

**U.S. Department of Agriculture
Cooperative State Research, Education, and Extension Service
Establishment of Target Percentages
for Multistate Extension Activities and Integrated Activities**

Institution _____

State _____

Check one: **Multistate Extension Activities**
 Integrated Activities (Hatch Act Funds)
 Integrated Activities (Smith-Lever Act Funds)

Options for Determining Target Percentages (Circle one)

- A. 25 percent (Submission of Form CSREES-BASE is waived).**
- B. Target Percentage of _____ (two times the Preliminary Baseline Percentage of _____).**
- C. (Option only available if higher than option B and less than 25 percent.)
Target Percentage of _____ for FY 2000 and thereafter.**

D. (Option only available if higher than option B and less than 25 percent.)

Target Percentage for FY 2000 and thereafter phase-in:

FY 2000 _____

FY 2001 _____

FY 2002 _____

Director

Date

U.S. Department of Agriculture
Cooperative State Research, Education, and Extension Service
Establishment of Fiscal Year (FY) 1997 Baselines
for Multistate Extension Activities and Integrated Activities
Summary of FY 1997 Planned Programs/Activities and Expenditures

Institution _____
State _____

Check one: ___ **Multistate Extension Activities**
 ___ **Integrated Activities (Hatch Act Funds)**
 ___ **Integrated Activities (Smith-Lever Act Funds)**

Title of Planned Program/Activity	Total FY 1997 Expenditures
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total _____

Total FY 1997 Funds Allocated
(Provided by CSREES) _____

Preliminary Baseline Percentage _____

Director

Date

**U.S. Department of Agriculture
Cooperative State Research, Education, and Extension Service
Request for Waiver from Target Percentage
for Multistate Extension Activities and Integrated Activities**

Institution _____

State _____

Waiver for (circle one): **Multistate Extension Activities**
 Integrated Activities (Hatch Act Funds)
 Integrated Activities (Smith-Lever Act Funds)

Fiscal Year (circle one): **FY 2000**
 FY 2001
 FY 2002
 FY 2003
 FY 2004

Type of Waiver: **Pre-waiver** **(Must be submitted prior to October 1)**
 Post-waiver **(Must be submitted with Annual Report of
 Accomplishments and Results)**

Justification:

Director

Date

Note: All reports must be submitted regardless of request for waiver.

Form CSREES-WAIVER (2/00)

**U.S. Department of Agriculture
 Cooperative State Research, Education, and Extension Service
 Supplement to the 5-Year Plan of Work
 Multistate Extension Activities and Integrated Activities
 (Attach Brief Summaries)**

Institution _____
State _____

Check one: _____ **Multistate Extension Activities**
 _____ **Integrated Activities (Hatch Act Funds)**
 _____ **Integrated Activities (Smith-Lever Act Funds)**

Estimated Costs

Title of Planned Program/Activity	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

_____ **Director** _____ **Date**

**U.S. Department of Agriculture
 Cooperative State Research, Education, and Extension Service
 Supplement to the Annual Report of Accomplishments and Results
 Multistate Extension Activities and Integrated Activities
 (Attach Brief Summaries)**

Institution _____
State _____

Check one: **Multistate Extension Activities**
 Integrated Activities (Hatch Act Funds)
 Integrated Activities (Smith-Lever Act Funds)

Title of Planned Program/Activity	Actual Expenditures				
	FY 2000	FY 2001	FY 2002	FY 2003	FY 2004
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____

_____ **Director**

_____ **Date**