



Indiana DNR
Lake Michigan Coastal Program
2013 Funding Cycle Grant Startup
Workshop
September 25, 2013
Indiana Dunes State Park Nature Center

Maggie Byrne
Grant Specialist
Lake Michigan Coastal Program
Dunes State Park Annex
1600 North 25 East
Chesterton, IN 46304
219-983-9912
mbyrne@dnr.in.gov

Breana Sowers
Operations Manager
Lake Michigan Coastal Program
402 West Washington Street RM W267
Indianapolis, Indiana 46204
317-234-3985
bsowers@dnr.IN.gov

<http://www.in.gov/dnr/lakemich/6044.htm>

Breaking News! Coming soon!

On-line LMCP Grants Database

- Egrants system to streamline entire process



- Applicants apply using online system
- grantees report online
- LMCP manages grants online

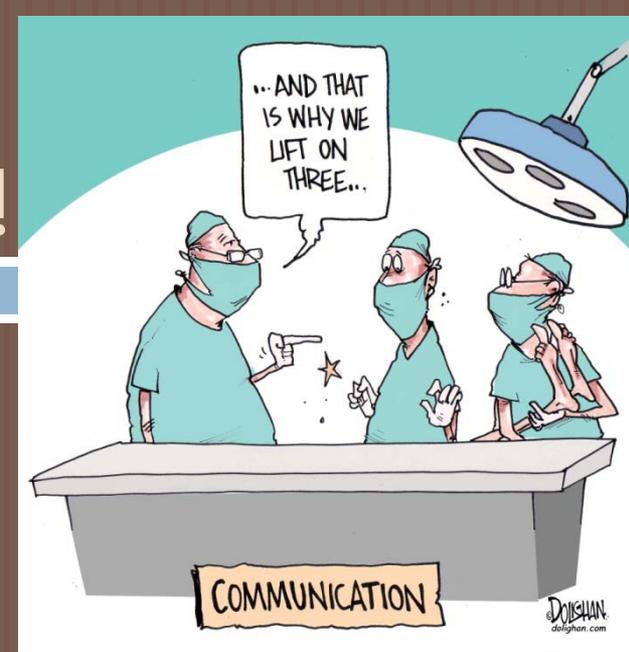
- Currently in production
- Hopefully available for the start of the 2015 Funding Cycle
- Stay tuned for information regarding getting your agency/ organization/ town registered
- There will be workshops to train people how to use the system
- Current grants will not be put into the system

Reminder: Apply! Apply! Apply!

- You're always welcome to submit as many Pre-proposals as you have projects that fit LMCP criteria
- Just because your Pre-proposal is approved for the Full Proposal round, does NOT mean you MUST submit a Full Proposal
- Projects from previous funding years frequently drop out, and then we have to find projects to use that funding
- As always, I'm happy to discuss your potential projects with you, and help with your proposals

Frequent communication with your Grant Specialist is good!

- Call, e-mail, or visit any time (maybe not every day...)
- Ask questions if you don't understand something
- Let me know how your projects are progressing – I may be able to help you head off issues before they become problems
- Feel free to question our processes and procedures – we would love to figure out ways to improve them, and streamline the entire process
- Your suggestions are always welcome.



Setting Proper Expectations



Agenda for today's workshop

- Grant Agreement
- Project management requirements
- Managing your grant
 - ▣ Progress reports
 - ▣ Performance Indicators
- Financial Reporting
- Questions
- Wrap-up

*****Read your Grants Manual*** ***Read your Grants Manual*****

Some basics

§306A Project Categories:

- Land Acquisition
- Low Cost Construction

These projects have extra requirements

§306 Project Categories:

- Planning/Coordination/Management
- Education / Outreach
- Applied Research
- Emerging Issues

- LMCP = Lake Michigan Coastal Program
- GS = Grant Specialist (Maggie Byrne)
- Everything you will hear and see today is in your LMCP Grants Manual. It will help you A LOT if you read it.

*****Read your Grants Manual*** ***Read your Grants Manual*****

Before the Grant Agreement

For §306A Projects:

- SHPO Section 106 Review and Environmental Review must have been completed before you receive a grant agreement (for 2014, these will be required as part of the Full Proposal)
- I'm not always copied on these documents, so you must forward them to me for our records
- Exhibits A and B must be completed by you, to be inserted into the Grant Agreement (should already have been completed in Full Proposal)

Do everything as early as possible

- When you receive your Grant Agreement
 - Closely read the instructions in the e-mail
 - Read the entire Grant Agreement
 - Start it through your organization's internal processes as soon as possible
 - Return to Breana in Indianapolis
 - Expect to wait 4-6 weeks before it's completely signed
- Once your Grant Agreement receives all of the necessary State signatures, we'll let you know you're free to begin your project

Read your grant agreement!!!!

- The grant agreement is a **contract** between you and the State of Indiana – signing it says that you agree to do what you say you will do, for the amount of money you are being granted.
- If you don't do it, you don't get reimbursed. (There is a clause in the agreement that explicitly states this.)
- Initial term of Grant Agreement is no more than 18 months – we can't give extensions until our grant receives an extension



Your Grant Agreement is a contract

Exhibit A states what you will be accomplishing with the funding you receive from LMCP

Exhibit A - Timeline
Indiana Lake Michigan Coastal Grants Program
Award Number (funding year): NA13NOS4190046
Project Number: CZ 319

Applicant: CITY OF CROWN POINT
Project: "THE LAKES OF SOUTH COUNTY"

Project Timeline: August 2013 – December 2014

Summary: To develop a strategic planning document that creates implements a recreational and green link corridor plan from downtown Crown Point to the end of the Lake Michigan watershed in Cedar Lake.

TASK ONE: Project Planning

August 2013 – December 2013

1. Meet with Lake Michigan Coastal Program Grants Specialist
2. Due Diligence Activities
3. Environment Assessment / Windshield Survey
4. Roadway Survey

TASK TWO: Project Implementation

October 2013 - June 2014

Exhibit A - Timeline

- “Work Products” is where you describe what your project will produce; i.e. what you will be required to accomplish with the grant funds

TASK THREE: Public Outreach and Education

October 2013 – June 2014

1. Public Meeting I – “The State of the Lakes of South County”
2. Public Meeting II – Design Discussions and Charrette
3. Public Meeting III – Presentation of Preliminary Plan
4. Finalize Plan
5. Presentation to Plan Commission

TASK FOUR: Administration

August 2013 – December 2014

1. Submit quarterly financial and progress reports, due to LMCP Grant Specialist 14 days after end of each quarter; beginning with your project start date.
2. Submit semi-annual NOAA Performance Measures reports, due to LMCP Grant Specialist at the same time as financial and progress reports.

Work Products:

1. Plan - “The Lakes of South County” – A Recreational and Green Link Corridor Vision

Exhibit B - Budget

- Exhibit B – you must spend the funds on what you say you will spend the funds
- Breana checks your Financial Reports to make sure you are spending the funds on the proper line items
- Must spend adequate match before you may be reimbursed

Exhibit B - Budget
Indiana Lake Michigan Coastal Grants Program
Award Number (funding year): NA13NOS4190046
Project Number: CZ 319

Applicant: CITY OF CROWN POINT
Project: "THE LAKES OF SOUTH COUNTY"

Category	LMCP Request	Match: Cash	Match: In-Kind	Total
Personnel			\$14,500.00	\$14,500.00
Travel				\$0.00

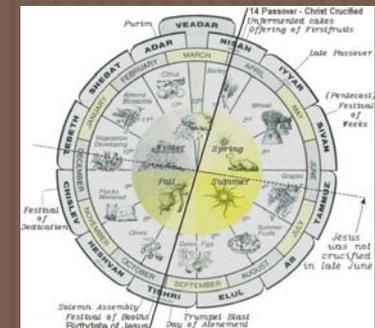
Exhibit B - Budget

- Some minor changes may be made after the grant agreement is signed, if necessary, with the permission of the Grant Specialist; i.e. between line items
- Major changes need to be approved by NOAA – this **ALWAYS** takes time

Category	LMCP Request	Match: Cash	Match: In-Kind	Total
Personnel				0
Fringe				0
Travel				0
Supplies				0
Contractual				0
Construction				0
Signage				0
Totals	0	0	0	0

When can you start your project?

- Not until ALL of the State signatures are on the Grant Agreement
- Depending on the time of year, this can take 4-6 weeks
- If you're anxious to start your project, let us know, and we can try to find out where the Grant Agreement is in the signature process
- But, please wait two weeks before you start calling us



When can you start your project?

- ❑ Do not expend any of your budget until AFTER your agreement is signed!!!
- ❑ Includes federal funds AND match

Why does it take so darn long?!?!?!?

Contract Management (KMS) Search Contract Information Page - Windows Internet Explorer

http://apps.idoa.in.gov/kms_search/SearchResults.aspx

File Edit View Favorites Tools Help

Contract Management (KMS) Search Contract Inform...

CONTRACT MANAGEMENT SYSTEM (KMS) SEARCH

New Search About Help

CONTRACT INFORMATION

Agency Information: DEPARTMENT OF NATURAL RESOURCES / NATURE PRESERVES /
EDS Number: E16-4-BKS0137
Description: Acquire 4-acres of land adjacent to Trail Creek in Michigan City, Indiana
Amount: \$19,997.50
Contract Type: GRANT
Contractor Name: CITY OF MICHIGAN CITY
Start Date: 8/8/2013
End Date: 6/30/2014

Location	Receipt Date	Action	Action Date	Destination	Disposition Date	Delivery	Delivered To	Review Days	In Process?
DOA	9/11/2013	Approved	9/11/2013	DNR	9/11/2013	Mail		0	N
BUD	9/4/2013	Approved	9/4/2013	DOA	9/5/2013	Mail		1	Y
DOA	9/3/2013	Approved	9/3/2013	BUD	9/3/2013	Mail		0	Y

If you have a question about the contract information displayed above, you can contact any of the contract approval agencies. To send an email message to an agency representative, follow the appropriate link below:

Send a message to: [Indiana Department of Administration \(IDOA\)](#)
[Indiana Office of Technology \(IOT\)](#)
[State Budget Agency \(SBA\)](#)
[Attorney General's Office \(ATG\)](#)

[Active Contract Search](#)

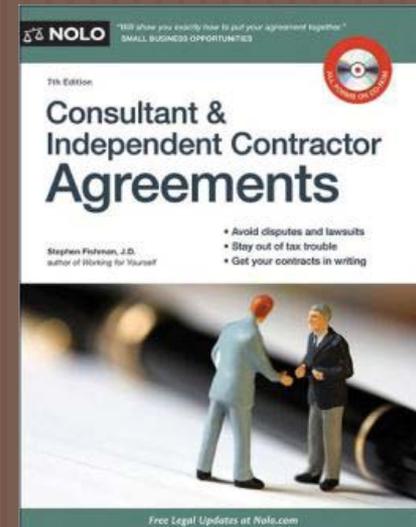
Version 1.0.1 (7/10/2012)

Managing your grant project

- ❑ Make sure you build in plenty of extra time, especially at the beginning!!!
- ❑ Start working as soon as possible
- ❑ Please check out the Grants Manual
- ❑ There are several requirements that must be fulfilled
- ❑ Managing your grant is part of managing your project, so you must make sure you are following all of the rules
- ❑ Please keep in mind that you must complete reports every quarter for the duration of your grant – even if there has been no activity during a particular quarter

Hiring a Contractor? Consultant?

- You need an RFP for contracts \$25,000+
- Must submit to Grant Specialist before release
- Receive three bids – must submit your choice to GS for approval before awarding



- You need a contract – must submit to GS for approval before signing

§306A Land Acquisition projects

- Lots of requirements for acquisition of property – good idea to coordinate with GS early, BEFORE you apply
- Requires that a deed restriction or Conservation Easement (CE) is placed on the property, and that CE must be held by the IDNR
- Must be for property that
 - (1) provides or improves public access or
 - (2) provides for the preservation of a significant natural resource

§306A Low Cost Construction projects

- Must follow instructions from DNR DFW Environmental Review
- Apply for permits
- May be restrictions on: -- cutting --herbicide use --prescribed fire --time of year these activities are performed

THIS IS NOT A PERMIT

State of Indiana
DEPARTMENT OF NATURAL RESOURCES
Division of Fish and Wildlife
Early Coordination/Environmental Assessment

DNR #: ER-17038

Request Received: June 12, 2013

Requestor: Porter County Parks and Recreation
Raymond Joseph
155 Indiana Street, Room 304
Valparaiso, IN 46383

Project: A pond and prairie restoration and preservation project at Sunset Hill Farm County Park; Indiana Coastal Grant Program CZ 327

County/Site info: Porter

The Indiana Department of Natural Resources has reviewed the above referenced project per your request. Our agency offers the following comments for your information and in accordance with the National Environmental Policy Act of 1969.

If our agency has regulatory jurisdiction over the project, the recommendations contained in this letter may become requirements of any permit issued. If we do not have permitting authority, all recommendations are voluntary.

Regulatory Assessment: Formal approval by the Department of Natural Resources under the regulatory programs administered by the Division of Water is not required for this project.

Natural Heritage Database: The Natural Heritage Program's data have been checked. The state endangered Sedge Wren (*Cistothorus platensis*) has been recorded within 1/2 mile north of the project area.

Fish & Wildlife Comments: With the information provided, it appears that this project may have positive impacts for wildlife species. We recommend assessment of the areas that will be worked on to

Change of Scope or Budget

- Minor changes may be approved by the Grant Specialist
- Major changes must be approved by NOAA
- It can be done, but making requests of NOAA **ALWAYS** takes time



Why does NOAA take forever?

- Initial review and approval – starts in mid-March when Indiana LMCP submits grant proposals to NOAA
- NOAA approval should happen July 1, but often happens later than that
- 306A projects require NEPA review
- 306A projects require Federal Section 106 Review
- Has Congress passed a budget in a timely manner?
- Did Congress allocate as much as we were expecting?
- This is why it is a good idea to avoid mid-cycle scope and budget changes. The review process has to start all over again.

Extensions

- ❑ This is one of the few simple, easy things about this Grants Program
- ❑ Just ask!
- ❑ Must be requested at least 60 days before expiration date of grant agreement
- ❑ You will be required to sign an amendment
- ❑ Keep in mind that the maximum possible time frame for a LMCP grant project is three years
- ❑ May continue working on project while amendment goes through State signatures

Quarterly Progress Reporting

- Quarterly reports must be completed for every quarter for which your Grant Agreement is in effect
- Regardless of inactivity
- This also applies to partial quarters

Quarterly Report Schedule	
2010-2011 Schedule	
Quarter:	Due:
January 1 – March 31	April 14 th
April 1 – June 30	July 14 th
July 1 – September 30	October 14 th
October 1 – December 31	January 14 th

Read your Grants Manual ***Read your Grants Manual***

Quarterly Progress Reporting

□ This is also fairly simple!

Indiana Lake Michigan Coastal Grants Program
Quarterly Progress Report

Project Identification Number: CZ Date:

Report Period:

Project Sponsor:

Project Title:

Project Administrator:

Status of Tasks (Task Number and Title) DATE

Status of Work Products DATE

Status of any Special Award Conditions DATE

Exhibit A - Timeline
Indiana Lake Michigan Coastal Grants Program
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TASK ONE: Project Planning

August 2013 – December 2013

1. Meet with Lake Michigan Coastal Program Grants Specialist
2. Due Diligence Activities
3. Environment Assessment / Windshield Survey
4. Roadway Survey

TASK TWO: Project Implementation

October 2013 - June 2014

1. Finalize Due Diligence
 2. Complete Environmental Assessment / Windshield Survey
 3. Roadway Survey
- October 2013 – May 2014
1. Prepare "The State of the Lakes of South County" Portion of Plan
 2. Prepare Design Discussion and Charrette Materials
 3. Develop Preliminary Draft of Plan
- June 2014 – December 2014
1. Print Final Vision Plan
 2. Grant Close Out

TASK THREE: Public Outreach and Education

October 2013 – June 2014

1. Public Meeting I – "The State of the Lakes of South County"
2. Public Meeting II – Design Discussions and Charrette
3. Public Meeting III – Presentation of Preliminary Plan
4. Finalize Plan
5. Presentation to Plan Commission

TASK FOUR: Administration

Indiana Lake Michigan Coastal Grants Program Quarterly Progress Report

Project Identification Number: CZ 215 **Date:** April 15, 2013

Report Period: January-March (Q1) 2013

Project Sponsor: Indiana University Northwest and Northwest Indiana Restoration Monitoring Inventory

Project Title: Monitoring Fungi in the Ecological Restorations of Coastal Indiana

Project Administrator: Peter Avis

Status of Tasks (Task Number and Title)	DATE
--	-------------

Implementation

- | | |
|--|----------------|
| 1. Attend Start-Up Meeting with M. Byrne | August 2012 |
| 2. Survey sites (July-October) | Summer of 2013 |
| 3. Compare to reference sites and regional targets | on-going |
| -- 2012 field identifications completed | March 2013 |
| 4. Integrate into NIRMI database | on-going |
| -- 2012 data integrated | March 2013 |
| 5. Include data into NIRMI reports | on-going |
| -- final sets of 2012 reports included fungal data | February 2013 |
| 6. Develop education components and tools | on-going |

Public outreach

- | | |
|---|----------|
| 1. Information access at www.nirmi.org | on-going |
| 2. Information sharing | on-going |
| Note: P. Avis met with Caitie McCoy of EPA's Grand Calumet AOC outreach team; P. Avis shared NIRMI at Porter Country Master Gardeners Meeting | |
| 3. Education outreach | on-going |
| 4. Work with restorationists | on-going |
| Note: P. Avis worked with L. Riga and the City of Gary on a grant proposal | |

Project Administration

- | | |
|---|------------------|
| 1. Submit quarterly reports | 2012 Q4, 2013 Q1 |
| 2. Submit NOAA performance measures | January 14, 2013 |
| 3. Monthly meetings with TJ Stoops (IUN grant admin.) | on-going |
| 4. Regular IU administration | on-going |

Status of Benchmarks and Work Products	DATE
---	-------------

Quarterly Progress Reporting

- Take pictures!
- Low Cost Construction Project grantees are **REQUIRED** to take “before” and “after” photos for the final report
- Extra narrative beyond what is on this report form is not necessary – but it is interesting – keep it separate from this form
- Think about what you want for your own records

Indiana Lake Michigan Coastal Grants Program
Quarterly Progress Report

Project Identification Number: CZ Date:

Report Period:

Project Sponsor:

Project Title:

Project Administrator:

Status of Tasks (Task Number and Title) DATE

Status of Work Products DATE

Status of any Special Award Conditions DATE

Performance Indicators Checklist



- Another simple thing – don't over think it!
- Please complete those forms **ONLY** every six months, for a six month period
- Should be submitted with the January and July quarterly reports
- Recipients of Small Grants should also complete these forms
- We especially **NEED** these reports to be on time, because we use them to report to NOAA



*****Read your Grants Manual*** ***Read your Grants Manual*****

LMCP PERFORMANCE INDICATORS CHECKLIST

Please check all that apply

Grantee:

Project Title:

Reporting Period:

Government Coordinator and Decision-Making	YES	NO
1. Involves educational activities	<input type="checkbox"/>	<input type="checkbox"/>
2. Involves training activities	<input type="checkbox"/>	<input type="checkbox"/>
Public Access	YES	NO
1. Provides a new public access site	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides an enhanced, existing public access site	<input type="checkbox"/>	<input type="checkbox"/>
3. Involves education or training activities	<input type="checkbox"/>	<input type="checkbox"/>
Coastal Habitat	YES	NO
1. Involves the restoration of coastal habitat		
Wetlands	<input type="checkbox"/>	<input type="checkbox"/>
Beach/Dune	<input type="checkbox"/>	<input type="checkbox"/>
Nearshore Habitat	<input type="checkbox"/>	<input type="checkbox"/>
Other Key Habitat	<input type="checkbox"/>	<input type="checkbox"/>
2. Involves the protection of coastal habitat by acquisition or easement		
Wetlands	<input type="checkbox"/>	<input type="checkbox"/>
Beach/Dune	<input type="checkbox"/>	<input type="checkbox"/>
Nearshore Habitat	<input type="checkbox"/>	<input type="checkbox"/>
Other Key Habitat	<input type="checkbox"/>	<input type="checkbox"/>
3. Involves debris removal program and activities	<input type="checkbox"/>	<input type="checkbox"/>
4. Involves educational or training activities	<input type="checkbox"/>	<input type="checkbox"/>
Water Quality	YES	NO
1. Involves monitoring activities	<input type="checkbox"/>	<input type="checkbox"/>
2. Involves the development, implementation, or update of ordinances, policies, or plans to control or prevent polluted runoff to coastal waters	<input type="checkbox"/>	<input type="checkbox"/>
3. Involves educational or training activities?	<input type="checkbox"/>	<input type="checkbox"/>
Coastal Hazards	YES	NO
1. Undertakes activities to reduce future damage from coastal hazards	<input type="checkbox"/>	<input type="checkbox"/>
2. Implements educational programs or campaigns to raise public awareness of coastal hazards	<input type="checkbox"/>	<input type="checkbox"/>
3. Involves educational or training activities	<input type="checkbox"/>	<input type="checkbox"/>
Coastal Dependent Uses & Community Development	YES	NO
1. Develops, updates or implements local plans that incorporate sustainable growth coastal management practices	<input type="checkbox"/>	<input type="checkbox"/>
2. Involves a port or waterfront redevelopment policy, ordinance, or plan	<input type="checkbox"/>	<input type="checkbox"/>
3. Involves educational or training activities	<input type="checkbox"/>	<input type="checkbox"/>

