

**OSWCC Form 11**  
**SWCD Request for State Matching Funds**

**Instructions:**

1. Complete form by filling in all applicable sections as well as Appendix A and B, rounding numbers to the nearest dollar value. All blanks must contain figures with the applicable information (or "0.00") prior to Program Specialist verification and signature. Be sure to review and complete Appendix B and enter amounts on line 1.a with the assistance of your Program Specialist.
2. Record total appropriations for each funding source in column A. Attach the following supporting documentation for:  
**County General Fund Appropriations Transferred into District's Special Fund:**
  - a) A copy of the County Commission's Resolution approving the transfer before May 1 of the current year (or May 1 or after of the preceding year) from the General Revenue Fund of the county; **and**
  - b) A subsequent monthly report from the County Auditor documenting the completion of the transfer from the county General Fund to the SWCD Special Fund;  
**Municipal and Township Appropriations:**
  - a) A copy of the check (redact account numbers) or detailed stub (entity name, date, amount, memo/description); **and**
  - b) A copy of a signed Memorandum of Understanding supporting the appropriation or approved Resolution detailing approval of appropriation specifically or from which department appropriations shall be made to the SWCD; **and**
  - c) A copy of the subsequent monthly report from the County Auditor documenting the direct pay-in of the funds or transfer of the funds within 30 days from the SWCD District Fund **OR** a letter from the OSWCC stating an exemption from deposit into Special Funds.
3. Record ineligible and limited appropriation dollar amounts in column B, (example: funds dedicated to a specific use such as drainage/ logjam projects, used for BMP cost share, insurance settlements, and capital improvements over \$8,000. Please document on a separate sheet information detailing circumstances of entries in column B.
4. Enter sum of matchable funds requested in column C.
5. Complete SWCD Financial Status (Appendix A) by using previous year's Cash Basis Report (CBR) and the current year's Special Fund Operating Budget.
6. Administrator (or preparer) sign, attesting to the best of their knowledge all information is accurate and true.
7. Board Fiscal Agent review and sign attesting to the best of their knowledge all information is accurate and true.
8. Schedule review by DSWC Program Specialist and obtain verification signature.
9. At the time of the review, provide a hard copy of the current year's SWCD Annual Plan of Work to your Program Specialist. Email a copy of your Annual Plan of Work with "20YY County SWCD Annual Plan of Work" in the subject line to Dorothy.Farris@agri.ohio.gov and cc your program specialist on the email.
10. Retain and maintain a copy of the completed form and supporting materials for SWCD files. Provide copies of same to your DSWC Program Specialist.
11. **Send hard copy of the original and 1 copy of this form,** (one which will be returned to you) by USPS to the Ohio Department of Agriculture, Ohio Soil and Water Conservation Commission, 8995 E. Main St., Reynoldsburg, Ohio 43068. **Deadline: June 5<sup>th</sup> of the current calendar year. Must be received at ODA by end of business day for funds to be matched after July 1 of the current calendar year.**

**Ohio Revised Code Authorities and Requirements**

Section 940.02 of the Ohio Revised Code (powers and duties of the commission) requires the commission to recommend to the director of the Department of Agriculture, levels of appropriation to special funds established to assist soil and water conservation districts and policies for the use of such funds in support of soil and water conservation programs.

Section 940.14 states that state matching funds exceeding \$8,000.00 in any one calendar year to a SWCD requires a special authorization by the Ohio Soil & Water Conservation Commission and requires justification for consideration. To meet these requirements, the district by submitting this board approved request, agrees to the following:

- A. Will utilize the SWIMS program to record/report district activities and accomplishments as specified in the OSWCC'S SWIMS use policy.
- B. Will satisfy the 940.14 requirement that the district shall provide justification to receive more than \$8,000, by submitting to the commission your current year's annual plan of work with this request for state match.
- C. Maintain and follow policies and procedures that will protect these public funds from theft and insure proper public use.
- D. Participate in administrative and fiscal audits as needed, and monthly, share minutes of all board meetings with the commission by sending them to your DSWC program specialist.

