PAYMENT REQUEST CONSERVATION ACTIVITY PROGRAM

Fiscal Year			
District Name & #	#		
Field Representat	tive		
	or No for conservation activities comple		
YES N	1O		
1	Did your SWCD implement a loca	l awards program?	
2	Did one or more District Director(s) participate in a Legislative Education Activity?	
3	•	Did your SWCD submit an entry (other than posters & essays) in the Area Awards Program that met qualifications and was deemed acceptable by the Juding Committee?	
4	Did one or more District Director(Did one or more District Director(s) attend the Area District Meeting (Area Association)?	
5	Did your SWCD host or co-host a	Did your SWCD host or co-host a Field Day and any other public outreach activity?	
6	Did one or more District Director(Did one or more District Director(s) attend the Annual State Meeting?	
7	Did one or more District Director(Member Election?	Did one or more District Director(s) attend the Area Awards Program and State Board Member Election?	
8	Did your SWCD participate in You	uth Educational Activities?	
9	Did your SWCD participate in Soi	Did your SWCD participate in Soil Stewardship Activities?	
10	·	s) or employee(s) attend this year's District Director and ve Directors and employee(s) attended the Workshop and currect Directors)?	
Chair, Board of D	Directors Da	ate	
Please return completed form to: Texas State Soil & Water Conservation Board Attn: Vicki Davis 1497 Country View Lane Temple, Texas 76504-8806		Agency Use Payment Amount:	
Form may also be sent by email: claims@tsswcb.texas.gov		Field Rep Approval:	

Updated June 30, 2022