

Please call office at 651-560-2053 or email susan.cerwinske.wabashaswcd@gmail.com if you have any questions on attending physically or by phone. We have call-in capabilities for up to 10 people. Phone# 651-560-1088 Access code # 0147478#

**Wabasha Soil and Water Conservation District
Regular Board Meeting
November 21, 2024
8:15 am
611 Broadway Ave.
Suite 10B**

I. CALL MEETING TO ORDER

II. PLEDGE ALLEGIANCE

III. AGENDA

IV. PUBLIC COMMENTS

Comments limited to 5 minutes per speaker

V. CONSENT AGENDA

Items on the Consent Agenda are considered to be routine by the Board and may be enacted through one motion. Any item on the Consent Agenda may be removed by any of the Board members for separate consideration.

i. Vouchers – Board Action

- A. Warren Craig Beighley Voucher payment for Contract# 23-CS-2 in the amount of \$255.00 for Practice 314 Brush Management.
(Funding source – FY23 State Cost Share)
- B. Gerald VanDewalker Voucher payment for Contract# 24-CC-3 in the amount of \$1,500.00 for Practice 314 Brush Management.
(Funding source – FY24 Conservation Contracts)
- C. Cole and David Packer Voucher payment for Contract# 2024WAGZ-WC-10 in the amount of \$4,500.00 for Practice 340 Cover Crops. 1st payment of a 2- year contract.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- D. Cole and David Packer Voucher payment for Contract# 22-CS-2 in the amount of \$176.00 for Practice 340 Cover Crops. 2nd payment of a 3-year contract.
(Funding source – FY22 State Cost Share)
- E. Scott Sexton Voucher payment for Contract# 2024WAGZ-WC-20 in the amount of \$1,345.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))

- F. Scott Sexton Voucher payment for Contract# 2024WAGZ-WC-19 in the amount of \$1,140.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- G. Meyer's Seeds Voucher payment for Contract# 2024WAGZ-WC-12 in the amount of \$2,110.50 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- H. Mark Meyers Voucher payment for Contract# 24-CC-8 in the amount of \$1,089.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 Conservation Contracts)
- I. Allan Marking Voucher payment for Contract# 21-Capacity-7 in the amount of \$668.00 for Practice 340 Cover Crops. Third and final payment of a 3-year contract.
(Funding source – FY22 Capacity)
- J. Scotch Prairie Farms LLC Voucher payment for Contract# 2024WAGZ-WC-17 in the amount of \$4,500.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- K. Jon Harvey Voucher payment for Contract# 23-Capacity-5 in the amount of \$4,500.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY23 Capacity)
- L. Jeremiah Leonhardt Voucher payment for Contract# 21-Capacity-8 in the amount of \$4,000.00 for Practice 340 Cover Crops. Third and final payment of a 3-year contract.
(Funding source – FY22 Capacity)
- M. Roger Walkes Voucher payment for Contract# 2024WinLaC-WAB-007 in the amount of \$1,440.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 WinLac Partnership)
- N. Alan Jostock Voucher payment for Contract# 2024WAGZ-WC-02 in the amount of \$1,800.00 for Practice 340 Cover Crops. First payment of a 3-year contract.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- O. Alan Jostock Voucher payment for Contract# 2024WAGZ-WC-03 in the amount of \$800.00 for Practice 340 Cover Crops. First payment of a 3-year contract.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- P. Rachel Walkes Voucher payment for Contract# 23-SHCS-5 in the amount of \$4,470.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding sources – FY23 Soil Health Cost Share \$2,749.20, FY23 State Cost Share \$1,382.80, FY24 Conservation Contracts \$338.00)

- Q. Bluff Valley Farm LLC Voucher payment for Contract# 24-CC-10 in the amount of \$1,350.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY24 Conservation Contracts)
- R. Huneke Dairy Inc. (Paul Huneke) Voucher payment for Contract# 2022WAGZ-WC-9 in the amount of \$1,404.00 for Practice 340 Cover Crops. Third and final payment of a 3-year contract.
(Funding source – FY22 Watershed Alliance for the Greater Zumbro (WAGZ))
- S. Eugene Betcher Voucher payment for Contract# 2022WAGZ-WC-12 in the amount of \$2,000.00 for Practice 340 Cover Crops. Third and final payment of a 3-year contract.
(Funding source – FY22 Watershed Alliance for the Greater Zumbro (WAGZ))
- T. Don Kastella Voucher payment for Contract# 2024WAGZ-WC-09 in the amount of \$660.00 for Practice 351 Well Decommissioning.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- U. Gary Timm Voucher payment for Contract# 2024WAGZ-WC-07 in the amount of \$500.00 for Woodland Stewardship Plan.
(Funding source - FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- V. Mehrkens Family Farms Inc. Voucher payment for Contract# 22-CS-2 in the amount of \$7,228.02 for Practices 342 Critical Area Planting, 362 Diversion, 484 Mulching and 460 Land Clearing.
(Funding sources – FY22 State Cost Share \$1,924.00 and FY23 State Cost Share \$5,304.02.)
- W. George Tesmer Voucher payment for Contract# 2024WAGZ-WC-04 in the amount of \$2,943.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- X. George Tesmer Voucher payment for Contract# 2024WAGZ-WC in the amount of \$1,080.00 for Practice 340 Cover Crops. 1st year payment of 3- year contract.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- Y. John Eversman Voucher payment for Contract# 23-CWF-WIC-5 in the amount of \$2,011.50 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY23 Clean Water Fund – West Indian Creek)
- Z. John Eversman Voucher payment for Contract# 23-Capacity-4 in the amount of \$1,687.50 for Practice 340 Cover Crops. 1 year contract complete.
(Funding sources – FY23 Soil Health Cost Share \$.80, FY22 SWCD Local Capacity \$268.96, FY23 SWCD Local Capacity \$1,417.74)

- AA. Jary Holst Voucher payment for Contract# 24-CC-11 in the amount of \$925.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY24 Conservation Contracts)
- BB. Jeff Wiskow Voucher payment for Contract# 23-Capacity-3 in the amount of \$4,500.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY23 Capacity)
- CC. Oak Leaf Farms LLC Voucher payment for Contract# 23-SHCS-1 in the amount of \$2,460.00 for Practice 340 Cover Crops. 2nd year payment of a 3-year contract
(Funding source – FY23 Capacity)
- DD. Kurt Schnell Voucher payment for Contract# 2024WAGZ-WC-16 in the amount of \$3,555.00 for Practice 340 Cover Crops. 1st year payment of 2-year contract.
(Funding source - FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- EE. Huneke Bros. LLP (Micah Huneke) Voucher payment for Contract# 2022WAGZ-WC-8 in the amount of \$4,000.00 for Practice 340 Cover Crops. Third and final payment of 3-year contract.
(Funding source – FY22 Watershed Alliance for the Greater Zumbro (WAGZ))
- FF. Patrick Judge Voucher payment for Contract# 2022WAGZ-WC-10 in the amount of \$1,280.00 for Practice 340 Cover Crops. Third and final payment of 3-year contract.
(Funding source – FY22 Watershed Alliance for the Greater Zumbro (WAGZ))
- GG. Mark Lehnertz Voucher payment for Contract# 24-CC-7 in the amount of \$4,065.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY24 Conservation Contracts)
- HH. Larry Mischke Voucher payment for Contract# 2024WAGZ-WC-18 in the amount of \$2,925.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source - FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- II. Cooks Valley Farm LLC Voucher payment for Contract# 24-CC-9 in the amount of \$1,093.50 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY24 Conservation Contracts)
- JJ. Hyde Park Holsteins Voucher payment for Contract# DWP-26 in the amount of \$1,000.00 for U of MN Nitrogen Fertilizer Recommendation for Corn. 1st payment of 2-year contract.
(Funding source – Drinking Water Protection in the Karst Region)

ii. Contracts

iii. Contract Amendments

iv. Grants

- VI. SECRETARY'S REPORT – Board Action**
A. October 24, 2024 Meeting Minutes
- VII. TREASURER'S REPORT – Board Action**
A. October District Financial Statements
Included for your review
B. Program Record – October
The full spreadsheet was sent to the board in advance
- VIII. PAYMENT OF MONTHLY BILLS**
A. Monthly Bills in the amount of **\$129,537.58 - Board Action**
- IX. DISTRICT REPORTS**
A. Chair Report – Lynn Zabel
B. County Commissioner – Bob Walkes
C. District Manager Report – Terri Peters
D. NRCS Report – Christina Taylor – In the packet
E. District Technician Report- Matt Kempinger – In the packet
F. Conservation Planning and Outreach Technician Report– Jenna Rasmusson – In the packet.
G. Natural Resources Technician Report– Katelyn Abts – In the packet
H. Soil Health/Nutrient Management Tech Report – Deanna Pomije – In the packet
I. Bookkeeper/Administrative Assistant Report -Sue Cerwinske – In the packet
J. BWSR Report -
K. Other agencies –
- X. OLD BUSINESS**
A. Conservation Project – Lynn (open to any Supervisor for ideas)
B. Donations for Envirothon Raffle at the MASWCD Convention
- XI. NEW BUSINESS**
A. Approve Sue Cerwinske employee recognition for 5 years of service, \$120.00 annual payment on anniversary date. (September 16th) -**Board Action**
B. Approve Nancy Kuklinski Contract# 24-SWCD AID-2 in the amount of \$570.00 for Practice 314 Brush Management. Install date by 6/30/2024 – **Board Action**
(Funding source – SWCD Aid)
C. Approve Ernest Walters Contract# 24-SWCD AID-1 in the amount of \$1,500.00 for Practice 314 Brush Management. Install by date 8/31/2025 – **Board Action**
(Funding source - - SWCD Aid)
D. **Approve Dan Baker Amendment to Contract WS-08 to change install date to 10/31/2025 for Practice 351 Well Decommissioning – Board Action**
(Funding source – Fillmore Drinking Water Protection)

**** Shawn Huth Presentation 8:45 am**

- E. PRAP
 - i. PRAP Grant
 - ii. Full Classification and Compensation Study – Board Action
 - iii. Ongoing Maintenance. – Discussion
- F. Accept Jenna Rasmusson's Resignation – Board Action
- G. Approve Katie M. Jacobson, CPA Engagement Letter for Auditing 2024 Financial Statements. Quote is on last page of Engagement Letter. Email from Katie attached fee will be around the \$6,000.00 range– Board Action and Signature

XII. Board Reports

- A. Whitewater JPB – Lynn
- B. Zumbro 1W1P (WAGZ)– Dag
Dag summary of November 7th meeting in the packet.
- C. WinLaC 1W1P – Lynn
- D. SE SWCD Technical Support JPB - Dag
- E. County Board Meeting – Sharleen
- F. Upcoming Events:
 - i. Thursday, November 28, 2024 Thanksgiving Day – Office Closed
 - ii. Tree Order Forms will be included with the Nov/Dec Newsletter.
 - iii. MASWCD Annual Convention December 2-4, 2024.
 - iv. Thursday, December 19th, Regular Board Meeting
 - v. **Swearing-In Ceremony for all newly elected county officials is Friday, January 3, 2025 at 8:15 am in Court Room 2**
Sharleen, Chet and Dag

XIII. Adjourn – Board Action

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Warren Craig Beighley

Address: 50166 290th Ave

City, State, Zip: Elgin, MN 55932

Contract No.: 23-CS-2

Total Amount Authorized: \$255.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
Brush Management 314	0.85	Acre	\$300.00	\$255.00

PAYMENT REQUEST: \$255.00

I certify that this is an accurate and true summation of the above project.

Warren Craig Beighley
Payee Signature

Nov. 6th 2024
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$255.00
C. Total Amount Authorized:	\$255.00
D. Total previous partial payments:	
E. Amount available (C - D)	\$255.00

Amount Approved for This Voucher: \$255.00
(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

Kathy A. A.
Technical Assistance Provider

11/6/24
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

Susan Cervinka
Administrative Sign-off

11/06/2024
Date

314 – Brush Management
Implementation Requirements

Practice Specifications Approval and Completion Certification

Provided Practice Cost Information

- ☒ Site-specific cost estimate, or specifications for the producer to develop a cost estimate or obtain the bid themselves.

Design, Installation and Layout Approval

Designed by: Katelyn Abts Date: 8/22/2024
Job Approval Authority: 2
Approved by: Jared Holm Date: 8/27/20
Job Approval Authority: 3

Record of Completion and Check Out Certification

Management Unit	Treated Acres	Date Completed by Client	Date Certified	Approver's Initials
1	0.85	11/1/24	11/6/24	KA

- ☐ Additional documentation to support practice certification is in the Case File.

Certification Statement

I certify that implementation of this conservation practice is complete, meets criteria for the stated purpose(s), and meets the NRCS conservation practice standard and specifications.

Printed Name: Katelyn Abts Date: 11/6/24
Title: SWCD Natural Resource Technician Job Approval Authority: II

Signature: 

Site visit was conducted on 11/6/24 and Katelyn observed that 0.85 acre of Brush Management was completed according to plan within the scheduled area. Katelyn confirmed that the Brush Management was completed according to standards.

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Webasha SWCD	Contract Number: 23-CS-2	Other state or non-state funds? YES NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Consented <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Warren Craig Beighley	Address 50166 290th Ave	City/State Elgin, MN	Zip code 55932
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* If a group contract, this must be filled and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Elgin	Township No. 108	Range No. 12	Section No. 34	1/4, 1/2 SW, SE
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider. 2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.

3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.

4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

Brush Management 314

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.

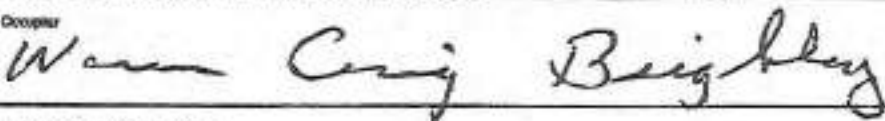
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 12/30/24, this contract will be automatically terminated on that date.

7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 9/9/24	Land Occupier 
Date	Landowner, if different from applicant
	Address, if different from applicant information

Conservation Practice

The primary practice for which cost-share is requested is 314 Brush Management

Eligible Component Standard & Name 314 Brush Management	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$255.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	Technical Assistance Provider
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$300/acre

Amount	Program Name	Fiscal Year
\$255.00	State Cost Share	2023

Date	Authorized Signature	Total Amount Authorized
Sept 26 - 2024	<i>Lynn [Signature]</i>	\$255.00

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Gerald Vandewalker**
Address: **58940 415th Ave**
City, State, Zip: **Mazeppa, MN**
Contract No.: **24-CC-3**

55956

Total Amount Authorized: **\$1,500.00**
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
Brush Management 314	5	Acres	\$300.00	\$1,500.00

PAYMENT REQUEST: **\$1,500.00**

I certify that this is an accurate and true summation of the above project.


Payee Signature

11/7/24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$1,500.00
C. Total Amount Authorized:	\$1,500.00
D. Total previous partial payments:	
E. Amount available (C - D)	\$1,500.00

Amount Approved for This Voucher: **\$1,500.00**
(cannot exceed Total Amount Authorized)

Technical Certification

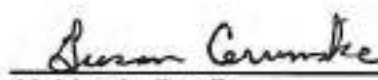
I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider

11/7/24
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

11/07/2024
Date

314 – Brush Management
Implementation Requirements

Practice Specifications Approval and Completion Certification

Provided Practice Cost information

- ☒ Site-specific cost estimate, or specifications for the producer to develop a cost estimate or obtain the bid themselves.

Job Class Information (List Practice Job Class)

314 ESJAA Fact Sheet

Job Class: II



Design Installation and Layout Approval

Designed By: Katelyn Abts	Date: 6/13/2024	Designer's Job Approval Authority:
Approved By: Jared Holm	Date: 7/10/2024	Approver's Job Approval Authority: III

Record of Completion and Check Out Certification

Treated Acres	Date Completed by Client	Date Certified	Approver's Initials
5	11/5/2024	11/7/2024	KA

- ☐ Additional documentation to support practice certification is in the Case File.

Certification Statement

I certify that implementation of this conservation practice is complete, meets criteria for the stated purpose(s), and meets the NRCS conservation practice standard and specifications.

Printed Name: Katelyn Abts	Date: 11/7/2024
Title: SWCD Natural Resource Technician	Certifier's Job Approval Authority (JAA): II
Signature: 	

Notes:

Site visit was conducted on 11/7/24 and Katelyn observed that 5 acres of Brush Management was completed according to plan within the scheduled area. Katelyn confirmed that the Brush Management was completed according to standards.

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 24-CC-3	Other state or non state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment Board Meeting Date(s)	Consent Board Meeting Date(s)
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*If contract amended, attach amendment form(s) to this contract

Applicant

Land Occupier Name Gerald Vandewalker	Address 58940 415th Ave	City/State Mazeppa, MN	Zip code 55956
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* If a group contract, this must be signed and signed by the group spokesperson as being listed in the group agreement and the group agreement attached to this form

Conservation Practice Location

Township Name Mazeppa Twp	Township No. 109	Range No. 14	Section No. 21	1/4, 1/4 NE, SW
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

- The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
- Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
- If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
- Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

314 Brush Management
- Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost share payments
- This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 12/31/24, this contract will be automatically terminated on that date
- Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to

- Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
- Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
- Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
- Not accept any other state or federal funds for this practice.

Date	7/19/24	Applicant Name	Herold 2 Van De Walle
County		Applicant Address	Herold 1 Van De Walle
Project is a different from applicant information			

Conservation Practice

The primary practice for which cost-share is requested is: Brush Management 314

Eligible Component Standard & Name	Engineering Practice	<input type="checkbox"/> YES <input type="checkbox"/> NO	Total Project Cost \$1,500.00
	Biological Practice	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Brush Management 314			

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	7/10/2024	Technical Assistance Provider	Jared Holm JARED HOLM (Affiliate)	Digitally signed by JARED HOLM (Affiliate) Date: 2024.07.10 11:06:56 -05'00'
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: 300/acre

Amount	Program Name	Fiscal Year
\$1,500.00	Conservation Contract	2024

Date	July 23, 2024	Authorized Signature	Lynn Zechel	Total Amount Authorized	\$1,500.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Cole Packer and David Packer

Address: 64448 205th Ave

City, State, Zip: Kellogg, MN

55945

Contract No.: 2024WAGZ-WC-10

Total Amount Authorized:

\$9,000.00

(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	100	Acres	\$45.00	\$4,500.00

PAYMENT REQUEST:

\$4,500.00

I certify that this is an accurate and true summation of the above project.



Payee Signature

10-24-24

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$4,500.00

C. Total Amount Authorized:

\$9,000.00

D. Total previous partial payments:

E. Amount available (C - D)

\$9,000.00

Amount Approved for This Voucher:

\$4,500.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.



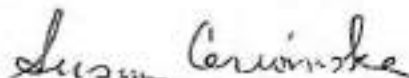
Technical Assistance Provider

10-24-24

Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.



Administrative Sign-off

11/12/2024

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment: <input type="checkbox"/>	Canceled: <input type="checkbox"/>
Wabasha SWCD	2024WAGZ-WC-10	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
Cole Packer and David Packer	64448 205th Ave	Kellogg, MN	55945

* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No:	Range No.:	Section No.	1/4, 1/2, 3/4
Glasgow	110	11	24	E 1/2

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:


1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 - Cover Crops
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, 11/1/2025, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 7-30-24	Land Occupier 
Date 7-30-24	Landowner, if different from applicant Janice A. Lentis
	Address, if different from applicant information

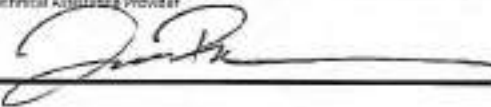
Conservation Practice

The primary practice for which cost-share is requested is 340- Cover Crop

Eligible Component Standard & Name 340- Cover Crop	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$9,000.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 7/30/24	Technical Assistance Provider 
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$9,000.00	Watershed Alliance for the Greater Zumbro	2024

Date 7/30/24	Authorized Signature Lentis - per board resolution	Total Amount Authorized \$9,000.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Cole Packer and David Packer

Address: 64448 205th Ave

City, State, Zip: Kellogg, MN

55945

Contract No.: 22-CS-2

Total Amount Authorized:

\$528.00

(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	4.4	acres	\$40.00	\$176.00

PAYMENT REQUEST:

\$176.00

I certify that this is an accurate and true summation of the above project.

X 
Payee Signature

X 10-24-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$176.00

C. Total Amount Authorized:

\$528.00

D. Total previous partial payments:

\$160.00

E. Amount available (C - D)

\$368.00

Amount Approved for This Voucher:

\$176.00

(cannot exceed Total Amount Authorized)

Technical Certification

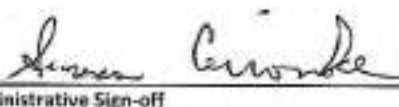
I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider

10-24-24
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

11/12/2025
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
Wabasha SWCD	22-CS-2	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		

*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
Cole Packer and David Packer	64448 205th Ave	Kellogg, MN	55945

*If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No:	Range No.:	Section No.	1/4, 1/4
Glasgow	110	11	24	NE1/4 NW1/4

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 - Cover Crop

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/23, 11/1/24, 11/1/25, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 10/24/23	Land Owner <i>Colin Fahn David Fahn</i>
Date 10/24/23	Landowner, if different from applicant Terri Peters <i>Terri Peters</i>
Address, if different from applicant information: 64952 E County Rd 19, Kellogg, MN 55945	

Conservation Practice

The primary practice for which cost-share is requested is (340) Cover Crop

Eligible Component Standard & Name (340) Cover Crop	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$528.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	Technical Assistance Provider DEAN THOMAS (Affiliate) Digitally signed by DEAN THOMAS (Affiliate) Date: 2023.10.20 11:41:47 -05'00'
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$40/acre

Amount	Program Name	Fiscal Year
\$176.00	2022 State Cost Share	2022
\$176.00	2022 State Cost Share	2022
\$176.00	2023 Capacity Funding	2023

Date 10/24/2023	Authorized Signature <i>Terri Peters (per board resolution)</i>	Total Amount Authorized \$528.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Scott Sexton**

Address: **30251 615th St**

City, State, Zip: **Millville, MN**

55957

Contract No.: **2024WAGZ-WC-20**

Total Amount Authorized:
(from contract)

\$1,345.00

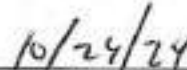
Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	26.9	Acres	\$50.00	\$1,345.00

PAYMENT REQUEST:

\$1,345.00

I certify that this is an accurate and true summation of the above project.


Payee Signature


Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$1,345.00

C. Total Amount Authorized:

\$1,345.00

D. Total previous partial payments:

E. Amount available (C - D)

\$1,345.00

Amount Approved for This Voucher:

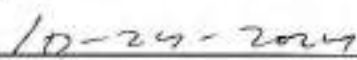
\$1,345.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

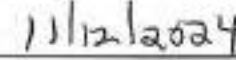

Technical Assistance Provider


Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off


Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2024WAGZ-WC-20	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Scott Sexton	Address 30251 615th St	City/State Millville, MN	Zip code 55957
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: West Albany, Oakwood	Township No: 110, 109	Range No.: 12	Section No. 33, 5	1/4, 1/4 E1/2 SW1/4 and SW1/4 SW1/4 NE1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops - Multispecies
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date	Land Occupier
10/03/24	SCOTT SEXTON Scott Sexton
Date	Landowner, if different from applicant
	DWANE SEXTON Dwan Sexton
Date	Address, if different from applicant information
10/03/24	29676 Lois th ST. MILLVILLE, MN 55957

Conservation Practice

The primary practice for which cost-share is requested is

340 Cover Crops

Eligible Component Standard & Name

340 Cover Crops

Engineered Practice:

☐ YES ☒ NO

Ecological Practice:

☒ YES ☐ NO

Total Project Cost Estimate

\$1,345.00

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	Technical Assessment Provider
10/3/24	[Signature] 242

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$50/ac

Amount	Program Name	Fiscal Year
\$1,345.00	Watershed Alliance for the Greater Zumbro	2024

Date	Authorized Signature	Total Amount Authorized
10/3/2024	Teri Sexton per board resolution	\$1,345.00

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Scott Sexton**

Address: **30251 615th St**

City, State, Zip: **Millville, MN**

55957

Contract No.: **2024WAGZ-WC-19**

Total Amount Authorized:
(from contract)

\$1,140.00

Practice	Quantity	Unit	Unit Rate	Total
240 Cover Crops	22.8	Acres	\$50.00	\$1,140.00

PAYMENT REQUEST:

\$1,140.00

I certify that this is an accurate and true summation of the above project.

X Scott Sexton
Payee Signature

X 10/24/24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$1,140.00

C. Total Amount Authorized:

\$1,140.00

D. Total previous partial payments:

E. Amount available (C - D)

\$1,140.00

Amount Approved for This Voucher:

\$1,140.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

Scott Sexton
Technical Assistance Provider

10-24-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

Susan Corwin
Administrative Sign-off

11/12/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2024WAGZ-WC-19	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Scott Sexton	Address 30251 615th St	City/State Millville, MN	Zip code 55957
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* If a group contract, this must be filed and signed by the group representative as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Oakwood	Township No: 109	Range No.: 12	Section No. 5, 8	1/4, 1/2 NE1/4 SW1/4 and W1/2 NW1/4 NE 1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crop - Multispecies

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date	Land Owner
10/03/24	SCOTT SEXTON Scott Sexton
Date	Landowner, if different from applicant
	DON SEXTON TRUST Don Sexton
Date	Address, if different from applicant information
10/03/24	29493 615 th ST. MILLVILLE, MN 55957

Conservation Practice

The primary practice for which cost-share is requested is 340 Cover Crops

Eligible Component Standard & Name	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate
340 Cover Crops	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		\$1,140.00

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	Technical Assistance Provider
10/3/24	JAR JAR 2

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$50/ac

Amount	Program Name	Fiscal Year
\$1,140.00	Watershed Alliance for the Greater Zumbro	2024

Date	Authorized Signature	Total Amount Authorized
10/3/2024	Lew J. Peters per board resolution	\$1,140.00

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Meyer's Seeds

Address: 7813 Highway 247 NE

City, State, Zip: Elgin, MN

55932

Contract No.: 2024WAGZ-WC-12

Total Amount Authorized:
(from contract)

\$2,110.50

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crop	46.9	Acres	\$45.00	\$2,110.50

PAYMENT REQUEST:

\$2,110.50

I certify that this is an accurate and true summation of the above project.

Meyer's Seeds John Meyer Pres
Payee Signature

11-4-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$2,110.50

C. Total Amount Authorized:

\$2,110.50

D. Total previous partial payments:

E. Amount available (C - D)

\$2,110.50

Amount Approved for This Voucher:

\$2,110.50

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature]
Technical Assistance Provider

11-4-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

[Signature]
Administrative Sign-off

11/12/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment <input type="checkbox"/>	Canceled <input type="checkbox"/>
Wabasha SWCD	2024WAGZ-WC-12	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
Meyer's Seeds	7813 Highway 247 NE	Elgin, MN	55932

* If a group contract, this must be filed and signed by the group representative as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No.	Range No.	Section No.	1/4, 1/4
Elgin	108	12	5	S1/2 SW1/4

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops, single species

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

1/1/20	1. Sub 2
9/6/24	George H. Lesmer
	58530 4, Rd 23 Millville MN 55951

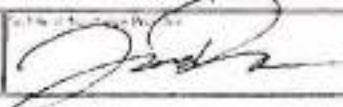
Conservation Practice

The primary practice for which cost-share is requested is: 340 Cover Crops

340 Cover Crops	Sign and Track	Y	N	\$2,110.50
	Single or Double	Y	NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above listed practice is and find it is needed and that the estimated quantities and costs are practical and reasonable

9/6/2024	 JAA 2
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance: total not to exceed a rate of \$45/acre

Amount	Program Name	Fiscal Year
\$2,110.50	Watershed Alliance for the Greater Zumbro	2024

Date	Signature	Amount
1/6/2024	Jeff Peters per board resolution	\$2,110.50

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **MARK MEYERS**
Address: **57545 260TH AVE**
City, State, Zip: **PLAINVIEW, MN 55964**
Contract No.: **24-CC-8**

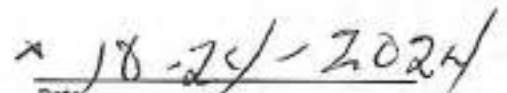
Total Amount Authorized: **\$1,089.00**
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	24.2	acres	\$45.00	\$1,089.00

PAYMENT REQUEST: **\$1,089.00**

I certify that this is an accurate and true summation of the above project.


