



# The Cost-Share Review Process

2021 Training Conference

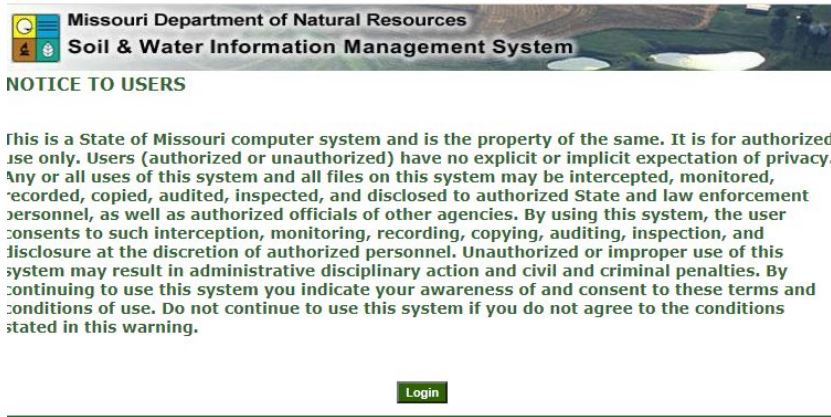
April Brandt and Kelsey Kempker

Tan-Tar-A Resort

Osage Beach, Missouri

# MoSWIMS

Missouri Soil and Water Information Management System (MoSWIMS) was developed to automate the cost-share procedures used by the Missouri Soil and Water Conservation District offices. It is used to allocate funds by project, obligate funds and document incentive payments made. It also automates cost-share forms and generates various financial and management reports.



Missouri Department of Natural Resources  
Soil & Water Information Management System

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Missouri Department of Natural Resources  
Soil & Water Information Management System

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Login to MoSWIMS with the Account

Username

Password

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# CONTRACTS

# Reviewing a Contract for Approval

- If a map is needed to review for eligibility or contract approval (i.e. DWC-1 Water Impoundment Reservoir, N472 Livestock Exclusion, DSP 3.1, 3.2, 3.3, 3.4, 3.5 )
- Are the qualifying criteria questions answered in the notes section
- Do the landowner and cooperator listed on the contract match
- Review the components for the practice being done

# Reviewing A N340 Cover Crop Contract

- Run the “Practice Limits Detail” report in MoSWIMS
  - Ensure the landowner/cooperator is under the \$20,000 lifetime limit
  - Check to see if a soil test is needed
- Review qualifying questions in Notes section
- Compare components in MoSWIMS to the Agron 340
  - Farm, tract, field numbers, how many species, plant by date, ensure policy percent of seed is correct, termination method is listed, and the Agron is signed

\* Indicates required field.  
 \*\* Either Company Name or First Name and Last Name is required
 [Return to Previous Page](#)

Hold Contract Deny Contract Approve Contract

Contract Event: Contract: SGE 019-22-0001

Documents Planned Components Notes Dates and Status Construction Status

**Contract #:** SGE 019-22-0001      **Status:** PENDING CONTRACT APPROVAL  
**FY:** 2022      **Obligated:** \$0.00  
**District:** 19 - NODAWAY      **Extent CS:** \$1,582.50  
**Project:** SGE - SHEET AND RILL / GULLY EROSION

Practice Information	Other Information
<b>Resource Concern:</b> SHEET AND RILL / GULLY E 2022 <b>*Practice:</b> N340 <b>Life Span:</b> 1 <b>Maximums:</b> P: \$20,000.00 <b>Special Practice Desc.:</b> <b>Original Contract(s):</b> <b>*Technician Assigned:</b> JOHN DOE	<b>Termination Date:</b> 06/15/2022  <b>Contract Max \$:</b> <b>Other \$:</b> <b>Other \$ Description:</b>