**OSWCC Form 11  
SWCD Request for State Matching Funds**

\_\_\_\_\_ **SWCD**

<b>Calculation of Matchable Funds:</b>	<b>Funds Received Between 05/01/_____ to 04/30/_____</b>		
	<b>A. Funds Received</b>	<b>B. Minus ineligible and limited appropriations</b>	<b>C. Total</b>
<b>1.</b> County General Fund Appropriations Transferred into District's Special Fund	\$ _____	\$ _____	\$ _____
<b>1.a.</b> HB 64 Eligible County Stormwater Appropriation (Use Appendix B)	\$ _____	\$ _____	\$ _____
<b>2.</b> Municipal (City, Village) Revenue	\$ _____	\$ _____	\$ _____
<b>3.</b> Township Revenue	\$ _____	\$ _____	\$ _____

**Total of dollars requested to be matched in current year** \$ \_\_\_\_\_

We attest to the information contained herein to be true to the best of our ability and knowledge and understand and agree to follow the terms and policies of the Commission for their protection, use and reporting requirements.

District Administrator	Date	Board Fiscal Agent	Date
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**TO BE FILLED OUT BY ODA – DIVISION OF SOIL & WATER CONSERVATION**

The eligibility of local funds was verified on \_\_\_\_\_ by \_\_\_\_\_  
Date Signature

\_\_\_\_\_  
 Print Name **DSWC, Program Specialist**

Soil and Water Information Management System use meets OSWCC policy? **YES NO (circle one)**  
 Annual Plan of Operation submitted with Form 11 and meets OSWCC Policy? **YES NO (circle one)**

\_\_\_\_\_ **OSWCC USE ONLY** \_\_\_\_\_

Flat-rate of funds forwarded to District ..... \$ \_\_\_\_\_  
 Adjustment for under or over-match ..... \$ \_\_\_\_\_  
**Total Amount of State-Match funds to be forwarded to District** ..... \$ \_\_\_\_\_

OSWCC Executive Secretary	Date
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## OSWCC Match Policy – 2017 Fiscal Status Worksheet

### Section A

1. The SWCD's 2017 annual operating budget (local dollars plus anticipated match) as documented and approved by the SWCD Board and/or the SWCD's County Commissioners is: \_\_\_\_\_
2. The amount in question 1 above multiplied by .25 is \_\_\_\_\_
3. The amount of carryover designated as **unassigned** as reported on the 2016 Annual Cash Basis Report (CBR) is \_\_\_\_\_. (This is the total "unassigned" funds specified in both the District Fund and Special Fund)
4. Is the amount as indicated in question 3 above less than, equal to, or more than the amount in question 2 above?

Circle one: less than    equal    more than.

If *less than* is selected, the amount does not meet match policy unless the SWCD has guidance from the county auditor or budget office requiring a different amount.

### Section B

1. The SWCD's 2017 annual operating budget (local dollars plus anticipated match) as documented and approved by the SWCD Board and/or the SWCD's County Commissioners is: \_\_\_\_\_  
a. Is this figure over \$150,000? Yes or No. If Yes, complete items 2 through 8.

2. What is the total of the SWCD Carry Over Funds in the SWCD Special Fund and District Fund as reported on 2016 Cash Basis Report (CBR) \_\_\_\_\_

3. From the total in question 2 above subtract the total funds indicated as **Non-Spendable** on the 2016 CBR. (Total of District and Special Fund)

Q2(above) result \_\_\_\_\_ minus **Non-Spendable** (2016 CBR) \_\_\_\_\_ = Total \_\_\_\_\_

4. From the total in question 3 above subtract the total funds indicated as **Restricted** on the 2016 CBR.

Q3 (above) result \_\_\_\_\_ minus **Restricted** (2016 CBR) \_\_\_\_\_ = Total \_\_\_\_\_

5. From the total in question 4 above subtract the total funds indicated as **Contingency Funds** on the 2016 CBR. (As calculated using the Contingency Calculator – contact your Program Specialist for a current version)

Q4 (above) \_\_\_\_\_ minus **Contingency** (2016 CBR) \_\_\_\_\_ = Total \_\_\_\_\_

6. The total from question 5 above: \_\_\_\_\_

7. Is the amount as indicated in line 6 above greater than 200% of the amount as indicated in question 1 above?

Q1 (above) \_\_\_\_\_ X 2 Equals \_\_\_\_\_

Q6 (above) \_\_\_\_\_

Yes or No. If yes, proceed to question 8.

