Enter District Name

MATCH FUNDING WORKSHEET

Reporting Period: July 1 to June 30, Previous Fiscal Year

** Report ONLY Local Funds & Services Which You Believe Are Eligible For State Match
On This Worksheet!! **

For help determining which local funds and services are eligible for State match refer to the Reference Manual for Districts available on the Commission website or contact the Commission's district support staff.

LOCAL FUNDS (CASH ONLY) - Add lines as needed Local Government Entity or Organization Description Value \$ 5,500.00 **Annual Allocatgion Camas County** TOTAL FUNDS FROM LOCAL GOVERNMENTS & ORGANIZATIONS: | \$ 5.500.00 LOCAL SERVICES (IN-KIND ONLY) - Add lines as needed Value Local Government Entity or Organization Description TOTAL SERVICES FROM LOCAL GOVERNMENTS & ORGANIZATIONS: 5,500.00 TOTAL FUNDS AND SERVICES FROM LOCAL GOVERNMENTS & ORGANIZATIONS:

Enter District Name

Utilization of State Base and Match Funds Report

In the space below or in an attached word document briefly describe how your district utilized the State base and match funds you received during the previous fiscal year.

The minimum level of detail required in this report is to break expenses into the following three categories and indicate how much of the district base and match funds were spent on: 1) Personnel; 2) Operating Costs, and; 3) District Conservation Projects.

1 - Personnel \$3,624.9

- 2 Operating costs \$15,461.55
- 3 Not Appilcable

Date

Description

Account Number

Amount

4/11/2022 2022 BUDGET DISBURSEMENT

465.05.005.00

5,500.00



Official Receipt

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL.

Peference 0036 03690 0023

04/26/2022 3:57 pm

Account ending in Deposit

U.S. Bank \$5,500.00

Deposit checks anywhere, anytime with the U.S. Bank Mobile App.

usbank.com

Cash, checks and other negotiable items received for deposit are subject to the terms and conditions of your Deposit Account Agreement and any other agreements governing use of your account, as amended from time to time. All items accepted for deposit are subject to later count and verification. Member FDIC.

Vendor #:

1091

Please use your Vendor Number when submitting claims.

Camas County

Box 430

Fairfield, Idaho 83327-0430

Please Detach and Retain for your records

Camas County

P.O. Box 430 Fairfield, Idaho 83327

Out of: CURRENT EXPENSE

THE CONTROL OF THE TELESCOPE WAS AND SAID FOR SAID AND SA **US BANK**

1-800-673-3555

usbank.com

92-372/1231

Series: 2022

Cash by:

6/12/2022

Pay ******Five Thousand Five Hundred & 00/100 Dol.

Date

4-12-2022

Check No. 2022-0034330

Amount 5,500.00

To the Order of

CAMAS CONSERVATION DISTRICT

PO BOX 156

FAIRFIELD, ID

83327

PLEASE NOTE!! This Letter of Support Must be Completed in Full by the Donating Entity!!

From: (Na	me of Donating Entity):	Camas County	
Date:	8/17/22	-	
To Whom	It May Concern:		
Pursuant 1	to section 22-2727, Idaho	Code and IDAPA 60.05.04 w	e are providing this letter to formally document our
	ion of the following funds		Camas Conservation District
			Conservation District during the FY 2022
			o Soil and Water Conservation Commission
and service	ay allocate to the conserves received by the conser WCC to meet requested r	vation district, provided that	s in a sum not to exceed twice the value of local funds the legislature has appropriated adequate State
the itemiz	and services itemized be ed funds and services we or on a fee-for-service bas	re provided for special proje	eneral purposes of the conservation district. None of ects, for use as required match for specific grants or
The stated	d value of donated service	s is based upon the open ma	arket value of those services.
In the	e space below, itemize fur provided and the value	nds and services donated to of that service as separate in	the District. For donated services, list each service tems. Attach additional pages if necessary.
	FY 20	22 Budget Disbursement An	nual County Contribution
-			
		water the second of the second	
-			
Total valu	e of donated funds and so	ervices: \$ <u>\$5,500.00</u>	
ta	DE EC	Qñ	
Signature	- By signing this letter I d	offirm that I am an authorize	ed representative of the local organization or
			herein is true and accurate. I agree to provide the rmation requested to confirm the accuracy of the
	ion provided above.	Commission with any injoi	mulion requested to confirm the accuracy of the
K	flexing F	Politin	
Printed N	lame	190111	
Gur	sta Clerk		
Title	0.10	N Trick	11 TD 83327
Mailing A	ddress	J +a11+10	1 10 +1
208	3764 224		isclerk@rtci.net
Phone A	Vumber (required) F.	mail Address (optional)	•

IDAHO SOIL & WATER CONSERVATION COMMISSION

FINANCIAL & MATCH REPORT CERTIFICATION

DISTRICT:		
FOR FISCAL YEAR:	1 7.7.	
PERIOD:		
JULY 1, 2021	TO JUNE 30, 2072	
DUE:		

August 16, 2022

CERTIFICATION

On behalf of my local Board of Supervisors, I hereby certify that the attached Financial & Match Report is true and accurate, and further submit said Report for the above named District and fiscal year.

A copy of this Financial & Match Report and supporting documents shall
kept at the District office and is available for public inspection.
Lovier Mallard
Board Supervisor Signature
Forrest Ballaco
Printed Name
08/16/2022
Date
208 - 720 - 4891
District Telephone
camasscd@yahoo.com
District Email Address
FOR SWC USE ONLY:

DATE OF CONFIRMATION: