

Streamflow Rehabilitation Assistance Program Project Invoice Form (ver. 1, 4/2022)

Please fill in Parts 1-7 and send, along with necessary backup, to: Heather.Reichert@ncagr.gov NOG NOT on SFL

Payee Organization Name	Fair SWCD	Invoice #	
1 Project Name:	Streamflow Rehab Project	Payment Authorization	
Contract Number	22-08-0000	Tax ID #	
Contract Expiration Date	31-Dec-24	PO Line	
Request No.: 3	Date: 8/15/22	Payment Amount	

Contract Amount:	Amount contract Funds Remaining:			\$220,416.00
	a	b	c	d
Activity	Contract Budget	Previously Spent from contract Budget	Total spent this invoice period from contract Budget	Total spent to date from contract Budget
2 StRAP Contracts	\$387,658	\$ 68,758.00	\$ 98,484.00	\$ 167,242.00
Amount Requested this Invoice				\$ 98,484.00



ALL MATCHING FUNDS:	e	f	g	h
Activity	Budgeted Match	Previously Reported Matching Funds	Total matching funds this invoice period:	Total matching funds to date:
3 Cash				\$ -
In-Kind				\$ -
Total	\$ -	\$ -	\$ -	\$ -

Progress on Stream Segments:				
Segment Description (Please refer to Scope of Work) Please add rows as needed	Feet Planned for Treatment	Feet of Stream Completed this Invoice	Total Feet of Stream Completed	Beaver Dams Removed
4 Herring Run	11000	11000	11000	2
Maple Creek II	8000	4000	8000	0
Williams/Modlin Gut	2800	2800	2800	6
Boyd Creek	14752	7500	7500	8
VOA Run	7300	7300	7300	4
Old Farm Swamp	24000	24000	24000	11
Totals	67852	56600	60600	31

Progress on PL-566 Watershed Structure Improvement:				
Planned Improvement (Please refer to Scope of Work) Please add rows as needed	Description of Completed Action			Extent of Completed Action (e.g., cu. yd. of sediment removed)
5				
Totals	0	0	0	

Administration/Technical Assistance (Not to exceed 15% of total expended contract funds, not including matching funds)	Admin allowed (15% max):	Admin Previously Invoiced :	Total Admin this Invoice	Total Admin Invoiced to Date
	\$ 26,758.72	\$ 3,585.00	\$ -	\$ 3,585.00
6 Detailed Admin Expenses Claimed this Invoice (Must be related to implementation, Salary/Benefits for existing salaried staff not eligible, without prior written approval, Must attach supporting documentation) Please add rows as needed	Salary/Benefits	Equipment	Supplies	Total
				\$ -
				\$ -

7 Submitted by:	_____
Title	_____
Signature:	_____
E-mail Address:	_____
Telephone Number:	_____

DSWC Project Inspection Certification
I certify that I have inspected the work completed and reported on the progress report and recommend approval of payment for this invoice.
 
Signature of DSWC or NRCS certifying official Date
Please direct questions about this form to Heather Reichert, at (919)707-3768 or Heather.Reichert@ncagr.gov.