DEPARTMENT of AGRICULTURE and NATURAL RESOURCES

JOE FOSS BUILDING 523 E CAPITOL AVE PIERRE SD 57501-3182

danr.sd.gov

Specialty Crop Block Grant Program (SCBGP)

**Reimbursement and Progress Report CONTACT INFORMATION:**

# DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name

Grant Agreement Year/ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Award Amount

Requested Reimbursement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid to Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person: Phone Number:

Email address:

*\*\*\*\*Please remember to attach all supporting documentation for reimbursement. \*\*\**

**BUDGET EXPENDITURES:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Expenses** | **Actual Cost** | **SCBGP Portion** | **Matching Portion** | **Receipt Included** |
| **Personnel** |  |  |  |  |
| **Fringe Benefits** |  |  |  |  |
| **Travel** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Supplies** |  |  |  |  |
| **Contractual** |  |  |  |  |
| **Other** |  |  |  |  |
| **Direct Costs Subtotal** |  |  |  |  |
| **Indirect Costs** |  |  |  |  |
| **Total Request** |  |  |  |  |

**PROJECT PROGRESS DETAILS (PLEASE ATTACH A SEPARATE SHEET OF PAPER IF NECESSARY)**

1. Are there any issues with the actual project progress as compared to the schedule in the grant? (If yes, briefly describe cause and corrective actions.)
2. Are there any issues currently with the project budget? (If yes, briefly describe cause and corrective actions).
3. If you answered “No” to indicate no reimbursement request this quarter, briefly explain why.
4. Is there anything I or the Department of Agriculture and Natural Resources can do to help with your project?

*I certify that to the best of my knowledge and belief the information contained is true and correct.*

Signature of Authorized Project Representative Date

\*\*\* Please return this form along with receipts and Invoices\*\*\*

South Dakota Department of Agriculture and Natural Resources Timothy Schoonhoven

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