

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: NE Water Policy Task Force/NE Department of Natural Resources

Fiscal Agent: Steve Gaul, Designated Project Representative or Gayle Staff, Fiscal Officer, NDNR

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

Project Title: LB 1003 Water Policy Task Force Study/Report **Project No.:** 03-164

Reporting Period: April 1, 2005 to June 30, 2005 **Tax I.D. #** 47-0491233

TOTAL AMOUNT REQUESTED FOR THIS PERIOD: \$3,601.87 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: _____ **DATE:** 7/18/2005

Signature

Robert Stephen Gaul **TITLE:** Designated Project Rep

Typed or Printed Name

Nebraska Environmental Trust Signature

DATE: _____

PERIODIC REPORT – JANUARY 1, 2005 TO MARCH 31, 2005 – *Project 03-164*
LB 1003 Water Policy Study/Project

The purpose of this project has been to review issues related to Nebraska surface water and ground water law and to identify options and make recommendations to the Governor and Legislature relating to water policy changes deemed desirable by a 49 member Water Policy Task Force. Since adoption of its recommendations with the passage of LB 962 in April 2004 the task force has monitored implementation of the bill and addressed issues related to both that implementation and to concerns that could not be addressed at the time. The Trust Funds currently being used for this purpose are primarily for task force, executive committee and subcommittee meeting expenses.

The only full task force related billings during the period are for activities that occurred in relation to the March 2, 2005 meeting of the full task force that were not fully billed until the April 1 to June 30 quarter. Task Force members were invited and a number attended a June 28 meeting of the Negotiated Rules Making Committee for making decisions on fully appropriated areas. There was continuing subcommittee activity during the April 1 to June 30 quarter, including meetings of subcommittees on funding and municipal issues. Planning also occurred for a Executive Committee Meeting/Water Policy Task Force Tour of the Republican Basin which is to occur August 2-3, 2005.

REQUEST FOR REIMBURSEMENT

We are requesting reimbursement in the amount of \$3,601.87 for expenses incurred in the period of April 1, 2005, to June 30, 2005. These expenses are for activities by Water Policy Task Force members and expenses for facilitation of a Water Policy Task Force Meeting. We have provided accompanying documentation of expenses.

PO(09)-45801
REC B# 597307



INVOICE
14-Apr-05

Nebraska Dept of Water Resources
Attn: Ann Bleed
301 Centennial Mall, Fourth Floor
Lincoln, NE 68509-4676

CDR Project: IFPL05002
Invoice #8502OA

Facilitate Water Policy Task Force on March 2, 2005

<u>Labor</u>	<u>Hours</u>	<u>Rate</u>	<u>Total</u>
Jonathan Bartsch	17.00	\$ 151.80 ✓	\$ 2,580.60 ✓
Project Admin/Bus Support		5.54% \$	142.97 ✓
<u>Expenses</u>			<u>Total</u>
Travel Expenses (see attached receipts)		\$	\$ 307.06 ✓
TOTAL DUE		\$	3,030.63 ✓

Contact: Paula Taylor, Financial Director
Make checks payable to: CDR Associates

FEIN: 84-0770962

Terms: 30 days net. A finance charge of 1 3/4% per month will be charged on all overdue invoices.

RECEIVED
APR 18 2005
DEPARTMENT OF
NATURAL RESOURCES

CDR Associates - Boulder, CO
100 Arapahoe Ave. Suite 12 - Boulder, CO 80302 - Ph: 303-442-7367 - Fx: 303-442-7442 - <http://www.mediate.org>
Mediation - Environmental/Public Policy Issues - Workplace Conflicts - Custom Dispute Resolution Systems - Training

ID#47-0802836
108 3RD AVE.
KEARNEY, NE 68845
(308) 237-4400

Room# 124
Rate Code
Group NATU
Room Type NQQ1
Room Rate 59.95

Arrive MAR 01 05 18:05
Depart MAR 02 05 09:12 JL

Nellor
MILLER, LLOYD

ADDRESS
PO BOX 94676
LINCOLN NE 68509

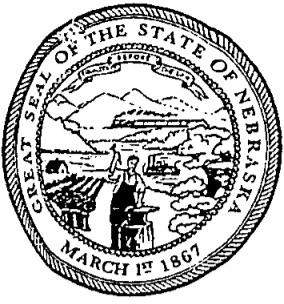
JIM COOK
NATURAL RESOURCES DEPT. OF
P.O BOX 94676
LINCOLN NE 68509

Payment DB L00401 NATURAL RESOURCES DEP Exp: 00/00

Date	Description	Reference	Room	Charges	Credits
MAR 01	ROOM CHARGE			59.95	
MAR 02	DIRECT BILL AMT DUE	MILLER, LLOYD			59.95
				Balance Due:	.00

FOR EXPRESS CHECK OUT, SIGN & LEAVE THIS COPY AT THE FRONT DESK
I agree that my liability for this bill is not waived.
For duplicate copy, see Front Desk. †
Guest Signature: _____

Please contact the Manager about any issues with your stay. Wingate Inn
or affiliates may contact you about goods and services unless you call
377-333-6683 or write to Box 27970, Minneapolis, MN 55427-0970 to opt out.
View our Wingate Inn website about privacy.



