

Cost-Share Payment Review

Winter/Spring 2017 District Employee Training

April M. Brandt

Background

Since cost-share payments are the largest expenditure of the Soil and Water Conservation Program (SWCP), a technical review of contract payments is done prior to approval for payment.

Purpose

The contract payment review process helps ensure that the Soil and Water Conservation Program is properly using Missouri taxpayer money and providing accurate cost-share payments to cooperators.

Objectives

- Ensure cost-share policy is followed and accurate cost-share payments are made
- Verify information entered in MoSWIMS is correct, which will result in accurate reports
- Limit audit findings related to cost-share
- Identify potential staff training needs

Contract Payment Review

- Notes
- Contract Payment Review Screen
- Landowner Authorization for State Cost-Share form
- Contract
- Change Order
- Contract Payment
- Map
- Actual Completed

MoSWIMS Notes

Enter a general note in MoSWIMS to explain anything unusual about the contract. This will help provide clarity for questions that may arise during the review.


MoSWIMS Notes

Examples:

- Complete legal landowner name when all of it will not fit in MoSWIMS
- For terraces, an explanation of why footage of tile and/or horizontal outlets do not match footage of trenching/backfill
- Explanation of policies that are specific to your district

Contract Payment Review Screen

Contract Payment Review Details

Fund Code:	Project:	District:	Contract #:	FY:
R	GM - GRAZING MANAGEMENT			2015
Cooperator:			TIN : 	
Practice:		Life Span: Orig. App(s):		
DSP 3.3		10		
Maximums:				
// A:\$60.00				
Prior Acres Served:	Allocation Group:	Field Number:	Acres Served:	
	GRAZING MANAGEMENT 2015	2, 2A, 12, 12A & 12B	70.00	
Farm Tract:				
HUC:	Extents Installed:	Units:	PWSS - P:	PWSS - S:
		70.0000 AC		
Pre SR:	Post SR:	Pre Gully:	Post Gully:	Class:
				6
Max CS:	Other \$ Other Description:			Sub Class:
\$4,200.00				E
Cons. Plan Approval Date:		Termination Date:	NRCS Date:	Board Approval Date:
11/04/2014		05/15/2015	11/26/2014	12/09/2014
Total Amount Due:				
\$4,200.00				

SAM II Vendor

Vendor ID	Name	Address	TIN	EFT Status
				

Document List

Document Type	Description	Date Attached	User
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Contract Payment Review Screen

- Compare MoSWIMS cooperator name and address to SAM II vendor name and address
- Ensure vendor and EFT statuses are active (indicator will show green check mark)
- Note farm/tract/section/township/range/field number(s)/acres served/extent installed

SAM II EFT Status



Green Check Mark: ACH/EFT forms have been processed by OA and pre-note (10 business day process of testing bank transaction) has been completed.


















Yellow Triangle: Pre-note process is taking place. If the symbol does not change to a green check mark within 10 business days, call OA as there may be an issue with the bank account information given.








Red Minus: OA has not processed the forms. Cooperators should re-fax the forms, and if the symbol persists, contact OA, as there may be an issue with bank account information.

Cooperator Sam II Status Grid

Cooperator SAMII Status

	Contract #	Event	Cooperator	SAM II Vendor	SAM II EFT
		CNT			
		CNT			
		CNT			
		CNT			
		CNT			

Change Grid Size 

Page 1 of 2



When both the SAM II Vendor and SAM II EFT column are valid (have a green check mark), the record will no longer appear in this grid.





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SAM II Vendor/EFT Status

SAMII Multi-Vendor Selection				
Vendor ID	Name	Address	TIN	EFT Status
 33333333300			333333333	


SAMII Multi-Vendor Selection				
Vendor ID	Name	Address	TIN	EFT Status
 33333333300			333333333	

SAMII Multi-Vendor Selection				
Vendor ID	Name	Address	TIN	EFT Status
 33333333300			333333333	

Landowner Authorization

- Make sure the entire form is completed
- Make sure the legal landowner on the Landowner Authorization for State Cost-Share form matches legal landowner in MoSWIMS
- Primary Owner(s) listed on the form must be an individual
- Make sure a primary owner or the appropriate legal representative signs the form

