

LOCAL ASSISTANCE CERTIFICATION
 TARGETED RUNOFF MANAGEMENT PROGRAM

(R 4/14)

Note: This document is authorized by ss. 281.65 and 281.66, Wis. Stats., and chs. NR 153 and 154, Wis. Adm. Code. The information contained in this form will be used to establish reimbursement eligibility for the Targeted Runoff Management grant program. Personally identifiable information collected will be used for program administration and may be made available to requesters as required under Wisconsin's Open Records Law (ss. 19.31 - 19.39, Wis. Stats.).

PART 1. GRANT INFORMATION

| | |
|--------------|-----------------------------|
| Grantee Name | Grant Number |
| Project Name | CSA Number & Recipient Name |

PART 2. ELIGIBLE LOCAL ASSISTANCE CALCULATION

| Employee Name | Hourly Wage | Hourly Benefits | Total Hourly Charge | Total Hours Worked | Total Eligible Staffing Expenses |
|-------------------------------------|-------------|-----------------|---------------------|--------------------|----------------------------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Total Eligible Staffing \$\$ | | | | | |

PART 3. GRANTEE CERTIFICATION

The above named grantee hereby certifies that:

- The information provided in Part 2 of this form is a true and accurate summary of staff expenses incurred during the implementation of this runoff management grant project;
- The claimed employee hours are limited to compliance reviews in conformance with the agricultural performance standards and prohibitions;
- The grantee has on file adequate documentation recording the time, salary, and fringe benefits of staff performing force account work, and that such records will be maintained for the period specified in the grant conditions;
- The hours claimed above comply with the cost-containment provisions of the associated Runoff Management Grant Agreement;
- The employee salary claimed on this reimbursement request is not otherwise funded by other state or federal grants; and
- The employee performing the force account activities above currently possesses the appropriate Job Approval Authority for the BMP(s).

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|------------------------------|----------------|
| Name of Project Manager | Phone No. |
| Signature of Project Manager | E-Mail Address |