



EXHIBIT A
SWCD RESPONSE FORM
CONSERVATION COOPERATIVE FOR WORKING LANDS GRANT
April 1, 2024 to June 30, 2025

Open document in "Edit" view. Proceed by using the tab key to complete the information.

DATE:

COUNTY:

CONTACT PERSON:

PHONE NUMBER:

EMAIL:

Information (April 1, 2024 to June 30, 2025)

A. Will this money fund a new position or existing? *(Check One)* New Existing

B. Will this fund parts of more than one position? *(Check One)* YES NO
 If yes, explain your approach:

C. Access to NRCS workstation? *(Check One)* YES NO

D. Job Approval Authority exists for practices utilized in your SWCD? *(Check One)* YES NO
 Explain Status:

E. Work Plan and Workload Analysis:

PROJECT GOALS		
PROGRAMS	Estimated Acres	Estimated Number of Contracts
RIM Easements – All Types		
CRP – All enrollment Types		
EQIP – Wildlife Focused Practices		
Walk-in-Access		
DNR Prairie Bank Programs		
NRCS Easements – All Types		
Other Practices:*		
TOTALS:	0	0

***Other Practices Defined:**



F.	What dollar amount are you requesting?	\$
	Billable Rate	\$0.00
	Approximately what percentage of a FTE will this money fund?	%
	April 1, 2024 to June 30, 2025, \$30,000 maximum award.	

G. What programs will this position work on when not working on this grant?

Explain: [Click or tap here to enter text.](#)

- This program operates on a quarterly reimbursement basis for actual hours worked under the agreement. All grantees are required to report quarterly on the outcomes, activities, and accomplishments via an invoice to receive reimbursement.
- Proposals may receive partial funding based on eligibility or availability of funds.
- The grant award will not exceed \$30,000, should a grant be awarded.

COMMENTS:

Authorized SWCD Representative

Date