



# Landowner Incentive Program

## Financial Guidance for Grant Recipients

This guidance has been prepared to assist grant recipients with the management of their LIP project budgets and in filling out requests for reimbursement. The information is based on federal and state laws and regulations and on the policies and procedures of the Department of Natural Resources and the U.S. Fish and Wildlife Service, Division of Federal Aid.

<b><u>Grant Number</u></b>	<b>[ grant #]</b>
Include this number on all correspondence related to your project.	
<b><u>Recipient Match</u></b>	<b>[% Match]</b>
This is your in-kind and/or cash contribution to the project	
<b><u>Project Contact Information</u></b>	
Notify the LIP Coordinator of any changes.	
<b>[Sponsor Name]</b>	
<b>[sponsor address]</b>	
<b>[sponsor phone]</b>	
<b>[sponsor e-mail]</b>	

### Key Dates and Parameters for Your LIP Grant

<b><u>LIP Funds Awarded</u></b> This is the amount of grant funding awarded to this project. The project lead is responsible for tracking and managing the project budget.	<b>[current award]</b>
<b><u>Matching Funds Pledged</u></b> This is the amount of matching funds pledged by the grant recipient. If the type or amount of match that the project can provide changes, please contact the LIP Coordinator right away.	<b>[match portion of budget]</b>
<b><u>Funded Grant Period</u></b> All project activities must be completed within this time frame. All match and charges to this grant must occur between these dates to be reimbursable or count towards match.	<b>April 1, 2012 – May 31, 2013</b>
<b><u>Effective Grant Period</u></b> This is the length of time that the LIP agreement will be indexed as an encumbrance. During this time the landowner agrees not to conduct practices incompatible with the LIP project objectives and work practices. Examples include, but are not limited to, building or other development of the site, planting of non-target or non-native species, conversion to agriculture, etc.	<b>May 31, 2023</b>
<b><u>Project Report Deadlines</u></b> A final project report is required. The LIP Coordinator will provide the report format to project leaders. If the due date falls on a weekend or holiday, the report must be submitted on the nearest work day <b>prior</b> to the due date.	<b>Final Report Due: July 31, 2013</b>

### Important Steps in the Grant Process (step details are provided in the following pages)

★ **[project sponsor]** is responsible for monitoring all financial records related to the project and collecting documentation for all matching funds, including from third parties.

1. Fill out and Return the attached W-9 Form to the LIP Coordinator.
2. Review, sign, and notarize both copies of the LIP Cost Share Agreement.
3. Mail **ONE** copy of the Agreement to the County Register of Deeds office with the \$30.00 recording fee. The other copy is for your records.
4. Please take site photos throughout the duration of your project (before, during, after)
5. Save site photos, receipts, invoices, payment stubs, records of donated labor, supplies, and equipment as you complete the work outlined in your project.
6. Submit requests for partial reimbursement with the corresponding match as frequently as you wish.
7. Complete Final Project Report (see due date above) and submit all project data to the DNR.

## Detailed Grant Process Steps

Please review and follow the detailed steps below. Information about documenting match, and rates for donated equipment and volunteer time, are included **beginning on page 3** of this packet.

### 1. Fill out and Return the W-9 Form to the LIP Coordinator.

The DNR must have a current W-9 on file before any reimbursement checks can be issued to you.

### 2. Review, sign, and notarize both copies of the Cost Share Agreement.

Please read the entire contract and verify that the project information is correct and complete. If you have any questions or concerns, contact the [insert program abbreviation] coordinator **BEFORE** signing the agreement. Once you have reviewed the agreement, the Cost Share Recipient and all participating parties (including spouses if marital property) should sign on the designated lines of both copies of the cost share agreement in the presence of a notary.

### 3. Mail one copy of the Agreement to the County Register of Deeds office with the recording fee. The other copy is for your records.

Once your LIP Contract has been signed and notarized, keep one copy for your records and mail the second signed copy to the County Register of Deeds office. (For the county where the project site is located). An addressed envelope has been provided to you.

Location to Mail (or use enclosed envelope): \_\_\_\_\_ COUNTY REGISTER OF DEEDS

Be sure to include the following in the envelope:

- ✓ One copy of the signed and notarized LIP Contract
- ✓ A cover letter requesting that the document be recorded (Example provided in **Appendix B**)
- ✓ The return envelope to Wisconsin DNR (optional)
- ✓ A check made payable to the County Register of Deeds for the applicable recording fee. (Please note that LIP cannot reimburse this charge or apply it towards match.)

County Recording Fee = \$30.00

### 4. Please take site photos throughout the duration of your project (before, during, after)

While the final LIP report will require 3 photos of the LIP project site, taking photos is primarily for your benefit. Before and after shots can help illustrate the progress that has been made at the site, both to yourself and in applying for future management grants. The DNR uses photos from LIP projects to help demonstrate the success of the program to interested parties including DNR administrators, partner organizations, and the U.S. Congress. For each photo submitted, it is helpful to include: 1) a short caption, 2) name of photographer, 3) date/approximate date of photo.

**5. Save receipts, invoices, payment stubs, records of donated labor, supplies, and equipment as you complete the project work.**

Details on how to properly document your grant costs and match are included **beginning on page 3** of this packet. You will need to maintain documentation for LIP costs and match as your project progresses. Keeping an up-to-date record of your work activity will help ensure that reimbursements are received in a timely manner and avoid any problems with demonstrating that you have earned your LIP grant. All items being donated or paid for must be included in the project scope and budget in order to be considered in the total eligible costs. If you are uncertain if a cost is applicable, or if additional costs or match opportunity arise (ex: someone gives you a bag of seed for free), contact the LIP coordinator to verify that you may include items as part of the grant.

**Audit Note:** The State has the right to audit or examine all books, papers, accounts, documents, or other records of the Cost Share Recipient as they relate to the project for which the LIP program funds were granted. If an audit were to be conducted, the purpose would be to check compliance with the terms of the grant agreement and verify that the project expenditures were properly incurred and qualify for reimbursement or payment. The cost share recipient must retain all project records for a period of not less than 3 years after the final payment or final disposition of audit findings.

**6. Submit requests for partial reimbursement with the corresponding match as frequently as you wish.**

To submit your request, fill out and sign the LIP Request for Reimbursement form included in this packet. An electronic copy has also been provided. Attach the documentation for the match and charges that you are claiming as described in the previous section. Send the claim and documentation to the LIP Coordinator.

\*\*Remember that you need to submit the agreed to match percentage of the **total** amount, listed in your cost share agreement and on the front page of this packet, in order to receive a reimbursement. Reimbursement may only be paid for expenses already accrued and may not exceed the total amount of the LIP grant.\*\*

**How to Determine the Eligible Reimbursement Request**

Claims for payment of project expenditures are made on a reimbursement basis. You may submit as many requests for partial reimbursement as frequently as you wish. The last reimbursement will be made pending Department approval of the final project report. **To be eligible for reimbursement, the agreed to recipient cost share (as defined in the Cost Share Agreement) must be submitted with the request.**

*Example for a 25% Match: In order for the state to reimburse \$75 to the recipient, the recipient must provide documentation of their \$25 match, equal to 25% of the total \$100 spent.*

Therefore, Eligible Reimbursement is equal to:

$$\frac{(100 - \text{Cost Share \%}) * (\text{Match Submitted})}{(\text{Cost Share \%})}$$

In addition, all costs and match included in the request must be incurred within:

- The funded grant period defined in the cost share agreement
- The scope of activity and budget summarized in the cost share agreement
- The total amount of state aid awarded per the grant agreement

