STATE OF NEBRASKA

Dave Heineman
Governor

DEPARTMENT OF NATURAL RESOURCES
Roger K. Patterson
Director

June 27, 2005

IN REPLY TO:

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 Mr. Wergin:

Attached is an official request for reimbursement on Agreement No. 03FC601826 for Improved Hydrologic Data Collection Systems for Drought Monitoring. The request is contained on a form SF 270. I have also enclosed separate sheets providing expenditures to date on the agreement and billing amounts by billing category. Finally, I have included the invoices or other evidence of payment for each of our expenditures (compiled in the order noted on the billing sheets). Our expenditures by category for the period of March 23 through June 15 were:

$ 36,244.99	Improved Distribution of Streamflow Information via the Internet
$ 1,138.00	Equip DNR with Flow Measurement Equipment
$ 87.42	Upgrade Gaging Equipment in the Republican Basin
$ 29,380.68	Meter Cost Share for the South Platte NRD
$ 18,208.98	On-Site Computer Capabilities for Surface Water Distribution
$ 118.79	Place a New Gage on the South Platte River Near Paxton
$ 85,178.86	**TOTAL**

Please note that the "On-Site Computer Capabilities for Surface Water Distribution" category contains some items that were not laid out in our initial proposal. Although their purpose; providing mobile information capabilities for water administration by our field offices, was similar. We purchased 15 systems instead of 14 and all but one of the systems was a handheld computing device rather than the originally mentioned laptops. This was made possible and practical by dropping prices and growing capabilities for handheld devices. We also purchased digital cameras for water administration activities in our field offices. Altogether this category went over our original budget, although we expect a number of categories to be substantially below out original budget. If you have any questions, please don't hesitate to contact me at (402) 471-3955.

Sincerely,

Steve Gaul, Supervisor
Planning and Assistance Division

Attachments

clrshare/planning

301 Cenntenial Mall South, 4th Floor • P.O. Box 94676 • Lincoln, Nebraska 68509-4676 • Phone (402) 471-2363 • Telefax (402) 471-2900

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. 0348-0004

1. TYPE OF PAYMENT REQUESTED
   a. "X" one or both boxes: ☐ ADVANCE ☑ REIMBURSEMENT
   b. "X" the applicable box: ☐ FINAL ☑ PARTIAL

2. BASIS OF REQUEST: ☑ CASH ☐ 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): March 23, 2005
   TO (month, day, year): June 15, 2005

9. RECIPIENT ORGANIZATION
   Name: NE Dept. of Natural Resources
   Number and Street: 301 Centennial Mall South, 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) Improved Distribution of Streamflow Info via the Internet	(b) Equip DNR w/ flow measurement equipment	(c) Upgrade Gaging equipment in the Republican Basin	TOTAL
a. Total program outlays to date (As of date)	$ 36,244.99	$ 1,138.00	$ 87.42	$
b. *Less:* Cumulative program income				
c. Net program outlays (*Line a minus line b*)	36,244.99	1,138.00	87.42	
d. Estimated net cash outlays for advance period				
e. Total (*Sum of lines c & d*)	36,244.99	1,138.00	87.42	
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e	36,244.99	1,138.00	87.42	
h. Federal payments previously requested				
i. Federal share now requested (*Line g minus line h*)	36,244.99	1,138.00	87.42	
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances — 1st month				
2nd month				
3rd month				

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 (*Line a minus line b*)	$

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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 ►		(d)Meter Cost-Share for South Platte NRD	(e)On-site computer capabilities for SW Distribution	(f)Place a new gage on the South Platte River near Paxton	TOTAL
a. Total program outlays to date	(As of date) June 15, 2005	$ 29,380.68	$ 18,208.98	$ 118.79	$ 85,178.86
b. *Less:* Cumulative program income					
c. Net program outlays (*Line a minus line b*)		29,380.68	18,208.98	118.79	85,178.86
d. Estimated net cash outlays for advance period					
e. Total (*Sum of lines c & d*)		29,380.68	18,208.98	118.79	85,178.86
f. Non-Federal share of amount on line e					
g. Federal share of amount on line e		29,380.68	18,208.98	118.79	85,178.86
h. Federal payments previously requested					
i. Federal share now requested (*Line g minus line h*)				118.79	85,178.86
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month				
	2nd month				
	3rd month				

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 (*Line a minus line b*)	$

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(Continued on Reverse)

13.	CERTIFICATION	
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 Steve Gaul	DATE REQUEST SUBMITTED June 27, 2005
	TYPED OR PRINTED NAME AND TITLE Steve Gaul, Supervisor, Planning & Assistance Division	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 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.