**N.C. Department of Agriculture & Consumer Services**

N.C. ADFP Trust Fund

*Budget & Progress Report – Perpetual or Term Easements*

***See back for instructions.***

**I. Project Information**

|  |  |
| --- | --- |
| **ADFP Tracking Number:** ADM-ADFP-   -      | **Date of Report:**       |
| **Grantee:**       |
| **Project Title:**       |
| **Tax ID Number:**       | **Project Start & End Dates:**       to       |
| **Reporting Period Start Date:**       | **Reporting Period End Date:**       |
| **Contract Number:**       |

**II. ADFP Funds Report**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Expenditure Categories** | **Initial Contract Budget Amount** | **Previously Reported Expenditures** | **Balance at Beginning of this Reporting Period** | **Expenditures for this Reporting Period** | **Ending Balance for this Reporting Period** |
| *211* Stewardship Endowment | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| *212* Survey | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| *214* Baseline Documentation Report | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| *215* Environmental Assessment / Audit | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| *216* Legal Fees | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| *217* Closing Costs | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| *220* Easement Purchase | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| **Totals** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |

**III. Matching Funds Report**

|  |
| --- |
| Total Match Prior to this Report: $0.00 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Expenditure Categories** | **Source of Funding** | **Amount of Match** | **Cash or In-Kind** | **Cost per unit & # of units**  | **Description of Expenditures** | **Notes** |
|  |       | $0.00 |  |       |       |       |
|  |       | $0.00 |  |       |       |       |
|  |       | $0.00 |  |       |       |       |
|  |       | $0.00 |  |       |       |       |

|  |  |
| --- | --- |
| Total Cash Match for this Report: $0.00 | Total In-Kind Match for this Report: $0.00 |
| Total Match for this Reporting Period: $0.00 | Total Match to Date: $0.00 |

**IV. Progress Report**

|  |  |
| --- | --- |
| **Status of Document Suites** | **Status of Document Suites** |
| Name of Document Suite Turned in:  | Next Due Date:       |
| Extension Requested on Which Suite:  | Next Due Date:       |

**Formsite link for deliverable extension:** [**https://fs30.formsite.com/ADFPTrustFund/lrefxgtjks/index.html**](https://fs30.formsite.com/ADFPTrustFund/lrefxgtjks/index.html)

**V. Signatures**

|  |
| --- |
| **Certification:** *I certify that this information is correct and based on generally accepted accounting standards and principles.*  |
| **Signature of Authorized Representative:** | **Date:** |

**For ADFP Trust Fund Use Only:**

|  |  |
| --- | --- |
| Approval by Budget Officer: | Approval by Farmland Preservation Specialist: |
| Date: | Date: |

**Budget & Progress Report**

*You may make copies of this form as needed.*

1. Fill in the **ADFP Tracking Number**, **Grantee, Project Title**, **Tax ID Number**, **Contract Number**, and **Date of Report** in Section I.
2. The **Project Start & End Dates** should correspond with the dates of your contract.
3. In Section II, list the contracted budget for each line item in the second column under **Initial Contract Budget Amount**.
4. List any expenditures prior to this reporting cycle under **Previously Reported Expenditures** for the corresponding budget line items.
5. Under **Expenditures for this Reporting Period**, please report all ADFP expenditures of this reporting period only.
6. If no expenses have been incurred, please indicate such.
7. *Funds, up to 10%, can be moved within the approved line items without prior approval. Any amount above 10% will require prior approval of the Budget Officer. No new line items will be allowed without prior approval of the Program Manager and the Budget Officer.*
8. **NOTE:** ADFP Trust Fund monies **CANNOT** be used for *Travel*, *Personnel & Administrative*, *Steward Endowment*, or *Appraisal*.
9. In Section III, please enter the **Total Match Prior to this Report** in the first box.
10. Please list all matching funds received for this project during this reporting period. The expenditure category of the matching funds can be designated from the drop-down menu in the first column.
11. Cash and In-Kind matching funds will be designated by “C” or “IK” from the drop-down menu in the fourth column.
12. Calculate the amount of “Cash” matching funds, if applicable, beside **Total Cash Match for this Report**.
13. Calculate the amount of “In-Kind” matching funds, if applicable, beside **Total In-Kind Match for this Report**.
14. For salaried or hourly personnel services provide the rate of pay and number of hours worked. For contracted personnel services provide proof of payment.
15. In Section IV, enter the document suite completed for this period, and acknowledge the due date of the next document suite, OR the new due date based on the extension requested.
16. Please attach supporting documentation such as time sheets, copies of checks, invoices with documentation of payment, or other billing documents that verify expenses. (See www.ncadfp.org for more details on documentation)
17. The grantee’s finance representative (as indicated on the **Signature Card**) should sign this form. Please provide a contact number and email address for this representative in case there are any questions.