Source: Minnesota Lake Superior Coastal Program

LMCP PERFORMANCE INDICATORS REPORT FORM

Please submit numerical responses to all of the measures checked "yes"

Government Coordinator and Decision-Making

Number of educational activities	
Number of participants	
Number of training activities	
Number of participants	

Public Access

Number of new public access sites	
Number of enhanced, existing public access sites	
Number of educational activities	
Number of participants	
Number of training activities	
Number of participants	

Coastal Habitat

Involves the restoration of coastal habitat	
Number of acres of Wetlands	
Number of acres of Beach/Dune	
Number of acres of Nearshore Habitat	
Number of acres of Other Key Habitat	
Habitat Type:	Acres:
Habitat Type:	Acres:
Habitat Type:	Acres:

Involves the protection of coastal habitat by acquisition or easement

Number of acres of Wetlands	
Number of acres of Beach/Dune	
Number of acres of Nearshore Habitat	
Number of acres of Other Key Habitat	
Habitat Type:	Acres:
Habitat Type:	Acres:
Habitat Type:	Acres:

Involves debris removal program and activities

Number of Programs	
Estimated pounds of debris	

Coastal Habitat Education and Training

Number of educational activities	
Number of participants	
Number of training activities	
Number of participants	

LMCP PERFORMANCE INDICATORS REPORT FORM

Please submit numerical responses to all of the measures checked "yes"

Water Quality

Number of sites monitored	
Number of communities with ordinances, policies, or plans to control or prevent polluted runoff to coastal waters	
Number of educational activities	
Number of participants	
Number of training activities	
Number of participants	

Coastal Hazards

Number of communities with completed projects to reduce future damage	
Number of communities with educational programs or campaigns to raise public awareness of coastal hazards	
Number of educational activities	
Number of participants	
Number of training activities	
Number of participants	

Coastal Dependent Uses & Community Development

Number of communities that developed or updated local plans that incorporate sustainable growth coastal management practices	
Number of communities that developed or implemented a waterfront redevelopment policy, ordinance, or plan	
Number of educational activities	
Number of participants	
Number of training activities	
Number of participants	

Final Reports

- Due 30 days after expiration of Grant Agreement
- Basically, everything related to the project should be included in your report
- We need both hard copy AND electronic copy (email or CD)
- Include work products, if applicable; before and after photos
- Instructions found in Grants Manual

*****Read your Grants Manual*** ***Read your Grants Manual*****

Final Reports

Appendix G: Final Report

Please submit **one hard copy and one electronic copy (CD/DVD)** of the Final Report and any attachments or supporting material. Project reports are required to have a title page which acknowledges the support of the DNR, LMCP and NOAA. Grantee must also provide, along with their Final Report, a Post-Project Maintenance Plan and Public Outreach Plan. The Grantee should include a public access component in the maintenance/management plan.

Components of a Final Report

Title Page

Executive Summary

Grant Agreement

Application

Project Area Maps (if applicable)

Contract Information (if applicable)

Design and Construction Information (if applicable)

Copies of Permits (if applicable)

Post-Project Maintenance Plan (if applicable)

Public Outreach Plan

Education and Outreach Work Products

- Brochures, newspaper clippings (copies) and press releases, narrative about efforts

Small Grants

- Reporting requirements are basically the same, with exceptions noted in the Grants Manual

Small Grant Project Reporting Requirements

Small Grant Projects are meant to be short-term in duration and small in scope. These projects are approved to be completed within 6 months from starting date.

1. Reports

Submit two reports, one at halfway point (3 months) and one Final Report at completion of project (6 months). Follow same reporting requirements and Final Report format detailed in the Grants Manual.

2. Project Extensions

Submit to LMCP, in writing, no later than one month prior to the expiration of the GA, a request for a no-cost extension. Extension requests will be heavily scrutinized and approved only for extenuating circumstances. Please describe the need for an extension and how much time will be needed.

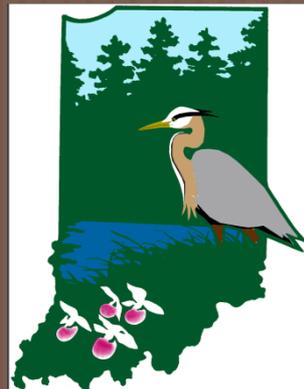
3. Performance Measure Reporting

NOAA now requires LMCP to submit Performance Measurement Reports on predetermined performance measures. You will need to fill out and submit with your reports the Performance Measure Checklist Form along with results by the due dates: January 14th and July 14th.

You are welcome to submit the report early with your Final Report if your project is completed prior to either due date.

Acknowledgement of Support

- Grantee must acknowledge the support of the National Oceanic and Atmospheric Administration and the Indiana Department of Natural Resources, Lake Michigan Coastal Program on the title page of any publication written or published under this grant.
- This is important if we wish to continue to receive funding.



Acknowledgement of Support

- Correct examples of this acknowledgement of support are found in the Grants Manual
- Logos available upon request

*****Read your Grants Manual*** ***Read your Grants Manual*****

Grant Acknowledgement

Grantee must acknowledge the support of the National Oceanic and Atmospheric Administration and the Indiana Department of Natural Resources, Lake Michigan Coastal Program on the title page of any publication written or published under this grant.

Correct examples of this acknowledgement of support are:

“This publication was made possible by a grant from the National Oceanic and Atmospheric Administration and the Indiana Department of Natural Resources, Lake Michigan Coastal Program.”

“Funding for this program was provided in part by the National Oceanic and Atmospheric Administration and the Indiana Department of Natural Resources, Lake Michigan Coastal Program.”

“Funding for this sign was provided in part by the National Oceanic and Atmospheric Administration and the Indiana Department of Natural Resources, Lake Michigan Coastal Program.”

