

North Bingham Soil Conservation District

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
Bingham County	cash	\$ 3,000.00
TOTAL FUNDS FROM LOCAL GOVERNMENTS & ORGANIZATIONS:		\$ 3,000.00

LOCAL SERVICES (IN-KIND ONLY) - Add lines as needed

Local Government Entity or Organization	Description	Value
Eastern Idaho State Fair	Building use	\$ 650.00
TOTAL SERVICES FROM LOCAL GOVERNMENTS & ORGANIZATIONS:		\$ 650.00

TOTAL FUNDS AND SERVICES FROM LOCAL GOVERNMENTS & ORGANIZATIONS: \$ 3,650.00

North Bingham Soil Conservation District

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.

Personnel	10,334
Operating Costs	8,178

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

From: (Name of Donating Entity): Bingham County

Date: June 3, 2024

To Whom It May Concern:

Pursuant to section 22-2727, Idaho Code and IDAPA 60.05.04 we are providing this letter to formally document our our donation of the following funds and services to the

North Bingham Conservation District during the 2024

State fiscal year (July 1 - June 30). We understand that the Idaho Soil and Water Conservation Commission (SWCC) 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 SWCC to meet requested match.

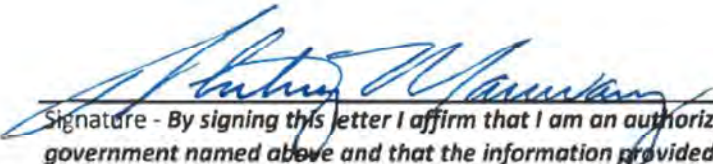
The funds and services itemized below were provided for the general purposes of the conservation district. None of the itemized funds and services were provided for special projects, for use as required match for specific grants or projects, or on a fee-for-service basis.

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.

Total value of donated funds and services: \$

3,000⁰⁰


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 accurate. I agree to provide the Idaho Soil and Water Conservation Commission with any information requested to confirm the accuracy of the information provided above.

Whitney Manuwarung

Printed Name

Chairman

Title

501 N. Maple Box 204, Blackfoot, Idaho 83221

Mailing Address

208-782-3013

Ldalley@Binghamid.gov

Phone Number (required) Email Address (optional)

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED BORDER

CLAIM

COUNTY WARRANT
BINGHAM COUNTY

BLACKFOOT, IDAHO 83221

ZIONS BANK
BLACKFOOT, IDAHO 83221

2024-04378

DATE 06/07/2024

AMOUNT
\$3,000.00

PAY

***** THREE THOUSAND AND XX / 100 DOLLARS **

NOT VALID AFTER 90 DAYS

PAMELA W. ECKHARDT

TO THE
ORDER OF

NORTH BINGHAM SOIL CONSERVATION DIS
726 JENSEN GROVE DRIVE, #3
BLACKFOOT, ID 83221 USA

By

Pamela W. Eckhardt

DOCUMENT INCLUDES A HIDDEN WORD. DO NOT CASH IF THE WORD VOID IS VISIBLE. DOCUMENT ALSO CONTAINS HEAT-SENSITIVE INK. TOUCH HERE - RED IMAGE DISAPPEARS WITH HEAT.





Bank of Commerce
MEMBER FDIC
Blackfoot

624 Jensen Grove Dr.
Blackfoot ID 83221

Teller # 1302 Seq # 125
06/10/2024 2:18:52 PM

Deposit Transaction
Demand Deposit

Account # *****

Amounts Received

Checks In: \$3,000.00

Grand Total: \$3,000.00

All items credited are
subject to payment.
Thank you for your business!

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

From: (Name of Donating Entity):

Eastern Idaho State Fair

Date:

06.04.24

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2024

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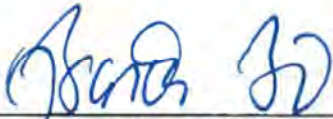
The stated value of donated services is based upon the open market value of those services.

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.

Building facility use for District use

Total value of donated funds and services: \$

650



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 accurate. I agree to provide the
Idaho Soil and Water Conservation Commission with any information requested to confirm the accuracy of the
information provided above.

Brandon Bird

Printed Name

Gen. mgr

Title

P.O. Box 250, Blackfoot, ID 83221

Mailing Address

208. 785. 2480

Phone Number (required) Email Address (optional)

IDAHO SOIL & WATER
CONSERVATION COMMISSION

FINANCIAL & MATCH REPORT
CERTIFICATION

DISTRICT: **North Bingham**

FOR FISCAL YEAR: **2024**

PERIOD:
JULY 1, 2023 TO JUNE 30, 2024

DUE :
August 16, 2024

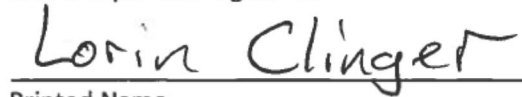
CERTIFICATION

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 be kept at the District office and is available for public inspection.



Board Supervisor Signature



Printed Name



Date



District Telephone



District Email Address

FOR SWC USE ONLY:

DATE OF CONFIRMATION: