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.

| <u> </u> | rict support starr. | | |
|---|-----------------------------------|--|----------|
| LOCAL FUNDS (CA | SH ONLY) - Add lines as needed | | |
| Local Government Entity or Organization | Description | Value | |
| Owyhee County Government | county funding | \$ | 4,500.00 |
| | | | |
| | | | |
| | | - | |
| | | | ' |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | - | |
| TOTAL FUNDS FROM | LOCAL GOVERNMENTS & ORGANIZATIONS | : Ś | 4,500.00 |
| | -KIND ONLY) - Add lines as needed | - <u>1 +</u> | ., |
| Local Government Entity or Organization | Description | Value | |
| | | | |
| | | | |
| | | | |
| | | - | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL SERVICES FROM | LOCAL GOVERNMENTS & ORGANIZATIONS | : \$ | - |
| | OCAL GOVERNMENTS & ORGANIZATIONS | | 4,500.00 |

CLAIM

OWYHEE COUNTY WARRANT P.O. BOX 128

PAYABLE THROUGH U.S. BANK 14855-011-5601 92-6⁻¹1-1250

2021-00640

MURPHY IDAHO 83650

DATE 12/07/2020

AMOUNT \$4.500,00

****** FOUR THOUSAND FIVE HUNDRED AND XX / 100 DOLLARS **

TO THE

OWYFEE SOIL CONSERVATION DISTRICT

ORDER OF

250 N BRUNEAU HWY MARSING ID 83639

Gngila Bankerl

CLAIM

ACCOUNT NUMBER

DESCRIPTION

2021-00540 12/07/2020

AMOUNT

4,500.00

FY2021 CONTRIBUTION

FY2021

REFERENCE NO

DWYHEE CONSERVATION DISTRICT

012

92-372-123

6000000



OWYHEE CONSERVATION DISTRICT 250 N BRUNEAU HWY MARSING ID 83639-5033



Business Stateme

t Numb

Statement Perio Dec 1, 20 throu Dec 31, 20

Page 2 o

| SILVER BUSINESS CHECKII U.S. Bank National Association | NG. | | | | Accoun | t Numb | Member FD |
|--|------------|--|--------------|----------------------------------|--|--------|-----------------|
| Account Summary | | | | | | */* | |
| # Items | | | | | | | |
| Beginning Balance on Dec 1 | \$ | 65,113.24 | | | | | |
| Customer Deposits 1 | | 6,000.00 | | | | | |
| Other Deposits 4 | | 88,739.92 | | | | | |
| Card Withdrawals 2 | | 72.24- | | | | | |
| Other Withdrawals 2 | | 88,700.00- | | | | | |
| Checks Paid 3 | | 4,997.34- | | | | | |
| Ending Balance on Dec 31, 202 | 0 \$ | 66,083.58 | | | | | |
| Customer Deposits | | | \ | | | | |
| Number Date Ref Number | 140 -41 -1 | Amount | | | | | |
| Dec 11 925308485 | 3 | 6,000.00 | | | | | |
| | | | Tota | I Customer De | posits | \$ | 6,000.0 |
| Other Deposits | 10 11010 | | | | | | |
| Date Description of Transaction | SI Inches | | | Ref | Number | | Amoui |
| Dec 23 Electronic Deposit | | From Department | | | | \$ | 17.4 |
| REF=203580161309060Y0 | 0 | 0112912506Fixed Inc | 0436001370 | | | | |
| Sch Int Pymt- Rcpt | | 471045846 \ | | | | | 22.5 |
| Dec 23 Electronic Deposit | ^ | From Department | 0436001370 | | | | 22.0 |
| REF=203580161309020Y0 | 0 | 0112912506Fixed Inc 471045843 \ | 0436001370 | | | | |
| Sch Int Pymt- Rept | | From Department | | | | | 38,700.0 |
| Dec 23 Electronic Deposit REF=203580161309080Y0 | 0 | 0112912506Fixed Inc | 0436001370 | | | | 00,700.0 |
| Inv. Sec Mat- Rcpt | | 471045846 \ | | | | | |
| Dec 23 Electronic Deposit | | From Department | | | | | 50,000.0 |
| REF=203580161309040Y0 | 0 | 0112912506Fixed Inc 471045843 \ | 0436001370 | | | | |
| Inv. Sec Mat- Rcpt | | 471043043 (| | Total Other De | enosits | \$ | 88,739.9 |
| 2 | | Wile Will) - 187 - 17 - 20 - 20 - 17 - 17 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - 2 | | | St. 7.811 Inches de la constant de l | | |
| Card Withdrawals Card Number: xxxx-xxxx-xxxx-8617 | | | | | | | |
| | | | | Ref | Number | | Amoui |
| Date Description of Transaction Dec 10 Debit Purchase | | ALBERTSONS #336 HC | MEDALE ID | | radinibol | S | 27.74 |
| 756744 ********8617 | | On 121020 MAESTE | | | | • | 21.11 |
| Dec 16 Debit Purchase - VISA | | On 121420 PORTLAND | OR STATE | 000 | 0349140 | | 44.50 |
| SOUTHWEST OFFICE | | REF # 241215703500 | | 3 | | | |
| ********8617 | | | | | | | |
| | | | Card 8617 V | Nithdrawals S | ubtotal | \$ | 72.24 |
| | | | To | tal Card Withd | rawals | \$ | 72.24 |
| Other With drawals | | | | A DECEMBER OF | | | |
| Other Withdrawals | | | | Rof | Number | | Amoui |
| Date Description of Transaction Dec 23 Electronic Withdrawal | | To Department | | | .14111001 | \$ | 38,700.00 |
| REF=203580161305000Y0 | 00 | 0112912506Fixed Inc 388082383 \ | 0436001370 | | | • | 00,700.00 |
| Dec 23 Electronic Withdrawal | | To Department | | | | | 50,000.00 |
| REF=203580161304980Y0 | 00 | 0112912506Fixed Inc | 0436001370 | | | | 12.35. 0.64 2.0 |
| Inv. Sec Pur- Rcpt | | 388082382 \ | | | | | |
| | | | Tot | al Other Withd | rawals | \$ | 88,700.00 |
| Checks Presented Conventionally | , | | man man Hina | 4) (4.4.4.18) (5.6.18) (4.18.18) | | | |
| Check Date Ref Number | | Amount | Check | Date | Ref Number | | Amou |
| 9037 Dec 21 805777999 | | 4,230.00 | 9038 | Dec 15 | 8357091156 | | 431.1 |
| | | | | | | | |