Payee Signature


Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$1,089.00
C. Total Amount Authorized:	\$1,089.00
D. Total previous partial payments:	
E. Amount available (C - D)	\$1,089.00

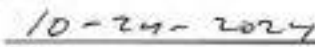
Amount Approved for This Voucher:
(cannot exceed Total Amount Authorized)

\$1,089.00

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

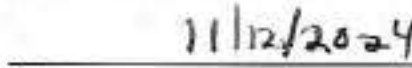

Technical Assistance Provider


Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off


Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment <input type="checkbox"/>	Canceled <input type="checkbox"/>
Wabasha SWCD	24-CC-8	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
MARK MEYERS	57545 260TH AVE	PLAINVIEW, MN	55964

* If a group contract, this must be filed and signed by the group representative or designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No:	Range No.:	Section No.	1/4, 1/4
OAKWOOD	25109	12	25	E1/2 NE1/4

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 COVER CROPS - SINGLE SPECIES
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date: 10/4/24	Land Occupier: Mark Meyer
Date:	Landowner, if different from applicant:
	Address, if different from applicant information:

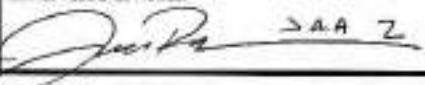
Conservation Practice

The primary practice for which cost-share is requested is 340 COVER CROPS

Eligible Component Standard & Name 340 COVER CROPS	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$1,089.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate


I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date: 10/4/2024	Technical Assistance Provider: 
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$1,089.00	Conservation Contracts	2024

Date: 10/4/2024	Authorized Signature:  Steve Peterson	Total Amount Authorized: \$1,089.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Allan Marking
Address: 19336 590th St
City, State, Zip: Kellogg, MN 55945
Contract No.: 21-Capacity-7

Total Amount Authorized: \$4,236.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	16.700	acres	\$40.00	\$668.00

PAYMENT REQUEST: \$668.00

I certify that this is an accurate and true summation of the above project, which was completed on:

10-2-2024

Allan Marking
Payee Signature

11-5-2024
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$668.00
C. Total Amount Authorized:	\$4,236.00
D. Total previous partial payments:	\$2,388.00
E. Amount available (C - D)	\$1,848.00

Amount Approved for This Voucher:
(cannot exceed Total Amount Authorized)

\$668.00

Technical Certification

I certify that an inspection has been performed and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature] 11/2
Technical Assistance Provider

11-5-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

[Signature]
Administrative Sign-off

11/12/2024
Date

Contract Amendment Form

Organization: <div style="text-align: center;">Wabasha SWCD</div>	Contract Number: <div style="text-align: center;">21-Capacity-7</div>	Amendment Number: <div style="text-align: center;">2</div> Board Meeting Date: <div style="text-align: center;">9/28/2023</div>	Amendment Type Date <input type="checkbox"/> Amount <input checked="" type="checkbox"/> Land Occupier <input type="checkbox"/> Practice <input type="checkbox"/> Other <input type="checkbox"/>
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Amendment requests that are received outside the executed State grant agreement date, outside the contract practice install date, or grant program policies BWSR staff must be consulted and a grant agreement amendment may be required.

State Grant Agreement Expiration Date: 11/30/2024 Original Contract Install Date: 11/1/22, 11/1/23, 11/1, 24

Amended Contract Install Date (if applicable): _____

Original Total Amount Authorized: \$3,260.00 Amended Total Amount Authorized: \$4,236.00

Original Estimated Project Cost: \$3,260.00 Amended Estimated Project Cost: \$4,236.00

The Parties whose names are signed below hereby agree that the above-referenced Conservation Practice Assistance Contract is amended as follows:

The total amount authorized is increased from \$3,260 to \$4,236 due to an increase of 12.2 acres of practice (340-cover crops) installed (34 acres to 46.2 acres). The payment rate remains at \$40/acre.

The original contract, as numbered, shall remain in full force and effect, except for those changes made necessary by the amendment.

This Amendment is to take affect on the date of the last signature hereto.

Date <div style="text-align: center;">9-27-2023</div>	Land Occupier <div style="text-align: center;"><i>Allan Mading</i></div>
Date	Landowner, if different from applicant

Technical Assessment and Cost Estimate

I have viewed the site where the above listed are to be installed and find that they are needed, and that the amended estimated quantities, costs, or completion date described above are practical and reasonable.

Date <div style="text-align: center;">9/27/2023</div>	Technical Assistance Provider <div style="text-align: center;"><i>John B...</i></div>
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Organizational Approval

Date <div style="text-align: center;">9-28-2023</div>	Authorized Signature <div style="text-align: center;"><i>Kym Forbel</i></div>
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*Attach this form to the Conservation Practice Assistance Contract

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment: <input type="checkbox"/>	Canceled: <input type="checkbox"/>
Wabasha SWCD	21-Capacity-7	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
Allan Marking	19336 590th St	Kellogg, MN	55945

*If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No.	Range No.	Section No.	1/4, 1/4
Watopa	109	10	18	SE, SE

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practice(s) applied under this program to ensure that the conservation objectives are met and the effective life, a minimum of N/A years, is achieved. The specific operation and maintenance requirements for the conservation practice(s) listed are described in the Operation and Maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice(s) during its effective life, the land occupier is liable to the organization for the amount up to 150% of the amount of financial assistance received to complete the practice(s) unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

NRCS 340 Cover Crops

5. Increases in the practice(s) units or cost must be approved by the organization board through amendment of this contract as a condition to increase the payments.
6. This contract, when approved by the organization board, will remain in effect unless canceled or amended by mutual agreement. If practice(s) covered by this contract have not been completed by 11/1/22, 11/1/23, 11/1/24 this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.
2. Obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).
3. Be responsible for the operation and maintenance of conservation practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for the practice(s) named in this agreement.

Date	Land Occupier

HS

Date 4-14-22	Landowner, with cost share applicant Applicant Allan Marking
Address, if different from applicant information	

Conservation Practice

The primary practice for which cost-share is requested is **340 Cover Crops**

Practice standard(s) or eligible component 340 Cover Crops	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Units 18 acres
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 4-7-22	Technical Assistance Provider Hong Shutt
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$30

Date 4-28-22	Authorized Signature Lynn Gabl	Total Amount Authorized \$1,620.00
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Amount	Program Name	Fiscal Year
\$1080.00	2021 Capacity	2021
\$540.00	2022 Capacity	2022

\$1290 1473.72

\$750 1786.28 \$2,762.28

4,236.00

\$4,236.00 9/28/22
3260

58/23

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Scotch Prairie Farms LLC

Address: 27170 661st St

City, State, Zip: Lake City, MN

55041

Contract No.: 2024WAGZ-WC-17

Total Amount Authorized:
(from contract)

\$4,500.00

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	100	acres	\$45.00	\$4,500.00

PAYMENT REQUEST:

\$4,500.00

I certify that this is an accurate and true summation of the above project.

Payee Signature

Date

11-12-2024

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$4,500.00

C. Total Amount Authorized:

\$4,500.00

D. Total previous partial payments:

E. Amount available (C - D)

\$4,500.00

Amount Approved for This Voucher:

\$4,500.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

Technical Assistance Provider

Date

11/12/2024

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

Administrative Sign-off

Date

11/12/2024

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2024WAGZ-WC-17	Other state or non-state lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name: Scotch Prairie Farms LLC	Address: 27170 661st St	City/State: Lake City, MN	Zip code: 55041
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Glasgow	Township No: 110	Range No.: 11	Section No.: 7, 18	1/4, 1/4 S1/2 SW1/4 and NW 1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops, single species

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 10/9/24	Land Occupier Brynjak Scotch Prairie Farms LLC
Date 10/9/24	Landowner, if different from applicant * Ann M. Welter
	Address, if different from applicant * 5944 188th St. W Fgtn, MN 55024

Conservation Practice

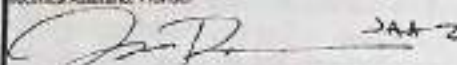
The primary practice for which cost-share is requested is

340 Cover Crops

Eligible Component Standard & Name	Engineered Practice:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate
340 Cover Crops	Ecological Practice:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
			\$4,500.00

Technical Assessment and Cost Estimate

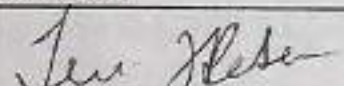
I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 10/9/2024	Technical Assistance Provider  JAA-2
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$4,500.00	Watershed Alliance for the Greater Zumbro	2024

Date	Authorized Signature	Total Amount Authorized
10/9/2024	 Per board resolution	\$4,500.00

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Jon Harvey**

Address: **28751 Co Rd 33**

City, State, Zip: **Lake City, MN**

55041

Contract No.: **23-Capacity-5**

Total Amount Authorized:

\$4,500.00

(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	100	acres	\$45.00	\$4,500.00

PAYMENT REQUEST:

\$4,500.00

I certify that this is an accurate and true summation of the above project.


Payee Signature

11-7-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$4,500.00

C. Total Amount Authorized:

\$4,500.00

D. Total previous partial payments:

E. Amount available (C - D)

\$4,500.00

Amount Approved for This Voucher:

\$4,500.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider

11-12-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

11/12/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 23-Capacity-5	Other state or non-state land? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s)	Canceled <input type="checkbox"/> Board Meeting Date(s)
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name: Jon Harvey	Address: 28751 Co Rd 33	City/State: Lake City, MN	Zip code: 55041
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* If a group contract, this must be filed and signed by the group's spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: West Albany	Township No.: 110	Range No.: 12	Section No.: 3	1/4, 1/4 NW1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date	10-17-24	Name of Applicant	Per Henry
Date	10-17-24	Landowner, if different from applicant	Michael Henry
		Address, if different from applicant information	28751 County Rd 83 Lake City

Conservation Practice

The primary practice for which cost-share is requested is

340 COVER CROPS

Eligible Component Standard & Name	340 COVER CROPS	Engineered Practice:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate
		Ecological Practice:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
				\$4,500.00

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	10-17-2024	Technical Assistance Provider	[Signature] 2192
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$4,500.00	2023 Capacity	2023

Date	10/17/2024	Authorized Signature	Levi Petersen per board resolution	Total Amount Authorized	\$4,500.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Jeremiah Leonhardt**
Address: **60035 Hwy 42**
City, State, Zip: **Kellogg, MN 55945**
Contract No.: **21-Capacity-8**

Total Amount Authorized: **\$8,900.00**
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 cover crops	100.000	acres	\$40.00	\$4,000.00

PAYMENT REQUEST: **\$4,000.00**

I certify that this is an accurate and true summation of the above project, which was completed on:


Payee Signature

10-25-2024

11-13-24
Date

PAYMENT AND CERTIFICATION INFORMATION

- A. Type of request (partial or final):
B. Payment amount requested:
C. Total Amount Authorized:
D. Total previous partial payments:
E. Amount available (C - D)

Final

\$4,000.00

\$8,900.00

\$4,900.00

\$4,000.00

Amount Approved for This Voucher:
(cannot exceed Total Amount Authorized)

\$4,000.00

Technical Certification

I certify that an inspection has been performed and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

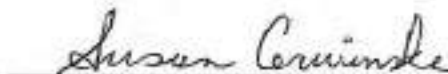

Technical Assistance Provider

Date

11-13-2024

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

Date

11/13/2024

Contract Amendment Form

Organization: <div style="text-align: center; font-weight: bold;">Wabasha SWCD</div>	Contract Number: <div style="text-align: center; font-weight: bold;">21-Capacity-8</div>	Amendment Number: <div style="text-align: center;">1</div> <hr/> Board Meeting Date:	Amendment Type: Date <input type="checkbox"/> Amount <input checked="" type="checkbox"/> Land Occupier <input type="checkbox"/> Practice <input type="checkbox"/> Other <input type="checkbox"/>
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Amendment requests that are received outside the executed State grant agreement date, outside the contract practice install date, or grant program policies BWSR staff must be consulted and a grant agreement amendment may be required.

State Grant Agreement Expiration Date: 11/30/2024 Original Contract Install Date: 11/1/22, 11/1/23, 11/1, 14

Amended Contract Install Date (if applicable): _____

Original Total Amount Authorized: \$2,700.00 Amended Total Amount Authorized: \$8,900.00


Original Estimated Project Cost: \$2,700.00 Amended Estimated Project Cost: \$8,900.00

The Parties whose names are signed below hereby agree that the above-referenced Conservation Practice Assistance Contract is amended as follows:

The total amount authorized is increased from \$2,700 to \$8,900 due to an increase of 70 acres of practice (340-cover crops) installed (30 acres to 100 acres). The payment rate is also increased from \$30/acre to \$40/acre to match updated policy.

The original contract, as numbered, shall remain in full force and effect, except for those changes made necessary by the amendment.

This Amendment is to take effect on the date of the last signature hereof.

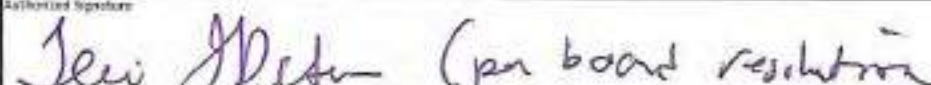
Date: <div style="font-size: 1.2em;">10/24/23</div>	Land Occupier: 
Date: <div style="text-align: center;">*</div>	Endorser, if different from applicant: <div style="text-align: center;">*</div>

Technical Assessment and Cost Estimate

I have viewed the site where the above listed are to be installed and find that they are needed, and that the amended estimated quantities, costs, or completion date described above are practical and reasonable.

Date: <div style="text-align: center;">*</div>	Technical Assistance Provider: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">DEAN THOMAS (Affiliate)</div> <div style="font-size: 0.8em;">Digitally signed by DEAN THOMAS (Affiliate) Date: 2023.10.10 08:26:49 -05'00'</div>
---	--

Organizational Approval

Date: <div style="font-size: 1.2em;">10/24/23</div>	Authorized Signature:  <div style="font-size: 1.2em;">(per board resolution)</div>
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*Attach this form to the Conservation Practice Assistance Contract

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 21-Capacity-8	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Jeremiah Leonhardt	Address 60035 Hwy 42	City/State Kellogg, MN	Zip code 55945
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Watopa	Township No: 109	Range No.: 10	Section No.: 7	1/4, 1/4 SE, SW
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practice(s) applied under this program to ensure that the conservation objectives are met and the effective life, a minimum of N/A years, is achieved. The specific operation and maintenance requirements for the conservation practice(s) listed are described in the Operation and Maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice(s) during its effective life, the land occupier is liable to the organization for the amount up to 150% of the amount of financial assistance received to complete the practice(s) unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

NRCS 340 Cover Crops

5. Increases in the practice(s) units or cost must be approved by the organization board through amendment of this contract as a condition to increase the payments.
6. This contract, when approved by the organization board, will remain in effect unless canceled or amended by mutual agreement. If practice(s) covered by this contract have not been completed by 11/1/22, 11/1/23, 11/1/24, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.
2. Obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).
3. Be responsible for the operation and maintenance of conservation practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for the practice(s) named in this agreement.

Date	Land Occupier
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Date	Landowner, if different from applicant <i>Lynn A. Jacob</i>
	Address, if different from applicant location:

Conservation Practice

The primary practice for which cost-share is requested is **340 Cover Crops**

Practice standard(s) or eligible component 340 Cover Crops	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Units 30 acres
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Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 4-7-22	Technical Assistance Provider <i>Henry Smith</i>
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$30/acre

Date 5-26-2022	Authorized Signature <i>Lynn Jacob</i>	Total Amount Authorized \$2,700.00
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Amount	Program Name	Fiscal Year
\$900.00	2021 Capacity	2022 2021
\$900.00	2021 Capacity	2023 2021
\$900.00	2022 Capacity	2024 2022

\$7,100

Amount 1 10/30/23 or

JE
10/30

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Roger Walkes

Address: 25089 County Rd 25

City, State, Zip: Plainview, MN

55964

Contract No.: 2024WinLac-WAB-007

Total Amount Authorized:
(from contract)

\$1,440.00

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	28.8	acres	\$50.00	\$1,440.00

PAYMENT REQUEST:

\$1,440.00

I certify that this is an accurate and true summation of the above project.

Roger Walkes
Payee Signature

11-13-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$1,440.00

C. Total Amount Authorized:

\$1,440.00

D. Total previous partial payments:

E. Amount available (C - D)

\$1,440.00

Amount Approved for This Voucher:
(cannot exceed Total Amount Authorized)

\$1,440.00

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature]
Technical Assistance Provider

Date

11-13-2024

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

Susan Grwinski
Administrative Sign-off

Date

11/13/2024

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2024WinLac- WAB-007	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Roger Walkes	Address 25089 County Rd 25	City/State Plainview, MN	Zip code 55964
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: PLAINVIEW	Township No: 108	Range No.: 11	Section No. 19	1/4, 1/4 W1/2 SE1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 10/17/24	Land Owner: <i>Roger Walker</i>
Date	Landowner, if different from applicant:
	Address, if different from applicant information:

Conservation Practice

The primary practice for which cost-share is requested is **340 COVER CROPS**

Eligible Component Standard & Name 340 COVER CROPS	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate: \$1,440.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 10/17/2024	Technical Assistance Provider <i>[Signature]</i> 2024
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$50/ac

Amount	Program Name	Fiscal Year
\$1,440.00	WinLac Partnership	2024

Date 10/17/24	Authorized Signature <i>[Signature]</i> per board resolution	Total Amount Authorized \$1,440.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Alan Jostock**

Address: **326 Hill St E**

City, State, Zip: **Hammond, MN**

55991

Contract No.: **2024WAGZ-WC-02**

Total Amount Authorized:
(from contract)

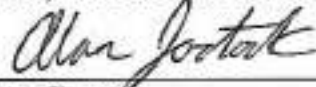
\$6,170.00

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops - early triticale and peas	5	ac	\$45.00	\$225.00
340 cover crops - fall rye	35	ac	\$45.00	\$1,575.00

PAYMENT REQUEST:

\$1,800.00

I certify that this is an accurate and true summation of the above project.



Payee Signature

11-13-2024

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$1,800.00

C. Total Amount Authorized:

\$6,170.00

D. Total previous partial payments:

E. Amount available (C - D)

\$6,170.00

Amount Approved for This Voucher:

\$1,800.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.



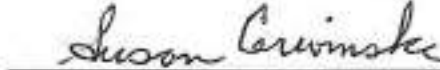
Technical Assistance Provider

11-13-2024

Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.



Administrative Sign-off

11/14/24

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment <input type="checkbox"/>	Canceled <input type="checkbox"/>
Wabasha SWCD	2024WAGZ-WC-02	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
Alan Jostock	326 Hill St E	Hammond, MN	55991

* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No.	Range No.	Section No.	1/4, 1/4
Hyde Park	109	13	14	SW 1/4

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops, 329 No Till
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/24, 11/1/25, 11/1/26, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 6-17-24	Land Occupier <i>Alan Jostots</i>
Date 6-17-24	Landowner, if different from applicant <i>Maria Melcher</i>
	Address, if different from applicant information 33958 590 St, Zumbro Falls, MN 55991

Conservation Practice

The primary practice for which cost-share is requested is 340 Cover Crops, 329 No Till

Eligible Component Standard & Name 340 Cover Crops, 329 No Till	Engineered Practice <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$6,170.00
	Ecological Practice <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 6/24/2024	Technical Assistance Provider <i>[Signature]</i>
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac and \$5/ac

Amount	Program Name	Fiscal Year
\$6,170.00	Watershed Alliance for the Greater Zumbro	2024

Date 6-27-2024	Authorized Signature <i>Lynn Zabel</i>	Total Amount Authorized \$6,170.00
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ALAN JOSTOCK
2024-WAGZ-WC-02

COVER CROP	
Rank = 71	
Rate = \$45/ac	
Fall cover crop acres	35
Early cover crop acres	5
Total acres	40

COVER CROP PAYMENT	
40 ac * \$45/ac =	\$1,800
\$1,800 * 3 years =	\$5,400

NO TILL FIELDS	
Rank = 59	
Rate = \$5/ac	
NO TILL PAYMENT (rotational)	
77 ac * \$5/ac =	\$385
\$385 * 2 years =	\$770

TOTAL AMOUNT	\$6,170
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Alan Jostock

Address: 326 Hill St E

City, State, Zip: Hammond, MN

55991

Contract No.: 2024WAGZ-WC-03

Total Amount Authorized:
(from contract)

\$2,720.00

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops - early peas and triticale	10	ac	\$40.00	\$400.00
340 cover Crops - fall rye	10	ac	\$40.00	\$400.00

PAYMENT REQUEST:

\$800.00

I certify that this is an accurate and true summation of the above project.

x Alan Jostock

Payee Signature

✓ 11-13-2024

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$800.00

C. Total Amount Authorized:

\$2,720.00

D. Total previous partial payments:

E. Amount available (C - D)

\$2,720.00

Amount Approved for This Voucher:

\$800.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature]

Technical Assistance Provider

Date

11-13-2024

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

[Signature]

Administrative Sign-off

Date

11/14/24

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment <input type="checkbox"/>	Canceled <input type="checkbox"/>
Wabasha SWCD	2024WAGZ-WC-03	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
Alan Jostock	326 Hill St E	Hammond, MN	55991

* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No.	Range No.	Section No.	1/4, 1/4
Zumbro	109	13	27	NW 1/4

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops, 329 No Till
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/24, 11/1/25, 11/1/26, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 6-17-24	Land Owner Alan Jostock
Date 6-17-24	Landowner, if different from applicant Edwin Jostock
	Address, if different from applicant information 34051 514 th St. Rochester Minn 55906


Conservation Practice

The primary practice for which cost-share is requested is 340 Cover Crops, 329 No Till

Eligible Component Standard & Name 340 Cover Crops, 329 No Till	Engineered Practice <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$2,720.00
	Ecological Practice <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 6/24/2024	Technical Assistance Provider 
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$40/ac and \$5/ac

Amount	Program Name	Fiscal Year
\$2,720.00	Watershed Alliance for the Greater Zumbro	2024

Date 6-27-2024	Authorized Signature 	Total Amount Authorized \$2,720.00
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ALAN JOSTOCK
2024-WAGZ-WC-03

COVER CROP	
Rank = 68	
Rate = \$40/ac	
Fall cover crop acres	10
Early cover crop acres	10
Total acres	20

COVER CROP PAYMENT	
20 ac * \$40/ac =	\$800
\$800 * 3 years =	\$2,400

NO TILL FIELDS	
Rank = 54	
Rate = \$5/ac	
NO TILL PAYMENT (rotational)	
32 ac * \$5/ac =	\$160
\$160 * 2 years =	\$320

TOTAL AMOUNT	\$2,720
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **RACHEL WALKES**
Address: **25089 COUNTY RD 25**
City, State, Zip: **PLAINVIEW, MN 55964**
Contract No.: **23-SHCS-5**

Total Amount Authorized: **\$4,470.00**
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	89.4	ac	\$50.00	\$4,470.00

PAYMENT REQUEST: **\$4,470.00**

I certify that this is an accurate and true summation of the above project.


Payee Signature

11-13-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$4,470.00
C. Total Amount Authorized:	\$4,470.00
D. Total previous partial payments:	
E. Amount available (C - D)	\$4,470.00

Amount Approved for This Voucher: **\$4,470.00**
(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider

11-13-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

11/14/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 23-SHCS-5	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name RACHEL WALKES	Address 25089 COUNTY RD 25	City/State PLAINVIEW, MN	Zip code 55964
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: PLAINVIEW	Township No: 108	Range No.: 11	Section No. 20	1/4,1/4 SW 1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 COVER CROPS

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date:	Land Owner:
10-9-24	Rachel Walles
Date:	Landowner, if different from applicant:
	Address, if different from applicant information:

Conservation Practice

The primary practice for which cost-share is requested is 340 COVER CROPS

Eligible Component Standard & Name 340 COVER CROPS	Engineered Practice:	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$4,470.00
	Ecological Practice:	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date:	Technical Assistance Provider:
10/9/2024	 1042

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$50/AC

Amount	Program Name	Fiscal Year
\$2,749.20	Soil Health Cost Share	2023
\$1,382.80	State Cost Share	2023
\$338.00	Conservation Contracts	2024

Date:	Authorized Signature:	Total Amount Authorized:
10/9/2024	Sen. Heston per board resolution	\$4,470.00

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **BLUFF VALLEY FARM LLC**

Address: **61297 390th Ave**

City, State, Zip: **ZUMBRO FALLS, MN**

55991

Contract No.: **24-CC-10**

Total Amount Authorized:
(from contract)


\$1,665.00

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	30	acres	\$45.00	\$1,350.00

PAYMENT REQUEST:

\$1,350.00

I certify that this is an accurate and true summation of the above project.


Payee Signature

11/6/24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$1,350.00

C. Total Amount Authorized:

\$1,665.00

D. Total previous partial payments:

E. Amount available (C - D)

\$1,665.00

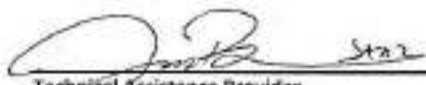
Amount Approved for This Voucher:

\$1,350.00

(cannot exceed Total Amount Authorized)

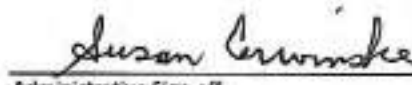
Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider
11-6-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off
11/14/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment <input type="checkbox"/>	Canceled <input type="checkbox"/>
Wabasha SWCD	24-CC-10	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
BLUFF VALLEY FARM LLC	61519 390th Ave	ZUMBRO FALLS, MN	55991

* If a group contract, this must be filled and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No:	Range No.:	Section No.	1/4, 1/2, 3/4
MAZEPPA	109	14	1	N1/2 NW1/4

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:


1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops - single species
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 10/14/24	Land Owner 
Date 10/14/24	Landowner, if different from applicant Mather Water
Address, if different from applicant information: 61519 390th Ave Zumbro Falls, MN 55991	


Conservation Practice

The primary practice for which cost-share is requested is 340 COVER CROPS

Eligible Component Standard & Name 340 COVER CROPS	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost (Estimate) \$1,665.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 10/7/2024	Technical Assistance Provider  JAA 2
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$1,665.00	Conservation Contracts	2024

Date 10/7/2024	Authorized Signature Lewis Peters per board resolution	Total Amount Authorized \$1,665.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Huneke Dairy (Paul Huneke)

Address: 25409 Cty 16 Blvd

City, State, Zip: Goodhue, MN 55029

Contract No.: 2022WAGZ-WC-9

Total Amount Authorized: \$4,800.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops - Single Species	35.100	acres	\$40.00	\$1,404.00

PAYMENT REQUEST: \$1,404.00

I certify that this is an accurate and true summation of the above project, which was completed on:

10/16/2024

x Huneke Dairy Inc, By Paul Huneke
Payee Signature

x 10-14-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$1,404.00

C. Total Amount Authorized:

\$4,800.00

D. Total previous partial payments:

\$2,400.00

E. Amount available (C - D)

\$2,400.00

Amount Approved for This Voucher:
(cannot exceed Total Amount Authorized)

\$1,404.00

Technical Certification

I certify that an inspection has been performed and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature]
Technical Assistance Provider

11-14-2024

Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

[Signature]
Administrative Sign-off

11/14/24

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2022WAGZ-WC-9	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name: Hunke Dairy Marcus (Paul) Hunke	Address: 25409 Cty Rd Bld 37001 690th St	City/State: Goodhue MN lake City, MIN	Zip code: 55029 55061
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*If a group contract, this must be filed and signed by the group representative as delineated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Chesler	Township No: 05 111	Range No.: 110 13	Section No.: 014 22	1/4, 1/4 SW
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practice(s) applied under this program to ensure that the conservation objectives are met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice(s) listed are described in the Operation and Maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice(s) during its effective life, the land occupier is liable to the organization for the amount up to 150% of the amount of financial assistance received to complete the practice(s) unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

NRCS 340 cover crop

5. Increases in the practice(s) units or cost must be approved by the organization board through amendment of this contract as a condition to increase the payments.
6. This contract, when approved by the organization board, will remain in effect unless canceled or amended by mutual agreement. If practice(s) covered by this contract have not been completed by 11/1/2022, 11/1/2023, 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.
2. Obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).
3. Be responsible for the operation and maintenance of conservation practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for the practice(s) named in this agreement.

Date: 9-19-22	Land Occupier: Hunke Dairy Inc. Paul Hunke
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Date	Signature of applicant
	Ronald Martinez
Address, if different from applicant information	
9/19/22	

Conservation Practice

The primary practice for which cost-share is requested is **340 cover crops**

Practice standard(s) or eligible component 340 cover crops	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Units 40 acres
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	Technical Assistance Provider
9-19-22	Henry Stubb

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$40/acre/year

Date	Authorized Signature	Total Amount Authorized
9-13-2022	Lee Nelson	\$4,800.00

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Eugene Betcher
Address: 27711 County 16 Blvd
City, State, Zip: Goodhue, MN 55027
Contract No.: 2022WAGZ-WC-12

Total Amount Authorized: \$6,000.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	50	acres	\$40.00	\$2,000.00

PAYMENT REQUEST: \$2,000.00

I certify that this is an accurate and true summation of the above project.

Eugene Betcher
Payee Signature

10-23-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$2,000.00
C. Total Amount Authorized:	\$6,000.00
D. Total previous partial payments:	\$4,000.00
E. Amount available (C - D)	\$2,000.00

Amount Approved for This Voucher: \$2,000.00
(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature]
Technical Assistance Provider

11-14-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

[Signature]
Administrative Sign-off

11/14/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2022WAGZ-WC-12	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Eugene Betcher	Address 27711 County 16 Blvd	City/State Goodhue, MN	Zip code 55027
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Ghester	Township No: 110	Range No.: 14	Section No. 3	1/4, 1/4 NE, NE
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practice(s) applied under this program to ensure that the conservation objectives are met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice(s) listed are described in the Operation and Maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice(s) during its effective life, the land occupier is liable to the organization for the amount up to 150% of the amount of financial assistance received to complete the practice(s) unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops

5. Increases in the practice(s) units or cost must be approved by the organization board through amendment of this contract as a condition to increase the payments.
6. This contract, when approved by the organization board, will remain in effect unless canceled or amended by mutual agreement. If practice(s) covered by this contract have not been completed by 11/1/2022, 11/1/2023, 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.
2. Obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).
3. Be responsible for the operation and maintenance of conservation practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for the practice(s) named in this agreement.

Date 7-20-22	Land Occupier Eugene Betcher
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Date	Landowner, if different from applicant
7-30-22	Ray Poncellet
	Address, if different from applicant information: 28074 City 16 Blvd Goodhue, MN 55027

Conservation Practice


The primary practice for which cost-share is requested is

340 Cover Crops

Practice standard[s] or eligible component	Engineered Practice:	Units
340 cover crops	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	50 acres
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

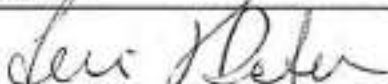
Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	Technical Assistant/ Provider
10/7/22	

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$40/acre/year

Date	Authorized Signature	Total Amount Authorized
10/7/22		\$6,000.00

one approved by board via resolution

PERCENT BASED - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Don Kastella Contract No.: 2024WAGZ-WC-09

Address: 700 S Lakeshore Dr. Apt. 201b

City, State, Zip: Lake City, MN

Total Amount Authorized: \$660.00 % Approved: 75% (state) 75% (state & non-state)

(from contract)

Item	Quantity	Unit	Unit Price	Cost
Hartert Well Drilling Invoice	1	Total	\$880.00	\$880.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

PROJECT COST: \$880.00

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Final

B. Total cost of practice to date: \$880.00

C. Eligible amount (total cost x % approved): \$660.00 (state) \$660.00 (state & non-state)

D. Total other state payment amount: \$0.00

E. Total non-state payment amount: \$0.00

F. Total previous partial payments: \$0.00

G. Pre-Construction Cover payment amount: \$0.00

H. Maximum payment amount: \$660.00

Pre-Con.Cover Ac.	Rate/Ac.

Amount Approved for This Voucher:

\$660.00

(cannot exceed Total Amount Authorized)

I certify that this is an accurate and true summation of the actual costs and quantities of material, labor, and equipment used on the above project. In cases where the receipts included items not used on the project, I have corrected them accordingly.

Donald J. Kastella
Payee Signature

11/14/24
Date

I certify that an inspection has been performed and as-built received and that the items identified under the Cost Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

I certify that I have reviewed this voucher and all supporting information, including invoices and paid receipts, and that to the best of my knowledge and belief, the quantities and billed cost or disbursements are accurate and are in accordance with terms of the contract identified.

[Signature]
Technical Assistance Provider

11-14-2024
Date

Lusan Cervinke
Administrative Sign-off

11/14/2024
Date

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Board/Board:	Canceled:
Winnebago SWCD	2024WAG2-WC-09	<input type="checkbox"/> YES <input checked="" type="checkbox"/> No	<input type="checkbox"/> Board Meeting Date(s):	<input type="checkbox"/> Board Meeting Date(s):

* If contract awarded, attach Landowner form(s) to this contract.

Applicant

Land Occupier Name:	Address:	City/Town:	Zip Code:
Don Kastelle	700 S Lakeshore Dr. Apt. 201b	Lake City, MN	55041

* If a group contract, the area listed and agency the group operation is completed in the above agreement and the group agreement applied to this form.

Conservation Practice Location

Township Name:	Township No.:	Range No.:	Section No.:	U.S. 1/4
Lake	111	12	6	NE 1/4 NE 1/4 SW 1/4

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

- The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 20 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
- Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
- If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
- Practice(s) must be planned and installed in accordance with technical standards and specifications of the
351 - Well Decommissioning
- Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
- This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 12/31/2024, this contract will be automatically terminated on that date.
- Items of cost for which reimbursement is claimed are to be supported by invoices/receipts for payments and will be verified by the organization board as practical and reasonable. The invoices must include the name of the vendor; materials, labor or equipment used; the component unit costs and the dates the work was performed. The organization board has the authority to make adjustments to the costs submitted for reimbursement. Pre-Construction Cover is exempt from having the required invoices/receipts.

Applicant Signatures

The land occupier's signature indicates agreement to:

- Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
- Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
- Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
- Not accept cost-share funds, from state sources in excess of 75%, or state and non-state sources that when combined are in excess of 75% of the total cost to establish the conservation practice. Pre-construction Cover is exempt from the percent reimbursement rate limitations when utilizing the flat rate payment option.

5. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this project.

Date 7/30/24	Lead Designer Donald V. Kastella
State	Conservation Practice Address, if different from applicant information

Conservation Practice

The primary practice for which cost-share is requested is: **351- Well Decommissioning**

Eligible Conservation Practice is Manual	Engineered Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Total Project Cost Estimate \$880.00
351- Well Decommissioning	Ecological Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 8/13/2024	Technical Assessment Provider Cost estimate provided by licensed well contractor. See estimate attached.
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Pre-Construction Cover

Is allowed when temporary cover is necessary for the future installation of structural conservation practices. A flat rate payment of up to \$150 per acre, not to exceed 10 acres, is allowed as part of a state cost-share contract for the installation of structural practice(s).

Amount / Acre (NTE \$150/acre)	Number of Acres (NTE 10 Acres)	Total Amount

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed 75.0% of the total cost to establish the conservation practice plus the pre-construction cover total amount if utilizing the flat rate payment option.

Amount	Program Name	Fiscal Year
\$660.00	Watershed Alliance for the Greater Zumbro	2024

Date 8/13/2024	Authorized Signature Leah Hefner	Total Amount Authorized \$660.00
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as per board resolution

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Gary Timm
Address: 30387 590th St
City, State, Zip: Millville, MN 55957
Contract No.: 2024WAGZ-WC-07 Total Amount Authorized: \$500.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
Woodland Stewardship Plan	1	Plan	\$500.00	\$500.00

PAYMENT REQUEST: \$500.00

I certify that this is an accurate and true summation of the above project.

Gary Timm
Payee Signature

11/12/24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Final
B. Payment amount requested: \$500.00
C. Total Amount Authorized: \$500.00
D. Total previous partial payments:
E. Amount available (C - D): \$500.00

Amount Approved for This Voucher: \$500.00
(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

Mark Miller

Digitally signed by Mark Miller
Date: 2024.11.14 11:13:34 -06'00'

Technical Assistance Provider

Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

Dusan Corwin
Administrative Sign-off

11/14/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment <input type="checkbox"/>	Canceled <input type="checkbox"/>
Wabasha SWCD	20 24WAGZ-WC-07	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name:	Address:	City/State:	Zip code:
Gary Timm	30387 590th St	Millville, MN	55957

* If a group contract, this must be filled and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No:	Range No:	Section No.	1/4, 1/4
Oakwood Twp	109	12	7	NE, S

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

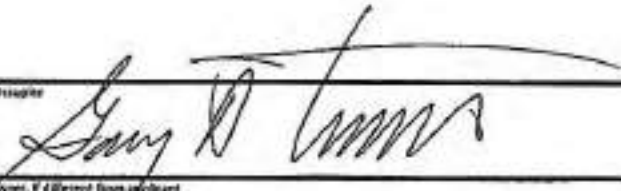
1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 0 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

Plan must be prepared by a Department of Natural Resources (DNR) Certified Plan Writer and registered with the DNR
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 12/31/24, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 6/24/24	Land Owner 
Date	Landowner, if different from applicant
	Address, if different from applicant information

Conservation Practice

The primary practice for which cost-share is requested is

Eligible Component Standard & Name Woodland Stewardship Plan	Engineered Practice: <input type="checkbox"/> YES <input type="checkbox"/> NO	Total Project Cost Estimate \$500.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	Technical Assistance Provider Mark Miller	Digitally signed by Mark Miller Date: 2024.07.08 11:53:28 -05'00'
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: 500/Plan

Amount	Program Name	Fiscal Year
\$500.00	WAGZ (watershed based funding)	2024

Date July 25, 2024	Authorized Signature 	Total Amount Authorized \$500.00
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PERCENT BASED - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Mehrkens Family Farms Inc Contract No.: 22-CS-8

Address: 34725 660th St

City, State, Zip: Lake City, MN

Total Amount

Authorized: \$7,659.00 % Approved: 90% (state) 90% (state & non-state)
(from contract)

Item	Quantity	Unit	Unit Price	Cost
Tom Herbst Invoice - 410 Construction	1	Total	\$22,530.00	\$22,530.00
Meyers Seeds - BLM#4 Seedmix	1	Bag	\$152.00	\$152.00
Ag Partners - Fertilizer 50#	1	Bag	\$103.55	\$103.55
Mehrkens Self Invoiced - Seeding and Mulching Labor	4	Hours	\$20.00	\$80.00
Mehrkens Self Invoiced - Grass Bales for Mulch	8	Each	\$50.00	\$400.00
				\$0.00
				\$0.00

PROJECT COST: **\$23,265.55**

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Total cost of practice to date:	\$23,265.55
C. Eligible amount (total cost x % approved):	\$7,659.00 (state) \$20,939.00 (state & non-state)
D. Total other state payment amount:	\$0.00
E. Total non-state payment amount:	\$13,710.98
F. Total previous partial payments:	\$0.00
G. Pre-Construction Cover payment amount:	\$0.00
H. Maximum payment amount	\$7,228.02

Pre-Cons. Cover Ac.	Rate/Ac.

Amount Approved for This Voucher: **\$7,228.02**
(cannot exceed Total Amount Authorized)

I certify that this is an accurate and true summation of the actual costs and quantities of material, labor, and equipment used on the above project. In cases where the receipts included items not used on the project, I have corrected them accordingly.

Payee Signature: [Signature] Date: 11-14-24

I certify that an inspection has been performed and as-built received and that the items identified under the Cost Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

I certify that I have reviewed this voucher and all supporting information, including invoices and paid receipts, and that to the best of my knowledge and belief, the quantities and billed cost or disbursements are accurate and are in accordance with terms of the contract identified.

Technical Assistance Provider NRCS-CPA 3245 (Practice Approval and Payment Worksheet) can be utilized as the certification of practice completion. An attached completed and signed NRCS-CPA-3245 and as-built can be used as the technical verification on the "Voucher and Certification"

Matt Kempinger
Technical Assistance Provider

10-16-2024
Date

Susan Czerwinski
Administrative Sign-off

11/18/24
Date

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization	Contract Number	Other Party or User Name (Optional)	Agreement <input type="checkbox"/> Board Approval (Optional)	Canceled <input type="checkbox"/> Board Meeting (Date)
Wabasha SWCD	22-CS-8	<input type="checkbox"/> YES <input type="checkbox"/> NO		

10-10-2024

10-10-2024

Applicant

Land Owner Name	Address	City/Town	Zip Code
Mehrkeens Family Farms Inc	34725 560th St	Lake City, MN	55041

10-10-2024

10-10-2024

Conservation Practice Location

Drainage Name	Township	Range	Section	1/4
Zumbro	109	13	20	SW

Contract Information

I/we, the undersigned, hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment areas applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 15 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.

2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 15% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent or better protection of water resources.

3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who agreed to this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.

4. Practices must be properly installed and installed in accordance with technical standards and specifications of the

NRCS Field Office Technical Guide (FOTG) - Conservation Practice Standards

5. Increases in the practice unit's cost must be approved by the organization board through amendment of this contract as a condition to increase the cost share payments.