## 8. Complete Final Project Report and submit all project data.

A final report must be received by the department no later than 60 days following the end of the funded period. The report form requests a summary, methods, results and discussion, an explanation of any modifications in the project, 3 site photos, and any media coverage of your project. The LIP Coordinator will provide a report template. **The final reimbursement payment will be made pending Department approval of the final report.**

### Documenting LIP Expenses, Volunteer Labor, Materials, and Equipment

**Documenting Reimbursable Expenses:** Only costs resulting in **actual expenditure** are eligible for reimbursement.

- A. For contracted Labor, documentation requires an invoice that includes the work date and work description (your contractor should be able to provide this). If the contractor has done work for multiple sites or grants, note on the invoice what portion is applicable to this LIP project.
- B. For supplies/Equipment Maintenance, documentation requires a copy of the receipt with the item and the date (like a store cash register receipt). If the supplies are for multiple sites or the receipt contains several items, note on the receipt what portion is applicable to this LIP project.
- C. For salary, wages, and benefits paid to hired workers, documentation can vary depending on how an organization's system is set up. Possible examples include a timesheet w/project area & dates; a copy of the payroll ledger with the applicable payment/worker highlighted a signed spreadsheet with the dates and activities completed, etc. If the worker is responsible for multiple projects, note what proportion of the total is applicable to this LIP project.

**Documenting Match:** Match may be in-kind, donations, or cash contributions. Match Tracking forms are included in this packet to assist you, but you are free to use your own system forms provided the following information is captured.

Volunteer Labor — Standard rate for general volunteer labor is \$12/hour. The documentation for all volunteer labor/time, must include the following:

- The name of the volunteer
- The dates he/she worked
- The hours worked each day
- A brief description of the work completed (ex: "cleared brush")
- Signature of the volunteer
- Signature of project management review/approval

Donated Supplies — Value assessed to donated supplies and materials is based on the market value at the time of donation. The documentation for donated supplies must include the following:

- The name of the Donating Party
- Date of Donation
- The value of the donated supplies (market value at time of donation)
- A brief statement describing the contribution to the project work scope
- The signature of the donating party
- Signature of project management review/approval

Donated Equipment — Standard equipment rates are included in **Appendix A** of this document, and in some cases, in the grant agreement. Please contact the LIP Coordinator if an item is not listed or any questions arise. The documentation for the use of donated equipment must include the following:

- The name of the operator

- The type of equipment used (ex: make/model/horsepower)
- The dates the equipment was used
- The number of hours used each day
- A brief description of the completed work
- Signature of project management review/approval

**Cash Match** — If purchased goods or services are part of the match component, the documentation is the same as listed above for reimbursable items (receipts, invoices, etc). There is a space on the reimbursement request form to note what amount is contributed towards the match.

## Appendix A: LIP — Donated Equipment Rates

Note that these rates are applicable for donated labor and equipment only. Actual rental rates may differ and are applicable at-cost with receipt/proof of payment. Please contact the LIP Coordinator for match rates not included in this list.