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

| From (Name of Donating Entity): Owyhee County |
|--|
| Date: 3-8-2/ |
| To Whom It May Concern: |
| Pursuant to section 22-2727, Idaho Code, and IDAPA 60.05.04 we would like to formally document our donation of the following funds and services to the Conservation District during the State fiscal year (July 1 thru June 30). |
| We understand that the Idaho Soil and Water Conservation Commission (ISWCC) may allocate to the Conservation District matching funds in a sum not to exceed twice the value of local funds and services received by the Conservation District, provided that the legislature has appropriated adequate State funds to ISWCC to meet the requested match. |
| The funds and services itemized below were provided for the general purposes of the conservation district. None of the itemized funds and services were provided for special projects, for use as required match for specific grants or projects, or on a fee-for-service basis. |
| The stated value of donated services is based upon the open market value of those services. |
| In the space below, itemize funds and services donated to the District. For donated services, list each service provided and the value of that service as separate items. Attach additional pages if necessary. |
| Annual founding |
| |
| Total value of donated funds and services: \$ 4500.00 |
| Thank-you, |
| Signature - By signing this letter, I affirm that I am an authorized representative of the local organization or government named above and that the information provided herein is true and correct. I agree to provide |
| the Idaho Soil and Water Conservation Commission with any information requested to confirm the accuracy |
| of the information provided above. |
| Joe Merrick |
| Printed Name |
| Title County Commission |
| P.O. Box 128 Murphy #2 83650 |
| Mailing Address 202 - 46 C - 242/ |
| Phone Number (required) and Email Address (optional) |

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 Cost: \$8781.51

2. Operating Cost: \$5394.71

3: Projects Cost: \$1850.00

IDAHO SOIL & WATER CONSERVATION COMMISSION

FINANCIAL & MATCH REPORT CERTIFICATION

| Owyhee Conservation Distric |
|-----------------------------|
| FOR FISCAL YEAR: FY21 |
| DEDICO |

PERIOD:

JULY 1, 2020 TO JUNE 30, 2021

DUE:

August 16, 2021

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.

shall be

| A copy of this Financial & Match Report and supporting documen | ts shall |
|---|----------|
| kept at the District office and is available for public inspection. | |
| AUF | |
| Board Supervisor Signature | |
| Andrea McRae | |
| Printed Name | |
| 7.20.2021 | |
| Date | |
| 208-896-4544 | |
| District Telephone | |
| susan.thayer@id.nacdnet.net | |
| District Email Address | |
| | |

FOR SWC USE ONLY:

DATE OF CONFIRMATION: