

# Something Else to Consider

- ◆ The Email address used during the application process is the only address that the invoice system knows
- ◆ If you wish to change the email address for any invoice replies from DEQ you will need to contact DEQ in advance

# Login at www.deq.idaho.gov/Applications/319G

Thursday - February 28, 2013



## §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

[DEQ §319 Grant Contacts](#)  
[Paper Application](#)  
[Application Guide](#)  
[Leave Us Feedback](#)  
[BSU Environmental Finance Center](#)

**Returning Applicants** - Please sign in by providing your organization email address and application number in the box below.

**New Applicants** - Please take a moment to familiarize yourself with the purpose and intent of Section 319 Project Grants by reviewing the [application guide](#) found here. Also for your convenience you may reference other "Helpful Links" for completing your application. They can be found in the left hand column. When you are ready to start an application, click the link below.

**\*IMPORTANT DATES:** Pre-Application Deadline - **Sunday, May 06, 2012**

Completed Application Deadline - **Wednesday, August 01, 2012**

[Click Here to Start a New Application](#)

Returning Applicants

Email Address:

Application Number:

[Lost your application number?](#)

Log in to the main Grant Application system with e-mail and application number.

**Our Mission: To protect human health and preserve the quality of Idaho's air, land, and water for use and enjoyment today and in the future.**



# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Thursday - February 28, 2013

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- [Log Out](#)
- [DEQ §319 Grant Contacts](#)
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- [Application Guide](#)
- [Leave Us Feedback](#)
- [BSU Environmental Finance Center](#)

### Pre-Application Pages

- [Application Page 1](#)
- [Application Page 2](#)
- [Application Page 3](#)

### Remaining Application

- [Application Page 4](#)
- [Application Page 5](#)
- [Application Page 6](#)
- [Application Page 7](#)
- [Application Page 8](#)
- [Application Page 9](#)
- [Application Page 10](#)
- [Application Page 11](#)
- [Application Page 12](#)
- [Application Page 13](#)

- [Application Status](#)
- [Print My Application](#)

### Application Status

Project Name: 319 Training

Application Number: BRO1400358

Organization:	Test Org 123 Main St BOISE, ID 83708	Phone: 111-222-3333 Fax: <a href="mailto:charlie.parkins@deq.idaho.gov">charlie.parkins@deq.idaho.gov</a>	Field Officer:	Clark Kent Phone: 208-555-7777
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### Application Status

Congratulations - your application has been approved. If you have been instructed to use our online invoicing system, please follow the link to the invoicing system below. If you have not been invited to use the online invoicing system, invoices created online will be ignored and will not be processed.

If you have not been invited to use our online invoicing system and would like to create your invoices online, please contact your local DEQ representative.

[Go To Online Invoicing System](#)

We appreciate your efforts to protect our environment and we hope to support you in your endeavors.

Click here to go into the FIF system.

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### Helpful Links

- [Log Out](#)
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- [My Original Application](#)

### Past Invoices

No Invoices have been submitted to date.

### [Start New Invoice](#)

2. Click here to start a new invoice (Invoice #1).

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Invoicing Directions

[- show/hide directions -](#)

Please read the invoicing section of the \$319 Grant Application Guide document before starting any invoicing entries on this site. There are important directions and definitions about your subgrant monies and how we would like you to report them. Invoicing for \$319 Funds requires use of the online invoicing system.

### Subgrant Funds Summary - Includes Submitted Invoices Only

Total Project Budget: \$100,000.00  
 \$319 Subgrant Awarded: \$60,000.00  
 Match Commitment: \$40,000.00  
 Onetime Advanced Funds Received: \$0.00  
 Unspent Advanced Funds: \$0.00

1. Make sure all grant information shown here is correct.

### Summary of Funds Spent Towards Project Completion - Includes Submitted Invoices Only

Invoices Submitted to Date: 0  
 Subgrant Funds Spent to Date: \$0.00  
 Matching Funds Invested to Date: \$0.00  
 Current Subgrant Funds Balance: \$60,000.00  
 Current Matching Funds Balance: \$40,000.00  
 Total Project Balance: \$100,000.00

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# §319 Grant Application

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Idaho Department of Environmental Quality

Thursday - February 28, 2013

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No Invoices have been submitted to date.

[Start New Invoice](#)

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Project Name: 319 Training

Application Number: BRO1400358

Organization: **Test Org**  
 123 Main St  
 BOISE, ID 83708

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[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: **Clark Kent**  
 Phone: 208-555-7777

### New Invoice

[- show/hide directions -](#)

The invoice you are creating will remain open and editable until your invoice is submitted. For additional information on the invoicing process, please read the invoicing section of the §319 Grant Application Guide before starting any accounting entries on this site. There are important directions and definitions about your subgrant monies and how we would like you to report them. If you need additional help, do not hesitate to contact us.

### New Invoice

Name of Person Creating Invoice:

Your Phone Number:

Date Started: February 28, 2013

Enter your name and phone number.

\*Emails regarding this invoice will automatically be sent to 'charlie.parkins@deq.idaho.gov'. If you would like to include another email address on correspondence regarding this invoice, provide it in the box below.

Additional Notification Email Address:

Save

**Our Mission: To protect human health and preserve the quality of Idaho's air, land, and water for use and enjoyment today and in the future.**



# §319 Grant Application

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## Idaho Department of Environmental Quality

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### New Invoice

Name of Person Creating Invoice:

Your Phone Number:

Date Started: February 28, 2013

\*Emails regarding this invoice will automatically be sent to 'charlie.parkins@deq.idaho.gov', If you would like to include another email address on correspondence regarding this invoice, provide it in the box below.

Additional Notification Email Address:

Click save to begin the new invoice.

**Our Mission: To protect human health and preserve the quality of Idaho's air, land, and water for use and enjoyment today and in the future.**

# Invoice Summary Page

Monday - March 4, 2013



## \$319 Grant Application

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Idaho Department of Environmental Quality

### Helpful Links

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### Past Invoices

No Invoices have been submitted to date.

### Start New Invoice

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

Listed below are all your reimbursement entries, advance expenditure entries, and match expenditure entries for this invoice. To view additional details or edit any given entry, click the corresponding link to open it.

### Existing Reimbursement Entries - Total: \$0.00

None this invoice.

### Existing Advance Money Expenditure Entries - Total: \$0.00

None this invoice.

### Existing Match Money Expenditure Entries - Total: \$0.00

None this invoice.

Choose what you are requesting or reporting.

Submit Invoice" button below where you will receive submitting your invoice.

Invoice Total	
Reimbursement Total	\$0.00
<b>Total \$319 Request</b>	<b>\$0.00</b>

Our Mission: To protect human health and preserve the quality of Idaho's air, land, and water for use and enjoyment today and in the future.

# Advance Request



# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

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- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

No Invoices have been submitted to date.

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

#### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

#### Directions to Request One-time Funding Advance

[- show/hide directions -](#)

A maximum of 10% of your subgrant funding may be requested one-time at project start up with your first invoice. (\$ 600.00) The advance is intended to provide a minimum amount of funding for project start-up costs that are consistent with your project workplan. All future requests for disbursement of funds will be processed only on a reimbursement basis for costs already incurred. All future invoices, too, will require the subgrantee to account for the use of funding previously advanced. For additional details on advance funds , please refer to the invoicing section of the §319 Grant Application Guide.

#### Advanced Funds Summary

§319 Subgrant Total: \$60,000.00

Maximum Advance Amount Allowable: \$6,000.00

Note the maximum one time advance amount. Do not go over.

#### Advance Funding Request

Provide information in the space below on how the advanced funding is intended to be used. The information provided should be consistent with the approved project workplan and budget.

Notes:

Amount:

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Monday - March 4, 2013

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### Past Invoices

No Invoices have been submitted to date.

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
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### Advanced Funds Summary

**§319 Subgrant Total:** \$60,000.00

**Maximum Advance Amount Allowable:** \$6,000.00

### Advance Funding Request

Provide information in the space below on how the advanced funding is intended to be used. The information provided should be consistent with the approved project workplan and budget.

Notes:

Amount:

Fill in the reason (in the Notes area) and amount.

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# \$319 Grant Application

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Monday - March 4, 2013

### Helpful Links

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### Past Invoices

No Invoices have been submitted to date.

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

Your advance request for this invoice: - [Remove](#)

\$5,000.00

Listed below are all your reimbursement entries, advance expenditure entries, and match expenditure entries for this invoice. To view additional details or edit any given entry, click the corresponding link to open it.

#### Existing Reimbursement Entries - Total: \$0.00

None this invoice.

#### Existing Advance Money Expenditure Entries - Total: \$0.00

None this invoice.

#### Existing Match Money Expenditure Entries - Total: \$0.00

None this invoice.

1. Check for accuracy here before clicking Submit Invoice.

If your invoice is complete, click the "Submit Invoice" button below where you will receive additional information on formally submitting your invoice.

