

Enter District Name

## MATCH FUNDING WORKSHEET

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

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

TOTAL FUNDS FROM LOCAL GOVERNMENTS & ORGANIZATIONS: \$ -

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

Local Government Entity or Organization	Description	Value

TOTAL SERVICES: \$ -

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- Personell - \$16,094.14 Tamra and Joy Payroll

2- Operating Expenses - \$7,259.27

3- District Conservation Projects and Public Outreach - \$4,351.36

4- The district had a couple grants that were received last fiscal year and paid out this fiscal year that show us

**IDAHO SOIL & WATER  
CONSERVATION COMMISSION**

**FINANCIAL & MATCH REPORT  
CERTIFICATION**

**DISTRICT:**

Yellowstone Soil Cons. Dist  
**FOR FISCAL YEAR:**

**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

Nathan Safe  
\_\_\_\_\_  
Printed Name

8/16/24  
\_\_\_\_\_  
Date

208-624-7391  
\_\_\_\_\_  
District Telephone

joy.hoopes@gmail.com  
\_\_\_\_\_  
District Email Address

**FOR SWC USE ONLY:**

**DATE OF CONFIRMATION:**