

**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
319 AGREEMENT
EXHIBIT B
Expenditures Report**

Project Name:	Project Period From: To:
DEQ Agreement Number:	
Recipient Name:	Current Expenditure Period From: To:
Recipient Address:	Total Match Requirement: N/A
Phone:	Total Grant Amount:

EXPENDITURE SUMMARY	319 Grant Expenditures			Non-Federal Match Expenditures *			Total Expenditures
	a	b	a + b = c	d	e	d + e = f	c + f
	Previously Reported	Current Period	Cumulative to Date	Previously Reported	Current Period	Cumulative To Date	To Date
Personal Services							
Subcontracts							
Services/Supplies							
Travel							
Equipment							
Indirect Costs							
Total							
1-4 sentence project update							

DEQ, the Oregon Secretary of State's Office and the federal government retain the right to inspect all financial records and other books, documents, papers, plans, records of shipments and payments and writings of Recipient that are pertinent to this Agreement.

CERTIFICATION

I certify that this report is true and correct to the best of my knowledge and that all expenditures and obligations reported herein have been made in accordance with the budget agreed upon and with other provisions contained in the Agreement.

Signature

Name & Title (print)

Date

DEQ USE ONLY

Approved for Payment:

DEQ Grant Administrator

Date

DEQ Program Manager

Date

**319 AGREEMENT
EXHIBIT C (Part 1)
MBE/WBE UTILIZATION**

PART 1. REPORTS ARE REQUIRED EVEN IF NO PROCUREMENTS ARE MADE DURING THE REPORTING PERIOD.	
1A. REPORTING PERIOD October 1, _____ September 30, _____	1B. REPORT TYPE <input type="checkbox"/> Annual <input type="checkbox"/> Final Report (Project completed)
1C: Revision of a Prior Year Report? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what reporting period is being revised and briefly describe the changes made. Note: The revised report will replace the associated original report in its entirety.	
2A. RECIPIENT UNIQUE ENTITY IDENTIFIER 	
2B. RECIPIENT REPORTING NAME and CONTACT Organization name and address: Name: Email: Phone:	
3. FEDERAL GRANT AWARD #: DEQ GRANT #: PCA #: PROJECT #:	
4A. If NO procurements were made this reporting period (by the recipient, sub-recipient(s), loan recipient(s), and prime contractor(s)), CHECK and SKIP to Block No. 6. (Procurements are all expenditures through contract, order, purchase, lease or barter of supplies, equipment, construction, or services needed to complete Federal assistance programs.) <input type="checkbox"/>	
4B. Total Procurements & MBE/WBE Accomplishments This Reporting Period (in dollars) Construction: Total Procurements & MBE/WBE Accomplishments This Reporting Period (in dollars) Non-Construction: Totals: Total Procurement: \$ \$ \$ MBE/WBE Combined Procurement: \$ \$ \$	
SA. Good Faith Efforts: If procurements were made, indicate whether your organization has followed the six Good Faith efforts found in 40 CFR Part 33, Subpart C, 40 CFR 33.S01 and 2 CFR § 200.321. <input type="checkbox"/> Yes, my organization has implemented and documented each of the six Good Faith Efforts on the procurements made during this reporting period. <input type="checkbox"/> No, my organization has not implemented and documented each of the six Good Faith Efforts on the procurements made during this reporting period.	SB. If procurements were made, but no MBE/WBE procurements are being reported, then check the applicable box(es) for the reason(s) why no MBE/WBE procurements were made. <input type="checkbox"/> No MBE/WBE(s) applied <input type="checkbox"/> No MBE/WBE(s) were qualified <input type="checkbox"/> Other:
1. NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE	TITLE
7. SIGNATURE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE	DATE

EPA FORM 5700-52A available electronically at: <https://www.epa.gov/grants/epa-form-5700-52a-united-states-environmental-protection-agency-minority-business>.

EMAIL COMPLETED FORM TO: DEQEXP@deq.oregon.gov

OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
319 AGREEMENT
EXHIBIT C (Part 2)
 MBE/WBE PROCUREMENTS MADE DURING REPORTING PERIOD

Procurement Made (check one)		Business Enterprise (check one)		\$ Value of Procurement	Date of Procurement	Type of Product or Service (Enter Code)	Name/Address of MBE/WBE Contractor or Vendor
Recipient	Other	Minority	Women				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Product / Service Codes

1	Construction
2	Supplies
3	Services
4	Equipment

**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
319 AGREEMENT
EXHIBIT D**

**LOBBYING AND LITIGATION CERTIFICATE
(DEQ5700-53)**

DEQ Grant Agreement #:

Federal Grant:

Recipient Name:

Recipient Address:

Project Name:

I hereby certify that none of these funds have been used to engage in the lobbying of the Federal Government or in litigation against the United States unless authorized under existing law.

Authorized Signer:

Signature

Date

Printed Name / Title:

At Project completion, complete this form and submit to: DEQEXP@deg.oregon.gov

**OREGON DEPARTMENT OF ENVIRONMENTAL QUALITY
319 AGREEMENT**

**EXHIBIT E
PERFORMANCE REPORT/OWRI REPORT**

Project Name:	DEQ Agreement #
Recipient:	

Type of Report (please check one the following):

- ☐ **Annual Reporting**
- ☐ **Performance Report**
- ☒ **OWRI Report**

All reports must be submitted in a format as recommended in this section to the DEQ Grant Administrator. The reports need to be provided electronically via email to the DEQ Grant Administrator.

Section I

Please include a discussion including the following:

- a. Overall summary of the project, including partners involved and their role.
 - b. What were the goals for this Project? Were those goals met? If goals were not met, explain why not.
 - c. List each drainage area (watershed) within the project by indicating the 12-digit HUC where Best Management Practices (BMPs) for this project have been installed in the recent calendar year.
 - d. Estimates of the amount of pollutants prevented from reaching surface or ground water.
 - e. Please enumerate specific quantifiable environmental changes and results that are a result of the Project.
 - f. Provide a written description of what worked and what did not work. Provide a written description of lessons learned in carrying out the Project.
 - g. Describe how the Project's funding worked out. Include the projected cost and actual cost of the Project, how much of the Grant funds were spent, and how much funding (cash and in-kind) was provided as match from other source
 - h. What follow up is required? Include photos, graphics and 2 copies of all products produced in the effort.
- Project completion documentation can be submitted and are encouraged to be submitted in a digital format (one copy).

Section II

DEQ requires that Project accomplishments for water quality and habitat restoration projects be entered into OWEB's OWRI data base located at

<http://apps.wrd.state.or.us/apps/oweb/owrio/selectproject.aspx>.

Watershed restoration projects included in this inventory must be:

- Activities designed to restore aquatic, riparian, estuarine, wetland, upland, or overall watershed conditions or functions
- Completed projects or a completed phase of a project

If the Project funded with this Grant Agreement meets the criteria above, Recipient must certify that the correspondent restoration information on the Project was entered in OWRI by signing this form and returning it with the Project Final Performance Report.

CERTIFICATION

I certify that the Project accomplishments for the water quality and habitat restoration Project have been entered into OWRI on:

DATE

SIGNATURE

PRINTED NAME

If you have questions about entering the required information into OWRI, please contact your DEQ Grant Administrator.