

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

County: MOWER Grant Period: Sept. 1 2011 to June 30, 2013 Fiscal Year: 12  
 The following lists the eligible state program fund amounts and required minimum match. P.O. 3000001087 VN 00000988  
3000002028 00002129

State Fund	Required Match	
	Grant \$	Levy
LWM	\$13,047	\$8,859
WCA	\$12,985	\$12,985
DNR Shoreland	\$3,264	\$3,264
MPCA SSTS	\$18,941	NA
MPCA Feedlot Base	\$32,147	0.7:1
MPCA Feedlot PC* Award	\$3,006	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 \$	PC Award*
COUNTY DEPT:										
Public Works - Environmental Svcs	\$4,000				\$3,264	\$3,264	\$18,941		\$32,147	\$3,006
SWCD:										
Mower SWCD	\$9,047	\$8,859	\$12,985	\$12,985						
CITIES:										
OTHER:										
PROGRAM SUMMARY	\$13,047	\$8,859	\$12,985	\$12,985	\$3,264	\$3,264	\$18,941	\$0	\$32,147	\$3,006
PROGRAM CONTRIBUTION	\$21,906		\$25,970		\$6,528		\$18,941		\$57,656	
Total Program Contribution:									\$131,001	

\*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 Public Works-Env Services  
 Printed Name: Angela Knish  
 Title: Environmental Services Director  
 Phone Number: 507 437-7718  
 Signature: *Angela Knish* Date: 3/18/2013

Organization: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: Mower Soil and Water Conservation District  
 Printed Name: Bev Nordby  
 Title: District Administrator  
 Phone Number: 507 434-2603  
 Signature: *Bev Nordby* Date: 3-20-13

Organization: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 LWPer Signature

3/20/2013  
 Date

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

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

\_\_\_\_\_  
 Date