

B. 900280

STATE OF NEBRASKA

Dave Heineman
Governor

DEPARTMENT OF NATURAL RESOURCES
Ann Bleed
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
sg

clrshare/planning/gaul



The Nebraska Environmental Trust

preserving NATURAL NEBRASKA™ for future generations

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:

- The Cover Sheet.** Please complete the information below as requested.
- Request for Reimbursement.** You must submit original 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 itemized list 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.
- 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.
- 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 Rex Gittins, Fiscal Officer

Fiscal Agent Address: 301 Centennial Mall South, P.O. Box 94676, Lincoln, NE 68509-4676
(street address, city, state, zip code)

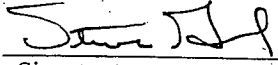
NE Augmentation Program for USDA
Conservation-Reserve-Enhancement-Program

Project Title: Efforts **Project No.:** 05-161

Reporting Period: January 1, 2006 to March 31, 2006 **Tax I.D. #** 47-0491233

TOTAL AMOUNT REQUESTED FOR THIS PERIOD: \$8,095.18 ACH or CHECK

I certify that this report is correct and just; that all expenses were necessary expenses of the project and were incurred in accordance with the approved grant agreement, including any amendments thereto; and that progress of the work and services under grant contract is satisfactory and consistent with the amount billed. As the Sponsor named above, or agent thereof, I hereby claim reimbursement from the STATE OF NEBRASKA for the attached and itemized expenses, for which payment has not previously been made by the STATE OF NEBRASKA.

FOR THE SPONSOR: 
Signature

DATE: 4/24/2006

Steve Gaul
Typed or Printed Name

TITLE: Designated Project Representative

Nebraska Environmental Trust Signature

DATE:

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.

07186
04/21/06

GEHLE, JEREMY F . 4405467
5201 S 53RD ST
LINCOLN, NE 68516-1813

Route: 2900050900
Check No: *****
Check Date: 01/31/06
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				Net Pay	2,378.47	
			Total Deductions	787.58			