

PLANNING & DEVELOPMENT

500 West Fourth Street

Davenport, Iowa 52801-1106

E-mail: planning@scottcountyiowa.com

Office: (563) 326-8643

Fax: (563) 328-3242



Timothy Huey
Director

To: Dee F. Bruemmer, County Administrator

From: Timothy Huey, Planning Director

Date: September 8, 2009

Re: Approval of \$10,352.50 disbursement of matching funds for Scott County Soil and Water Conservation District erosion control project.

The Scott County Board of Supervisors annually makes \$25,000 funding allotment for the Scott County Soil and Water Conservation District to use for local matching funds to leverage federal funding of qualified soil conservation projects.

The Soil and Water Conservation District has submitted a request for disbursement of \$10,352.50 for a single project, which due to the amount requires separate Board approval.

Staff would recommend approval of this request.

STATE OF IOWA

GAX

3 COUNTY (08-09)

BUDGET FY	GENERAL ACCOUNTING EXPENDITURE	DOCUMENT NUMBER
	DATE 9/1/09	ACCTG PERIOD (mm/yy)

VENDOR CODE 480-48-0525	BILL TO ADDRESS (ORDERING AGENCY) Division of Soil Conservation Scott SWCD 8370 Hillandale Road Davenport IA 52806	SHIP TO ADDRESS
BRUCE DEXTER 25139 252ND AVE PRINCETON IA 52786	TERMS	FOB
ORDER APPROVED BY <i>Kathryn Hemminger</i>		GOODS RECEIVED/SERVICES PERFORMED
VENDOR'S INVOICE DATE	VENDOR'S INVOICE NUMBER	DATE 9/1/09
		INITIALS PPV

QUANTITY	ORDERED	RECEIVED	UNIT OF MEASURE	DESCRIPTION	UNIT PRICE	TOTAL PRICE
				E W KNAPPER, LTD, INC ESTIMATED COST \$20,705.00 COST SHARE AMOUNT IS 50% OF THE LESSER OF THE ABOVE COST SHARE AMOUNT	\$20,705.00	\$10,352.50

DOCUMENT TOTAL

CLAIMANT'S CERTIFICATION

I CERTIFY THAT THE ITEMS FOR WHICH PAYMENT IS CLAIMED WERE FURNISHED FOR STATE BUSINESS UNDER THE AUTHORITY OF THE LAW AND THAT THE CHARGES ARE REASONABLE, PROPER, AND CORRECT, AND NO PART OF THIS CLAIM HAS BEEN PAID.

DATE 9/1/09

TITLE

CLAIMANT'S SIGNATURE

Bruce Dexter

AGENCY CERTIFICATION

I CERTIFY THAT THE ABOVE EXPENSE WERE INCURRED AND THE AMOUNTS ARE CORRECT AND SHOULD BE PAID FROM THE FUNDS APPROPRIATED BY:
CODE OR CHAPTER SECTION(S)

AUTHORIZED SIGNATURE

THE FOLLOWING FIELDS ARE FOR STATE ACCOUNTING USE ONLY

GAX	DOC NUMBER	DOC DATE	ACCTG PRD	BUDGET FY	ACTION NEW/MOD E	PO SHIP INSTR	PV TYPE 1	INT IND	INT SELLER FUND	INT SELLER AGCY
VENDOR CODE		ADDR OVERRIDE	F/A INDICATOR	EFT IND	TEXT -po's only (Y/N)		TEXT (po's only)			
REF DOC NUMBER			REF DOC LINE	COM LN	VEND INVOICE #	COMMODITY CODE		GS CONTRACT		

LINE	FUND	AGCY	ORG	SUB ORG	ACTV	FUNC	OBJT	SUB OBJT	JOB NUMBER	REP CAT	QUANTITY / UNITS	ID	DESCRIPTION	AMOUNT	ID	P/F
01																
02																
03																
04																
05																
06																
07																

DOCUMENT TOTAL

17-350 IFAS PO/PPV1 (3/99)

GAX

WARRANT #

AUDITED BY

PAID DATE

E.W. Knapper, Ltd. Inc.