**Cooperator Information**      **Vendor Input / ACH - EFT Application form completed and sent:** - Vendor Form

<b>Cooperator:</b>	<b>** Last Name:</b> FARMER <b>** First Name:</b> FRANNIE <b>** Organization:</b> <b>* Address Line 1:</b> 123 FARMER LANE <b>* TIN:</b> 123046552 <b>Address Line 2:</b> Vendor ID: <span style="color: red;">-</span> <b>* City:</b> FARMINGTON <b>* State:</b> MO <b>* ZIP:</b> 65555 - <b>Home Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b>
<b>Legal Owner:</b>	<b>** Last Name:</b> FARMER <b>** First Name:</b> FRANNIE <b>** Organization:</b> <b>* Address Line 1:</b> 123 FARMER LANE <b>Address Line 2:</b> <b>* City:</b> FARMINGTON <b>* State:</b> MO <b>* ZIP:</b> 65555 - <b>Home Phone:</b> <b>Work Phone:</b> <b>Cell Phone:</b>

**SAMII Multi-Vendor Selection**

Vendor ID	Name	Address	TIN	EFT Status
<input checked="" type="checkbox"/>	VENDOR / EFT SENT			

**Farms / Tracts**

Farm	Tract	Section	Township	Range	Cons. Plan Approved	PWSS-P	PWSS-S
2021	431	2	3	4	<input type="text"/>		

**Erosion Information**

**\*Field #:** 21, 23, 25      **\*Acres Served:** 50.50  
**\*Land Cap. Class:** 3      **\*HUC Code:** 10240010-0201  
**\*Land Cap. Sub Class:** E  
**\*Tolerable:** 5



Contract Notes

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Contract #: SGE 019-22-0001 PENDING CONTRACT SUBMISSION

Qualifying Criteria

\* indicates a required field

\*Is the legal landowner associated to the contract the legal landowner?

Time: 11/04/2021 2:41:09 PM

Author: APRIL BRANDT

YES

<Select> v

Add

\*If the operator participating is not the legal landowner, has the Operator Authorization form been signed?

Time: 11/04/2021 2:41:15 PM

Author: APRIL BRANDT

YES

<Select> v

Add

\*Has the district verified that the operator has not exceeded the lifetime maximum of \$20,000 per operator?

Time: 11/04/2021 2:41:19 PM

Author: APRIL BRANDT

YES

<Select> v

Add

Qualifying Criteria is based on common issues occurring with this practice, but does not replace all the commission policies contained in the cost-share handbook.

Contract Notes

Filter:

<Select All> v

Add New Note

Note Type:

<Select> v

Characters Remaining: 2000

Text input area for adding a new note.

Add New



# 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 review



# MoSWIMS Notes

## Examples:

- Policies specific to your district

- Ex. District limits the amount of trench and backfill

- Complete legal landowner name when all of it will not fit in MoSWIMS data entry field





# COOPERATOR AUTHORIZATION FORM

# Cooperator Authorization

- The Cooperator Authorization for State Cost-Share form must be completed and attached for all contracts board approved on or after 2/24/2021
- This form replaces the Landowner Authorization form and Operator Authorization form that were previously used



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOIL AND WATER CONSERVATION PROGRAM  
**COOPERATOR AUTHORIZATION FORM**

**\*CHECK ONE**

OPERATOR (AS LISTED WITH FSA)

OPERATOR AND LEGAL LANDOWNER

**COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)**

\*COOPERATOR NAME AS LISTED IN MOSWIMS

\*ADDRESS

\*CITY

\*STATE

\*ZIP CODE

TELEPHONE NUMBER WITH AREA CODE

EMAIL

**INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE**

\*COOPERATOR SIGNATURE

\*DATE

\*PRINTED NAME

**LEGAL LANDOWNER (MUST MATCH COOPERATOR FOR ALL PRACTICES EXCEPT N340, N590, AND N595)**

\*LEGAL LANDOWNER NAME AS LISTED ON THE PROPERTY DEED

**\*PRIMARY OWNERS**

**\*DOES THE INDIVIDUAL HAVE SIGNATURE AUTHORITY FOR STATE COST SHARE**

YES

NO

YES

NO

YES

NO

YES

NO

**ONLY COMPLETE THE FOLLOWING FIELDS IF THE COOPERATOR IS NOT THE LEGAL LANDOWNER**

LEGAL LANDOWNER ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER WITH AREA CODE

EMAIL

As the legal landowner (or their legal representative), I authorize the cooperator to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperator will receive the incentive payments and 1099 form from the State Of Missouri for these practices.

The terms of this agreement will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_.

LEGAL LANDOWNER SIGNATURE

DATE

PRINTED NAME


\*REQUIRED FIELD

1

2

3

# Section 1- always complete this section

		MISSOURI DEPARTMENT OF NATURAL RESOURCES SOIL AND WATER CONSERVATION PROGRAM <b>COOPERATOR AUTHORIZATION FORM</b>		<b>*CHECK ONE</b> <input type="checkbox"/> OPERATOR (AS LISTED WITH FSA)  <input type="checkbox"/> OPERATOR AND LEGAL LANDOWNER	
<b>COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)</b>					
*COOPERATOR NAME AS LISTED IN MOSWIMS					
*ADDRESS		*CITY	*STATE	*ZIP CODE	
TELEPHONE NUMBER WITH AREA CODE			EMAIL		
<b>INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE</b>					
*COOPERATOR SIGNATURE			*DATE		
*PRINTED NAME					

Cooperator- This could be an individual, group, or entity and their name is as listed in MoSWIMS. This must also match the legal landowner exactly for all practices **except N340, N590, and N595.**

# Section 2- always complete this section

LEGAL LANDOWNER (MUST MATCH COOPERATOR FOR ALL PRACTICES EXCEPT N340,N590, AND N595)		
*LEGAL LANDOWNER NAME AS LISTED ON THE PROPERTY DEED		
*PRIMARY OWNERS	*DOES THE INDIVIDUAL HAVE SIGNATURE AUTHORITY FOR STATE COST SHARE	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

The legal landowner name needs to match the legal landowner listed on the property deed and in MoSWIMS.

# Section 3

ONLY COMPLETE THE FOLLOWING FIELDS IF THE COOPERATOR IS NOT THE LEGAL LANDOWNER			
LEGAL LANDOWNER ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER WITH AREA CODE		EMAIL	
<p>As the legal landowner (or their legal representative), I authorize the cooperatoer to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperatoer will receive the incentive payments and 1099 form from the State Of Missouri for these practices.</p> <p>The terms of this agreement will expire on ____ / ____ / ____.</p>			
LEGAL LANDOWNER SIGNATURE		DATE	
PRINTED NAME			

**\*REQUIRED FIELD**

- Only completed if the practice is an N340, N590, or N595 and the MoSWIMS cooperatoer is not the legal landowner (Section 1 and 2 don't match).
- This third section would be used in the same situations as the old "Operator Authorization" form.



ALL Practices Where Cooperator = Landowner  
Cooperator is individual



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOIL AND WATER CONSERVATION PROGRAM  
COOPERATOR AUTHORIZATION FORM

\*CHECK ONE

OPERATOR (AS LISTED WITH FSA)

OPERATOR AND LEGAL LANDOWNER

COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)

\*COOPERATOR NAME AS LISTED IN MOSWIMS

Kelsey Kempker

\*ADDRESS

25 Kempker Lane

\*CITY

Glenn

\*STATE

MO

\*ZIP CODE

65067

TELEPHONE NUMBER WITH AREA CODE

EMAIL

INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE

Jerry Kempker

Georgia Kempker

Colt Kempker

\*COOPERATOR SIGNATURE

Kelsey Kempker

\*DATE

1/1/21

\*PRINTED NAME

Kelsey Kempker

LEGAL LANDOWNER (MUST MATCH COOPERATOR FOR ALL PRACTICES EXCEPT N340, N590, AND N595)

\*LEGAL LANDOWNER NAME AS LISTED ON THE PROPERTY DEED

Kelsey Kempker

\*PRIMARY OWNERS

Kelsey Kempker

\*DOES THE INDIVIDUAL HAVE SIGNATURE AUTHORITY FOR STATE COST SHARE

YES

NO

YES

NO

YES

NO

YES

NO

ONLY COMPLETE THE FOLLOWING FIELDS IF THE COOPERATOR IS NOT THE LEGAL LANDOWNER

LEGAL LANDOWNER ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER WITH AREA CODE

EMAIL

As the legal landowner (or their legal representative), I authorize the cooperator to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperator will receive the incentive payments and 1099 form from the State Of Missouri for these practices.