8. Calculate the difference between the amount on Line 6 above and 2 times the amount on line 1 above: Line 6 amount \_\_\_\_\_ minus (line 1 amount \_\_\_\_\_ X 2) = Total \_\_\_\_\_

This total is the amount of state match reduction according to the November 2014 match policy.  
Subject to final approval by the Ohio Soil and Water Conservation Commission

**HB 64 FY 2018 SUPPLEMENTAL FORM 11 - LOCAL FUNDS ELIGIBILITY**

**SWCD**

Complete the following questions in cooperation with your ODA/DSWC Program Specialist to determine additional eligible local dollars for match by the Ohio Soil and Water Conservation Commission:

1. Is there a Sewer District or Storm Water Utility organized by the county commissioners under 6117 ORC?
  - a. If yes, go to 2.    b. If no, no additional eligible funds
2. Has the SWCD entered into a contract or MOU with the County Commissioners as described in 6117.021 to provide assistance to the 6117 entity (circle an answer on each line):
  - a. In calendar year 2012?                      Yes or No
  - b. In calendar year 2013?                      Yes or No
  - c. In calendar year 2017?                      Yes or No

Provide a copy of the contract or MOU along with a copy of the special fund report showing the transfer which contained those funds

3. What was the dollar amount received by the SWCD under the terms of the contract/MOU in:
  - a. In calendar year 2012?    Amount \_\_\_\_\_                      Matched by OSWCC    Yes or No
  - b. In calendar year 2013?    Amount \_\_\_\_\_                      Matched by OSWCC    Yes or No
  - c. In calendar year 2017?    Amount \_\_\_\_\_                      Matched by OSWCC    Yes or No

For each year indicate whether dollars were matched by the OSWCC.

4. Using the SWCD FY 2013 and 2014 Form 11s and county special fund revenue reports: Calculate the dollar amount of match generated from the funds in 3a and 3b above by:
  - a. Figure the percentage the contract/MOU funds represent of all local dollars in each FY.  
 Contract MOU Funds divided by total local appropriations:
    - 1) % of local funds FY 2013 \_\_\_\_\_                      2) % of local funds FY 2014 \_\_\_\_\_
  - b. Then multiply the total amount of match received in calendar year 2013 from FY 2013 and FY 2014 match payments by the percentage in "a" above to determine the total match generated from contract/MOU in calendar year 2013.  
 Total of match payments calendar year 2013 from FY 2013 (Jan 2013-June 2013) x a1 = \_\_\_\_\_  
 Total of match payments calendar year 2013 from FY 2014 (July 2013-Dec 2013) x a2 = \_\_\_\_\_  
 Total match generated from contract/MOU funds in Calendar Year 2013 = \_\_\_\_\_

5. Using the FY2016 (July 2015/June16) and FY2017 (July2016)/June2017 Form 11s calculate the amount of match generated from the funds in 3c above:
  - a. Figure the percentage the contract/MOU funds represent of all local dollars in each FY.  
 Contract MOU Funds divided by total local appropriations:
    - 1) % of local funds FY 2016 \_\_\_\_\_                      2) % of local funds FY 2017 \_\_\_\_\_
  - b. Then multiply the total amount of match to be received in calendar year 2017 from FY 2016 and FY 2017 match payments by the percentage in "a" above to determine the total match generated from contract/MOU in calendar year 2013.  
 Total of match payments calendar year 2016 from FY 2016 (Jan 2016-June 2016) x a1 = \_\_\_\_\_  
 Total of match payments calendar year 2016 from FY 2017 (July 2016-Dec 2016) x a2 = \_\_\_\_\_  
 Total match generated from contract/MOU funds in Calendar Year 2016 = \_\_\_\_\_

6. If the amount of match dollars received in calendar year 2016 from contract/MOU dollars (result of 5b) is less than those generated in calendar year 2013 (result of 4b above) use the FY 2017 local 6117.021 funds on 1.a. matchable funds. If the amount of match dollars received in calendar year 2016 from contract/MOU dollars (result of 5b) is more than those generated in calendar year 2013 (result of 4b above) then the 2013 match amount will be used to calculate your SWCD final match amount.