



United States Department of the Interior  
 BUREAU OF RECLAMATION  
 Great Plains Region  
 P.O. Box 36900  
 Billings, Montana 59107-6900



IN REPLY REFER TO:

GP-3700  
 ADM-13.00

SEP 16 2008

Kenneth Nelson, Manager  
 Kansas Bostwick Irrigation District No. 2  
 P.O. Box 165  
 Courtland, KS 66939-0165

Subject: Modification No. 001 to Cooperative Agreement No. 07FC602262 for Water Conservation Measures.

Dear Mr. Nelson:

Enclosed for your records is a fully executed copy of the subject modification. The modification reserves additional funds in the amount of \$20,000.00. It is to be expressly understood that the Government has no obligation to provide funds in addition to those reserved in writing.

**Please Note: Reclamation will not modify this agreement further nor add additional funds until all required financial and progress reports have been submitted to and approved by Reclamation and are current and up-to-date. This requirement applies to all grants and agreements issued by this office.**

Please contact Leatha Frost at 406-247-7818 if you have any questions regarding this matter.

Sincerely,

Kimball Banks  
 Tribal and Financial Assistance Officer

Enclosure

PRES.	GH
SECY	BP
TREAS.	MD
SUPT.	KN



<b>REQUEST FOR ADVANCE OR REIMBURSEMENT</b>  (See instructions on back)	OMB APPROVAL NO. 0348-0004	PAGE OF PAGES
	1. TYPE OF PAYMENT REQUESTED Direct Deposit	a. <input checked="" type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT  b. <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATION ELEMENT TO WHICH THIS REPORT IS SUBMITTED  BUREAU OF RECLAMATION	4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY  <b>07FC 602262</b>	5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER  <b>48-6085927</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year)    TO (month, day, year) <b>9-22-08</b> <b>10-22-08</b>	
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9. RECIPIENT ORGANIZATION  <b>Kansas Bostwick Irrig Dist No. 2</b>		10. PAYEE (Where check is to be sent if difference from item 9)	
Name	Kansas Bostwick Irrig Dist No. 2	Number and Street	P.O. Box 165
City, State and Zip Code	Courtland, KS 66939-0165	City, State and Zip Code	Courtland, KS 66939-0165

11. COMPUTATION OF AMOUNT OF REIMBURSEMENT/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES >	(a) Courtland West 1.4 Lat	(b)	(c)	TOTAL
a. Total program outlays (As of date)	\$ 0	\$	\$	\$ 0
b. Less: Cumulative program income	\$ 0	\$		\$ 0
c. Net program outlays (Line a minus line b)	\$ 0	\$		\$ 0
d. Estimated total outlays for advance period	\$ 20,000.00	\$		\$ 20,000.00
e. Total (Sum of lines c & d)	\$ 20,000.00	\$		\$ 20,000.00
f. Non-Federal share of amount of line e	\$ 0	\$		\$ 0
g. Federal share of amount on line e	\$ 20,000.00	\$		\$ 20,000.00
h. Federal payments previously requested	\$ 0	\$		\$ 0
i. Federal share now requested (Line g minus line h)	\$ 20,000.00	\$		\$ 20,000.00
j. Advances required by month when requested by Federal grantor agency for use in making prescheduled advances	1st month	\$	\$	\$
	2nd month			
	3rd month			

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY	
a. Estimated Federal cash outlays that will be made during period covered by the advance	\$ 20,000.00
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ 20,000.00

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

*Kenneth Nelson Supt.*

TYPED OR PRINTED NAME AND TITLE

**Kenneth Nelson, Superintendent**

9-22-08

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

**785-374-4514**

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11c, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item Entry

- 2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
- 4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
- 6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (Institution) code if requested by the Federal agency.
- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
- 8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.

Item Entry

- subcontractors and subrecipients. For request prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and payees.
- 11b Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
- 11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
- 13 Complete the certification before submitting this request.

Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports

- 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, or activities should be shown in the "total" column on the first page.
- 11a Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to