

## Instructions for Completing and Submitting the Reimbursement Form

### **Top Portion of Form**

- ▶ Select your County Name from the drop down list.
- ▶ Fill in the beginning and ending dates (mm/dd/yyyy) for the period during which you incurred the costs covered by this reimbursement request. *Note:* Your first reimbursement request may cover costs incurred through November 1<sup>st</sup> of the grant year. You should only need to submit one reimbursement request to claim your full allocation; however, you may submit a second request if necessary.

### **Staff Reimbursement Items**

POSTION NO.	Provide the county conservation staff or contracted staff employee number or contract number. This may be the actual number used in the county to identify this position or it may be a number created for the purpose of this form. <i>Note:</i> Fees for contractors are listed by position and reimbursed in the same as manner as county staff.
SALARY, FRINGE BENEFITS & CONTRACTED SERVICES (\$)	Provide the total salary and fringe benefit costs for the county staff or contracted staff person(s) during the year the allocation was awarded. <i>Note:</i> Costs must have been incurred as expenses in order to claim them.
TIME ON CONSERVATION ACTIVITIES (%)	Provide the percentage of time spent on LWRM plan work for the reporting period for each position listed. This information should be taken from county time reports or activity reports. It includes all conservation staff time spent on land and water conservation activities in the county.
REIMBURSEMENT RATE	This column is filled automatically: 100% for the 1 <sup>st</sup> position, 70% for the 2 <sup>nd</sup> position, and 50% for all subsequent positions, for time spent on eligible SWRM activities.
REQUESTED AMOUNT	This column will fill automatically.
DATCP APPROVED REIMB. AMOUNT	For DATCP use only.

### **Support Reimbursement Items**

ELIGIBLE SUPPORT CATEGORIES	The only type of support costs allowed for reimbursement. <i>Note:</i> Support costs maximum may not exceed 10% of the allocation. <i>Note:</i> Mileage is reimbursed at the state rate of \$0.51 per mile.
REIMBURSEMENT RATE	All support costs are reimbursed at 100%.
ELIGIBLE COSTS INCURRED (\$)	Provide eligible costs incurred.
REQUESTED AMOUNT	This column will fill automatically.
DATCP APPROVED REIMB. AMOUNT	For DATCP use only.

### **Signature**

The form must be signed by an authorized county representative. Check the box above the name of the county representative and type the name of the individual signing in the field provided. By signing the form, the authorized representative certifies that the information provided on the form is accurate. The total reimbursement paid will not exceed the total annual staffing allocation amount. Please type the title of the county representative and insert the date the form is signed.

### **Submission of Reimbursement Request:**

Please e-mail the electronically signed EXCEL form to: [datcpswrm@wisconsin.gov](mailto:datcpswrm@wisconsin.gov)