## Environment and Natural Resources Trust Fund (TF) Land Acquisition Reporting Form

As required by M.S. 116P.16 for interest in land acquired with Environment and Natural Resource Trust Fund proceeds after June 30, 2005.

Date of R	eport: 17:45 08/16/2019			ID Number:	19-145-003			
		Cont	act Information					
Original F	Purchaser (Entity/Organiza	tion/Agency):	MN DNR					
Name of <b>I</b>	person submitting report:	Judy Schulte						
Address:	1241 E Bridge St		Phone:	(507) 637-6016				
	Redwood Falls	MN 562	<sup>83</sup> Email:	judy.schulte@state.mn.us				
		L	egal Citation					
Legal Cita	ation of TF Appropriation:	M.L. 2015, Cł	np. 76, Sec. 2, Subd	. 09c				
		Acq	uisition Details					
Original p	ourchase date: 02/13/201	9						
Working	title(s) of acquisition: Avor	n Hills SNA (SCSU	Foundation Addition)					
	., .							
Type of A	Acquisition (Fee / Conserva	ation Easemen	t / Other): Fee					
Location:	County:	Rang	ge: 1/4	Section:				
	Stearns	30	·					
	City:	<b>Secti</b> 19		/4 Section:				
	Township: 125							
Size in ac	cres? (Provide total acres	to the nearest	one-tenth acre): 1	23.7				
	esources conservation va	lues in acres (	e.g. wetland/uplane	d, prairie/grassland, foreste	d, other):			
	Adjacency to Public/Priva	te Conservatic	on Lands:					
Name of <i>I</i> n/a	Adjacent Body of Water (if	applicable):	<b>Amou</b> n/a	<b>Amount of Shoreline (linear feet/miles):</b> n/a				
			Funding					
Purchase Price: \$ 166,000			Appraised Va	Appraised Value: \$ 166,000				
Related P	Professional Service Costs	<b>:\$</b> 30,351	Total Project	Costs: \$ 196,351				

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				% of total project	Proportional Size
	Source of money	Amount of fu	nds	costs	(acres)
Environmen <sup>:</sup> Fund	t Natural Resources Trust	196	6,351	100	123.7
Other State I	Money		0	0	0
Federal Mon	ley		0	0	0
Regional/Lo	cal Government money		0	0	0
Non-profit M	loney		0	0	0
Bargain Sale	e/Donation Value		0	0	0
Other Money	y		0	0	0
	Total Funds	190	6,351	100	123.7
		Fundin	g		
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B. Interpurc C. Inter Check appro Fill in contac DNR, (es DNR, DNR, DNR,	rest in the property was simul chase arrangements rest in the property was trans priate options(s) for who own t information below. Wildlife Management Area - N Scientific and Natural Area - N Aquatic Management Area - N State Park - Name of State Pa	Itaneously transf ferred to another is and manages t Name of WMA: Name of SNA: Name of AMA: ark:	<sup>•</sup> entity o	on erty as of the date of t	
B. Interpurc C. Inter Check appro Fill in contac DNR, (es DNR, DNR, DNR, DNR, DNR,	rest in the property was simul chase arrangements rest in the property was trans priate options(s) for who own t information below. Wildlife Management Area - N Scientific and Natural Area - N Aquatic Management Area - N	Itaneously transf ferred to another is and manages t Name of WMA: Name of SNA: Name of AMA: ark:	r entity o he prop	on erty as of the date of t	
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B. Interpurc C. Inter C. Inter Check approp Fill in contact DNR, Ces DNR, DNR, DNR, DNR, U.S. F Local Other	rest in the property was simulations arrangements rest in the property was transpriate options(s) for who own t information below. Wildlife Management Area - N Scientific and Natural Area - N State Park - Name of State Par Forestry - Name of Forestry U Trails - Name of Trail: Fish and Wildlife Service:	Itaneously transf ferred to another is and manages t Name of WMA: Name of SNA: Name of AMA: ark: Jnit:	entity o	on erty as of the date of t	
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B. Interpurc C. Inter Check appro Fill in contac DNR, Yes DNR, DNR, DNR, DNR, U.S. F Local Other Other	rest in the property was simul chase arrangements rest in the property was trans priate options(s) for who own t information below. Wildlife Management Area - N Scientific and Natural Area - N Scientific and Natural Area - N Aquatic Management Area - N State Park - Name of State Par Forestry - Name of Forestry U Trails - Name of Trail: Fish and Wildlife Service: Unit of Government, Specify r, Specify Organization: r, Specify Organization: Primary Contact: Holly Bernardo 1200 Warner Road	Itaneously transf ferred to another is and manages t Name of WMA: Name of SNA: Name of AMA: ark: Jnit: What County or	entity o he prop Avon Hi	erty as of the date of the dat	this report.

Notes/Comments:

The NoFR has not been approved to date, as soon as it is a copy will be provided to LCCMR.