

319 Grant Management Practice Cost-Share Evaluation Form June 2004

319 Grant Project Name _____
 Sponsor _____ OEPA Project Number _____
 Date of evaluation _____

Office Review Information

1. Original cost share recipient name (first and last) _____
2. Ownership of farm (check as appropriate and complete ownership information):
 _____ same as time of practice installation
 _____ ownership has changed. (Indicate date of change _____)

 Name _____, Address _____
 City _____, State _____, Zip Code _____
 Telephone number (_____) _____
 Location of installed practice(s) _____
 Longitude _____, Latitude _____
3. Indicate type and date of practice(s) installed with 319 Grant cost share funds:

4. Amount of 319 Grant funds paid to the recipient _____
5. Date recipient received 319 Grant cost share _____
6. Funds recipient received from other sources (indicate source and amount):

7. Amount in-kind match (e.g., labor, material, etc.) contributed by recipient: _____
8. Is the cost share agreement/contract completed and on file in the sponsor's office?
 Yes _____, No _____ If "no," please explain. _____

9. Was the cost share practice installed in the critical area(s), or according to ranking criteria identified in grant work plan? Yes _____, No _____ If "no," please explain. _____

10. Status of Resource Management System (RMS) Conservation plan:
 Was a RMS conservation plan written? Yes _____, No _____, N/A _____
 Is a copy of the RMS conservation plan on file in the sponsor's office? Yes _____, No _____
 Does the producer have a copy of the RMS conservation plan? Yes _____, No _____
 Does the RMS conservation plan need to be revised? Yes _____, No _____. (If "yes," indicate revisions needed and why.) _____

Field Review Information

11. Physical condition of installed practice(s):

Good (fully operational, normal wear condition)

Satisfactory (mostly operational, minor maintenance/repair needed as follows):

Poor (not operational, major repair needed as follows):

Nonexistent (cost share practice no longer exists, explanation as follows):

12. Does a pollution problem currently exist at the operation that is degrading "Waters of the State?"

Yes No . (If "yes," check all of the following rules in violation.)

- 1501:15-5-02 Overflow and discharge from animal waste collection, storage or treatment
- 1501:15-5-03 Seepage from animal waste management facilities
- 1501:15-5-04 Rainwater runoff from feedlots and waste management facilities
- 1501:15-5-05 Land application of animal waste
- 1501:15-5-06 Other waste waters
- 1501:15-5-07 Flooding of concentrated animal feeding operations
- 1501:15-5-08 Sheet and rill erosion
- 1501:15-5-09 Concentrated water erosion
- 1501:15-5-10 Wind erosion
- 1501:15-5-11 Placing and sloughing
- 1501:15-5-18 Composting of dead animals

13. Livestock information (if practice is livestock management related):

Type of animal	Number of head at time of practice installation	Current number of head	Average weight	Applicable number of animal units
Beef				
Dairy				
Hogs weighing 0-55 lbs.				
Hogs weighing > 55 lbs.				
Horses				
Layer chickens				
Broiler chickens				
Turkeys				
Ducks				
Sheep				
Goats				
Other				

Does the producer utilize manure nutrients for crop fertility? Yes , No , N/A .

Producer input (indicate/explain any producer comments):

14. Are changes to the operation planned in the next five years? _____

15. Is producer satisfied with the practices? _____

16. Is producer satisfied with the cost share process? _____

17. Is producer satisfied with the Sponsor/OEPA/ODNR? _____

18. Would producer do it again? _____

Review team comments/recommendations:

Review team signatures:

Name	Position & Agency	Date
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Name	Position & Agency	Date
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Name	Position & Agency	Date
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Name	Position & Agency	Date
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