22471 - 240th Street
 Eldridge, Iowa 52748
 Ph. 563-289-3429

Date

8 / 26 / 09

Invoice #

INVOICE

Bruce Dexter

QTY.	UNIT	DESCRIPTION	UNIT PRICE	AMOUNT
		Build Pond +		
		Install Pipe	\$	20705 00
130	hrs.	Earthwork		18785 00
86	ft	Pipe Install 16"		1720 00
1	AC	Wood & Labor		200 00
		Ball in Ball		
		E. W. Knapper		
		Total Due	\$	20705.00
PLEASE PAY FROM THIS INVOICE			TOTAL	

APPLICATION FOR FINANCIAL INCENTIVES

Iowa Department of Agriculture & Land Stewardship
Division of Soil Conservation

Application No 3 COUNTY (08-09)

SCOTT County Soil and Water Conservation District

I hereby request assistance from the soil and water conservation district in planning, applying, and maintaining soil conservation and water management practices on my land. I hereby grant to the members of the soil and water conservation district or their designated representatives the right of ingress and egress to my land for the purpose of conducting surveys, planning or inspecting conservation works of improvement during the period this agreement is in force. This agreement will remain in effect until mutually terminated or by either party giving thirty (30) days written notice

Applicant BRUCE DEXTER Telephone No. 563-289-5253
Address 25139 252ND AVE Social Security No./ Federal I.D.No. 480-48-0525

City, State, Zip PRINCETON IA 52786

Legal Description Qtr., N Sec., 7 Township PRINCETON 79N Range 5E County SCOTT Tract # 1488

Landowner _____ Telephone No. _____

Address _____

City, State, Zip _____

REQUEST

I hereby request financial assistance through the 08-09 COUNTY COST SHARE program to partially defray the cost associated with applying the soil conservation practice named below on _____ acres (total acres to be treated) in accordance with Chapter 161A, Code of Iowa, and Division of Soil Conservation rules of Section 27, Iowa Administrative Code. I have reviewed the Form IP-1 Addendum and understand the conditions which apply to my application concerning the required Maintenance/Performance Agreement and other conditions which must be met prior to receipt of payment _____ (None, Part, All) of the area (sketch attached) where this practice is to be applied has been in conservation cover as defined on the Form IP-1 Addendum.

Applicant is: Owner Operator Agent Contract Buyer Other _____ Administrative Order No. _____
Power of Attorney is on file: Yes No (Required if another person signs for the owner)

Bruce Dexter Date Aug - 27 Signature of Landowner o b Date _____
(if other than owner of record) (or designated power of attorney required in all cases)

CERTIFICATION

Practice Name 410 Quantity 1 Unit _____ Field No. _____ Estimated Cost \$ 16,078.25
Practice Name _____ Quantity _____ Unit _____ Field No. _____ Estimated Cost \$ _____
Practice Name _____ Quantity _____ Unit _____ Field No. _____ Estimated Cost \$ _____

I have viewed the site (sketch attached) where the above-named practice(s) is to be applied and find it to be appropriate. The estimated quantity and cost of the practice are reasonable and proper.

Jennifer Kream Date 9/2/08
Signature of Technician (D.C. or District Forester) Date

APPLICATION APPROVAL

This application has been approved denied for 1 (410) GRADE STAB STRUCTURE by the SCOTT County Soil and Water Conservation District Commissioners.

PERMANENT PRACTICES WILL NOT BE STARTED UNTIL FUNDS ARE OBLIGATED BELOW.

Kathy Skene Date 9/2/08
Signature of SWCD Chairperson Date

FUND OBLIGATION

\$ 8,039.13 dollars from the 08-09 COUNTY COST SHARE program funds (see Section 27 Iowa Administrative Code) have been obligated to the applicant.

Jan McHugh Date 9/2/08
Signature of DSC Employee Date

Permanent practice construction must be started by 9/08 and completed by 12/31/09

AMENDMENT TO APPLICATION FOR FINANCIAL INCENTIVES

Iowa Department of Agriculture & Land Stewardship
Division of Soil Conservation

Application No 3 COUNTY (08-09)
Amendment No 1

SCOTT County Soil and Water Conservation District

Applicant BRUCE DEXTER

Landowner _____

The party(ies) whose name(s) is (are) signed below hereby request(s) that the Application for Financial Incentives identified above is amended as follows:

IT IS REQUESTED THAT:

AMEND ESTIMATED COST FROM \$16,078.25 TO \$20,705 AND COST SHARE AMOUNT FROM \$8039.13 TO \$10,352.50 DUE TO INCREASED CONSTRUCTION COSTS.