Submit Invoice

2. Submit.

#### Invoice Total

Advance Request	\$5,000.00
Reimbursement Total	\$0.00
<b>Total \$319 Request</b>	<b>\$5,000.00</b>

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Idaho Department of Environmental Quality

Monday - March 4, 2013

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- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

No Invoices have been submitted to date.

### Start New Invoice

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)  
Request Reimbursement
- [Report Match Expenditure](#)  
Report Advance Expenditure

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: **Test Org**  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: **Clark Kent**  
Phone: 208-555-7777

Your advance request for this invoice: [Remove](#)

\$5,000.00

Listed below

Existing R  
None this i

Existing A  
None this i

Existing M  
None this i

If your invoic

entries for this invoice. To view additional

### Message from webpage



This invoice does not include any match expenditure entries.

While match expenditure entries are not required to submit an invoice, we highly recommend that you stay current with your match money usage reporting.

To cancel this submission and add match entries, click "Cancel".

If you click "Okay" your invoice will be submitted and will no longer be available for editing unless it is rejected by DEQ.

You will not be able to start a new invoice until this one has been approved.

You may always return to view past invoices. Additional invoice submission instructions are included on the next page.

OK

Cancel

### Invoice Total

Advance Request	\$5,000.00
Reimbursement Total	\$0.00
<b>Total \$319 Request</b>	<b>\$5,000.00</b>

This pop up comes up when you submit an advance request. Disregard if there is no match to report.

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## Idaho Department of Environmental Quality

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### Past Invoices

[Invoice 1](#)

[Start New Invoice](#)

Click here to print invoice.

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Before Submitting your Invoice

[- show/hide directions -](#)

Before submitting your invoice please complete the items in the checklist below.

Your invoice has been electronically submitted to DEQ.

Prior to processing the invoice, DEQ will verify the completeness of the invoice submission and approve or reject the invoice submission.

You will be notified of the approval or rejection when it is made.

Approved invoices should be printed, signed, and mailed in to DEQ to receive payment.

Rejected invoices will be accompanied by the justification for rejecting the invoice and the invoice will become available to edit and resubmit.

**A new invoice may not be started until your last submitted invoice is approved.**

Please note: you will not be able to submit another invoice until Invoice #1 is approved.

**Our Mission: To protect human health and preserve the quality of Idaho's air, land, and water for use and enjoyment today and in the future.**

# Lets Review Invoice 1



## State Nonpoint Source Management Program Financial Invoice Form

**TO:** Dave Pisarski  
Nonpoint Source Management Program  
Department of Environmental Quality  
1410 North Hilton  
Boise, ID 83706  
Phone: (208) 373-0502

**FROM:** Organization: Test Org  
Project Field Officer: Clark Kent  
Phone: 208-555-7777  
Application Number: BRO1400358  
Subgrant Number:  
Subgrant Expiration Date:

A copy of this invoice is in your packet.

**Project Name:** 319 Training

Print

Invoice Period: From Project Inception To 3/4/2013 3:34:12 PM

Invoice #1 - Advance Request

Section A. Summary of Advanced Funds. (Includes the advance requested on this invoice.)

Amount Advanced	Amount of Advance Spent (To Date)	Remaining Balance of Advanced Funds
\$5,000.00	\$0.00	\$5,000.00

**Notes on Advance Request** - (where applicable - from first project invoice)  
Need an advance to pay for up front cost of materials, and personnel cost of contract administrator.

Section B. Status of project finances prior to submission of this invoice.

Budget Categories	Original Budget	\$319 Spent	Match Spent	Balance
Administrative Costs	\$7,500.00	\$0.00	\$0.00	\$7,500.00
Subcontractual Costs	\$59,500.00	\$0.00	\$0.00	\$59,500.00
Travel Costs	\$600.00	\$0.00	\$0.00	\$600.00
Supplies/Equipment Costs	\$31,650.00	\$0.00	\$0.00	\$31,650.00
Indirect Costs	\$750.00	\$0.00	\$0.00	\$750.00
<b>Totals</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$100,000.00</b>

Section C. Summary of project finances reported on this invoice.

Budget Categories	Previous Balance	\$319 Spent	Match Spent	Balance
Administrative Costs	\$7,500.00	\$0.00	\$0.00	\$7,500.00
Subcontractual Costs	\$59,500.00	\$0.00	\$0.00	\$59,500.00
Travel Costs	\$600.00	\$0.00	\$0.00	\$600.00
Supplies/Equipment Costs	\$31,650.00	\$0.00	\$0.00	\$31,650.00
Indirect Costs	\$750.00	\$0.00	\$0.00	\$750.00
<b>Totals</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$100,000.00</b>

Section D. Percent of matching funds to 319 funds reported to date. (All invoices)

\$319 Funds Spent To Date	Project Match To Date	Match Use % To Date
\$0.00	\$0.00	0

# E-mail Response

**Invoice #1 has been Approved on your 319 Project - BRO1400358**

DO\_NOT\_REPLY@deq.idaho.gov

Sent: Tue 3/5/2013 2:12 PM

To: Charlie Parkins; Charlie Parkins

---

BRO1400358 - 319 Training

Invoice #1 has been Approved.

Notes: Invoice #1 has been reviewed and approved. When this advance is spent be sure to provide details in the future invoices. Please send us a signed copy for payment. Thanks.

Please print and sign your invoice and mail it to the DEQ address found at the top of your invoice.

[Print Invoice 1](#)



# \$319 Grant Application

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Idaho Department of Environmental Quality

Click Invoicing Home to go to summary.

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[Start New Invoice](#)

Subgrant Number:

Project Name:

Application Number: BRO1400358

Organization:

Test Org

123 Main St

BOISE, ID 83706

Phone: 111-222-3333

Fax:

[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer:

Clark Kent

Phone: 208-555-7777

### Instructions for Submitting your Invoice

[- show/hide directions -](#)

To finish submitting your invoice please complete the items in the checklist below.

Your invoice has been electronically submitted to DEQ.

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# Invoicing Home Page

Monday - March 4, 2013



## \$319 Grant Application

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### Past Invoices

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[Start New Invoice](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

### Organization:

Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333

Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

### Field Officer:

Clark Kent  
Phone: 208-555-7777

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Match Commitment: \$40,000.00  
Onetime Advanced Funds Received: \$5,000.00  
Unspent Advanced Funds: \$5,000.00

Notice that  
advance amount  
is unspent.

### Summary of Funds Spent Towards Project Completion - Includes Submitted Invoices Only

Invoices Submitted to Date: 1  
Subgrant Funds Spent to Date: \$0.00  
Matching Funds Invested to Date: \$0.00  
Current Subgrant Funds Balance: \$60,000.00  
Current Matching Funds Balance: \$40,000.00  
Total Project Balance: \$100,000.00

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# Second Invoice Request

- ◆ Requesting \$3,000 Reimbursement
  - Administrative Cost for Task 4
    - ◆ \$500 for Project Management Cost
    - ◆ \$2,500 for field survey work
- ◆ Reporting \$11,150 in Match
  - \$8,000 Subcontractual Cost for Task 2
  - \$3,000 Subcontractual Cost for Task 5
  - \$150 Travel Cost Cost for Task 4
- ◆ Advance funds will remain unused

# Login at www.deq.idaho.gov/Applications/319G

Thursday - February 28, 2013



## §319 Grant Application

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Idaho Department of Environmental Quality

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**\*IMPORTANT DATES:** Pre-Application Deadline - **Sunday, May 06, 2012**

Completed Application Deadline - **Wednesday, August 01, 2012**

[Click Here to Start a New Application](#)

Returning Applicants

Email Address:

Application Number:

[Lost your application number?](#)

Log in to the main Grant Application system with e-mail and application number.

**Our Mission: To protect human health and preserve the quality of Idaho's air, land, and water for use and enjoyment today and in the future.**



# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Thursday - February 28, 2013

### Helpful Links

- [Log Out](#)
- [DEQ §319 Grant Contacts](#)
- [Paper Application](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [BSU Environmental Finance Center](#)

### Pre-Application Pages

- [Application Page 1](#)
- [Application Page 2](#)
- [Application Page 3](#)

### Remaining Application

- [Application Page 4](#)
- [Application Page 5](#)
- [Application Page 6](#)
- [Application Page 7](#)
- [Application Page 8](#)
- [Application Page 9](#)
- [Application Page 10](#)
- [Application Page 11](#)
- [Application Page 12](#)
- [Application Page 13](#)

- [Application Status](#)
- [Print My Application](#)

### Application Status

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Application Status

Congratulations - your application has been approved. If you have been instructed to use our online invoicing system, please follow the link to the invoicing system below. If you have not been invited to use the online invoicing system, invoices created online will be ignored and will not be processed.

If you have not been invited to use our online invoicing system and would like to create your invoices online, please contact your local DEQ representative.

[Go To Online Invoicing System](#)

We appreciate your efforts to protect our environment and we hope to support you in your endeavors.

Click here to go into the FIF system.

