**Attachment B**

**Chesapeake Bay Preservation Act - Agricultural Program**

**Quarterly Progress Report**

Quarterly reports are due NO LATER THAN ten calendar days following the end of each quarter. Please use the forms provided. Please address any questions to the Agricultural Program Manager, Ron Wood, at 1-800-243-7229 or 804-225-3442.

Grant Agreement #: \_\_\_\_\_\_\_\_\_\_

SWCD: \_\_\_\_\_\_\_\_\_\_

Reporting Period: from to

Reported by:

1. Number of Soil and Water Quality Conservation plans completed this quarter.

*Attach copies of the CBPA Agricultural Program Status Summary Form from each completed plan.*

2. Describe the progress made during the quarter toward the accomplishment of the grant agreement=s scope of services. Specific elements of the scope of services are listed below. Please add any additional information that you feel would demonstrate program progress during the quarter, or of which the Agricultural Program Coordinator should be aware. Please be thorough, this information will be used to determine the appropriateness of program expenditures. Attach additional pages as necessary.

a. Describe efforts to identify and track tracts/parcels to be planned.

b. Describe efforts toward soil and water quality conservation plan development.

c. Owner/Operator educational and technical assistance provided.

d. Meetings and training sessions attended.

e. SWCD Board education and information provided.

f. Problems or difficulties encountered which could delay accomplishment of the requirements of the scope of services.

g. Additional information.

CBPA Agricultural Program Status Summary Form **Attachment C**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | / |
| Tract Identification Number | Hydro Unit | Owner Name | Operator Name | Locality / District |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Initial Plan Dates** (For **Revisions**, please complete the revision form **AND** the field information below) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Plan Initiated | Plan Developed | Nutrient Plan Written by: SWCD, DCR, or other | RUSLE performed by: SWCD, DCR, or other | Operator Signature | TRC Approval | Landowner Signature | SWCD Board Approval |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Field  # | Field  Acres | CBPA?  () | Length of Planned  Minimum RPA Buffer Width | Area of Land  Converted from Annual Crops to Buffer to  (acres) | New Forested  Buffer With  Width  Exceeding  35 feet  () | Crop (AA@ for annual; AH@ for Hay; AP@ for Pasture; or CRP for New CRP) | Planned to T (RMS) or  2T (ACS) | Measures Implemented  ( appropriate) |  |  |  |  |  |  |  |
|  |  |  | 100 feet  Buffer  (feet) | 50 feet  Buffer  (feet) | 25 feet  Buffer  (feet) |  |  |  |  | Erosion  Control | Nutrient  Management | Pest  Management |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Pre-  Plan | Post-  Plan | Pre-  Plan | Post-  Plan | Pre-  Plan | Post-Plan |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| Dates of Field Visits: |  | Dates of Compliance Checks: |  |

**Revision Reporting Form Attachment D**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  | **/** |
| **Tract Identification Number** | **Hydro Unit** | **Owner Name** | **Operator Name** | **Locality / District** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Revision Dates** |  |  |  |  |  |
|  |  |  |  |  |  |
| **Revision Initiated** | **Revision Developed** | **Operator Signature** | **TRC Approval** | **Landowner Signature** | **SWCD Board Approval** |

Actions

Step Action Points Performed by District Staff

I Field visit to Determine buffer existance and LS factor 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

II Soil Mapping (acres of each MUID within each field boundary 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

III Perform RUSLE equation 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IV Document/calculate VALUES for relevant crops 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

V Calculate nutrient balance sheet 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VI write the plan (currently performed in FOCS) 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VII create plan maps (highlight and make copies) 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VIII Present plan to farmer for signature/approval 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IX Present plan to TRC & Board for approval 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X Present plan to landowner for approval 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Possible Points for the revision of a SWQCP**: **10**

Total Plan/Tract Acres: \_\_\_\_\_\_\_\_\_\_ Total Actions Performed: \_\_\_\_\_\_\_\_\_\_

Number of acres affected by the revision: \_\_\_\_\_\_\_\_\_\_

% of Acres affected by the revision: \_\_\_\_\_\_\_\_\_\_ Plan Credit[[1]](#footnote-0) (.33, .5, or 1):\_\_\_\_\_\_\_\_\_\_

Reason For Revision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHESAPEAKE BAY LOCAL ASSISTANCE DEPARTMENT

CHESAPEAKE BAY PRESERVATION ACT AGRICULTURAL WATER QUALITY GRANT PROGRAM **Attachment E**

REQUEST FOR FUNDS

(Due 7/10/2000 and 1/10/2001, **Originals Only**, No Copies or Faxes)

**District Name**: \_\_\_\_\_\_\_\_\_\_  **FIN:**

Federal Identification Number

**Contract Number**: \_\_\_\_\_\_\_\_\_\_

1. Total Award for Fiscal Year 2001: $

Initial CBLAD Adjustment: $

2. Total Funds Rec'd to Date for this FY: $

3.  **Net Amount This Request $**

4. Award Balance $

(Lines 1- adj) - (2+3)

**SUMMARY OF EXPENDITURES FOR THIS FY**

**Report Period Ending:**

**Total Grant Expenditures to date: $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Plans Completed to Date:**

Total Plans Required by Agreement: \_\_\_\_\_

All amounts claimed on this request constitute allowable disbursements in accordance with the terms of the contract.

*Authorized District signature (Contractor) Title Date Signed*

Contact Person: Telephone No: Fax No:

Make payment to: Name:

Address:

**For CBLAD Use Only:**



District Request: \_ Approved by:

Adjustment: \_ Program Manager

Authorized Payment:

Date

1. (Rounding Points to Percentages for revision credits: 0-4 pts= 33% or 1/3; 5-7pts=50% or 1/2; >7pts=100% or 1 plan deliverable) [↑](#footnote-ref-0)