Grants Manual

- Please read it!
- Hard copy for those here in the room today, also available upon request
- Also can be found here:
http://www.in.gov/dnr/lakemich/files/Im-Grants_Manual-FINAL.pdf
- Please let me know if you see discrepancies, or confusing language – I will correct it
- Reminders every quarter
- Contact me with any questions, at any time

*****Read your Grants Manual*** ***Read your Grants Manual*****

FINANCIAL REPORTING



Let's Make It Easy!

Blank Financial Report



INDIANA LAKE MICHIGAN COASTAL GRANT PROGRAM
QUARTERLY FINANCIAL REPORT
State Form 55105 (9-12)

Project Number: _____ Report Date (month, day, year): _____

Report Period: _____

Project Sponsor: _____

Project Title: _____ Telephone Number: _____

Project Administrator: _____ Contact Email address: _____

Category	Authorized Budget		Current Invoice		Previously Invoiced		Invoiced to Date		Balance	
	LMCP	Match	LMCP	Match	LMCP	Match	LMCP	Match	LMCP	Match
Personnel							\$0.00	\$0.00	\$0.00	\$0.00
Fringe							\$0.00	\$0.00	\$0.00	\$0.00
Travel							\$0.00	\$0.00	\$0.00	\$0.00
Supplies							\$0.00	\$0.00	\$0.00	\$0.00
Contractual							\$0.00	\$0.00	\$0.00	\$0.00
Other							\$0.00	\$0.00	\$0.00	\$0.00
Volunteer Time							\$0.00	\$0.00	\$0.00	\$0.00
In-Kind Match (Overhead)	X		X		X		X	\$0.00	X	\$0.00
Total	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Other Cost Explained: _____

Other Match Explained: _____

Signature of Project Administrator: _____ Date signed (month, day, year): _____

I Self-Populate!



Filled In Financial Form – 1st Payment

Project and Contact Information

**INDIANA LAKE MICHIGAN COASTAL GRANT PROGRAM
QUARTERLY FINANCIAL REPORT**
State Form 55105 (9-12)

Project Number: CZXXX Report Date (month, day, year): 7/18/2013

Report Period: 04/01/2013 TO 06/30/2013

Project Sponsor: Lake Michigan Coastal Program

Project Title: Grants Workshops and Outreach Telephone Number: 219-983-9912

Project Administrator: Maggie Byrnadino Contact Email address: mbyrnadino@dnr.in.gov

Category	Authorized Budget		Current Invoice		Previously Invoiced		Invoiced to Date		Balance	
	LMCP	Match	LMCP	Match	LMCP	Match	LMCP	Match	LMCP	Match
Personnel	\$1,000.00	\$1,000.00	\$500.00	\$500.00			\$500.00	\$500.00	\$500.00	\$500.00
Fringe							\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$500.00	\$500.00	\$250.00	\$250.00			\$250.00	\$250.00	\$250.00	\$250.00
	\$500.00	\$500.00	\$250.00	\$250.00			\$250.00	\$250.00	\$250.00	\$250.00
Contractual	\$250.00	\$250.00	\$125.00	\$125.00			\$125.00	\$125.00	\$125.00	\$125.00
Other							\$0.00	\$0.00	\$0.00	\$0.00
Volunteer Time							\$0.00	\$0.00	\$0.00	\$0.00
In-Kind Match (Overhead)	X		X		X		X	\$0.00	X	\$0.00
Total	\$2,250.00	\$2,250.00	\$1,125.00	\$1,125.00	\$0.00	\$0.00	\$1,125.00	\$1,125.00	\$1,125.00	\$1,125.00

Other Cost Explained:

Other Match Explained:

Signature of Project Administrator: _____ Date signed (month, day, year): _____

Your Original Budget Agreed Upon in Grant Agreement

Your Current Reimbursement Requests – In This Instance, it is the First Reimbursement Request.

Invoiced to Date and Balance Remaining

Filled In Financial Form – 2nd Payment

Project and Contract Information

**INDIANA LAKE MICHIGAN COASTAL GRANT PROGRAM
QUARTERLY FINANCIAL REPORT**
State Form 55105 (9-12)

Project Number: CZXXX Report Date (month, day, year): 9/30/2013

Report Period: 07/01/2013 TO 09/30/2013

Project Sponsor: Lake Michigan Coastal Program

Project Title: Grants Workshops and Outreach Telephone Number: 219-983-9912

Project Administrator: Maggie Bymadino Contact Email address: mbymadino@dnr.in.gov

Category	Authorized Budget		Current Invoice		Previously Invoiced		Invoiced to Date		Balance	
	LMCP	Match	LMCP	Match	LMCP	Match	LMCP	Match	LMCP	Match
Personnel	\$1,000.00	\$1,000.00	\$500.00	\$500.00	\$500.00	\$500.00	\$1,000.00	\$1,000.00	\$0.00	\$0.00
Fringe							\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$500.00	\$500.00	\$250.00	\$250.00	\$250.00	\$250.00	\$500.00	\$500.00	\$0.00	\$0.00
Supplies	\$500.00	\$500.00	\$250.00	\$250.00	\$250.00	\$250.00	\$500.00	\$500.00	\$0.00	\$0.00
Contractual	\$250.00	\$250.00	\$125.00	\$125.00	\$125.00	\$125.00	\$250.00	\$250.00	\$0.00	\$0.00
Other							\$0.00	\$0.00	\$0.00	\$0.00
Volunteer Time							\$0.00	\$0.00	\$0.00	\$0.00
In-Kind Match (Overhead)	X		X		X		X	\$0.00	X	\$0.00
	\$2,250.00	\$2,250.00	\$1,125.00	\$1,125.00	\$1,125.00	\$1,125.00	\$2,250.00	\$2,250.00	\$0.00	\$0.00
Other										

Signature of Project Administrator: _____ Date signed: _____ day, year: _____

Project and Contract Information

Original Budget

Current Reimbursement Request

The Amount You Have Previously Invoiced – Partial #1

The Combined Amount or Total of What Has Been Invoiced

Remaining Balance

BUDGET CATEGORIES

Per Your Grant Agreement

PERSONNEL

This Category Includes the Wage Expenses for PAID Staff.

Proof of Payment Options:

Copies of Payroll Information and Time Sheets are Required for All Paid Personnel Expenses. Copies of Time Sheets must be Prepared and Signed by Each Person involved in the Project, excluding Contractors. The Project Supervisor Must Also Countersign.



Personnel Examples – Pay Stubs

New Pay Stub Features

City of Albuquerque
PO Box 1293
Albuquerque, NM 87103

Pay Group: SDE-TEST PAY GROUP
Pay Begin Date: 12/26/2008
Pay End Date: 12/26/2008

Business Unit: Albuquerque
Advice #: 000006607225
Advice Date: 12/26/2008

Employee Name
123 Address Place
City, ST 12345-6789

Employee ID: 00000000
Department: 271300 Fire Supervision
Location: Conversion Location
Job Title: CAPTAIN
Pay Rate: \$11.000000/Hourly

TAX DATA Federal: SM State: SM State
Married Status: Single Single
Allowances: 1 1
Addr. Pct.:
Addr. Amt.:

W-4 Status
Stay informed about your withholding status for federal and New Mexico taxes.