Code	Category	Description	Rate
LIP-BC1	Brush Cutter	Handheld brush cutter / clearing saw	\$10/hour
LIP-BC2	Brush Cutter	Brush Hog attachment	\$24/hour
LIP-BC3	Brush Cutter	Walk behind Field and Brush Mower (Commercial grade)	\$17/hour
LIP-BD1	Bulldozer	Agricultural type tractor – 4- wheel drive units, 20 through 64 hp	\$24/hour
LIP-BD2	Bulldozer	Agricultural type tractor – 4- wheel drive units, 65 through 79 hp	\$30/hour
LIP-BD3	Bulldozer	Agricultural type tractor – 4- wheel drive units, 80 through 99 hp	\$32/hour
LIP-BD4	Bulldozer	Track-type, 80 through 99 hp	\$39/hour
LIP-BD5	Bulldozer	Track-type, 100 through 149 hp	\$57/hour
LIP-BS1	Backpack Sprayer	Backpack herbicide sprayer.	\$2/hour
LIP-CS1	Chainsaw	portable (14" bar)	\$8/hour
LIP-FM1	Forestry Mower	Forestry mower (>100 hp)	\$41/hour
LIP-FM2	Forestry Mower	Forestry mower (<100 hp)	\$48/hour
LIP-FL1	Forklift Attachment	For tractor	\$17/hour
LIP-VL1	Labor-general	Brush hauling, seeding, weed pulling, fire watchers, etc	\$12/hour
LIP-VL-2	Labor-skilled	Chainsaw/specialized equipment use	\$15/hour
LIP-SL1	Loader	hydraulic	\$18/hour
LIP-MI1	Mileage	Professional miles to/from worksite	0.32/mi
LIP-MU1	Mulcher		\$27/hour
LIP-SK1	Skidder		\$44/hour
LIP-TR1	Tractor	Agricultural type-4 wheel drive, <65 hp	\$23/hour
LIP-TR4	Tractor	Agricultural type-4 wheel drive, 65-79 hp	\$29/hour
LIP-TL1	Trailer	Less than 1 Ton capacity (use manufacturer's rated capacity)	\$10/hour
LIP-TL2	Trailer	1-4 Ton capacity (use manufacturer's rated capacity)	\$12/hour
LIP-TR1	Truck	Rear drive or 4wd, 15,000 lbs and less	\$13/hour
LIP-TR3	Truck	Rear drive or 4wd, 15,001 through 22,999 lbs	\$19/hour
LIP-WE1	Weed Eater	self propelled, hand operated	\$6/hour
LIP-PB1	Prescribed Burn	Area burned < 5 acres (includes ALL aspects – labor, equipment, etc)	\$100/acre
LIP-PB2	Prescribed Burn	Area burned = 6-10 acres (includes ALL aspects – labor, equipment, etc)	\$80/acre
LIP-PB3	Prescribed Burn	Area burned = 11-20 acres (includes ALL aspects – labor, equipment, etc)	\$60/acre
LIP-PB4	Prescribed Burn	Area burned = 21-40 acres (includes ALL aspects – labor, equipment, etc)	\$40/acre
LIP-PB5	Prescribed Burn	Area burned > 40 acres (includes ALL aspects – labor, equipment, etc)	\$20/acre

## Appendix B: Cover Letter for Recording the Agreement

Date: \_\_\_\_\_

Re: Landowner Incentive Program Cost Share Agreement

Dear Register of Deeds,

Enclosed for Recording with the real estate records of the County is an original agreement confirming that \_\_\_\_\_ is participating in Wisconsin's Landowner Incentive Program and is a Cost Share Recipient for the purpose of habitat management and restoration activities on this homestead / non-homestead **(strike one)** property.

Also enclosed is a check in the amount of \_\_\_\_\_ for recording fees. Please return the original recorded document to the Wisconsin Department of Natural Resources, Bureau of Endangered Resources as listed on the document.

Thank you for your assistance. If you have questions, feel free to contact me at

\_\_\_\_\_.

Sincerely,

\_\_\_\_\_

Enclosures: \_\_\_\_ page document for recording

Check in the amount of \_\_\_\_\_

Return Envelope



Substitute **W-9**

**DO NOT send to IRS**

**Taxpayer Identification Number (TIN) Verification**

*Print or Type*

Please see attachment or reverse for complete instructions.

This form can be made available in alternative formats to qualified individuals upon request.