Dave Heineman
Governor

STATE OF NEBRASKA

DEPARTMENT OF NATURAL RESOURCES
Roger K. Patterson
Director

July 22, 2005

IN REPLY TO:

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

RE: Progress Report for Project Number 03-164 LB 1003 Water Policy Task Force Study/Report

Dear Ms. Beethe:

Attached is a copy of the progress report for the period of April 1, 2005 to June 30, 2005 for project Number 03-164 – LB 1003 Water Policy Task Force Study/Report. If you have any questions, please don't hesitate to contact me at (402) 471-3955.

Sincerely,

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

Steve Gaul
Designated Project Representative

sg
Attachment

clrshare/planning

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

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

DNR 016574

AGENCY 029 DIVISION 000 DEPT OF NATURAL RESOURCES

DOCUMENT NUMBER 002203

WPTF \$120.99

RENTAL

TICKET NBR	EQP NBR	USG TYP	VEH	NET AMT BILLED	DISC AMT	GROSS AMT BILLED	RENT QTY	PERIOD	CHARGES--	DSC PRC	MILEAGE	CHARGES--	DSC PRC	BEGIN MILEAGE	END MILEAGE	DATE USE ENDED
									AMOUNT			AMOUNT				
69017	12562	PO	ISED	103.50	0.00	103.50	02	DAY	10.50	21.00	375	.22	82.50	62,248	62,623	2005-03-03
70169	24297	PL	ISED	166.64	0.00	166.64	02	DAY	10.50	21.00	662	.22	145.64	39,003	39,665	2005-02-22
70188	33205	PL	CMPT	152.64	0.00	152.64	03	DAY	10.00	30.00	584	.21	122.64	22,298	22,882	2005-02-22
70608	44328	PL	ISED	150.30	0.00	150.30	03	DAY	10.50	31.50	540	.22	118.80	14,905	15,445	2005-02-25
70630	43333	PL	CMPT	28.47	0.00	28.47	.5	DAY	6.00	6.00	107	.21	22.47	6,146	6,253	2005-02-22
70633	43310	PL	CMPT	95.65	0.00	95.65	04	DAY	10.00	40.00	265	.21	55.65	3,262	3,527	2005-02-28
70715	44327	PL	ISED	182.92	0.00	182.92	02	DAY	10.50	21.00	736	.22	161.92	20,469	21,205	2005-03-01
70732	44322	PL	ISED	68.36	0.00	68.36	01	DAY	10.50	10.50	263	.22	57.86	13,951	14,214	2005-03-01
70741	24297	PL	ISED	201.62	0.00	201.62	02	DAY	10.50	21.00	821	.22	180.62	40,070	40,891	2005-03-03
70754	34143	PL	ISED	13.14	0.00	13.14	01	DAY	10.50	10.50	12	.22	2.64	30,867	30,879	2005-03-01
70755	43315	PL	CMPT	11.26	0.00	11.26	01	DAY	10.00	10.00	6	.21	1.26	4,559	4,565	2005-03-01
70762	44339	PL	12PV	125.25	0.00	125.25	02	DAY	14.50	29.00	385	.25	96.25	4,786	5,171	2005-03-03
70767	24215	PL	ISED	69.24	0.00	69.24	01	DAY	10.50	10.50	267	.22	58.74	57,844	58,111	2005-03-03
70768	23175	PL	CMPT	63.55	0.00	63.55	01	DAY	10.00	10.00	255	.21	53.55	63,716	63,971	2005-03-03
70770	14224	PL	CMPT	13.78	0.00	13.78	01	DAY	10.00	10.00	18	.21	3.78	63,684	63,702	2005-03-02
70774	34163	PL	ISED	79.14	0.00	79.14	01	DAY	10.50	10.50	312	.22	68.64	27,674	27,986	2005-03-03
70797	43311	PL	CMPT	6.42	0.00	6.42	.5	DAY	6.00	6.00	2	.21	0.42	2,385	2,387	2005-03-03
70811	14204	PL	CMPT	33.31	0.00	33.31	01	DAY	10.00	10.00	111	.21	23.31	64,533	64,644	2005-03-03
70815	34145	PL	ISED	190.84	0.00	190.84	02	DAY	10.50	21.00	772	.22	169.84	30,918	31,690	2005-03-07
70819	14224	PL	CMPT	50.53	0.00	50.53	01	DAY	10.00	10.00	193	.21	40.53	63,702	63,895	2005-03-04
70822	14214	PL	CMPT	13.57	0.00	13.57	01	DAY	10.00	10.00	17	.21	3.57	35,953	35,970	2005-03-04
70834	14265	PL	CMPT	206.19	0.00	206.19	03	DAY	10.00	30.00	839	.21	176.19	57,878	58,717	2005-03-10
70838	44339	PL	12PV	74.00	0.00	74.00	01	DAY	14.50	14.50	238	.25	59.50	5,171	5,409	2005-03-08