The terms of this agreement will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_.

LEGAL LANDOWNER SIGNATURE

DATE

PRINTED NAME

\*REQUIRED FIELD



MISSOURI  
DEPARTMENT OF  
NATURAL RESOURCES

All Practices Where Cooperator = Landowner  
 Cooperator is Organization



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
 SOIL AND WATER CONSERVATION PROGRAM  
**COOPERATOR AUTHORIZATION FORM**

**\*CHECK ONE**  
 OPERATOR (AS LISTED WITH FSA)  
 OPERATOR AND LEGAL LANDOWNER

**COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)**

\*COOPERATOR NAME AS LISTED IN MOSWIMS  
 Wilson Farms

\*ADDRESS: 15 Wilson Lane    \*CITY: Olean    \*STATE: MO    \*ZIP CODE: 65057

TELEPHONE NUMBER WITH AREA CODE: 555-555-5555    \*EMAIL:

**INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE**

Jake Wilson  
 Misty Wilson

\*COOPERATOR SIGNATURE: Jake Wilson    \*DATE: 3/03/2023

\*PRINTED NAME: Jake Wilson

**LEGAL LANDOWNER (MUST MATCH COOPERATOR FOR ALL PRACTICES EXCEPT N340, N590, AND N595)**

\*LEGAL LANDOWNER NAME AS LISTED ON THE PROPERTY DEED  
 Wilson Farms

*PRIMARY OWNERS	*DOES THE INDIVIDUAL HAVE SIGNATURE AUTHORITY FOR STATE COST SHARE	
Misty Wilson	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Peter Wilson	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**ONLY COMPLETE THE FOLLOWING FIELDS IF THE COOPERATOR IS NOT THE LEGAL LANDOWNER**

LEGAL LANDOWNER ADDRESS:    CITY:    STATE:    ZIP CODE:

TELEPHONE NUMBER WITH AREA CODE:    \*EMAIL:

As the legal landowner (or their legal representative), I authorize the cooperator to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperator will receive the incentive payments and 1099 form from the State Of Missouri for these practices.

The terms of this agreement will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_.

LEGAL LANDOWNER SIGNATURE:    DATE:

PRINTED NAME:

\*REQUIRED FIELD

N340/N590/N595 ONLY when Cooperator ≠ Landowner



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
SOIL AND WATER CONSERVATION PROGRAM  
COOPERATOR AUTHORIZATION FORM

**\*CHECK ONE**

OPERATOR (AS LISTED WITH FSA)

OPERATOR AND LEGAL LANDOWNER

**COOPERATOR (MUST MATCH LEGAL LANDOWNER FOR ALL PRACTICES EXCEPT N340, N590, AND N595)**

\*COOPERATOR NAME AS LISTED IN MOSWIMS  
Wilson LLC

\*ADDRESS: 15 Wilson Lane      \*CITY: Olean      \*STATE: MO      \*ZIP CODE: 65067

TELEPHONE NUMBER WITH AREA CODE: 555-555-5555      EMAIL:

**INDIVIDUALS WITH SIGNATURE AUTHORITY FOR STATE COST SHARE**

Jake Wilson  
Peter Wilson

\*COOPERATOR SIGNATURE: *Jake Wilson*      \*DATE: 12/26/2055

\*PRINTED NAME: Jake Wilson

**LEGAL LANDOWNER (MUST MATCH COOPERATOR FOR ALL PRACTICES EXCEPT N340, N590, AND N595)**

\*LEGAL LANDOWNER NAME AS LISTED ON THE PROPERTY DEED  
Fred Farmer & Frannie Farmer

