



DEPARTMENT OF NATURAL RESOURCES
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Acting Director

April 25, 2006

IN REPLY TO:

Lisa Beethe Grants Administrator Nebraska Environmental Trust 700 South 16th Street Lincoln, Nebraska 68508-3703

RE: Progress Report for Project Number 05-161 Nebraska Augmentation Program for USDA Conservation Reserve Enhancement Program Efforts

Dear Ms. Beethe:

Attached is a copy of the progress report for the period of January 1, 2006 to March 31, 2006 for project #05-161 Nebraska Augmentation Program for USDA Conservation Reserve Enhancement Program Efforts. If you have any questions, please don't hesitate to contact me at (402) 471-3955.

Sincerely,

Steve Gaul

Designated Project Representative

Attachment

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PERIODIC REPORT COVER SHEET AND INSTRUCTIONS

Please use this form to file periodic project reports as required in your Trust grant contract. These reports should consist of the following four parts:

- 1. The Cover Sheet. Please complete the information below as requested.
- 2. Request for Reimbursement. You must submit <u>original</u> invoices to document each expense for which you request reimbursement, unless otherwise provided in your grant contract. Each invoice must contain the name, address and social security or federal tax identification number of the vendor, and an <u>itemized list</u> of services or goods with costs and the dates of service or delivery. If invoices contain non-grant items, clearly note the exceptions. On the reverse of this page you will find a table entitled "Summary of Invoices Submitted for Reimbursement." List each invoice on the table, providing the information as requested. Be sure the expenditure description contains sufficient information to determine that the item or activity is a legitimate project expense. The column "Budget Category" references the categories you created in your contract budget outline: each invoice must identify which category name it falls under. Copy the table if you need additional reporting space. Clip the invoices in the order listed on the Summary sheet.
- 3. **Project Narrative.** On a separate page(s), describe project activities, partners and results of the project for this period. If modifications were made to the project, describe the changes and explain why they were necessary. Quantify any results you can, for example, acres restored, pounds recycled, etc.
- 4. **Report on Matching and In-Kind Expenditures.** Use this form to report all resources expended on the project other than those funded by the Trust. Examples of these costs could include materials, labor, donations, other matching funds or volunteer labor time.

Project Sponsor:	Nebraska Department of Natural Resources		
Fiscal Agent:	Steve Gaul, Designated Project Representative or l	Rex Git	ttins, Fiscal Officer
Fiscal Agent Address:	301 Centennial Mall South, P.O. Box 94676, Linco	oln, NE	68509-4676
	(street address, city, state, zip code) NE Augmentation Program for USDA Conservation Reserve Enhancement Program		
Project Title:	Efforts	Pro	ject No.: 05-161
Reporting Period:	January 1, 2006 to March 31, 2006	Tax	I.D.# 47-0491233
TOTAL AMOUNT REC	QUESTED FOR THIS PERIOD: \$8,095.18		ACH or CHECK
with the approved grant agr is satisfactory and consister	orrect and just; that all expenses were necessary expenses of the reement, including any amendments thereto; and that progress at with the amount billed. As the Sponsor named above, or aga RASKA for the attached and itemized expenses, for which pays	of the we	ork and services under grant contract of, I hereby claim reimbursement
FOR THE SPONSOR:	Signature I	DATE:	4/24/2006
	Steve Gaul Typed or Printed Name	ΓITLE:	Designated Project Representative



SUMINIARY OF INVOICES SUBMITTED. IFOR REIMBURSEMIENT

Invoice Amount	\$8,095.18						\$ 8,095.18
Budget Category	#3 Salary, Benefits, and Expenses for Project Administration				The state of the s		TOTAL:
Description of Services	Services of Jeremy Gehle from January 1, 2006 to March 31, 2006						
Vendor	Nebraska Department of Natural Resources						
Invoice # or Date	See detailed information attached						

Nebraska Department of Natural Resources March 31, 2006 to Project Sponsor: Report for period from January 1, 2006 05-161 Project #:

Summary of Invoices 04/01/03



REPORT ON MATCHING AND --IN-KIND EXPENDITURES

Please summarize all resources expended on the project other than those funded by the Trust. Examples of these costs could include materials, labor, donations, other grants, matching funds or volunteer labor time.

SOURCE	\$ VALUE
NDNR	\$3,802.18
NDNR	\$86.71
NDNR	\$2,516.53
NDNR	\$371.75
NDNR	\$308.74
NDNR	\$3,878.58
NDNR	\$1,914.32
NDNR	\$1,777.16
NDNR	\$87.94
NDNR	\$3,396.54
NDNR	\$405.02
NDNR	\$508.53
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TOTAL	\$19,054.00
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03/31/06

to

Report on Marching and In-Kind Expenditures 04/01/03

01/01/06

Report for period from

PERIODIC REPORT - JANUARY 1, 2006 TO MARCH 31, 2006

Project 05-161 Nebraska Augmentation Program for Conservation Reserve Enhancement Program Efforts

The purpose of this project is to administer a major project that will help reduce the quantity of water being used in selected areas of the Platte and Republican River Basins in Nebraska while providing additional conservation/environmental benefits. A number of Nebraska Department of Natural Resources staff have been contributing extensively to administration of the state funding commitment. One staff member has been redirect specifically to administer program efforts. Salary and benefits for the hours that staff member specifically spent on CREP administration during the January 1 to March 31 time period came to \$8,403.92. Of that amount \$8,095.18 is being charged to the Trust with the billing that accompanies this report. That brings the total billings for all months under the Trust grant to \$30,000, which is the total amount of the grant. Additional salary and benefits for the remaining hours that staff member and the hours other staff members spent on CREP activities are valued at \$19,054.00 and are being reported as match. The hours and hourly rates per employee for matching amounts are not included in this report, but can be provided upon request. The hours and hourly rates for the employee who has most of his expenses being billed to the Trust are included along with detailed timesheet information for that employee.