Landowner Authorization

 MISSOURI DEPARTMENT OF NATURAL RESOURCES SOIL AND WATER CONSERVATION PROGRAM LANDOWNER AUTHORIZATION FOR STATE COST-SHARE	
LEGAL LANDOWNER NAME AS LISTED ON PROPERTY DEED	TELEPHONE NUMBER WITH AREA CODE
Fred and Frida Farmer	(222) 222-2222
LEGAL LANDOWNER MAILING ADDRESS	
111 Farmer Lane Farm Town, MO 22222	
PROPERTY DESCRIPTION	
PRIMARY OWNER(S)	
Name	Does the individual have signature authority on behalf of the legal entity for state cost share?
Fred Farmer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Frida Farmer	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

Landowner Authorization



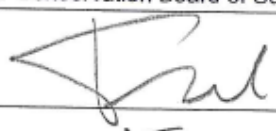
MISSOURI DEPARTMENT OF NATURAL RESOURCES
SOIL AND WATER CONSERVATION PROGRAM
LANDOWNER AUTHORIZATION FOR STATE COST-SHARE

LEGAL LANDOWNER NAME AS LISTED ON PROPERTY DEED		TELEPHONE NUMBER WITH AREA CODE
Farmer Holdings LLC		(222) 222-2222
LEGAL LANDOWNER MAILING ADDRESS		
RR 1 Box 111 Farm Town, MO 22222		
PROPERTY DESCRIPTION		
Farm 11 Tract 111 S 1 T 11 R 11		
PRIMARY OWNER(S)		
Name	Does the individual have signature authority on behalf of the legal entity for state cost share?	
Fred Farmer (Fred Farmer 2007 Irrevocable Trust)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Frida Farmer (Frida Farmer 2007 Irrevocable Trust)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Frank Farmer (Frank Farmer 2007 Irrevocable Trust)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Landowner Authorization

PRIMARY OWNER(S)		
Name	Does the individual have signature authority on behalf of the legal entity for state cost share?	
Fred Farmer (Fred Farmer 2007 Irrevocable Trust)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Frida Farmer (Frida Farmer 2007 Irrevocable Trust)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Frank Farmer (Frank Farmer 2007 Irrevocable Trust)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
OTHER INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST-SHARE		
LEGAL LANDOWNER SIGNATURE		
I certify as a primary owner or legal representative (POA for primary owner, trustee of trust) of the above mentioned entity that all information contained on this form is true and correct. This Landowner Authorization for State Cost-Share will remain in effect unless the Soil and Water Conservation Board of Supervisors is notified in writing to cancel authorization.		
SIGNATURE		DATE
PRINTED NAME	Fred Farmer	12/11/14
		12/11/14

Contract

- Make sure both pages are attached
- Make sure the contract is signed and dated correctly and that the individual signing has signature authority
- Signature dates must be on or after the print date of the form
- A board member should sign and date the contract only after the cooperator and technician have already signed and dated the form

Change Orders

- A reason note is required and should be specific
- Make sure the change order is signed and dated correctly and that the individual signing has signature authority
- A board member should sign and date the change order only after the cooperator and technician have already signed and dated the form

Change Orders

- A change order to correct the cooperator being paid or that changes the amount of cost-share payment, as well as a change order to comply with an amended conservation plan and contract cancellations must be signed by the cooperator, technician, and a board member.

Change Orders

- A change order for a time extension must be signed by the landowner and a board member.

Administrative Change Orders

- Administrative change orders correct things such as cooperator address, section/township/range, and field numbers
- The reason note entered must state it is an administrative change order and what is being changed
- No signatures are required on this type of change order
- They will go through the same review process that is in place now, but they do not have to be recorded in board meeting minutes

Contract Payment

- Make sure both pages of signed contract payment are attached
- Make sure individual signing has signature authority and that the contract payment was signed correctly
- A board member should sign and date the contract payment only after the cooperator and technician have already signed and dated the form
- Verify the payment amount of the contract payment matches the payment amount on the Contract Payment Review Screen