HOURS AND EARNINGS					TAXES				
Description	Rate	Hours	Earnings	YTD	Description	Current	YTD		
Regular Pay	12.000000	120.00	1,440.00	1,440.00	Fed Withholding	149.00	2,478.91		
					Fed MED-EE	19.88	218.49		
					NM Withholding	44.26	44.26		
Total			1,440.00	1,440.00					

Employer-Paid Benefits
This shows what the City pays for medical, dental, PERA, and other benefits.

BEFORE-TAX DEDUCTIONS				AFTER-TAX DEDUCTIONS				EMPLOYER-PAID BENEFITS			
Description	Current	YTD		Description	Current	YTD		Description	Current	YTD	
Medical	49.00	49.00		Supplemental Life	96.32	96.32		Medical	239.20	239.20	
Dental	4.19	4.19		Long Term Disability	10.33	10.33		Dental	20.44	20.44	
PERA	58.32	58.32		Retiree Health Care - EE	9.36	9.36		Basic Life and AD&D	15.68	15.68	
								PERA	480.96	480.96	
								Retiree Health Care - EE	18.72	18.72	
Total			111.53	111.53							

Vacation Hours & Sick Hours
New pay stubs show balance of vacation hours and sick hours that have been earned and used during the calendar year.

TOTAL GROSS		FED-TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY	
Current	YTD	Current	YTD	Current	YTD	Current	YTD	Current	YTD
1,440.00	14,400.16	1,328.48	14,019.83	213.22	1,783.89	221.55	1,382.36	1,005.23	10,233.61

NET PAY DISTRIBUTION
Advice #000000006607225
Total: 1,005.23

Net Pay Distribution
City employees can deposit their pay into more than one account. This field lists where the pay salary is being deposited.

DIRECT DEPOSIT DISTRIBUTION

Account Type	Deposit Amount
Checking	1,005.23
Total	1,005.23

Deposit Amount: \$1,005.23

To The Account(s) Of
Employee Name
123 Address Place
City, ST 12345-6789
Location: Conversion Location

City of Albuquerque
PO Box 1293
Albuquerque, NM 87103

Date: 12/26/2008

NON-NEGOTIABLE

Paystub Detail
PAY DATE: 02/28/2003
NET PAY: \$351.18

EMPLOYER
Long Consulting
56 Hilltop Drive
Saint Charles IL 60174

EMPLOYEE
Karen White
2944 Main Street #12
Saint Charles IL 60174

PERIOD BEGINNING: 02/08/2003
PERIOD ENDING: 02/21/2003
PAY DATE: 02/28/2003
TOTAL HOURS: 40.00

BENEFITS

Benefit	Used	Available	NET PAY:	
Vacation	8.00	6.77		\$351.18
Sick	0.00	32.00		

MEMO:

PAY	Hours	Rate	Current	YTD	DEDUCTIONS	Current	YTD
Regular Pay	24.00	12.00	288.00	1428.00	Blue Cross	150.00	150.00
Sick Pay	-	12.00	0.00	96.00			
Vacation Pay	8.00	12.00	96.00	96.00			
Holiday Pay	8.00	12.00	96.00	192.00			

TAXES

	Current	YTD
Federal Income Tax	23.19	81.90
Earned Income Credit	58.77	235.08
IL Income Tax	14.40	54.36

SUMMARY

	Current	YTD
Total Pay	\$480.00	\$1,812.00
Taxes	\$21.18	\$96.76
Deductions	\$150.00	\$150.00
Net Pay	\$351.18	

FRINGE

This Category includes FICA, Insurance Premiums, etc. Copies of Insurance Bills and Payroll Deductions are Required to Document Such Expenses. Fringes are Usually Calculated as a Percentage of Salary Costs.

TRAVEL

This Category Includes
Hotel Bills, Mileage
Charges, Etc.

Copies of Travel Vouchers or other
Internal Paperwork normally used
by the Grantee to Verify Mileage
Costs and Other Travel Expenses,
(Per Diem, Special Hotel Rates)
Should Be Submitted.



Gas Receipts



CONOCO
1285 W 9000 S
WEST JORDAN, UT 8408

SITE: 6602
DATE: 09/20/06
TIME: 11:32
TRACE: 4360

DEALER# 00849117
VISA ACCT#
XXXXXXXXXXXX4682
887P498QPC97
48/6R
IN# 113242
REF#921 79-010
AUTH# 00-53569A
1SEL
CARD AMT \$ 46.75

THANK YOU

PUMP: 1
PROD: UNLEAD
PRICE/GAL: \$2.779
NET/GAL: \$2.779
QUANTITY: 16.8296

STATION NUMBER
49140916001

DATE: 09/24/06
TIME: 5:41 PM
AUTH# 04509A

VISA
ACCOUNT NUMBER
XXXX XXXX XXXX 46
FROST/ERIC
PUMP PRODUCT PPG
10 UNLD \$2.739
GALLONS TOTAL
9.970 \$27.31

THANK YOU

1ST CAPITOL
CHEVRON
FILLMORE UT
09/29/06 16:11
STN # 00203563

VISA
XXXXXXXXXXXX4682
AUTH# 01515A
INV # 6373800
CREDIT
PUMP#06 REGUNL
GALLONS 20.098
@ \$2.689/GAL
FUEL \$54.04

TOTAL TAX \$5.00
TOTAL \$59.04

THANK YOU
COME AGAIN

T A #186
1130 N 100 W
PAROVAN UT 84761

ON NUMBER
1916001

3/06 14:4
FROST
REDIT
XXXXXXXX4682

5 UNLEAD
ONS 18.6
@ \$2.859/GAL
FUEL \$53.25

TOTAL \$53.25

SEQ NUM 7122
AUTH

STATION NUMBER
49140916001

DATE: 09/24/06
TIME: 5:41 PM
AUTH# 04509A

VISA
ACCOUNT NUMBER
XXXX XXXX XXXX 46
FROST/ERIC
PUMP PRODUCT PPG
10 UNLD \$2.739
GALLONS TOTAL
9.970 \$27.31

THANK YOU

1ST CAPITOL
CHEVRON
FILLMORE UT
09/29/06 16:11
STN # 00203563

VISA
XXXXXXXXXXXX4682
AUTH# 01515A
INV # 6373800
CREDIT
PUMP#06 REGUNL
GALLONS 20.098
@ \$2.689/GAL
FUEL \$54.04

TOTAL TAX \$5.00
TOTAL \$59.04

THANK YOU
COME AGAIN

OH THANK HEAVEN
FOR 7-ELEVEN.

130 N 100 W
PAROVAN UT 84761

ELEVEN
3 NORTH PECOS BLV
S VEGAS NV
LINE #7926422311
URE #26994
D: 00072699420 0
SA
XXXXXXXXXXXX4682
F# 96000 70 038
/21/2006 10:33:0

MP
ADE RUL 1
GALLONS 15.040
ICE/GAL \$ 2.719
EL SALE \$ 48.89

PROVED 53529A

THANKS FOR
YOUR BUSINESS.

