

Enter District Name Owyhee 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
<u>Owyhee County</u>	<u>county funding</u>	<u>\$4,500.00</u>
TOTAL FUNDS FROM LOCAL GOVERNMENTS & ORGANIZATIONS:		<u>\$ 4,500.00</u>

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

Local Government Entity or Organization	Description	Value
TOTAL SERVICES FROM LOCAL GOVERNMENTS & ORGANIZATIONS:		\$ -
TOTAL FUNDS AND SERVICES FROM LOCAL GOVERNMENTS & ORGANIZATIONS:		<u>\$4,500.00</u>

Enter District Name Owyhee 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 - \$ - 8,649.⁰³

Operating Cost - \$ 10,671.⁰¹

Conservation Projects \$ 8,406.⁵⁷

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

CLAIM

OWYHEE COUNTY WARRANT
P.O. BOX 128

MURPHY, IDAHO 83650

PAYABLE THROUGH
U.S. BANK
1-888-800-8626
96-671/1232

2024-01674

DATE 3/26/2024

AMOUNT
\$4,500.00

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

TO THE
ORDER OF

OWYHEE SOIL CONSERVATION DISTRICT

250 N BRUNEAU HWY
MARSING, ID 83639

By

Angela Bankell



Security Features Included Details on back



PO Box 2469 • Pocatello, Idaho 83206-2469
www.iccu.com • 800-456-5067

Member Number: [REDACTED]
Statement Start Date: 04-01-2024
Statement End Date: 04-30-2024

ACCOUNT SUMMARY

Savings \$25.00
Checking \$25,153.81

RETURN SERVICE REQUESTED

OWYHEE CONSERVATION DISTRICT
250 N BRUNEAU HWY
MARSING ID 83639

IMPORTANT NOTICE

PERSONAL LOANS

Signature Loans with a personal touch.

[learn more at ICCU.com]

BUSINESS SHARE SAVINGS

Account No. **8299

Beginning Balance	+	Deposits	+	Interest Earned	-	Withdrawals	-	Service Charges	=	Ending Balance
\$25.00		\$0.00		\$0.00		\$0.00		\$0.00		\$25.00

Eff Date	Post Date	Transaction Description	Withdrawal	Deposit	Balance
	04/01	Beginning Balance			25.00

The amount of Interest earned between 04-01-2024 and 04-30-2024 is \$0.00.
The average daily balance during this period was \$25.00.
The minimum balance during this period was \$25.00.
The Annual Percentage Yield Earned for this account is 0.000%.

BUSINESS MONEY MARKET CHECKING - OWYHEE CONSERVATION DISTRICT CHECKING

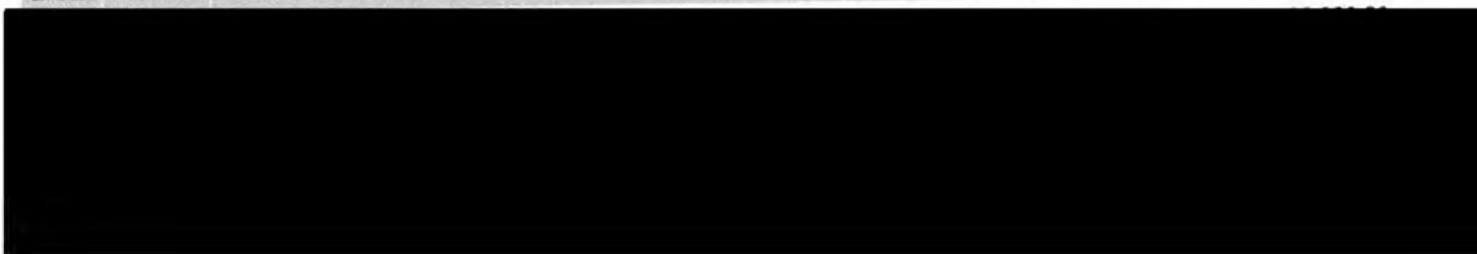
Account No. [REDACTED]

Interest Rate 0.200%

Interest Earned YTD: \$ [REDACTED]

Beginning Balance	+	Deposits	+	Interest Earned	-	Withdrawals	-	Service Charges	=	Ending Balance
[REDACTED]		\$4,712.46		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]

Eff Date	Post Date	Transaction Description	Withdrawal	Deposit	Balance
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Member Number	Page
8643899	2 of 2

Statement Start Date: 04-01-2024
 Statement End Date: 04-30-2024

Eff Date	Post Date	Transaction Description	Withdrawal	Deposit	Balance
04/18	04/18	Check 9282	1,185.00	4,500.00	

	Total For This Period	Total Year-To-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

CLEARED CHECKS

In Case of Errors or Questions About Your Electronic Transfers, Statement, or Bill and Your Rights

If you think your statement or bill is wrong, or if you need more information about a transaction on your statement or bill, write us on a separate sheet of paper at P.O. Box 2469, Pocatello, ID 83206. We must hear from you no later than 60 days after we sent you the FIRST statement or bill on which the error or problem appeared. You can call us at 1-800-456-5067, but doing so will not preserve your rights. In your letter, give us the following information:

- Your name and account number.
- The dollar amount of the suspected error.
- Describe the error and explain, if you can, why you believe there is an error. If you need more information, describe the item in question.

We will investigate your complaint and will credit any error promptly. If we take more than 10 business days to do this, we will credit your account for the amount you think is in error, so you will have the use of the money during the time it takes us to complete our investigation. You do not have to pay any amount in question while we are investigating, but you are still obligated to pay the parts of your statement or bill that are not in question. While we investigate your question, we cannot report you as delinquent, or take any action to collect the amount in question.

Special Rule for Visa Card Purchases
 If you have a problem with the quality of goods or services you purchased with a Visa card, and you have tried in good faith to correct the problem with the merchant, you may not have to pay the remaining amount due on the goods or services. You will have this protection only when

the purchase price was more than \$50 and the purchase was made in your home state or within 100 miles of your mailing address. (If we own or operate the merchant, or if we mailed you the advertisement for the property or services, all purchases are covered regardless of amount or location of purchase.)



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

From: (Name of Donating Entity): Owyhee County

Date: 08/06/2024

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 donation of the following funds and services to the Owyhee Conservative District Conservation District during the 2024 October 1-September 30, 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.

FY2024 \$4,500 Contribution 03/06/2024 Ck#2024-1674

Total value of donated funds and services: \$ \$4,500.00

Pamela Springer

Digitally signed by Pamela Springer
DN: cn=Pamela Springer, o=Owyhee County, ou=, email=pspringer@co.owyhee.id.us,
c=US
Date: 2024.08.06 14:54:05 -0600

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.**

Pamel Springer
Printed Name

Deputy Auditor
Title

PO Box 128 Murphy, ID 83650
Mailing Address

208-495-2421 pspringer@co.owyhee.id.us
Phone Number (required) Email Address (optional)

IDAHO SOIL & WATER
CONSERVATION COMMISSION

FINANCIAL & MATCH REPORT
CERTIFICATION

DISTRICT:

Owyhee

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.

Andrea McRae

Board Supervisor Signature

Andrea McRae

Printed Name

8.14.2024

Date

208.880.6284

District Telephone

alib.oed@gmail.com

District Email Address

FOR SWC USE ONLY:

DATE OF CONFIRMATION: