

Board of Water & Soil Resources  
 Natural Resources Block Grant  
 FINAL Program Allocation and Contribution

County: Mower Grant Period: July 1, 2010 to June 30, 2012 Fiscal Year: 11  
 The following lists the eligible state program fund amounts and required minimum match. P.O. 17535 P1 22120

	State Fund	Required Match
LWM	\$12,828	Levy: \$8,403
WCA	\$12,766	1:1 \$12,766
DNR Shoreland	\$3,209	1:1 \$3,209
MPCA STS	\$9,931	NA
MPCA Feedlot Base	\$28,129	0.7:1 \$19,690
MPCA Feedlot PC* Award		NA

The following designates grant and match amounts that were provided by specified program participants.

PROGRAM PARTICIPANTS	LWM		WCA		DNR SHORELAND		MPCA STSS		MPCA FEEDLOT		
	Grant \$	County Levy	Grant \$	Match	Grant \$	Match	Grant	Match	Grant \$	Match	PC Award*
COUNTY DEPT:											
Mower County Env. Services	\$4,000				\$3,209	\$3,209	\$9,931		\$28,129	\$19,690	
SWCD:											
Mower SWCD	\$8,828	\$8,403	\$12,766	\$12,766							
CITIES:											
OTHER:											
PROGRAM SUMMARY	\$12,828	\$8,403	\$12,766	\$12,766	\$3,209	\$3,209	\$9,931	\$0	\$28,129	\$19,690	\$0
PROGRAM CONTRIBUTION	\$21,231		\$25,532		\$6,418		\$9,931		\$47,819		\$0
Total Program Contribution:											\$110,931

\*PC = Performance Credit

Actual use of grant and match amounts and the entity using/providing must be reported in eLINK.

BY SIGNING BELOW, we acknowledge that the grant and match amounts listed above were expended and have provided documentation to support these actions.

Organization:	Mower County Env. Services
Printed Name:	Angela Knish
Title:	Environmental Services Director
Phone Number:	507 437-9527
Signature:	<i>Angela Knish</i> Date: 7/27/2012
Organization:	
Printed Name:	
Title:	
Phone Number:	
Signature:	

Organization:	Mower SWCD
Printed Name:	Justin Hanson
Title:	Resource Specialist
Phone Number:	434-2603
Signature:	<i>Justin Hanson</i> Date: 7/27/2012
Organization:	
Printed Name:	
Title:	
Phone Number:	
Signature:	

I verify that this Program Allocation and Contribution Plan represents the county's use of state funds and the required minimum local match for each specified program.

*[Signature]*  
 County LWP Signature

7/27/2012  
 Date

**This NRBG Program Allocation and Contribution Plan meets minimum NRBG requirements.**

\_\_\_\_\_  
 Board Conservationist Signature

\_\_\_\_\_  
 Date