OL 02 04 06 11 LFO KSUNE CAP OS LB 962 WPTF Jarad
119.23 493.64 497.74 261.62 224.21 28.47 816.61 496.49 798.88 287.63 102.95
243.54 890.34
CO Hyst

STATE OF NEBRASKA
DEPARTMENT OF ADMINISTRATIVE SERVICES
LINCOLN 68509

DAILY TRIP
CHARGE TICKET

69017

ISSUED FROM: TRANSPORTATION SERVICES BUREAU DATE: 02 MARCH 2005

ISSUED TO: AGENCY NUMBER 29 DIVISION NAME/NUMBER Natural Resources

DRIVER: Roger Patterson TRAVEL AUTH. NO. 28359

DESTINATION: Kearney DATE TO BE RETURNED: MAR 2-05

VEHICLE ISSUED: DATE MAR 2-05 TIME 06:14 A.M. VEHICLE RETURNED: DATE 03/05 TIME 16:54 P.M.

CREDIT CARD NUMBER 12562 LICENSE NUMBER 10949

ENDING MILEAGE 62623
BEGINNING MILEAGE 62248
MILES TRAVELED 375 ✓

NUMBER OF DAYS: 2

SATURDAY USE	YES	NO
SUNDAY USE		
HOLIDAY USE		

LOANER FOR: _____
DRIVER'S SIGNATURE: [Signature] DISPATCHER'S SIGNATURE: [Signature]
TSB #2

Distribution: White - Billing Copy; Canary - File Copy; Pink - File Copy; Gold - Agency Copy

STATE OF NEBRASKA
DEPARTMENT OF ADMINISTRATIVE SERVICES
LINCOLN 68509

DAILY TRIP
CHARGE TICKET

70767

ISSUED FROM: TRANSPORTATION SERVICES BUREAU DATE: 3-1-05
ISSUED TO: AGENCY NUMBER 29 Naxleo DIVISION NAME/NUMBER DNR/Admin -

DRIVER: Ann Diets TRAVEL AUTH. NO.: 32682

DESTINATION: Kearney, NE DATE TO BE RETURNED: 3-2-05

VEHICLE ISSUED: DATE 3-1-05 TIME 4:30 P.M. VEHICLE RETURNED: DATE 3-3-05 TIME 6:45 A.M.

CREDIT CARD NUMBER: 24215 LICENSE NUMBER: 11371

ENDING MILEAGE: 5811
BEGINNING MILEAGE: 57844
MILES TRAVELED: 267
NUMBER OF DAYS: 1

SATURDAY USE	YES	NO
SUNDAY USE		
HOLIDAY USE		

LOANER FOR: _____
DRIVER'S SIGNATURE: Cheryl Byler for Ann Diets DISPATCHER'S SIGNATURE: [Signature]

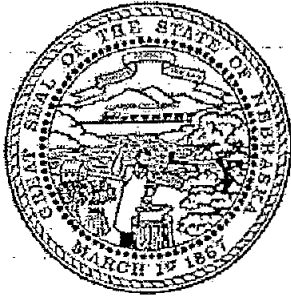
Distribution: White - Billing Copy; Canary - File Copy; Pink - File Copy; Gold - Agency Copy

D. 000002

STATE OF NEBRASKA

DAS TSB

Remit To:
DAS TSB
INTERAGENCY BILLING # 6510
P.O. BOX 95025
LINCOLN NE 68509-5025



INVOICE

Invoice Number: 91308
Page: 1 of 1
Invoice Date: 04/06/05
Account: 563718
Due Date: 05/06/05

BILLING ADDRESS:

DEPARTMENT OF NATURAL RESOURCES
301 CENTENNIAL MALL SOUTH
NSOB, 4TH FLOOR
P.O. BOX 94676
LINCOLN NE 68509-4676

<u>Item Number</u>	<u>Remark</u>	<u>Amount</u>
001	029/000 RENTAL MAR2005 0002203	3,313.44
002	029/000 RENTAL MAR2005 0002203	844.00

Total Amount Invoiced

4,157.44

SOCIAL SECURITY NUMBER / FTIN
 508-50-7830

PAYEE NAME
 Robert Z. Ambrasek

PAYEE ADDRESS
 72382 Green Rd

CITY
 Hastings

STATE
 NE

ZIP CODE
 69030

HEADQUARTER CITY
 Hastings

TITLE
 Member

LICENSE NUMBER
 710-458

AUTO OWNER
 SELF

AGENCY/DIVISION

DATE

DOCUMENT NUMBER
 587280

TRANSACTION TYPE
 WARRANT WRITING

TRANSACTION PLAN
 M R

ACH agency

TRANSPORTATION DOCUMENT NO.

EXPENSE REIMBURSEMENT DOCUMENT

STATE OF NEBRASKA
 NEBRASKA ACCOUNTING SYSTEM

TRANSACTION TYPE
 WARRANT WRITING

TRANSACTION PLAN
 M R

ACH agency

TRANSPORTATION DOCUMENT NO.

AGENCY/DIVISION

DATE

DOCUMENT NUMBER
 587280

TRANSACTION TYPE
 WARRANT WRITING

TRANSACTION PLAN
 M R

ACH agency

TRANSPORTATION DOCUMENT NO.

DESCRIPTION	PAYEE REFERENCE	AMOUNT
TOTAL		0.00

TRANSPORTATION	MISCELLANEOUS
TOTAL	283.5

DATE	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	TOTAL
Mar 1	4:30 MST	9:30 CST			.405	18.5	0.00	0.00
Mar 2	4:00 CST	7:00 MST			.405	18.5	0.00	0.00
Mar 23	7:00 CST	11:00 CST			.405	16.5	0.00	0.00
Mar 23	3:00 CST	5:00 MST			.405	16.5	0.00	0.00
TOTALS			0.00	0.00		70.0	283.5	283.5

AG	DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	DEBIT	CREDIT
TOTAL									
								0.00	0.00

ENC. NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	AMOUNT
TOTAL								
								0.00

I claim reimbursement from the STATE OF NEBRASKA for the above expenses incurred by me in the line of duty and declare that this is a true account of such expenses for which payment has not previously been made by the STATE OF NEBRASKA.

EMPLOYEE SIGNATURE [] INDEPENDENT CONTRACTOR [] OTHER

DATE

DIVISION APPROVAL

DATE

I hereby certify that the above claim for reimbursement is proper under state statutes, and that the claim for mileage, if any, for use of a privately owned vehicle, is authorized according to Section 81-1176.

AUTHORIZED SIGNATURE

DATE

Signature: Robert Z. Ambrasek

Signature: Bruce Blood

Signature: Angela S. Law

Signature: Angela S. Law

Signature: Angela S. Law

Signature: Angela S. Law

Signature: Angela S. Law

Signature: Angela S. Law

Signature: Angela S. Law

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Signature: Angela S. Law

Signature: Angela S. Law

Signature: Angela S. Law

Signature: Angela S. Law

Signature: Angela S. Law

Signature: Angela S. Law

EXPENSE

REIMBURSEMENT DOCUMENT

AB 3411320

DOCUM
580655

SOCIAL SECURITY NUMBER / FTIN TYPE CODE
508-54-7803

EMPLOYEE NAME
Duane Sugden Sugden

EMPLOYEE ADDRESS
RRI - Box 55

CITY STATE ZIP CODE
Sterling NE 68443-9631

TITLE
Kearney

VEHICLE OWNER
SELF

LICENSE NUMBER
DS-RS

AGENCY/DIVISION
Water Task Force

DATE: 3/2/05

TRANSACTION TYPE
WARRANT WRITING

WARRANT NUMBER
580655

ACN: agency

DATE	TIME	PARTICULARS	STARTED	STOPPED	MEALS	LODGING	RATE	MILES	AMOUNT	DESCRIPTION	AMOUNT	
3/2		Water Task Force Meeting Kearney					405	350	141.75	Round Trip Sterling to Kearney	141.75	
TOTALS										0	141.75	141.75

I claim reimbursement from the STATE OF NEBRASKA for the above expenses by me in the line of duty and declare that this is a true account of such expenses payment has not previously been made by the STATE OF NEBRASKA.

[Signature]
EMPLOYEE SIGNATURE ([] INDEPENDENT CONTRACTOR [] OTHER)

[Signature]
DIVISION APPROVAL

I hereby certify that the above claim for reimbursement is proper under state statute that the claim for mileage, if any, for use of a privately owned vehicle, is authorized according to Section 81-1176.

[Signature]
AUTHORIZED SIGNATURE

AG	DIV	FUND	PRG	S-P	ACT	IDENTIFIER	ACCOUNT	DEBIT	CREDIT
TOTAL								0.00	0.00

ENC. NO.	AG	DIV	FUND	PRG	S-P	ACT	ACCOUNT	DEBIT	CREDIT
TOTAL								0.00	0.00