T A #186
1130 N 100 W
PAROVAN UT 84761

STATION NUMBER
49140916001

DATE: 09/24/06
TIME: 5:41 PM
AUTH# 04509A

VISA
ACCOUNT NUMBER
XXXX XXXX XXXX 46
FROST/ERIC
PUMP PRODUCT PPG
10 UNLD \$2.739
GALLONS TOTAL
9.970 \$27.31

THANK YOU

1ST CAPITOL
CHEVRON
FILLMORE UT
09/29/06 16:11
STN # 00203563

VISA
XXXXXXXXXXXX4682
AUTH# 01515A
INV # 6373800
CREDIT
PUMP#06 REGUNL
GALLONS 20.098
@ \$2.689/GAL
FUEL \$54.04

TOTAL TAX \$5.00
TOTAL \$59.04

THANK YOU
COME AGAIN

130 N 100 W
PAROVAN UT 84761

ATION NUMBER
140916001

DATE: 09/21/06 17:14
ERIC FROST
CREDIT
XXXXXXXXXXXX4682

MP# 6 SUPER
GALLONS 21.434
@ \$2.969/GAL
FUEL \$63.64

TOTAL \$63.64

SEQ NUM 7653
AUTH# 01544A

THANK YOU

STATION NUMBER
49140916001

DATE: 09/24/06
TIME: 5:41 PM
AUTH# 04509A

VISA
ACCOUNT NUMBER
XXXX XXXX XXXX 46
FROST/ERIC
PUMP PRODUCT PPG
10 UNLD \$2.739
GALLONS TOTAL
9.970 \$27.31

THANK YOU

1ST CAPITOL
CHEVRON
FILLMORE UT
09/29/06 16:11
STN # 00203563

VISA
XXXXXXXXXXXX4682
AUTH# 01515A
INV # 6373800
CREDIT
PUMP#06 REGUNL
GALLONS 20.098
@ \$2.689/GAL
FUEL \$54.04

TOTAL TAX \$5.00
TOTAL \$59.04

THANK YOU
COME AGAIN

WELCOME TO
LOSEE MINI MART
300 W LAKE HEAD
N LAS VEGAS, NV 89030
1832561098-001 LOSEE MINI MART
300 W LAKE HEAD N LAS VEGAS NV

Descr. qty amount
<CUSTOMER COPY>
PREAUTH #08 50.00

Sub Total 50.00
Tax 0.00
TOTAL 50.00
PREAUTH \$ 50.00

CARD TYPE: VISA
CARD NAME: FROST/ERIC
ACCT NUMBER: XXXX XXXX XXXX 4682
TRANS TYPE: SALE
APPROVAL: 01560A INVOICE: 01560A

Pre Auth
DATE: 09/29/06
TIME: 12:15 PM
AUTH# 01560A

THANKS-COME AGAIN
REG# 0001 CSH# 002 DR# 01 TRAH# 12749
09/29/06 12:15:19 STN# AB123

VISA
ACCOUNT NUMBER
XXXX XXXX XXXX 4682
FROST/ERIC
PUMP PRODUCT PPG
08 UNLD \$2.799
GALLONS TOTAL
2.131 \$5.96

Hotel Bills/Receipts

Hotel Blue Lagoon

Invoice

Mr. Guest name	Room No.	Reg No.	Pax	Room Type	Nationality
Address Line 1	Room Rate	Arrival		Departure	Invoice No.
Address Line 2					
Address Line 3					
Billing Instructions					
Date	Description	Voucher	Charges	Credit	Balance
14/01/11	Room Charge		5678.00		5678.00
14/01/11	Lux Tax		887.00		887.00
14/01/11	Service Tax		89.00		89.00
14/01/11	Service Charge		40.00		40.00
14/01/11	Advance Payment			10000.00	-3306.00
14/01/11	Car Hire	114	1200.00		-2106.00
14/01/11	BISO		2000.00		-106.00
	Day Total		9894.00		
15/01/11	Room Charge		5678.00		5678.00
15/01/11	Lux Tax		887.00		887.00
15/01/11	Service Tax		89.00		89.00
15/01/11	Service Charge		40.00		40.00
15/01/11	Telephone		20.00		-86.00
	Day Total		26502.00	10,000	16502.00
In Words : USD Sixteen thousand five hundred and two only				TOTAL	16502.00
				ROUND	
				NET	16502.00

Regardless of the billing instruction I agree to be held personally liable for payment of the total amount of this bill.

Cashier Signature

Guest Signature

Luxury Tax No
TIN No

Service Tax No
PAN No

Page 1 of 1

Hotel Blue Lagoon
Address
Web address

Holiday Inn

114 01/11

Apelle Nita	Rate No. 000000	Room No. 0720
Po Box 0000	ARR Number	Actual : 10/20/11
Atlanta Ga	Group Code	Departure : 10/25/11
Atlanta GA 30126	Company	Conf. No. : 01713320
US	Membership No. PC 0000000000	Rate Code : 0000N
	Invoice No.	Page No. : 1 of 1

Date	Description	Charges	Credits
10/20/11	Room Rate	100.00	
10/20/11	Room Amenities	10.00	
10/20/11	Room Tax - 10%	10.00	
10/20/11	Discretionary Tax - 10%	10.00	
10/25/11	Advance Deposit 00000000000000		100.00
Total		130.00	100.00
Balance		30.00	

Thank you for staying at the Holiday Inn Hotel Atlanta Center Conference Center. Qualifying points for this stay will automatically be credited to your account. To make additional reservations online, update your account information or view your account please visit www.holidayinn.com. We look forward to welcoming you back soon.

Guest Signature _____

I have received the goods and / or services in the amount stated hereby, I agree fully and voluntarily to be held personally liable for the amount of my indebtedness, regardless of the amount of my advance payment and I agree to be held personally liable for any charges that may be incurred by me during my stay for any reason and I agree to be held personally liable for any charges that may be incurred by me during my stay for any reason and I agree to be held personally liable for any charges that may be incurred by me during my stay for any reason.

SUPPLIES

This Category Includes Such Items As Office Supplies, Photocopies, Long Distance Phone Calls and Construction Materials.



Supplies Receipts

Copies of Invoices or Cash Receipts For All Supplies or Services Purchased Are Required. If Copies Are Made On Work Copier or Coin Operated Copier, Document By Alternate Means.

If the Receipt Contains More Items Than Are To Be Reimbursed, Circle and Denote Actual LMCP or Match Total.