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# Invoicing Home Page

Tuesday - March 5, 2013



## §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

[Invoice 1](#)

[Start New Invoice](#)

2. Click here to start a new invoice (Invoice #2).

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

### Organization:

Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333

Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

### Field Officer:

Clark Kent  
Phone: 208-555-7777

### Invoicing Directions

[- show/hide directions -](#)

Please read the invoicing section of the §319 Grant Application Guide document before starting any invoicing entries on this site. There are important directions and definitions about your subgrant monies and how we would like you to report them. Invoicing for §319 Funds requires use of the online invoicing system.

### Subgrant Funds Summary - Includes Submitted Invoices Only

Total Project Budget: \$100,000.00  
§319 Subgrant Awarded: \$60,000.00  
Match Commitment: \$40,000.00  
Onetime Advanced Funds Received: \$5,000.00  
Unspent Advanced Funds: \$5,000.00

1. Make sure all grant information shown here is correct.

### Summary of Funds Spent Towards Project Completion - Incl

Invoices Submitted to Date: 1  
Subgrant Funds Spent to Date: \$0.00  
Matching Funds Invested to Date: \$0.00  
Current Subgrant Funds Balance: \$60,000.00  
Current Matching Funds Balance: \$40,000.00  
Total Project Balance: \$100,000.00

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

[Invoice 1](#)

[Start New Invoice](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: **Test Org**  
 123 Main St  
 BOISE, ID 83706

Phone: 111-222-3333  
 Fax:  
[charlie.parkins@deg.idaho.gov](mailto:charlie.parkins@deg.idaho.gov)

Field Officer: **Clark Kent**  
 Phone: 208-555-7777

### New Invoice

[- show/hide directions -](#)

The invoice you are creating will remain open and editable until your invoice is submitted. For additional information on the invoicing process, please read the invoicing section of the \$319 Grant Application Guide before starting any accounting entries on this site. There are important directions and definitions about your subgrant monies and how we would like you to report them. If you need additional help, do not hesitate to contact us.

### New Invoice

Name of Person Creating Invoice:

Your Phone Number:

Date Started: March 05, 2013

\*Emails regarding this invoice will automatically be sent to 'charlie.parkins@deg.idaho.gov', If you would like to include another email address on correspondence regarding this invoice, provide it in the box below.

Additional Notification Email Address:

Save

Click save to begin the new invoice.

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# Reimbursement Request

# Invoice Summary Page

Tuesday - March 5, 2013



## \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

[Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

Listed below are all your reimbursement entries, advance expenditure entries, and match expenditure entries for this invoice. To view additional details or edit any given entry, click the corresponding link to open it.

#### Existing Reimbursement Entries - Total: \$0.00

None this invoice.

#### Existing Advance Money Expenditure Entries - Total: \$0.00

None this invoice.

#### Existing Match Expenditure Entries - Total: \$0.00

Click on Request Reimbursement.

If your invoice is complete, click the "Submit Invoice" button below where you will receive additional information on formally submitting your invoice.

Submit Invoice

#### Invoice Total

Reimbursement Total	\$0.00
<b>Total \$319 Request</b>	<b>\$0.00</b>

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Tuesday - March 5, 2013

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Existing Reimbursement Entries

None this invoice.

[Add New Entry for Reimbursement](#)



Click on Request Reimbursement.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Tuesday - March 5, 2013

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

### Start New Invoice

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: **Test Org**  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: **Clark Kent**  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

\*Expense Types

2. Select the description from the selected budget category you are requesting reimbursement for.

\*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
--------------------	----------------------	----------	------------	---------------	-----------------

Select a budget category and entry in lines one and two.

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

\*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

No task rows have been added to this entry. Please click the "Add Entry" link above.

**The following 3 item(s) must be addressed before saving this form.**

[Save Invoice Entry](#)

- Please select a budget category. (Line 1)
- Please select a budget category entry. (Line 2)
- Please enter a numeric amount being reported. (Line 3)

All information in these sections is copied from the grant application.

**Our Mission: To protect human health and preserve the quality of Idaho's air, land, and water for use and enjoyment today and in the future.**



# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

### Start New Invoice

### Current Invoice

- [Summary/Submit](#)

### Request Advance

- [Request Reimbursement](#)

### Report Match Expenditure

- [Report Advance Expenditure](#)

Choose budget category.

Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

#### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

#### Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

\*Expense Types

2. Select the description from the selected budget category you are requesting reimbursement for.

\*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
Select a budget category and entry in lines one and two.					

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

\*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

No task rows have been added to this entry. Please click the "Add Entry" link above.

The following 3 item(s) must be addressed before saving this form.

[Save Invoice Entry](#)

- Please select a budget category. (Line 1)
- Please select a budget category entry. (Line 2)
- Please enter a numeric amount being reported. (Line 3)

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Tuesday - March 5, 2013

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

### Start New Invoice

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

\*Expense Types

2. Select the description from the selected budget category you are requesting reimbursement for.

\*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$5,000.00		\$0.00	\$0.00	\$5,000.00	\$0.00

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

\*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

No task rows have been added to this entry. Please click the "Add Entry" link above.

**One following 1 item(s) must be addressed before saving this form.**

No tasks have been entered. (Line 4)

The choices here correspond with administrative information from the application.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

### Start New Invoice

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

Administrative  \*Expense Types

2. Select the description from the selected budget category you are requesting reimbursement for.

project management  \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$5,000.00		\$500.00	\$0.00	\$4,500.00	\$0.00

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

500.00  \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task: 4 - Project Management

Amount Spent: 500.00

Details: The project manager has been working on coordination and overview of project. This included 25 hours of work at \$20/hr.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">4 - Project Management</a>	\$500.00	The project manager has been working on coordination and overview of project. This included 25 hours of work at \$25/hr.	<a href="#">Delete</a>

This form can be saved in its current state.



# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

## Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

## Past Invoices

- [Invoice 1](#)

## Start New Invoice

## Current Invoice

- [Summary/Submit](#)

## Request Advance

- [Request Reimbursement](#)

## Report Match Expenditure

- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie\\_parkins@deq.idaho.gov](mailto:charlie_parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

\*Expense Types

2. Select the description from the selected budget category you are requesting reimbursement for.

\*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$5,000.00		\$500.00	\$0.00	\$4,500.00	\$0.00

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

\*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">4 - Project Management</a>	\$500.00	The project manager has been working on coordination and overview of project. This included 25 hours of work at \$20/hr.	<a href="#">Delete</a>

This form can be saved in its current state.

Hit save invoice tab.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

## Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

## Past Invoices

- [Invoice 1](#)

## Start New Invoice

## Current Invoice

- [Summary/Submit](#)

## Request Advance

- [Request Reimbursement](#)

## Report Match Expenditure

- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deg.idaho.gov](mailto:charlie.parkins@deg.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Existing Reimbursement Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Administrative	project management	\$500.00	<a href="#">Delete</a>

### [Add New Entry for Reimbursement](#)

Click here to add a new entry for reimbursement of the other \$1,500.00.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Tuesday - March 5, 2013

## Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

## Past Invoices

- [Invoice 1](#)

[Start New Invoice](#)

## Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

This reimbursement is only for field survey work.

**Subgrant Number:**

**Project Name:** 319 Training

**Application Number:** BRO1400358

**Organization:** Test Org  
123 Main St  
BOISE, ID 83708

**Phone:** 111-222-3333  
**Fax:**  
[charlie.parkins@deg.idaho.gov](mailto:charlie.parkins@deg.idaho.gov)

**Field Officer:** Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

Subcontractual  \*Expense Types

2. Select the description from the selected budget category you are requesting reimbursement for.

field survey work  \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$5,000.00		\$0.00	\$0.00	\$5,000.00	\$0.00

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

\*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

No task rows have been added to this entry. Please click the "Add Entry" link above.

**The following 1 item(s) must be addressed before saving this form.**

- Please enter a numeric amount being reported. (Line 3)

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# \$319 Grant Application

Monday - March 11, 2013

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

[Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

**Subgrant Number:**

**Project Name:** 319 Training

**Application Number:** BRO1400358

**Organization:** Test Org  
123 Main St  
BOISE, ID 83706

**Phone:** 111-222-3333  
**Fax:**  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

**Field Officer:** Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

Subcontractual \*Expense Types

2. Select the description from the selected budget category you are requesting reimbursement for.

field survey work \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$5,000.00		\$2,500.00	\$0.00	\$2,500.00	\$0.00

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

2500.00 \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task: 3 - Engineered Site Survey

Amount Spent: 2500.00

Details: Cost for surveyors to come out and take photo points of road and stream bank to determine where rip rap and culverts will be placed. This is 4 surveyors each working 20 hours at \$31.25/hr.

Save Cancel

Task (Click to Edit)	Amount	Details	Delete
<a href="#">3 - Engineered Site Survey</a>	\$2,500.00	Cost for surveyors to come out and take photo points of road and stream bank to determine where rip rap and culverts will be placed. This is 4 surveyors each working 20 hours at \$31.25/hr.	<a href="#">Delete</a>

This form can be saved in its current state.

Save Invoice Entry

Be specific about the work done, in the Details section.



# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

## Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

### Start New Invoice

### Current Invoice

- [Summary/Submit](#)

### Request Advance

- [Request Reimbursement](#)

### Report Match Expenditure

- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

Subcontractual

2. Select the description from the selected budget category you are requesting reimbursement for.

field survey work

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$5,000.00		\$0.00	\$0.00	\$5,000.00	\$0.00

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

2500

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">3 - Engineered Site Survey</a>	\$2,500.00	Cost for surveyors to come out and take photo points of road and stream bank to determine where rip rap and culverts will be placed. This is 4 surveyors working 20 hours at \$31.25/hr.	<a href="#">Delete</a>

This form can be saved in its current state.

Hit save invoice tab.

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# Match Information Reporting

The background is a solid teal color. In the bottom right corner, there is a stylized, dark teal silhouette of a mountain range with jagged peaks.



# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

Click here to report match.

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: **Test Org**  
 123 Main St  
 BOISE, ID 83706

Phone: 111-222-3333  
 Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: **Clark Kent**  
 Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Existing Reimbursement Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Administrative	project management	\$500.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	field survey work	\$2,500.00	<a href="#">Delete</a>

### [Add New Entry for Reimbursement](#)

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Existing Match Money Expenditure Entries

None this invoice.

[Add New Entry of Match Expenditure](#)

Click on this to enter the match information.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

## Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

### Start New Invoice

### Current Invoice

- [Summary/Submit](#)

- [Request Advance](#)
- [Request Reimbursement](#)

- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Match Expenditure Entry

1. Of the following budget categories, please select the category you are reporting match usage for at this time.

\*Expense Types

2. Select the description from the selected budget category you are reporting match usage for.

\*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
Select a budget category and entry in lines one and two.					

3. Enter the match amount your are reporting used on this budget category. (Numbers only - Max two decimal places)

\*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

5. What match sources were used on this entry? [Add Entry](#)

**The following 3 item(s) must be addressed before saving this form.**

- Please select a budget category. (Line 1)
- Please select a budget category entry. (Line 2)
- Please enter a numeric amount being reported. (Line 3)

The layout for match reporting is exactly like for reimbursement requests except for step #5.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Monday - March 11, 2013

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

[Invoice 1](#)

### Start New Invoice

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expense](#)

Choose budget and task just like reimbursement.

**Subgrant Number:**

**Project Name:** 319 Training

**Application Number:** BRO1400358

**Organization:** Test Org  
123 Main St  
BOISE, ID 83708

**Phone:** 111-222-3333  
**Fax:**  
[charlie\\_parkins@deg.idaho.gov](mailto:charlie_parkins@deg.idaho.gov)

**Field Officer:** Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

#### Match Expenditure Entry

1. Of the following budget categories, please select the category you are reporting match usage for at this time.

Travel

2. Select the description from the selected budget category you are reporting match usage for.

50 trips (30 miles)

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
	\$600.00	\$0.00	\$150.00	\$0.00	\$450.00

3. Enter the match amount your are reporting used on this budget category. (Numbers only -

150.00

Add details explaining cost.

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">4 - Project Management</a>	\$150.00	Cost of 10 trips to project site an back. 10 trips @ 30 miles at .50/mile = \$150.	<a href="#">Delete</a>

5. What match sources were used on this entry? [Add Entry](#)

Match Source (Click to Edit)	Amount	Details	Delete
<a href="#">#1 - Ada County</a>	\$150.00	In-kind Match	<a href="#">Delete</a>

This form can be saved in its current state.

[Start New Invoice](#)

**Current Invoice**

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

Match Expenditure Entry

1. Of the following budget categories, please select the category you are reporting match usage for at this time.

Travel  \*Expense Types

2. Select the description from the selected budget category you are reporting match usage for.

50 trips (30 miles)  \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
	\$600.00	\$0.00	\$150.00	\$0.00	\$450.00

3. Enter the match amount your are reporting used on this budget category. (Numbers only - Max two decimal places)

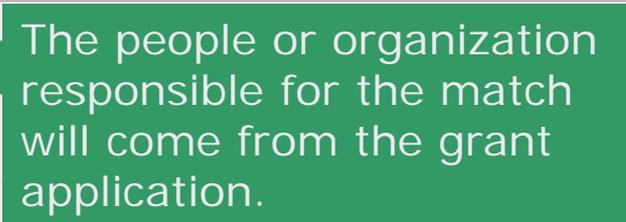
150.00  \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">4 - Project Management</a>	\$150.00	Cost of 10 trips to project site an back. 10 trips @ 30 miles at .50/mile = \$150.	<a href="#">Delete</a>

5. What match sources were used on this entry? [Add Entry](#)

Match:   The people or organization responsible for the match will come from the grant application.

Amount Spent:

Details:

Match Source (Click to Edit)	Amount	Details	Delete
<a href="#">#1 - Ada County</a>	\$150.00	In-kind Match	<a href="#">Delete</a>

This form can be saved in its current state.



# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

## Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

**Subgrant Number:**

**Project Name:** 319 Training

**Application Number:** BRO1400358

**Organization:** Test Org  
123 Main St  
BOISE, ID 83706

**Phone:** 111-222-3333  
**Fax:**  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

**Field Officer:** Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Existing Match Money Expenditure Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Travel	50 trips (30 miles)	\$250.00	<a href="#">Delete</a>

### [Add New Entry of Match Expenditure](#)

After you hit save. Hit add entry for additional expenditures.

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# \$319 Grant Application

Monday - March 11, 2013

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

[Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

**Subgrant Number:**

**Project Name:** 319 Training

**Application Number:** BRO1400358

**Organization:** Test Org  
123 Main St  
BOISE, ID 83708

**Phone:** 111-222-3333  
**Fax:**  
[charlie.parkins@deg.idaho.gov](mailto:charlie.parkins@deg.idaho.gov)

**Field Officer:** Clark Kent  
Phone: 208-555-7777

#### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

Match Expenditure Entry

1. Of the following budget categories, please select the category you are reporting match usage for at this time.

Subcontractual  \*Expense Types

2. Select the description from the selected budget category you are reporting match usage for.

permit acquisition  \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
	\$8,000.00	\$0.00	\$8,000.00	\$0.00	\$0.00

3. Enter the match amount your are reporting used on this budget category. (Numbers only - Max two decimal places)

8000.00  \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">2 - Permit Acquisition</a>	\$8,000.00	Engineer's time of 20 hours @ \$50/hr = \$1,000. Filing fee for permit = \$7,000. Total of \$8,000.	<a href="#">Delete</a>

5. What match sources were used on this entry? [Add Entry](#)

Match Source (Click to Edit)	Amount	Details	Delete
<a href="#">#2 - Idaho RAC</a>	\$8,000.00	Hard Match	<a href="#">Delete</a>

This form can be saved in its current state.

Hit save.

Save Invoice Entry

Add second match. Select budget, task, amount, detail and who supplied the match.

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Monday - March 11, 2013

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

### Start New Invoice

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Existing Match Money Expenditure Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Travel	50 trips (30 miles)	\$150.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	permit acquisition	\$8,000.00	<a href="#">Delete</a>

### [Add New Entry of Match Expenditure](#)

After you hit save, it brings you to this screen. Hit add for additional match expenditures.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Monday - March 11, 2013

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Match Expenditure Entry

1. Of the following budget categories, please select the category you are reporting match usage for at this time.

Subcontractual  \*Expense Types

2. Select the description from the selected budget category you are reporting match usage for.

BMP installation  \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$37,000.00	\$6,500.00	\$0.00	\$0.00	\$37,000.00	\$6,500.00

3. Enter the match amount your are reporting used on this budget category. (Numbers only - Max two decimal places)

3000  \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">5 - Install BMP's Along Roadway</a>	\$3,000.00	Cost of installing 100 ft of stream bank stabilization. This includes 5 workers 40 hours each at \$15/hr.	<a href="#">Delete</a>

5. What match sources were used on this entry? [Add Entry](#)

Match Source (Click to Edit)	Amount	Details	Delete
<a href="#">#2 - Idaho RAC</a>	\$3,000.00	Hard Match	<a href="#">Delete</a>

This form can be saved in its current state.

Hit save.

[Save Invoice Entry](#)

Enter 3<sup>rd</sup> matches information including budget, task, amount, detail and who is supplying the match.



# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

- [Request Advance](#)
- [Request Reimbursement](#)

- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: **Test Org**  
 123 Main St  
 BOISE, ID 83706

Phone: 111-222-3333  
 Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: **Clark Kent**  
 Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Existing Match Money Expenditure Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Travel	50 trips (30 miles)	\$150.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	permit acquisition	\$8,000.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	BMP installation	\$3,000.00	<a href="#">Delete</a>

[Add New Entry of Match Expenditure](#)

Click here to review invoice before submitting.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

## Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

[Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

#### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: **Test Org**  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: **Clark Kent**  
Phone: 208-555-7777

Listed below are all your reimbursement entries, advance expenditure entries, and match expenditure entries for this invoice. To view additional details or edit any given entry, click the corresponding link to open it.

#### Existing Reimbursement Entries - Total: \$3,000.00

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Administrative	project management	\$500.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	field survey work	\$2,500.00	<a href="#">Delete</a>

#### Existing Advance Money Expenditure Entries - Total: \$0.00

None this invoice.