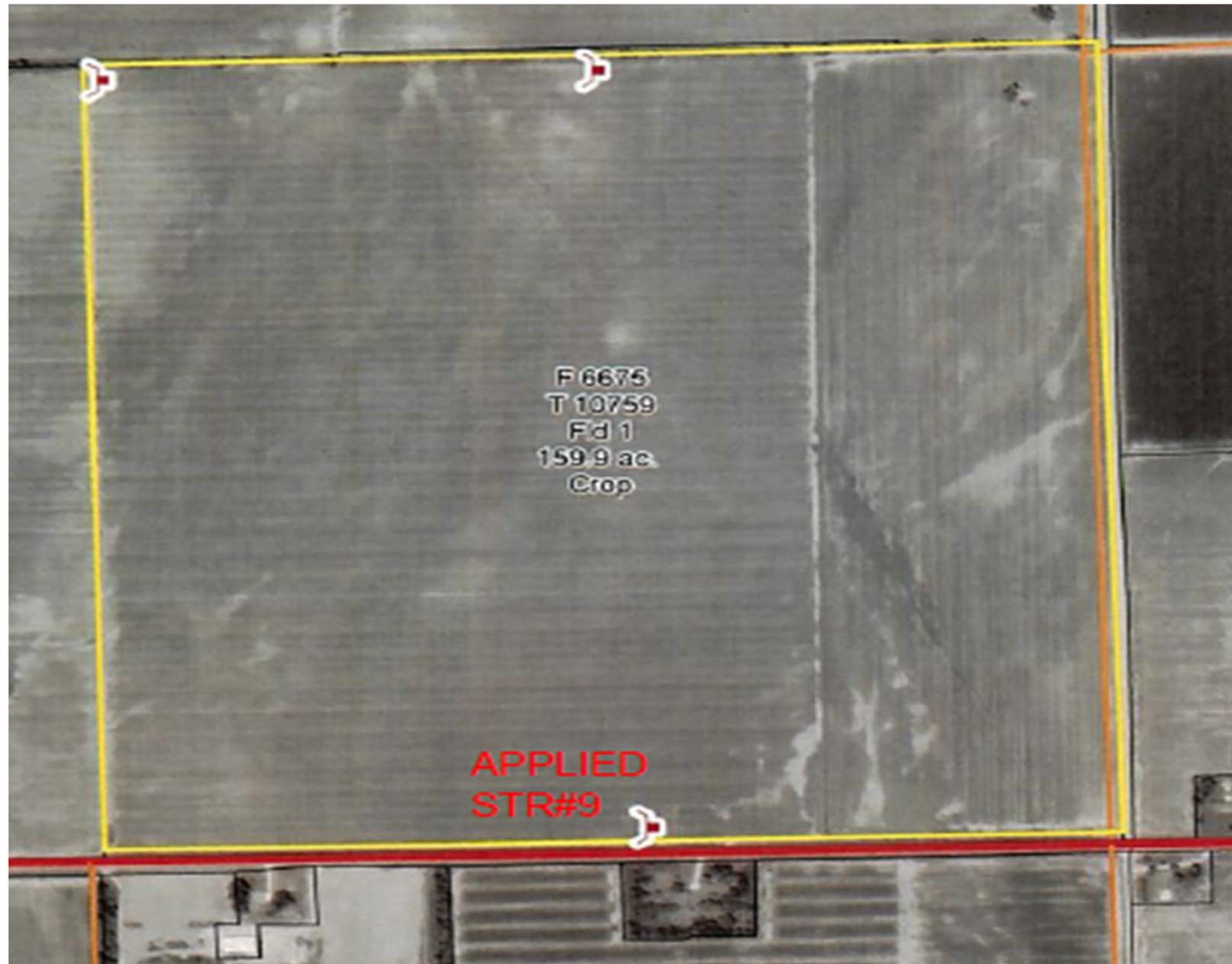
General Map Requirements

- Landowner name
- Locational data (section/township/range or coordinates)
- Farm perimeter
- Field numbers, field boundaries, field acres
- If multiples of the same practice are shown on the map, clearly identify which practice is associated with the contract payment

Map



Map



Map



Actual Completed

- Review completed extents of components on the contract payment
- Review cost-share components for correct usage
- Make sure acres served and extent installed are reported correctly according to cost-share policy

Contact Information

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