



**DEPARTMENT of AGRICULTURE  
and NATURAL RESOURCES**

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

**Resilient Food System Infrastructure Program (RFSI)  
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	RFSI Portion	Matching Portion	Cash or In-Kind?	Receipt Included
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Construction					
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\*\*\*

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