



**DEPARTMENT of AGRICULTURE
and NATURAL RESOURCES**

JOE FOSS BUILDING
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PIERRE SD 57501-3182
danr.sd.gov

**Specialty Crop Block Grant Program (SCBGP)
Reimbursement and Progress Report**

CONTACT INFORMATION:

Date: _____

Dates Covered by Request: _____

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. Briefly summarize your key planned project activities for the upcoming quarter.
4. If you answered “No” to indicate no reimbursement request this quarter, briefly explain why.
5. 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

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