#### Existing Match Money Expenditure Entries - Total: \$11,150.00

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Travel	50 trips (30 miles)	\$150.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	permit acquisition	\$8,000.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	BMP installation	\$3,000.00	<a href="#">Delete</a>

If your invoice is complete, click the "Submit Invoice" button additional information on formally submitting your invoice.

2. Submit.

1. Check for accuracy here before clicking Submit Invoice.

Invoice Total	
Reimbursement Total	\$3,000.00
<b>Total \$319 Request</b>	<b>\$3,000.00</b>

**Our Mission: To protect human health and preserve the quality of Idaho's air, land, and water for use and enjoyment today and in the future.**



# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

## Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

[Invoice 1](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

- [Request Advance](#)
- [Request Reimbursement](#)

- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: **Test Org**  
 123 Main St  
 BOISE, ID 83706

Phone: 111-222-3333  
 Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: **Clark Kent**  
 Phone: 208-555-7777

Listed below are all your reimbursement entries, advance expenditure entries, and match expenditure entries for this invoice. To view additional details or edit any given entry, click the corresponding link to open it.

Existing Reimbursement Entries - Total \$3,000.00

Amount	Delete
00.00	<a href="#">Delete</a>
500.00	<a href="#">Delete</a>

Existing Advances

None this invoice

Existing Match Expenditures

Amount	Delete
00.00	<a href="#">Delete</a>

Message from webpage

Are you sure you would like to submit this invoice? If you click "Okay" your invoice will be submitted and will no longer be available for editing unless it is rejected by DEQ.

You will not be able to start a new invoice until this one has been approved.

You may always return to view past invoices. Additional invoice submission instructions are included on the next page.

OK Cancel

If your invoice is complete, click the **Submit Invoice** button below where you will receive additional information on formally submitting your invoice.

Invoice Total	
Reimbursement Total	\$3,000.00
<b>Total \$319 Request</b>	<b>\$3,000.00</b>

Caution message before submitting.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

## Helpful Links

[Log Out](#)  
[Invoicing Home](#)  
[DEQ \\$319 Grant Contacts](#)  
[Application Guide](#)  
[Leave Us Feedback](#)  
[My Original Application](#)

## Past Invoices

[Invoice 1](#)  
[Invoice 2](#)

Start New Invoice

Click here  
to print  
Invoice 2.

## Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

<b>Organization:</b> Test Org 123 Main St BOISE, ID 83706	<b>Phone:</b> 111-222-3333 <b>Fax:</b> <a href="mailto:charlie.parkins@deq.idaho.gov">charlie.parkins@deq.idaho.gov</a>	<b>Field Officer:</b> Clark Kent Phone: 208-555-7777
--	---	--

## Instructions for Submitting your Invoice

[- show/hide directions -](#)

To finish submitting your invoice please complete the items in the checklist below.

Your invoice has been electronically submitted to DEQ.

Prior to processing the invoice, DEQ will verify the completeness of the invoice submission and approve or reject the invoice submission.

You will be notified of the approval or rejection when it is made.

Approved invoices should be printed, signed, and mailed in to DEQ to receive payment.

Rejected invoices will be accompanied by the justification for rejecting the invoice and the invoice will become available to edit and resubmit.

**A new invoice may not be started until your last submitted invoice is approved.**

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# Lets Review Invoice 2

**TO:** Dave Pisarski  
 Nonpoint Source Management Program  
 Department of Environmental Quality  
 1410 North Hilton  
 Boise, ID 83706  
 Phone: (208) 373-0502

**FROM:** Organization: Test Org  
 Project Field Officer: Clark Kent  
 Phone: 208-555-7777  
 Application Number: BRO1400358  
 Subgrant Number:  
 Subgrant Expiration Date:

**Project Name: 319 Training**

Print

Invoice Period: From 3/4/2013 3:34:12 PM To 3/11/2013 2:04:12 PM

Invoice #2

**Section A. Summary of Advanced Funds.**

Amount Advanced	Amount of Advance Spent (To Date)	Remaining Balance of Advanced Funds
\$5,000.00	\$0.00	\$5,000.00

**Notes on Advance Request** - (where applicable - from first project invoice)  
 Need an advance to pay for up front cost of materials, and personnel cost of contract administrator.

**Section B. Status of project finances prior to submission of this invoice.**

Budget Categories	Original Budget	§319 Spent	Match Spent	Balance
Administrative Costs	\$7,500.00	\$0.00	\$0.00	\$7,500.00
Subcontractual Costs	\$59,500.00	\$0.00	\$0.00	\$59,500.00
Travel Costs	\$600.00	\$0.00	\$0.00	\$600.00
Supplies/Equipment Costs	\$31,650.00	\$0.00	\$0.00	\$31,650.00
Indirect Costs	\$750.00	\$0.00	\$0.00	\$750.00
<b>Totals</b>	<b>\$100,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$100,000.00</b>

**Section C. Summary of project finances reported on this invoice. (Including Match Expenditures)**

Budget Categories	Previous Balance	§319 Spent	Match Spent	Balance
Administrative Costs	\$7,500.00	\$500.00	\$0.00	\$7,000.00
Subcontractual Costs	\$59,500.00	\$2,500.00	\$11,000.00	\$46,000.00
Travel Costs	\$600.00	\$0.00	\$150.00	\$450.00
Supplies/Equipment Costs	\$31,650.00	\$0.00	\$0.00	\$31,650.00
Indirect Costs	\$750.00	\$0.00	\$0.00	\$750.00
<b>Totals</b>	<b>\$100,000.00</b>	<b>\$3,000.00</b>	<b>\$11,150.00</b>	<b>\$85,850.00</b>

**Section D. Percent of matching funds to 319 funds reported to date. (All invoices)**

§319 Funds Spent To Date	Project Match To Date	Match Use % To Date
\$3,000.00	\$11,150.00	78.80

**Section E. Project Funding Summary**

Funding Source	Amount	Amount Spent (to date)	Current Balance
§319 Subgrant	\$60,000.00	\$3,000.00	\$57,000.00
All Match	\$40,000.00	\$11,150.00	\$28,850.00
<b>Totals</b>	<b>\$100,000.00</b>	<b>\$14,150.00</b>	<b>\$85,850.00</b>

**Section F. Amount to be Paid - This Invoice**

Reimbursement	\$3,000.00
<b>Total</b>	<b>\$3,000.00</b>

# Third Invoice Request

- ◆ Requesting \$25,000 Reimbursement
  - \$5,000 Equipment Costs for Task 5
  - \$20,000 Subcontractual Costs for Task 5
- ◆ Advance Funds will be used
  - \$4000 Administrative Costs for Task 4

# Third Invoice Request (cont.)

- ◆ Reporting \$11,500 in Match
  - \$10,000 Subcontractual Costs for Task 6
    - ◆ \$2,800 – Road Mix
    - ◆ \$1,500 – Rip rap
    - ◆ \$5,700 – Culvert Material
  - \$1,500 Subcontractual Costs for Task 1

# Login at www.deq.idaho.gov/Applications/319G

Thursday - February 28, 2013



## §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

[DEQ §319 Grant Contacts](#)  
[Paper Application](#)  
[Application Guide](#)  
[Leave Us Feedback](#)  
[BSU Environmental Finance Center](#)

**Returning Applicants** - Please sign in by providing your organization email address and application number in the box below.

**New Applicants** - Please take a moment to familiarize yourself with the purpose and intent of Section 319 Project Grants by reviewing the [application guide](#) found here. Also for your convenience you may reference other "Helpful Links" for completing your application. They can be found in the left hand column. When you are ready to start an application, click the link below.

**\*IMPORTANT DATES:** Pre-Application Deadline - **Sunday, May 06, 2012**

Completed Application Deadline - **Wednesday, August 01, 2012**

[Click Here to Start a New Application](#)

Returning Applicants

Email Address:

Application Number:

[Lost your application number?](#)

Log in to the main Grant Application system with e-mail and application number.

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Thursday - February 28, 2013

### Helpful Links

- [Log Out](#)
- [DEQ §319 Grant Contacts](#)
- [Paper Application](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [BSU Environmental Finance Center](#)

### Pre-Application Pages

- [Application Page 1](#)
- [Application Page 2](#)
- [Application Page 3](#)

### Remaining Application

- [Application Page 4](#)
- [Application Page 5](#)
- [Application Page 6](#)
- [Application Page 7](#)
- [Application Page 8](#)
- [Application Page 9](#)
- [Application Page 10](#)
- [Application Page 11](#)
- [Application Page 12](#)
- [Application Page 13](#)

- [Application Status](#)
- [Print My Application](#)

### Application Status

Project Name: 319 Training

Application Number: BRO1400358

Organization:	Test Org 123 Main St BOISE, ID 83708	Phone: 111-222-3333 Fax: <a href="mailto:charlie.parkins@deq.idaho.gov">charlie.parkins@deq.idaho.gov</a>	Field Officer:	Clark Kent Phone: 208-555-7777
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### Application Status

Congratulations - your application has been approved. If you have been instructed to use our online invoicing system, please follow the link to the invoicing system below. If you have not been invited to use the online invoicing system, invoices created online will be ignored and will not be processed.

If you have not been invited to use our online invoicing system and would like to create your invoices online, please contact your local DEQ representative.

[Go To Online Invoicing System](#)

We appreciate your efforts to protect our environment and we hope to support you in your endeavors.

Click here to go into the FIF system.

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

## Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

Click to start Invoice #3.

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Invoicing Directions

[- show/hide directions -](#)

Please read the invoicing section of the §319 Grant Application Guide document before starting any invoicing entries on this site. There are important directions and definitions about your subgrant monies and how we would like you to report them. Invoicing for §319 Funds requires use of the online invoicing system.

### Subgrant Funds Summary - Includes Submitted Invoices Only

Total Project Budget: \$100,000.00  
 §319 Subgrant Awarded: \$60,000.00  
 Match Commitment: \$40,000.00  
 Onetime Advanced Funds Received: \$5,000.00  
 Unspent Advanced Funds: \$5,000.00

Review information before entering new invoice.

### Summary of Funds Spent Towards Project Completion - Includes Submitted Invoices

Invoices Submitted to Date: 2  
 Subgrant Funds Spent to Date: \$3,000.00  
 Matching Funds Invested to Date: \$11,150.00  
 Current Subgrant Funds Balance: \$57,000.00  
 Current Matching Funds Balance: \$28,850.00  
 Total Project Balance: \$85,850.00

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Monday - March 11, 2013

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### New Invoice

[- show/hide directions -](#)

The invoice you are creating will remain open and editable until your invoice is submitted. For additional information on the invoicing process, please read the invoicing section of the \$319 Grant Application Guide before starting any accounting entries on this site. There are important directions and definitions about your subgrant monies and how we would like you to report them. If you need additional help, do not hesitate to contact us.

### New Invoice

Name of Person Creating Invoice:

Your Phone Number:

Date Started: March 11, 2013

Enter name and phone number.

\*Emails regarding this invoice will automatically be sent to 'charlie.parkins@deq.idaho.gov', If you would like to include another email address on correspondence regarding this invoice, provide it in the box below.

Additional Notification Email Address:

Save

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# Reimbursement Request



# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

## Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expendi](#)

Click on reimbursement request.

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

Listed below are all your reimbursement entries, advance expenditure entries, and match expenditure entries for this invoice. To view additional details or edit any given entry, click the corresponding link to open it.

#### Existing Reimbursement Entries - Total: \$0.00

None this invoice.

#### Existing Advance Money Expenditure Entries - Total: \$0.00

None this invoice.

#### Existing Match Money Expenditure Entries - Total: \$0.00

None this invoice.

If your invoice is complete, click the "Submit Invoice" button below where you will receive additional information on formally submitting your invoice.

Invoice Total	
Reimbursement Total	\$0.00
<b>Total \$319 Request</b>	<b>\$0.00</b>

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

## Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Existing Reimbursement Entries

None this invoice.

[Add New Entry for Reimbursement](#)

Click here to begin the reimbursement request portion of invoice #3.

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Monday - March 11, 2013

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
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- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

**Subgrant Number:**

**Project Name:** 319 Training

**Application Number:** BRO1400358

**Organization:** Test Org  
123 Main St  
BOISE, ID 83706

**Phone:** 111-222-3333  
**Fax:**  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

**Field Officer:** Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

Supplies/Equipment \*Expense Types

2. Select the description from the selected budget category you are requesting reimbursement for.

Equipment \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$12,250.00		\$0.00	\$0.00	\$12,250.00	\$0.00

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

5000 \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task: 5 - Install BMP's Along Roadway

Amount Spent: 5000.00

Details: Rented a backhoe for 2 months. \$2,500/mo.

Save Cancel

Task (Click to Edit)	Amount	Details	Delete
<a href="#">5 - Install BMP's Along Roadway</a>	\$5,000.00	Rented a backhoe for 2 months. \$2,500/mo.	<a href="#">Delete</a>

This form can be saved in its current state.

Save Invoice Entry

Added first expense.



# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

**Subgrant Number:**

**Project Name:** 319 Training

**Application Number:** BRO1400358

**Organization:**

**Test Org**  
123 Main St  
BOISE, ID 83706

**Phone:** 111-222-3333  
**Fax:**  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

**Field Officer:**

**Clark Kent**  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

Supplies/Equipment  \*Expense Types

2. Select the description from the selected budget category you are requesting reimbursement for.

Equipment  \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$12,250.00		\$0.00	\$0.00	\$12,250.00	\$0.00

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

5000  \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">5 - Install BMP's Along Roadway</a>	\$5,000.00	Rented a backhoe for 2 months. \$2,500/mo.	<a href="#">Delete</a>

This form can be saved in its current state.

Click here to save entry.

Save Invoice Entry

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Monday - March 11, 2013

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

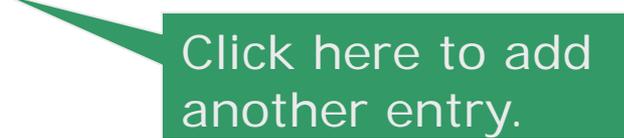
[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Existing Reimbursement Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Supplies/Equipment	Equipment	\$5,000.00	<a href="#">Delete</a>

[Add New Entry for Reimbursement](#)



Click here to add another entry.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

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- [DEQ \\$319 Grant Contacts](#)
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- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

**Subgrant Number:**

**Project Name:** 319 Training

**Application Number:** BRO1400358

**Organization:** Test Org  
123 Main St  
BOISE, ID 83708

**Phone:** 111-222-3333  
**Fax:**  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

**Field Officer:** Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

#### Reimbursement Entry

1. Of the following budget categories, please select the category you are requesting reimbursement for at this time.

Subcontractual

2. Select the description from the selected budget category you are requesting reimbursement for.

BMP installation

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$37,000.00	\$6,500.00	\$0.00	\$3,000.00	\$37,000.00	\$3,500.00

3. Enter the reimbursement amount you are requesting from this budget category. (Numbers only - Max two decimal places)

20000

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task: 5 - Install BMP's Along Roadway

Amount Spent: 20000

Details: Cost of 10 employees, working 160 hours each at \$12.50/hr. Employees are installing rip rap, raising and regrading the road, and installing culvert materials in stream bank.

No task rows have been added to this entry. Please click the "Add Entry" link above.

Add next cost, including details.



# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

## Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
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- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deg.idaho.gov](mailto:charlie.parkins@deg.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Requesting Reimbursements

[- show/hide directions -](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Existing Reimbursement Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Supplies/Equipment	Equipment	\$5,000.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	BMP installation	\$20,000.00	<a href="#">Delete</a>

### [Add New Entry for Reimbursement](#)

When you save entries, it brings you here to review all.

**Our Mission: To protect human health and preserve the quality of Idaho's air, land, and water for use and enjoyment today and in the future.**

# Advance Expenditure Reporting

The background is a solid teal color. At the bottom of the slide, there is a dark teal silhouette of a mountain range with jagged peaks.



# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

## Helpful Links

[Log Out](#)  
[Invoicing Home](#)  
[DEQ §319 Grant Contacts](#)  
[Application Guide](#)  
[Leave Us Feedback](#)  
[My Original Application](#)

## Past Invoices

[Invoice 1](#)  
[Invoice 2](#)

[Start New Invoice](#)

## Current Invoice

[Summary/Submit](#)

[Request Advance](#)  
[Request Reimbursement](#)

[Report Match Expenditure](#)  
[Report Advance Expenditure](#)

## Subgrant Number:

Project Name: 319 Training

Application Number: BRO140035

**Organization:** Test Org  
 123 Main St  
 BOISE, ID 83706

Phone: 111-222-3333  
 Fax:  
[charlie.parkins@deg.idaho.gov](mailto:charlie.parkins@deg.idaho.gov)

**Field Officer:** Clark Kent  
 Phone: 208-555-7777

## Directions for Requesting Reimbursements

[- show/hide directions](#)

When billing against your subgrant, we ask that you indicate how money was spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

## Existing Reimbursement Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Supplies/Equipment	Equipment	\$5,000.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	BMP installation	\$20,000.00	<a href="#">Delete</a>

[Add New Entry for Reimbursement](#)

Reimbursement report completed, click on report advance expenditure.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Advance Expenditures

[- show/hide directions -](#)

When reporting advance expenditures, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Account of Advanced Funds Received

Total Advances Received: \$5,000.00  
Advances Spent - Submitted Invoices: \$0.00  
Advances Spent - This Invoice: \$0.00  
Remaining Balance: \$5,000.00

### Existing Advance Money Expenditure Entries

None this invoice.

[Add New Entry of Expenditures Paid for with Advanced Funds](#)

Click here to begin reporting how advanced funds were used.

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### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

### Start New Invoice

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deg.idaho.gov](mailto:charlie.parkins@deg.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Advance Expenditures

[- show/hide directions -](#)

When reporting advance expenditures, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Account of Advanced Funds Received

Total Advances Received: \$5,000.00  
Advances Spent - Submitted Invoices: \$0.00  
Advances Spent - This Invoice: \$0.00  
Remaining Balance: \$5,000.00

### Advance Expenditure Entry

1. Of the following budget categories, please select the category you are reporting advance expenditure for at this time.

Administrative

2. Select the description from the selected budget category you are reporting advance expenditure for.

project management

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
\$5,000.00		\$500.00	\$0.00	\$4,500.00	\$0.00

3. Enter the advance amount your are reporting spent on this budget category. (Numbers only - Max two decimal places)

4000.00

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">4 - Project Management</a>	\$4,000.00	The project manager spent 200 hours (\$20/hr) on oversight of the construction project such as working with subcontractors to finalize contracts and overseeing financial obligations. Also, they supervised project construction of rip rap, road improvement, and stream bank stabilization.	<a href="#">Delete</a>

This form can be saved in its current state.

Hit save

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Enter information just like reimbursement or match.



# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deg.idaho.gov](mailto:charlie.parkins@deg.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Advance Expenditures

[- show/hide directions -](#)

When reporting advance expenditures, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Account of Advanced Funds Received

Total Advances Received: \$5,000.00  
Advances Spent - Submitted Invoices: \$0.00  
Advances Spent - This Invoice: \$4,000.00  
Remaining Balance: \$1,000.00

Review advanced funds summary.

### Existing Advance Money Expenditure Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Administrative	project management	\$4,000.00	<a href="#">Delete</a>

[Add New Entry of Expenditures Paid for with Advanced Funds](#)

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# Match Information Reporting

The background is a solid teal color. In the bottom right corner, there is a silhouette of a mountain range with jagged peaks, rendered in a slightly darker shade of teal.



# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

## Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

## Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

## Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

## Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

## Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

## Existing Match Money Expenditure Entries

None this invoice.

[Add New Entry of Match Expenditure](#)

Click here to add match entry.

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Monday - March 11, 2013

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

### Start New Invoice

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: **Test Org**  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: **Clark Kent**  
Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Match Expenditure Entry

1. Of the following budget categories, please select the category you are reporting match usage for at this time.

Supplies/Equipment  \*Expense Types

2. Select the description from the selected budget category you are reporting match usage for.

3/4 road mix- 240 cu yd (\$14/yd)  \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
	\$3,360.00	\$0.00	\$0.00	\$0.00	\$3,360.00

3. Enter the match amount your are reporting used on this budget category. (Numbers only - Max two decimal places)

2800  \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">6 - Material Acquisition</a>	\$2,800.00	Purchased 200 cubic yards or road mix. 220*\$14/yd = 2800.00.	<a href="#">Delete</a>

5. What match sources were used on this entry? [Add Entry](#)

Match Source (Click to Edit)	Amount	Details	Delete
<a href="#">#1 - Ada County</a>	\$2,800.00	Inkind Match	<a href="#">Delete</a>

This form can be saved in its current state.

[Save Invoice Entry](#)

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Enter 1<sup>st</sup> set of supplies for BMP.



# \$319 Grant Application

Monday - March 11, 2013

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

#### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

Match Expenditure Entry

1. Of the following budget categories, please select the category you are reporting match usage for at this time.

Supplies/Equipment  \*Expense Types

2. Select the description from the selected budget category you are reporting match usage for.

rip rap (250 cu yds @ \$6/yd)  \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
	\$1,500.00	\$0.00	\$0.00	\$0.00	\$1,500.00

3. Enter the match amount your are reporting used on this budget category. (Numbers only - Max two decimal places)

1500  \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">6 - Material Acquisition</a>	\$1,500.00	Purchased 250 cu yds @ \$6/yd or rip rap for stream bank stabilization.	<a href="#">Delete</a>

5. What match sources were used on this entry? [Add Entry](#)

Match Source (Click to Edit)	Amount	Details	Delete
<a href="#">#1 - Ada County</a>	\$1,500.00	Inkind Match	<a href="#">Delete</a>

This form can be saved in its current state.

[Save Invoice Entry](#)

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Enter 2<sup>nd</sup> Match information.



# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Thursday - March 21, 2013

### Helpful Links

- [Log Out](#)
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- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83708

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

#### Match Expenditure Entry

1. Of the following budget categories, please select the category you are reporting match usage for at this time.

Supplies/Equipment \*Expense Types

2. Select the description from the selected budget category you are reporting match usage for.

culverts \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
	\$7,040.00	\$0.00	\$5,700.00	\$0.00	\$1,340.00

3. Enter the match amount your are reporting used on this budget category. (Numbers only - Max two decimal places)

5700.00 \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">6 - Material Acquisition</a>	\$5,700.00	Purchased \$5,700 of culvert material. This includes 500 feet of 24 inch diameter culvert @11.40/ft.	<a href="#">Delete</a>

5. What match sources were used on this entry? [Add Entry](#)

Match Source (Click to Edit)	Amount	Details	Delete
<a href="#">#1 - Ada County</a>	\$5,700.00	Inkind Match	<a href="#">Delete</a>

This form can be saved in its current state.

[Save Invoice Entry](#)

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Enter 3<sup>rd</sup>  
Match  
information.



# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: Test Org  
123 Main St  
BOISE, ID 83706

Phone: 111-222-3333  
Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: Clark Kent  
Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Existing Match Money Expenditure Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Supplies/Equipment	3/4 road mix- 240 cu yd (\$14/yd)	\$2,800.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Supplies/Equipment	rip rap (250 cu yds @ \$6/yd)	\$1,500.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Supplies/Equipment	culverts	\$5,700.00	<a href="#">Delete</a>

[Add New Entry of Match Expenditure](#)

You can edit entries prior to submitting the invoice.

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# §319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Tuesday - June 21, 2011

## Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ §319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

## Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

## Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: Clear Creek Road Restoration

Application Number: BRO1100264

Organization: Valley County Road Department  
 PO Box 1350  
 CASCADE, ID 83611

Phone: (208)382-7195  
 Fax:  
[maryanna.peavey@deq.idaho.gov](mailto:maryanna.peavey@deq.idaho.gov)

Field Officer: Jerry Robinson  
 Phone: (208) 382-7195

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

### Existing Match Money Expenditure Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Administrative	project management	\$1,000.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Supplies/Equipment	Valley County Pit Run	\$4,200.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Supplies/Equipment	rip rap (500 cu yds @ \$6/cu yd)	\$3,800.00	<a href="#">Delete</a>

### [Add New Entry of Match Expenditure](#)

Another area in which errors are often found.

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## Past Invoices

[Invoice 1](#)  
[Invoice 2](#)

[Start New Invoice](#)

## Current Invoice

[Summary/Submit](#)

[Request Advance](#)

[Request Reimbursement](#)

[Report Match Expenditure](#)

[Report Advance Expenditure](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the §319 Grant Application Guide.

Match Expenditure Entry

1. Of the following budget categories, please select the category you are reporting match usage for at this time.

Subcontractual \*Expense Types

2. Select the description from the selected budget category you are reporting match usage for.

project monitoring \*Entries

\*This table is a budget summary of the selected entry. Initial amounts come from your original grant application.

Initial 319 Amount	Initial Match Amount	319 Used	Match Used	319 Remaining	Match Remaining
	\$3,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00

3. Enter the match amount your are reporting used on this budget category. (Numbers only - Max two decimal places)

1500.00 \*Total

4. What task(s) from your work plan was this money spent on? [Add Entry](#)

To review your original work plan, click the link "My Original Application" in the left hand column.

Task (Click to Edit)	Amount	Details	Delete
<a href="#">1 - Project Monitoring</a>	\$1,500.00	Cost of taking photos at 24 photo points after road leveling has taken place, along stream bank stabilization effort. This is a subcontractor cost of 1500.00.	<a href="#">Delete</a>

5. What match sources were used on this entry? [Add Entry](#)

Match Source (Click to Edit)	Amount	Details	Delete
<a href="#">#2 - Idaho RAC</a>	\$1,500.00	Hard Match	<a href="#">Delete</a>

This form can be saved in its current state.

Save Invoice Entry

Enter 4<sup>th</sup>  
Match info.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

[Summary/Submit](#)

- [Request Advance](#)
- [Request Reimbursement](#)

- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: 319 Training

Application Number: BRO1400358

Organization: **Test Org**  
 123 Main St  
 BOISE, ID 83706

Phone: 111-222-3333  
 Fax:  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

Field Officer: **Clark Kent**  
 Phone: 208-555-7777

### Directions for Reporting Match Expenditures

[- show/hide directions -](#)

When reporting match usage, we ask that you indicate how funds were spent relative to your original work plan. To start, first select the budget category for which you are billing against. At that time the budget category amounts approved in your project application will automatically populate the budget allocated to that category. Please select the budget category that includes this expense. Enter the amount of your expenditure and save. Additional information can be found in the invoicing section of the \$319 Grant Application Guide.

