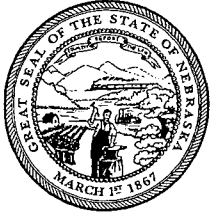


STATE OF NEBRASKA



DEPARTMENT OF NATURAL RESOURCES
Roger K. Patterson
Director

October 8, 2003

IN REPLY REFER TO:

Mike Johanns
Governor

Jack Wergin
U.S. Bureau of Reclamation
P.O. Box 1670
Grand Island, NE 68802

RE: Request for Reimbursement on Agreement No. 03FC601826 for Improved Hydrologic Data Collection Systems for Drought Monitoring

Dear Jack,

Attached is our initial request for reimbursement under *Agreement No. 03FC601826 for Improved Hydrologic Data Collection Systems for Drought Monitoring*. Our request is in the amount of \$92,537.95. I have included bills for the Gage Monitoring portion of the billing. For the meters I have enclosed a note that I have signed indicating the number of gages purchased and the cost. We directly paid the cost share to 152 landowners for those meters. If you need separate copies of those 152 bills, let me know and I can send them to you. The landowner's 50% matching expense is counted as part of the total outlay. In a few cases they put in a little more than 50%, but we are counting it at 50%. Please let me know if you have any questions. Thanks for your help.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Gaul".

Steve Gaul
Head, Planning and Assistance Division

sg
Attachment

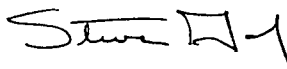
**Nebraska Department of Natural Resource
Nebraska Soil and Water Conservation Fund
Republican Basin Water Meter Program Summary**

Period 7/31/03 to 9/30/03

Middle Republican NRD	64	\$32,009.44
Lower Republican	70	\$32,331.62
Tri-Basin NRD	18	\$10,196.89
<hr/>		
Total for State	152	\$74,537.95

The above meter numbers and funding amounts are accumulated from our records. If needed we will be happy to supply the Bureau with the 152 individual bills.

Sincerely,



Steve Gaul
Head, Planning and Assistance Division

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. 0348-0004		PAGE _____ OF _____ PAGES
		1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED U.S. Bureau of Reclamation, Kansas-Nebraska Area		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 03FC601826		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
6. EMPLOYER IDENTIFICATION NUMBER 47-0491233	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST		
		FROM (month, day, year) July 30, 2003		TO (month, day, year) September 30, 2003
9. RECIPIENT ORGANIZATION Name: Nebraska Department of Natural Resource Number and Street: 4th Floor NSOB P.O. Box 94676 City, State and ZIP Code: Lincoln, NE 68509-4676		10. PAYEE (Where check is to be sent if different than item 9) Name: Number and Street: City, State and ZIP Code:		

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a) Flowmeters	(b) Gage Monit Equip	(c) Real Time Downlink	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$ 149,075.90	\$ 19,050.45	\$	\$ 168,126.35
b. Less: Cumulative program income				0.00
c. Net program outlays <i>(Line a minus line b)</i>	149,075.90	19,050.45	0.00	168,126.35
d. Estimated net cash outlays for advance period				0.00
e. Total <i>(Sum of lines c & d)</i>	149,075.90	19,050.45	0.00	168,126.35
f. Non-Federal share of amount on line e		1,050.45		1,050.45
g. Federal share of amount on line e	74,537.95	18,000.00	0.00	92,537.95
h. Federal payments previously requested				0.00
i. Federal share now requested <i>(Line g minus line h)</i>	74,537.95	18,000.00	0.00	92,537.95
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested <i>(Line a minus line b)</i>	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

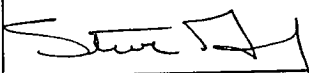
STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

CERTIFICATION

13.

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL



TYPED OR PRINTED NAME AND TITLE

Steve Gaul

DATE REQUEST SUBMITTED

October 7, 2003

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

(402)471-3955

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | Item | Entry |
|---|--|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. |
| Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or |

- | Item | Entry |
|------|---|
| | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 13 | Complete the certification before submitting this request. |



ATLANTIC SOLAR PRODUCTS, INC.

9351 J PHILADELPHIA ROAD • BALTIMORE, MARYLAND 21237
TELEPHONE (410) 686-2500 • FAX (410) 686-6221
REMIT TO: P.O. BOX 70060 • BALTIMORE, MARYLAND 21237

PAGE NO.	INVOICE NO.	APPLY TO	INVOICE DATE	CUST. NO.
	607FB		9/4/2003	
INVOICE			WORK ORDER NO.	B.O.

Atlantic

S NEBRASKA DEPT OF NATURAL RESOURCES
O PO BOX 94676
L LINCOLN, NE 68509-4676
D

S NEBRASKA DEPT OF NATURAL RESOURCES
H 622 PATTERSON STREET
I CAMBRIDGE, NE 69022
P
T
O

DATE SHIPPED	PURCHASE ORDER NO.	SHIP VIA	F.O.B.	TERMS			
9/4/2003		UPS		Net 30			
BUYER	DATE REQUESTED	LOCATION	SALESPERSON	TERRITORY			
			GSA				
ITEM NO	DESCRIPTION	QUANTITY ORDERED	QUANTITY BACK ORD.	QUANTITY SHIPPED	UNIT PRICE	EXTENSION	TAX
HPM18/30	POLE MOUNT KIT	5			32.98	164.90	
SUBTOTAL						\$164.90	

*Not yet pd.
waiting for packing slip*

PLEASE REMIT THIS AMOUNT

B # 174861

ATLANTIC SOLAR PRODUCTS, INC.