*PRIMARY OWNERS	*DOES THE INDIVIDUAL HAVE SIGNATURE AUTHORITY FOR STATE COST SHARE	
Fred Farmer	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Frannie Farmer	<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

**ONLY COMPLETE THE FOLLOWING FIELDS IF THE COOPERATOR IS NOT THE LEGAL LANDOWNER**

LEGAL LANDOWNER ADDRESS: 1 Farmer Lane      CITY: Farmington      STATE: MO      ZIP CODE: 65640

TELEPHONE NUMBER WITH AREA CODE:      EMAIL:

As the legal landowner (or their legal representative), I authorize the cooperator to participate in the incentive practices N340 Cover Crop, N590 Nutrient Management, and N595 Pest Management. I acknowledge the cooperator will receive the incentive payments and 1099 form from the State Of Missouri for these practices.

The terms of this agreement will expire on 12/26/2056.

LEGAL LANDOWNER SIGNATURE: *Frannie Farmer*      DATE: 12/26/2055

PRINTED NAME: Frannie Farmer

\*REQUIRED FIELD





# CHANGE ORDERS

# 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
- Board signature should always be last

# Change Orders

- Change orders that change the name of the cooperator being paid or the amount obligated, as well as change orders for design changes and cancellations must be signed by the cooperator, technician, and a board member
- A change order for a time extension must be signed by the cooperator and a board member

# Administrative Change Orders

- They do not have to be signed
- The reason note entered must state it is an administrative change order and what is being changed
- They do not have to be recorded in board meeting minutes

# Administrative Change Orders

- Administrative change orders can be done to correct:
  - Cooperator name misspelling
  - Cooperator address
  - Farm number and tract number
  - Section/township/range
  - Field numbers
  - Hydrologic Unit Code (HUC)
  - Acres served (as long as it does not change the obligation amount)





# CONTRACT PAYMENTS

# Contract Payment Review

- Since cost-share payments are the largest expenditure of the SWCP, an emphasis has been placed on review of contract payments prior to approval for payment
- The purpose of the review is to ensure that the SWCP is properly using Missouri taxpayer money and providing accurate cost-share payments to cooperators

# Objectives

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

# What We See...

**Missouri Department of Natural Resources**  
**Soil & Water Information Management System**

Actual Completed
Dates and Status
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Notes

### Contract Payment Review Details

<b>Fund Code:</b>	<b>Project:</b>	<b>District:</b>	<b>Contract #:</b>	<b>FY:</b>
R	SGE - SHEET AND RILL / GULLY EROSION	19 - NODAWAY	0001	2022
<b>Cooperator:</b>			<b>TIN :</b> <span style="color: green;">✔</span>	
FARMER, FRANNIE 123 FARMER LANE FARMINGTON, MO 65555			999999999	
<b>L/O:</b>				
FARMER, FRANNIE 123 FARMER LANE FARMINGTON, MO 65555				
<b>Practice:</b>		<b>Life Span: Orig. App(s):</b>		
N340		1		
<b>Maximums:</b>				
P: \$20,000.00				
<b>Prior Acres Served:</b>	<b>Allocation Group:</b>	<b>Field Number:</b>	<b>Acres Served:</b>	
	SHEET AND RILL / GULLY E 2022	21, 23, 25	50.50	
<b>Farm Tract:</b>				
Farm # 2021 // Tract # 431 // Sec : 2 Twn: 3 Rng: 4				
<b>HUC:</b>	<b>Extents Installed:</b>	<b>Units:</b>	<b>PWSS - P:</b>	<b>PWSS - S:</b>
10240010-0201	50.5000	AC		
<b>Pre SR:</b>	<b>Post SR:</b>	<b>Pre Gully:</b>	<b>Post Gully:</b>	<b>Class:</b>
				3
<b>Max CS:</b>	<b>Other \$ Other Description:</b>			<b>Total Amount Due:</b>
\$1,582.50				\$1,582.50
<b>Cons. Plan Approval Date:</b>	<b>Termination Date:</b>	<b>NRCS Date:</b>	<b>Board Approval Date:</b>	
10/01/2021	06/15/2022	05/25/2021	05/27/2021	