<p>➤ <b>Legal Name</b> (as entered with IRS)                  If Sole Proprietorship or LLC Single Owner, enter your Last, First, MI</p> <hr/> <p>➤ <b>Trade Name</b>                  Enter <b>Business Name</b> if different from above.</p> <hr/> <p>➤ <b>Remit Address</b> (where check should be mailed)                  PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>➤ <b>Order Address</b> (where order should be mailed; complete only if different from remit)                  PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>➤ <b>1099 Address</b> (for return of 1099 form; complete only if different from remit)                  PO Box or number and street, City, State, ZIP + 4</p> <hr/> <p>➤ <b>Certification</b></p>	<p>➤ <b>Entity Designation</b> (check only one) <i>Required</i></p> <p><input type="checkbox"/> Individual/Sole Proprietor/LLC Single Owner  <input type="checkbox"/> Corporation (includes service corporations)  <input type="checkbox"/> Limited Liability Company - Partnership  <input type="checkbox"/> Limited Liability Company - Corporation  <input type="checkbox"/> Government Entity  <input type="checkbox"/> Hospital Exempt from Tax or Government Owned  <input type="checkbox"/> Long Term Care Facility Exempt from Tax or Government Owned  <input type="checkbox"/> All Other Entities</p> <p>➤ <b>Taxpayer Identification Number (TIN)</b>                  If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you show the SSN.</p> <p style="text-align: center;">-----</p> <p>Check Only One <i>Required</i> (see "Instructions")</p> <p><input type="checkbox"/> Social Security Number (SSN)  <input type="checkbox"/> Employer Identification Number (EIN)  <input type="checkbox"/> Individual Taxpayer Identification Number for U.S. Resident Aliens (ITIN)</p>
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Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to back up withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to back up withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number (    )
Signature		Date (mm/dd/ccyy)

For Agency Use Only		
Agency Number	Contact	Phone Number
Change <input type="checkbox"/> Name <input type="checkbox"/> Address <input type="checkbox"/> Other (explain)		

Return completed form via facsimile machine or to the address listed below.  
 For your convenience this form has been designed for return in a standard Window envelope.

Forms may be returned to:  
 Fax Number: (    )  
 Attn:

## Instructions for Completing Taxpayer Identification Number Verification (Substitute W-9)

### Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI  
 Sole Proprietorships: Enter Last Name, First Name, MI  
 LLC Single Owner: Enter owner's Last Name, First Name, MI  
 All Others: Enter Legal Name of Business

### Trade Name

Individuals: Leave Blank  
 Sole Proprietorships: Enter Business Name  
 LLC Single Owner: Enter LLC Business Name  
 All Others: Complete only if doing business as a D/B/A

### Remit Address

Address where payment should be mailed.

### Order Address

Address where order should be mailed. Complete only if different from remit address.

### 1099 Address

Address where 1099 should be mailed. Complete only if different from remit address.

### Entity Designation

Check *ONE* box which describes the type of business entity.

### Taxpayer Identification Number

**LIST ONLY ONE:** Social Security Number OR Employer Identification Number OR Individual Taxpayer Identification Number. **See "What Name and Number to Give the Requester" at right.**

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

### Certification

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

### Privacy Act Notice

Section 6109 requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for

identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 29% of taxable interest, dividend, and certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

### What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual no the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or Single-Owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole Proprietorship or Single-Owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**NOTE:** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Taxpayer Identification Request

In order for the State of Wisconsin to comply with the Internal Revenue Service regulations, this letter is to request that you complete the enclosed Substitute Form W-9. Failure to provide this information may result in delayed payments or backup withholding. This request is being made at the direction of the Wisconsin State Controller in order that the State may update its vendor file with the most current information.

Please return or FAX the Substitute Form W-9 even if you are exempt from backup withholding within (10) days of receipt. Please make sure that the form is complete and correct. **Failure to respond in a timely manner may subject you to a 29% withholding on each payment or require the State to withhold payment of outstanding invoices until this information is received.**

We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under section 6723 of the Internal Revenue Code.

Only the individual's name to which the Social Security Number was assigned should be entered on the first line.

The name of a partnership, corporation, club, or other entity, must be entered on the first line exactly as it was registered with the IRS when the Employer Identification Number was assigned.

DO NOT submit your name with a Tax Identification Number that was not assigned to your name. For example, a doctor MUST NOT submit his or her name with the Tax Identification Number of a clinic he or she is associated with.

Thank you for your cooperation in providing us with this information.