### Existing Match Money Expenditure Entries

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Supplies/Equipment	3/4 road mix- 240 cu yd (\$14/yd)	\$2,800.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Supplies/Equipment	rip rap (250 cu yds @ \$6/yd)	\$1,500.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Supplies/Equipment	culverts	\$5,700.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	project monitoring	\$1,500.00	<a href="#">Delete</a>

[Add New Entry of Match Expenditure](#)

When invoice is complete with all entries, go to summary/submit.

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Tuesday - March 12, 2013

1. Check all for accuracy before clicking Submit Invoice.

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

**Subgrant Number:**

**Project Name:** 319 Training

**Application Number:** BRO1400358

**Organization:**

**Test Org**  
123 Main St  
BOISE, ID 83706

**Phone:** 111-222-3333  
**Fax:**  
[charlie.parkins@deq.idaho.gov](mailto:charlie.parkins@deq.idaho.gov)

**Field Officer:**

**Clark Kent**  
Phone: 208-555-7777

Listed below are all your reimbursement entries, advance expenditure entries, and match expenditure entries for this invoice. To view additional details or edit any given entry, click the corresponding link to open it.

#### Existing Reimbursement Entries - Total: \$25,000.00

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Supplies/Equipment	Equipment	\$5,000.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	BMP installation	\$20,000.00	<a href="#">Delete</a>

#### Existing Advance Money Expenditure Entries - Total: \$4,000.00

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Administrative	project management	\$4,000.00	<a href="#">Delete</a>

#### Existing Match Money Expenditure Entries - Total: \$11,500.00

Edit	Budget Category	Budget Entry	Amount	Delete
<a href="#">Edit</a>	Supplies/Equipment	3/4 road mix- 240 cu yd (\$14/yd)	\$2,800.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Supplies/Equipment	rip rap (250 cu yds @ \$6/yd)	\$1,500.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Supplies/Equipment	culverts	\$5,700.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Subcontractual	project monitoring	\$1,500.00	<a href="#">Delete</a>

If your invoice is complete, click the "Submit Invoice" button below where you will receive additional information on formally submitting your invoice.

[Submit Invoice](#)

2. Submit.

Invoice Total	
Reimbursement Total	\$25,000.00
<b>Total \$319 Request</b>	<b>\$25,000.00</b>

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Tuesday - June 21, 2011

### Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

### Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)

[Start New Invoice](#)

### Current Invoice

- [Summary/Submit](#)
- [Request Advance](#)
- [Request Reimbursement](#)
- [Report Match Expenditure](#)
- [Report Advance Expenditure](#)

### Subgrant Number:

Project Name: Clear Creek Road Restoration

Application Number: BRO1100264

Organization: Valley County Road Department  
 PO Box 1350  
 CASCADE, ID 83611

Phone: (208)382-7195  
 Fax:  
[maryanna.peavey@deq.idaho.gov](mailto:maryanna.peavey@deq.idaho.gov)

Field Officer: Jerry Robinson  
 Phone: (208) 382-7195

Listed below are all your reimbursement entries, advance expenditure entries, and match expenditure entries for this invoice. To view additional details or edit any given entry, click the corresponding link to open it.

### Existing Reimbursement Entries - Total: \$22,000.00

Edit	Bu	Amount	Delete
<a href="#">Edit</a>	Ad	\$2,000.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Su	\$20,000.00	<a href="#">Delete</a>

### Existin

Edit	Bu	Amount	Delete
<a href="#">Edit</a>	Su	\$7,000.00	<a href="#">Delete</a>

### Existin

Edit	Bu	Amount	Delete
<a href="#">Edit</a>	Ad	\$1,000.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Su	\$4,200.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Su	\$3,000.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Su	\$2,800.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Su	\$1,000.00	<a href="#">Delete</a>
<a href="#">Edit</a>	Su	\$20,000.00	<a href="#">Delete</a>

**Message from webpage**

Are you sure you would like to submit this invoice? If you click "Okay" your invoice will be submitted and will no longer be available for editing unless it is rejected by DEQ.

You will not be able to start a new invoice until this one has been approved.

You may always return to view past invoices. Additional invoice submission instructions are included on the next page.

If your invoice is complete, click the "Submit Invoice" button below where you will receive additional information on formally submitting your invoice.

Invoice Total	
Reimbursement Total	\$22,000.00
<b>Total \$319 Request</b>	<b>\$22,000.00</b>

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# \$319 Grant Application

\*Grants for Watershed and Aquifer Implementation Activities

Idaho Department of Environmental Quality

Tuesday - June 21, 2011

## Helpful Links

- [Log Out](#)
- [Invoicing Home](#)
- [DEQ \\$319 Grant Contacts](#)
- [Application Guide](#)
- [Leave Us Feedback](#)
- [My Original Application](#)

## Past Invoices

- [Invoice 1](#)
- [Invoice 2](#)
- [Invoice 3](#)

[Start New Invoice](#)

## Subgrant Number:

Project Name: Clear Creek Road Restoration

Application Number: BRO1100264

Organization: Valley County Road Department  
PO Box 1350  
CASCADE, ID 83611

Phone: (208)382-7195  
Fax:  
[maryanna.peavey@deq.idaho.gov](mailto:maryanna.peavey@deq.idaho.gov)

Field Officer: Jerry Robinson  
Phone: (208) 382-7195

## Instructions for Submitting your Invoice

[- show/hide directions -](#)

To finish submitting your invoice please complete the items in the checklist below.

Your invoice has been electronically submitted to DEQ.

Prior to processing the invoice, DEQ will verify the completeness of the invoice submission and approve or reject the invoice submission.

You will be notified of the approval or rejection when it is made.

Approved invoices should be printed, signed, and mailed in to DEQ to receive payment.

Rejected invoices will be accompanied by the justification for rejecting the invoice and the invoice will become available to edit and resubmit.

**A new invoice may not be started until your last submitted invoice is approved.**

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# Let's Review Invoice 3

**TO:** Dave Pisarski  
 Nonpoint Source Management Program  
 Department of Environmental Quality  
 1410 North Hilton  
 Boise, ID 83706  
 Phone: (208) 373-0502

**FROM:** Organization: Test Org  
 Project Field Officer: Clark Kent  
 Phone: 208-555-7777  
 Application Number: BRO1400358  
 Subgrant Number:  
 Subgrant Expiration Date:

**Project Name: 319 Training**

Print

Invoice Period: From 3/11/2013 2:04:12 PM To 3/12/2013 3:19:50 PM

Invoice #3

Section A. Summary of Advanced Funds.

Amount Advanced	Amount of Advance Spent (To Date)	Remaining Balance of Advanced Funds
\$5,000.00	\$4,000.00	\$1,000.00
<b>Notes on Advance Request</b> - (where applicable - from first project invoice) Need an advance to pay for up front cost of materials, and personnel cost of contract administrator.		

Section B. Status of project finances prior to submission of this invoice. (Including Match Expenditures)

Budget Categories	Original Budget	\$319 Spent	Match Spent	Balance
Administrative Costs	\$7,500.00	\$500.00	\$0.00	\$7,000.00
Subcontractual Costs	\$59,500.00	\$2,500.00	\$11,000.00	\$46,000.00
Travel Costs	\$600.00	\$0.00	\$150.00	\$450.00
Supplies/Equipment Costs	\$31,650.00	\$0.00	\$0.00	\$31,650.00
Indirect Costs	\$750.00	\$0.00	\$0.00	\$750.00
<b>Totals</b>	<b>\$100,000.00</b>	<b>\$3,000.00</b>	<b>\$11,150.00</b>	<b>\$85,850.00</b>

Section C. Summary of project finances reported on this invoice. (Including Match and Advance Expenditures)

Budget Categories	Previous Balance	\$319 Spent	Match Spent	Balance
Administrative Costs	\$7,000.00	\$4,000.00	\$0.00	\$3,000.00
Subcontractual Costs	\$46,000.00	\$20,000.00	\$1,500.00	\$24,500.00
Travel Costs	\$450.00	\$0.00	\$0.00	\$450.00
Supplies/Equipment Costs	\$31,650.00	\$5,000.00	\$10,000.00	\$16,650.00
Indirect Costs	\$750.00	\$0.00	\$0.00	\$750.00
<b>Totals</b>	<b>\$85,850.00</b>	<b>\$29,000.00</b>	<b>\$11,500.00</b>	<b>\$45,350.00</b>

Section D. Percent of matching funds to 319 funds reported to date. (All invoices)

\$319 Funds Spent To Date	Project Match To Date	Match Use % To Date
\$32,000.00	\$22,650.00	41.45

# Tips for Success

- ◆ Follow your application work plan.
  - Modifications to work plan can be made with approval from DEQ
- ◆ Know how much you need for an advance.
- ◆ Remember: last 10% of subgrant funds are held until Final Report is approved.
- ◆ Detail your work.
- ◆ Keep records of your expenditures.
- ◆ Call DEQ anytime with questions.

# Final Report Requirements

- ◆ Must leave at least 10% with DEQ until final report is submitted
- ◆ Using the project's work plan tasks as an outline, list what was accomplished broken down into \$ spent per budget category for 319 & Match (sources)
- ◆ Update project's Estimated Load Reductions
- ◆ **DOUBLE CHECK YOUR MATH !**