**SAM II Vendor**

Vendor ID	Name	Address	TIN	EFT Status
<span style="color: green;">✔</span> A0000011600	OLB BID ADMIN	301 W HIGH ST, JEFFERSON CITY, MO 65102	999999999	<span style="color: red;">✘</span>

**Document List**

Document Type	Description	Date Attached	User
CONTRACT PAYMENT	payment doc	11/09/2021 2:19:45 PM	KEMPKER, KELSEY
LANDOWNER/OPERATOR AUTHORIZATION	LOA	11/09/2021 2:18:14 PM	KEMPKER, KELSEY
MAP	map	11/09/2021 2:17:43 PM	KEMPKER, KELSEY
CONTRACT	contract	11/09/2021 2:17:12 PM	KEMPKER, KELSEY

**Return Contract Payment**

Return Contract Payment



Approve Contract Payment

# SAM II Vendor/EFT Status

Ensure vendor and EFT statuses are active (indicators will show green check mark)

SAMII Multi-Vendor Selection				
Vendor ID	Name	Address	TIN	EFT Status
 3333333300			333333333	

SAMII Multi-Vendor Selection				
Vendor ID	Name	Address	TIN	EFT Status
 3333333300			333333333	

SAMII Multi-Vendor Selection				
Vendor ID	Name	Address	TIN	EFT Status
 3333333300			333333333	

# 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, (573-751-2971), there may be an issue with the bank account information given.



Red Minus: OA has not processed the forms. Rescan the forms, and if the symbol persists, contact OA, there may be an issue with bank account information.



# Map

- A map and map report from the DNR mapping tool showing the completed practice must be attached as document type “MAP” in MoSWIMS prior to contract payment submission



# Map

- Cooperator name & locational data (section, township, range or coordinates) are required to be on the 1<sup>st</sup> page of the map report
- Farm name polygon & field numbers must be drawn and labeled
- Practice must be shown as installed
- Report attributes such as contract number, status of the practice, and fiscal year must be filled out for the contract payment being submitted
- Refer to the Cost-Share Handbook for detailed map requirements for each practice



# Mapping Report



Frannie Farmer DWC-1 SGE 19-22-0001

S2021 T431 S2 TN3 R4

Area : 10.66 acres

Nov 10 2021 9:39:03 Central Standard Time



## Summary

Name	Count	Area(acres)	Length(ft)
Structure Points	1	N/A	N/A
Structure Lines	2	N/A	636.91
Structure Polygons	2	0.31	N/A
Farm Name	1	9.81	N/A
System Acres	1	9.66	N/A
Field Number	1	0.96	N/A
Covercrop and Seeding	0	0	N/A
DSP 3.1 Grazing System Water Development	0	0	N/A
DSP 3.2 Grazing System Water Distribution	0	0	N/A
DSP 3.3 Grazing System Fence	0	0	N/A
DSP 3.4 Grazing System Lime	0	0	N/A
DSP 3.5 Grazing System Seed	0	0	N/A
N595 Pest Management	0	0	N/A
N590 Nutrient Management	0	0	N/A

## Structure Points

#	Fiscal Year	Program	Status	Structure Type	Description	Contract #	Comments	Creator	Count
1	FY22	DWC-01	Installed	Watering Facility	Tank for livestock	SGE 19-22-0001	No Data	nrkempk@ads.state.mo.us_modnr	1

## Structure Lines

#	Fiscal Year	Program	Status	Structure Type	Description	Contract #	Comments	Creator	Length(ft)
1	FY22	DWC-01	Installed	Pipeline	pipe	SGE 19-22-0001	No Data	nrkempk@ads.state.mo.us_modnr	48.58
2	FY22	DWC-01	Installed	Fence	installed barber wire fence	SGE 19-22-0001	No Data	nrkempk@ads.state.mo.us_modnr	588.34

## Structure Polygons

#	Fiscal Year	Program	Status	Structure Type	Description	Contract Number	Comments	Creator	Area(acres)
1	FY22	DWC-01	Installed	Dam	pond dam Farmer	SGE 19-22-0001	No Data	nrkempk@ads.state.mo.us_modnr	0.04
2	FY22	DWC-01	Installed	Pond	pool area	SGE 19-22-0001	No Data	nrkempk@ads.state.mo.us_modnr	0.27

## Farm Name

#	Farm Name	Farm Number	Tract Number	Comments	Creator	Area(acres)
1	Farmer	2021	431	SGE 0019-22-0001	nrkempk@ads.state.mo.us_modnr	9.81

## System Acres

#	Fiscal Year	Program	Status	Contract #	Comments	Creator	Area(acres)
1	FY22	DWC-01	Installed	SGE 19-22-0001	No Data	nrkempk@ads.state.mo.us_modnr	9.66

## Field Number

#	Field Number	Comments	Creator	Area(acres)
1	21	SGE 19-22-0001	nrkempk@ads.state.mo.us_modnr	0.96



**MISSOURI**  
DEPARTMENT OF  
NATURAL RESOURCES

# Actual Completed

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

Missouri Department of Natural Resources  
Soil & Water Information Management System

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Contract #: SGE 019-22-0001

Component	Avg. Unit Cost	Unit	App. Ext.	Comp. Ext.	CS %	Approved Amount	Payment Amount	Active
1 OR 2 SPECIES COVER CROP INCENTIVE	\$30.0000	AC	50.5000	50.5000	100	\$1,515.00	\$1,515.00	✓
INITIAL STANDARD SOIL HEALTH PACKAGE TEST	\$90.0000	EA	1.0000	1.0000	75	\$67.50	\$67.50	✓
<b>Total</b>						\$1,582.50	\$1,582.50	

Practice Information

\*Extent Installed: 50.5000 Units: AC

Practice Code	N340	Contract Max \$	
Max \$ Per Ton		Practice Max \$	\$20,000.00
Max \$ Per Acre		Other \$	0
Acres Served	50.50	Tons of Soil Saved	0
Total Amount Due			\$1,582.50

# Actual Completed

Component	Avg. Unit Cost	Unit	App. Ext.	Comp. Ext.	CS %	Approved Amount	Payment Amount	Active
CRITICAL AREA SEEDING	\$492.0100	AC	1.0000	1.0000	75	\$369.00	\$369.00	✓
HORIZONTAL OUTLET4IN	\$48.8000	EA	2.0000	2.0000	75	\$73.20	\$73.20	✓
PERFCORRPE PIPE 4IN	\$0.6000	FT	1000.0000	1000.0000	75	\$450.00	\$450.00	✓
TRENCH/BKFILL > =12IN	\$1.5300	FT	1020.0000	1020.0000	75	\$1,170.45	\$1,170.45	✓
WATERWAY	\$2,639.0000	AC	1.0000	1.0000	75	\$1,979.25	\$1,979.25	✓
<b>Total</b>						\$4,041.90	\$4,041.90	

INCCORECT SIZE TRENCH AND BACKFILL COMPONENT WAS USED

# Contract Payment

- Make sure both pages of signed contract payment are attached as document type “CONTRACT PAYMENT”
- Make sure individual signing has signature authority and signs the cooperator name in full with a “by” or “for” listing the individual who signed
- Board signature should be last
- Verify the payment amount of the contract payment matches the payment amount on the Contract Payment Review Screen

# Additional Resources

## **Cost-Share Handbook**

<https://mosoilandwater.land/internal/cost-share-handbook>

## **MoSWIMS Handbook**

<https://mosoilandwater.land/internal/moswims-manual>

## **Mapping tool**

<https://modnr.maps.arcgis.com/apps/webappviewer/index.html?id=0bfca9b4c1ce4177a2efdcc97bccc0a&extent=-10310367.3805%2C4915414.4809%2C-10305781.1588%2C4917557.1063%2C102100#>

## **Forms**

<https://mosoilandwater.land/internal/forms-pubs>