All provisions and conditions of the original application shall remain in full force and effect, except for those changes made by this amendment. This amendment is effective on the date of the last signature hereto.

Signature of Applicant
(if other than owner of record)

Date

9/1/09

Signature of Landowner

Date

(designated power of attorney required in all cases)

TECHNICIAN CERTIFICATION

I have viewed the site (sketch attached) where the above-named practice(s) is to be applied and find it to be appropriate. The estimated quantity and cost of the practice are reasonable and proper.

Signature of Technician (D.C. or District Forester)

Date

9/1/09

AMENDMENT APPROVAL

This amendment has been approved denied by the SCOTT County Soil and Water Conservation District Commissioners.

Signature of SWCD Chairperson

Date

9/1/09

FUND OBLIGATION

\$10,352.50 dollars from the 08-09 COUNTY COST SHARE program funds (see Section 27, Iowa Administrative Code) have been obligated to the applicant.

Signature of DSC Employee

Date

9/1/09

Permanent practice construction must be started by _____ and completed by _____.

SCOTT Soil and Water Conservation District

Applicant BRUCE DEXTER

Landowner _____

PERMANENT SOIL CONSERVATION PRACTICES

- | | | | | | |
|---|-------------------------|------------------|------------------------|------------------------|------------------------|
| <input checked="" type="checkbox"/> 50% Voluntary | Practice | 410 | | | |
| <input type="checkbox"/> 50% Mandatory | Amount Installed | 1 | | | |
| <input type="checkbox"/> 75% Lakes | Actual Cost | 20,705.00 | (lin. ft., acres, no.) | (lin. ft., acres, no.) | (lin. ft., acres, no.) |
| <input type="checkbox"/> No-Interest Loans | Financial Incentive | 0,352.50 | | | |
| <input type="checkbox"/> Reap | Applicant's Cost | 5,176.25 | | | |
| <input type="checkbox"/> Other: | Acres Benefited | 40 | | | |
| | Soil Loss/Tons Per Acre | Before <u>99</u> | After <u>1</u> | Before _____ | After _____ |

TILLAGE PRACTICES/TEMPORARY PRACTICES

- | | | |
|---|-------------------------|--------------------------|
| <input type="checkbox"/> No-Till Planting | Amount Installed | _____ |
| <input type="checkbox"/> Ridge-Till Planting | Financial Incentive | _____ (acres) |
| <input type="checkbox"/> Strip-Till Planting | Applicant's Cost | \$ _____ |
| <input type="checkbox"/> Contouring | Soil Loss/Tons Per Acre | Before _____ After _____ |
| <input type="checkbox"/> Contour Stripcropping | | |
| <input type="checkbox"/> Critical Area Planting | | |
| <input type="checkbox"/> Field Borders | | |
| <input type="checkbox"/> Filter Strips | | |

Other Funding Source/Amount:

STATE COST SHARE 25% \$5176.26

Complete the following only if the practice being reported is "Conservation Easement."

Easement Holder: _____

Easement Appraisal Value: _____

Total Acres: _____

Forest Acres: _____

Wetland Acres: _____

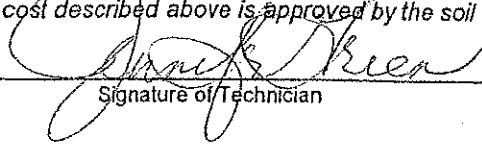
Grass Acres: _____

Crop Acres: _____

Other Acres: _____

TECHNICIAN CERTIFICATION

I certify that the above-described practice has been constructed or performed in accordance with applicable standards of Division of Soil Conservation rules in Chapters 10, 11, and 12 at Agency Identification #27, Iowa Administrative Code, and recommend that the reimbursable cost described above is approved by the soil and water conservation district as reasonable and proper.


Signature of Technician

JENNIFER GRIEM
Printed Name

9/1/09
Date