STAPLES
that was easy.
Low prices. Every item. Every day.
125 Davis Avenue
TERRE HAUTE, IN 47802
(812) 478-9545

SALE 1475507 6 001 52417
0582 07/05/09 03:19

QTY	SKU	PRICE
3	INK RECYCLING LIM	0.00
	705137 0.010ea	
	#20705 <-0.03>	
	LES 0.	
	5	2.99
	IENDLY	
	4	2.99
	(3175FN	
		60.50
		66.48
		4.65
		\$71.13
		71.13

TOTAL ITEMS 6

Compare and Save
with Staples-brand products.
(THANK YOU FOR SHOPPING AT STAPLES !
Shop online at www.staples.com

0 5 8 2 0 7 0 5 0 9 5 2 4 1 7 0 1

Walgreens
There's a way™
#11956 17 DIVISION ST
WAITE PARK, MN 56387
320-203-1035

350 7040 0021 10/19/2012 11:21 AM
VANISH DROP-IN BOWL CLN BL 1.70z
0198000191 A 12.15 M15% Tax 7.00%
9 @ 1.35
REGULAR PRICE 1.99
REWARDS SAVINGS 3.60
VANISH DROP-IN B MFG CPN
MFG CPN -0.55
MFG CPN -2.00
MFG CPN -2.00
MFG CPN -2.00
MFG CPN -2.00

REWARDS BONUS EARNED 2000
SUBTOTAL 3.60
SALES TAX A=7.375% 0.90
TOTAL W CARD 4.50
CHANGE WAG PROMO 4.50
FRIENDS AND FAMILY 2.16
BALANCE REWARDS SAVINGS 3.60
MFG COUPON SAVINGS 8.55

THANK YOU FOR SHOPPING AT WALGREENS
TOTAL SAVINGS 14.31
SAVINGS VALUE 80%

Receipts with Indicators

walgreens
 There's a way™
 #11956 17 DIVISION ST
 WAITE PARK, MN 56387
 320-203-1035

350 7040 0021 10/19/2012 11:21 AM

VANISH DROP-IN BML CLN BL 1.70Z A 12.15 M15X

019B0000191
 9 @ 1.35
 REGULAR PRICE 1.99
 REWARDS SAVINGS 3.60
 VANISH DROP-IN B MFG CPN -0.55
 MFG CPN -2.00
 MFG CPN -2.00
 MFG CPN -2.00

REWARDS BONUS EARNED 2000 3.60
 0.90

SUBTOTAL 4.50 LMCP
 SALES TAX A=7.375% 4.50
 .00

TOTAL WAG PROMO 2.16
 W CARD 3.60
 CHANGE 8.55

FRIENDS AND FAMILY
 BALANCE REWARDS SAVINGS
 MFG COUPON SAVINGS

THANK YOU FOR SHOPPING AT WALGREENS

Walgreens
 The Pharmacy America Trusts • Since 1901™
 I'm Angie. Thank you for allowing me
 to serve you today.

210 10 7218 07877 027
 RFN# 0787-7277-2188-1003-0620

PUREX 2X 32LD 500Z A 5.99 SALE
 PUREX 2X 32LD 500Z A .00 SALE
 1 @ 1/ 5.99 - 2/ 5.99 LMCP

PUREX 2X 32LD 500Z A 5.99 SALE
 PUREX 2X 32LD 500Z A .00 SALE
 1 @ 1/ 5.99 - 2/ 5.99 LMCP

PUREX 2X 32LD 500Z A 5.99 SALE
 PUREX 2X 32LD 500Z A .00 SALE
 1 @ 1/ 5.99 - 2/ 5.99 LMCP

S/SLEEP 24S 1A 2.99 SALE
 S/SLEEP 24S 1A 1.50-MFGC
 MFG COUPON 1 1.00-MFGC
 MFG COUPON 1 5.99-MFGC
 MFG COUPON 1 5.99-MFGC
 MFG COUPON 1 5.99-MFGC

SUBTOTAL .49
 5% SALES TAX 1.36
 TOTAL 1.85 LMCP
 \$19.33

CHANGE CASH 5.00
 3.15

WAG ADVERTISED SAVINGS: 22.77
 MFG COUPON SAVINGS: 20.47
 YOUR TOTAL SAVINGS: 43.24

STAPLES
 that was easy.
 Low prices. Every item. Every day.
 125 Davis Avenue
 TERRE HAUTE, IN 47802
 (812) 478-9545

SALE 1475507 6 001 52417
 QTY SKU 0582 07/05/09 03:19
 PRICE

3 INK RECYCLING LIMI 0.00
 725137 0.010ea
 Instant Savings #20705 <-0.03>
 1 ZEBRA CADD00ZLES 0. 045888512115 2.99
 1 SPLS ECO-FRIENDLY 718103096454 2.99
 1 SAMSUNG CLX3175FN 741915 60.50 Match
 SUBTOTAL 66.48

Standard Tax 7.00% 4.65

TOTAL \$71.13

American Express
 Card No.: XXXXXXXXXXXX1004 [S]
 Auth No.: 690750 71.13 Match
 \$65.15

TOTAL ITEMS 6

Compare and Save
 with Staples-brand products.
 THANK YOU FOR SHOPPING AT STAPLES !
 Shop online at www.staples.com

05820705095241701

CONTRACTUAL

This Category Covers Contractual Expenses, i.e., the Cost of Professionals (Consultants or Contractors) Engaged to Work on the Project on a Contractual Basis. This Includes Surveying, Engineering, Construction, and Items Sent for Printing or Publications. A Copy of the Signed Contract Must Be on File with the LMCP.



VOLUNTEER TIME

This Category Includes the Hours Donated by Volunteers. Time Sheets Are Required for All Volunteer Personnel. Copies of Time Sheets Must Be Prepared and Signed by Each Person Involved in The Project. They Must Also be Countersigned by the Project Supervisor. Volunteer Time Used as an IN-KIND Match Must Be Charged at the Rate Paid For the Type of Work Being Done. Wage Information Can Be Found at <http://www.in.gov/dwd/inews/lmi.asp>



IN-KIND MATCH/OVERHEAD

Overhead Rates May Only Be Used As Match. If the Grantee Chooses to Include Overhead as Match, the Grantee Must Inform LMCP of What is Being Used and How the Rate is Calculated.

Overhead is Considered Ongoing or Existing Operating Expenses – Those Necessary to the Continued Functioning of the Program.



Putting It All Together

Reimbursement Request Packets Should Include:

1. Cover Memo
2. Quarterly Progress Report
3. Financial Report
4. Copies of Invoices, Purchase Orders, Receipts, etc.
5. Copies of Cancelled Checks
6. Brief Press Release Detailing Any Notable Achievements



If Applicable, Don't Forget –

- Time Sheets
- Travel Logs
- Supplies Purchase Info
- Proof of Match Spent
- Publications Printed
- Drafts of Maps or Site Plans
- Digital Photos of Project Site
- Correspondence
- Drafts of Final Work Products



QUESTIONS?

Maybe I Should
Just Call
Breana....



Maggie Byrne
Grant Specialist
Lake Michigan Coastal Program
Dunes State Park Annex
1600 North 25 East
Chesterton, IN 46304
219-983-9912
mbyrne@dnr.in.gov

Breana Sowers
Operations Manager
Lake Michigan Coastal Program
402 West Washington Street RM W267
Indianapolis, Indiana 46204
317-234-3985
bsowers@dnr.IN.gov

<http://www.in.gov/dnr/lakemich/6044.htm>

*****Read your Grants Manual*** ***Read your Grants Manual*****