Including Facilities and Administration** | **Employee Name** | **Wage, Benefits, Leave** | **Including Facilities and Administration** |
|  |       | $0.00 | $0.00 |       | $0.00 | $0.00 |
|  |       | $0.00 | $0.00 |       | $0.00 | $0.00 |
|  |       | $0.00 | $0.00 |       | $0.00 | $0.00 |
|  | ***Billing rates charged to these grants may only include the employee’s base hourly rate, plus benefits and leave.*** ***Billing rates can be adjusted, as needed, on the quarterly reimbursement form.******Facilities and administration costs may be used as match.*** |

* This program operates on a quarterly reimbursement basis for actual hours worked under the agreement. All grantees are required to report quarterly on the outcomes, activities, and accomplishments via an invoice to receive reimbursement.
* State funds will cover up to 90% of the employee(s) billable rate(s), not to exceed the wage, benefits, and leave rate or the calculated grant maximum based upon amount requested and available funds. Environment and Natural Resources Trust Fund (ENRTF) funding cannot be used to pay for space and other associated overhead costs; therefore, billing rates charged to these grants may only include the employee’s base hourly rate, plus benefits and leave. Required match may be provided through other facilities and administration costs such as space, vehicle, computers, and other associated overhead costs.
* For SWCDs electing to enter into a subcontract with a partner organization for this work, reimbursement will be made according to the terms of that agreement, not to exceed the total grant award.
* MN CREP Outreach and Implementation Program grants can only be used for the MN CREP program and not for other Federal or State programs.

**COMMENTS:**

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| Authorized SWCD Representative Date |