9351 J PHILADELPHIA ROAD • POST OFFICE BOX 70060 • BALTIMORE, MARYLAND 21237-4167

RECEIVED
AUG 28 2003

Invoice

Date Invoice #
8/22/2003 607F

Bill To Cambridge

Ship To

NEBRASKA DEPT OF NATURAL RESOURCES
PO BOX 94676
LINCOLN, NE 68509-4676

NEBRASKA DEPT OF NATURAL RESOURCES
622 PATTERSON STREET
CAMBRIDGE, NE 69022

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
	Net 30	GSA	8/22/2003	UPS		

Quantity	Item Code	Description	Price Each	Amount
3	8GU1	12V, 32.5AH @ 20HR RATE, SEALED MAINT. FREE, GEL BATTERY	53.50	160.50
2	SS6-12V	6AMP, 12V SOLAR CHARGE CONTROLLER	31.25	62.50

29021007 . 534800 = 223.00

Total \$223.00

SOLAR ELECTRIC PRODUCTS & SYSTEMS
410-686-2500 • FAX 410-686-6221
www.atlanticsolar.com

B# 174861

Invoice



Atlantic Solar

Atlantic Solar
9351-J Philadelphia Road
PO Box 70060
Baltimore, MD 21237
P: 866-346-1391 F: 866-346-1392

DATE	INVOICE #
------	-----------

9/2/2003

607FA

BILL TO:

NEBRASKA DEPT OF NATURAL RESOURCES
PO BOX 94676
LINCOLN, NE 68509-4676

SHIP TO:

NEBRASKA DEPT OF NATURAL RESOURCES
622 PATTERSON STREET
CAMBRIDGE, NE 69022

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	PROJECT
	Net 30	GSA	9/2/2003	UPS		

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
5	SX20M	5200.0013 12V, 20W SOLAR MODULE	132.71	663.55

29021007.534700 = 663.55



Atlantic Solar

Total \$663.55

TOTAL

Mary Kreiner

From: Guy Lindeman [glindeman@dnr.state.ne.us]
Sent: Tuesday, August 19, 2003 2:03 PM
To: Mary Kreiner
Cc: Cambridge Office; Gayle Starr; Steve Gaul
Subject: Power supply system for Sutron Satlink loggers at Cambridge FO gages

Mary;

Today I ordered by phone from Atlantic Solar Products power supply equipment for the 5 Cambridge FO stations we just ordered the DCP platforms from Sutron Corp. The DCP costs from Sutron will be reimbursed by USBR, but will use all but \$20 of the allocation for this purpose, therefore, the bulk of today's order needs to be paid from the Republican River settlement fund. The parts ordered with prices are:

- 1. 5 - SX-20 solar panels.....\$132.71 each, \$663.55 total - pd
- 2. 5 - HPM 18/30 pole mount brackets.....\$ 32.98 each, \$164.90 total -
- 3. 3 - 8GUI 12V., 36 AH batteries.....\$ 53.50 each, \$160.50 total -
- 4. 2 - SS-6 voltage regulators.....\$ 31.25 each, \$ 62.50 total -> pd

Grand total \$1,051.45 for shipment to Cambridge Field Office.

Guy

State of Nebraska Purchase Order

PURCHASE ORDER NUMBER
59811

SHOW THESE NUMBERS ON ALL PAPERS & PACKAGES

INVOICE TO ADDRESS BELOW

PURCHASE ORDER NUMBER: 59811
PAGE: 1
PURCHASE ORDER DATE: 07/30/03

NATURAL RESOURCES, DEPT OF
301 CENTENNIAL MALL S 4TH FLR
PO BOX 94676
LINCOLN, NE 68509-4876

REQUISITION NUMBER: DNR-4-R4458
BID NUMBER:

DESTINATION OF GOODS

BUYER: Lyn Koenig

DEPT OF NATURAL RESOURCES
622 PATTERSON ST
CAMBRIDGE, NE 69022

VENDOR: Vendor ID. 541006352
SUTRON CORP
21300 RIDGETOP CIR
STERLING VA 20166-6520

Unsatisfactory delivery schedule or service will be sufficient cause for cancellation of this order. Order is subject to cancellation if merchandise is not received by:

10/03/03

ITEM	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	EXTENSION
1	Satlink Loggers Part3G312-1 Per GSA Contract GS25F-6040D/GS25F 6041D	5	EA	2295.00	11475.00
2	SDI-Encoders Part#5600-0531-2 per GSA Contract GS25F-6040D/GS25F 6041D	5	EA	772.00	3860.00
3	YAGI Antenna Assemblies Part#5000-0080 per GSA Contract GS25F-6040D/GS25F 6041D	5	EA	423.00	2115.00
4	Cable Assemblies Part#6411-1093-1 Non-GSA	5	EA	45.00	225.00
5	Antenna Cables Part#6411-1162 Non-GSA	5	EA	61.00	305.00
Purchase Order Total:					17980.00

GO P

jal

Transaction Coding — Internal Use Only

ENCUMBRANCE TRANSACTION CODING						ACCOUNT	AMOUNT
AG	DIV	FUND	PRG	S-P	ACT		DEBIT
TOTAL							

AUTHORIZED AGENT

DATE



printed on recycled paper