REQUEST FOR REIMBURSEMENT

We are requesting reimbursement in the amount of \$8,095.18 for expenses incurred in the period of January 1, 2006 to March 31, 2006 on the Nebraska Augmentation Program for USDA Conservation Reserve Enhancement Program Efforts. We have provided accompanying documentation of expenses.

R07186 04/21/06

GEHLE, JEREMY F

5201 S 53RD ST

LINCOLN,

NE 68516-1813

4405467

Route: Check No:

01/31/06

Check Date: Period End:

12/31/05

Period Earnings	Hours	Rate	Amount	Year to Date	Description	Period Amount	Year to Date
Regular Pay	118,33	18.266	2,161.42	2,161.42	Gross Wages	3166.05	3,166.05
Vacation Pd.	45.50	18.266	831.10	831.10	Federal Income Tax	241.26	241.26
Sick Paid	1.50	18.266	27.40	27.40	Federal FICA Withheld	192.27	192.27
Comp @ 1.5	5.75	18.266			Federal Medicare Withheld	44.97	. 44.97
Holiday	8.00	18.266	146.13	146.13	Nebraska State Income Tax	98.91	98.91
Retirement			213.86	213.86	Retirement	137.09	137.09
Basic Life Ins			1.40	1.40	Medical Reimbursement	65.00	65.00
Vacation Hours Earned			10.00	10.00	Life-3XSal	7.98	7.98
Sick Hours Earned			9.34	9.34	AD&D ·	.10	.10
Comp			8:63	8.63		0.00	
* Sick Taken/Available *	1.50		151.37			0.00	
* Vacation Taken/Available *	45.50		287.56			0.00	
Gross Pay 3,166.05		Total De	ductions	787.58	Net Pay	2,378.47	

R07186

04/21/06

GEHLE, JEREMY F

5201 S 53RD ST

LINCOLN,

NE 68516-1813

Route:

2900050900

Check No: Check Date:

02/28/06

Period End: 01/31/06

Period Earnings	Hours	Rate	Amount	Year to Date	Description	Period Amount	Year to Date
Regular Pay	129.83	18.266	2,371.47	4,532.89	Gross Wages	3166.05	6,332.10
Vacation Pd.	7.50	18.266	137.00	968.10	Federal Income Tax	241.26	482.52
Sick Paid	20.00	18.266	365.32	392.72	Federal FICA Withheld	192.26	384.53
Comp @ 1.5	3.25	18.266			Federal Medicare Withheld	44.96	89.93
Holiday	16.00	18.266	292.26	438.39	Nebraska State Income Tax	98.91	197.82
Retirement			213.86	427.72	Retirement	137.09	274.18
Basic Life Ins			1.40	2.80	Medical Reimbursement	65.00	130.00
Vacation Hours Earned			10.00	20.00	Life-3XSal	7.98	15.96
Sick Hours Earned			9.34	18.68	AD&D	.10	.20
Comp			4,88	13.51		0.00	
* Sick Taken/Available *	21.50		140.71			0.00	
* Vacation Taken/Available *	53.00		290.06			0.00	
Gross Pay 3,166.05		Total De	ductions	787.56	Net Pay	2,378.49	

4405467

R07186 04/21/06

GEHLE, JEREMY F

.5201 S 53RD ST

LINCOLN.

NE 68516-1813

4405467

Route:

2900050900

Check No:

03/31/06

Check Date: Period End:

02/28/06

Period Earnings	Hours	Rate	Amount	Year to Date	Description	Period Amount	Year to Date
Regular Pay	150.83	18.266	2,755.06	7,287.95	Gross Wages	3166.05	9,498.15
Vacation Pd.	11.00	18.266	200.93	1,169.03	Federal Income Tax	291.26	773.78
Sick Paid	3.50	18.266	63.93	456.65	Federal FICA Withheld	192.27	576.80
Holiday	8.00	18.266	146.13	584.52	Federal Medicare Withheld	44.97	134.90
Retirement			213.86	641.58	Nebraska State Income Tax	98.91	296.73
Basic Life Ins			1.40	4.20	Retirement	137.09	411.27
Vacation Hours Earned			10.00	30.00	Medical Reimbursement	65.00	195.00
Sick Hours Earned			9.34	28.02	Life-3XSal	7.98	23.94
Comp				13.51	AD&D	.10	.30
* Sick Taken/Available *	25.00		146.55			0.00	
* Vacation Taken/Available *	64.00		289.06			0.00	
Gross Pay 3,166.05		Total De	ductions	837.58	Net Pay	2,328.47	

Department of Natural Resources Work Record
Name Jeremy F. Gehle

1.10744

EE No.

Month March Year 2006

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Year 2006

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Department of Natural Resources Work Record
Name Jeremy F. Gehle

110744

EE No.

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	Total	0.00				0.00			128.25		135.75	7.50			

Department of Natural Resources Work Record
Name Jeremy F. Gehle

EE No.