6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement. Except where installations of practices covered by this contract have not been installed by 11/30/2024, this contract will be automatically terminated on that date.

7. Items of cost for which reimbursement is claimed are to be supported by invoices/receipts for payments and will be audited by the organization board as practical and reasonable. The invoices must include the name of the vendor, materials, labor or equipment used, the component unit costs and the dates the work was performed. The organization board has the authority to make adjustments to the costs submitted for reimbursement. Pre-Construction Cover is exempt from having the required invoice/receipts.

Applicant Signatures

The land occupier's signature indicates agreement to:

- Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
- Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
- Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
- Not accept cost share funds, from state sources in excess of 90%, or state and non-state sources that when combined are in excess of 90% of the total cost to establish the conservation practice. Pre-construction Cover is exempt from the percent reimbursement rate limitations when utilizing the flat rate payment option.
- To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this project.

Sarah owns land signing for Me horker family
Farms Inc.

Owner	Sarah K. Melukens (for)
Address	58512 361st Ave, Zumbro Falls, MN 55991

Conservation Practice

Conservation Practice for which cost share is requested

410 - Grade Stabilization Structure

342 - Critical Area Planting 362 - Diversion, 484 Mulching, 460 Land Clearing	L	\$23,600.00
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Conservation Practice Agreement and Cost Estimate

Signature	Matthew Empinger
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Pre Construction Cover

Pre construction cover is required for all projects. The amount of cover required is determined by the amount of cover required for the project. The amount of cover required is determined by the amount of cover required for the project.

Amount / Acre (NIT \$150/acre)	Number of Acres (NIT 10 Acres)	Total Amount

Amount Authorized for Financial Assistance

The organization must be a not-for-profit organization and the following conditions of assistance must be met: (a) 25% of the total cost to the landowner for the project plus the pre-construction cost (b) the total amount of the project plus the pre-construction cost (c) the total amount of the project plus the pre-construction cost.

Amount	Program Name	Fiscal Year
\$1,924.00	7-30-24	
\$5,735.00	See Peter (per board resolution)	

7-30-24	See Peter (per board resolution)	\$7,659.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: George Tesmer
Address: 58530 County Road 23
City, State, Zip: Millville, MN
Contract No.: 2024WAGZ-WC-04

55957

Total Amount Authorized: \$3,109.50
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	69.1	acres	\$45.00	\$3,109.50
	<u>65.4</u>	<u>ac</u>	<u>\$45</u>	<u>\$2,943.00</u>

PAYMENT REQUEST:

~~-\$3,109.50~~
\$2,943.00 *302 11-15-2024*

I certify that this is an accurate and true summation of the above project.

* George H. Tesmer
Payee Signature

* 15 Nov 2024
Date

PAYMENT AND CERTIFICATION INFORMATION

- A. Type of request (partial or final):
B. Payment amount requested:
C. Total Amount Authorized:
D. Total previous partial payments:
E. Amount available (C - D)

	Final
-\$3,109.50	<u>\$2,943.00</u> <i>302 11-15-24</i>
	<u>\$3,109.50</u>
	<u>\$3,109.50</u>

Amount Approved for This Voucher:
(cannot exceed Total Amount Authorized)

~~-\$3,109.50~~ \$2,943.00 *302 11-15-24*

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature]
Technical Assistance Provider

11-15-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

[Signature]
Administrative Sign-off

11/18/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2024WAG2-WC-04	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name George Tesmer	Address 58530 County Road 23	City/State Millville, MN	Zip code 55957
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Oakwood	Township No: 109	Range No.: 12	Section No. 19	1/4, 1/4 SE 1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crop. 69.1 acres planted as single species (\$45/ac)
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 6/5/30/24	Land Owner George H. Tismer
City	Landowner, if different from applicant
	Address, if different from applicant information

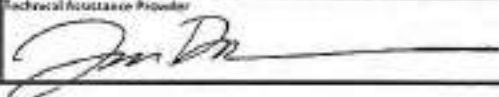
Conservation Practice

The primary practice for which cost-share is requested is 340 - Cover Crops

Eligible Component Standard & Name 340 - Cover Crops	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$3,109.50
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

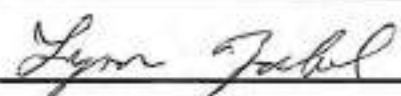
I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 6-25-24	Technical Assistance Provider 
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$3,109.50	Watershed Alliance for the Greater Zumbro	2024

Date 6-27-2024	Authorized Signature 	Total Amount Authorized \$3,109.50
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: George Tesmer
Address: 58530 County Road 23
City, State, Zip: Millville, MN 55957
Contract No.: 2024WAGZ-WC-05

Total Amount Authorized: \$3,240.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	21.6	acres	\$50.00	\$1,080.00

PAYMENT REQUEST: \$1,080.00

I certify that this is an accurate and true summation of the above project.

x George Tesmer
Payee Signature

x 15 Nov 2024
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Partial
B. Payment amount requested: \$1,080.00
C. Total Amount Authorized: \$3,240.00
D. Total previous partial payments:
E. Amount available (C - D) \$3,240.00

Amount Approved for This Voucher:
(cannot exceed Total Amount Authorized)

\$1,080.00

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature]
Technical Assistance Provider

11-15-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

[Signature]
Administrative Sign-off

11/18/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2024WAG2-WC-05	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name George Tesmer	Address 58530 County Road 23	City/State Millville, MN	Zip code 55957
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Oakwood	Township No.: 109	Range No.: 12	Section No.: 19	1/4, 1/4 SE 1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crop. 21.6 acres planted as multiple species (\$50/ac) for 3 years.
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, 11/1/2025, 11/1/2026, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 15 June 2024	Land Owner George H. Tesmer
Date	Landowner, if different from applicant
	Address, if different from applicant information

Conservation Practice

The primary practice for which cost-share is requested is 340 - Cover Crops

Eligible Component Standard & Name 340 - Cover Crops	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$3,240.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 6-25-2024	Technical Assistance Provider 
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$50/ac

Amount	Program Name	Fiscal Year
\$3,240.00	Watershed Alliance for the Greater Zumbro	2024

Date 15 June 2024	Landowner Signature George H. Tesmer	Total Amount Authorized \$3,240.00
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Date 6-27-2024	Authorized Signature Lynn Gehl	Total Amount Authorized \$3,240.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: John Eversman

Address: 20819 595TH ST

City, State, Zip: KELLOGG, MN

55945

Contract No.: 23-CWF-WIC-5

Total Amount Authorized:
(from contract)

\$2,011.50

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	44.7	acres	\$45.00	\$2,011.50

PAYMENT REQUEST:

\$2,011.50

I certify that this is an accurate and true summation of the above project.

John Eversman

Payee Signature

10/7/24

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$2,011.50

C. Total Amount Authorized:

\$2,011.50

D. Total previous partial payments:

E. Amount available (C - D)

\$2,011.50

Amount Approved for This Voucher:

\$2,011.50

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature]

Technical Assistance Provider

11-10-2024

Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

[Signature]

Administrative Sign-off

11/18/2024

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 23-CWF-WIC-5	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name John Eversman	Address 20819 595TH ST	City/State KELLOGG, MN	Zip code 55945
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* If a group contract, this must be filled and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: HIGHLAND	Township No: 109	Range No.: 11	Section No.: 13	1/4,1/4 E1/2 SW1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:


1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 COVER CROPS
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 10/16/23	Land Occupier 
Date	Landowner, if different from applicant
	Address, if different from applicant information


Conservation Practice

The primary practice for which cost-share is requested is 340 COVER CROPS

Eligible Component Standard & Name 340 COVER CROPS	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$2,011.50
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

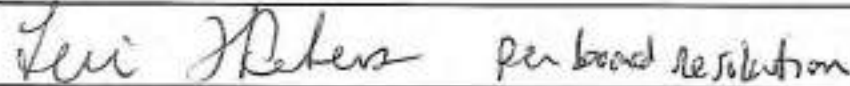
I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 10/17/2024	Technical Assistance Provider  2024
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$2,011.50	Clean Water Fund - West Indian Creek	2023

Date 10/17/2024	Authorized Signature  per board resolution	Total Amount Authorized \$2,011.50
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **JOHN EVERSMAN**

Address: **20819 595TH ST**

City, State, Zip: **KELLOGG, MN**

55945

Contract No.: **23-Capacity-4**

Total Amount Authorized:

\$1,687.50

(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	37.5	acres	\$45.00	\$1,687.50

PAYMENT REQUEST:

\$1,687.50

I certify that this is an accurate and true summation of the above project.



Payee Signature

11/7/24

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$1,687.50

C. Total Amount Authorized:

\$1,687.50

D. Total previous partial payments:

E. Amount available (C - D)

\$1,687.50

Amount Approved for This Voucher:

\$1,687.50

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.



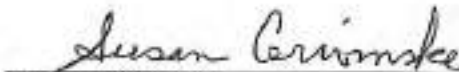
Technical Assistance Provider

11-18-2024

Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.



Administrative Sign-off

11/18/2024

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 23-Capacity-4	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name JOHN EVERS MAN	Address 20819 595TH ST	City/State KELLOGG, MN	Zip code 55945
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: HIGHLAND	Township No.: 109	Range No.: 11	Section No.: 13	1/4, 1/4 E 1/2 SW1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops - single species
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 10/8/24	Land Occupier John Eversman
Date	Landowner, if different from applicant
	Address, if different from applicant information

Conservation Practice

The primary practice for which cost-share is requested is 340 COVER CROPS

Eligible Component Standard & Name 340 COVER CROPS	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$1,687.50
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 10/8/2024	Technical Assistance Provider [Signature] SAT 2
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$0.80	Soil Health Cost Share	2023
\$268.96	2022 SWCD Local Capacity	2022
\$1,417.74	2023 SWCD Local Capacity	2023

Date 10/8/24	Authorized Signature Terri Defer per board resolution	Total Amount Authorized \$1,687.50
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **JARY HOLST**

Address: **20501 590TH ST**

City, State, Zip: **KELLOGG, MN**

55945

Contract No.: **24-CC-11**

Total Amount Authorized:
(from contract)

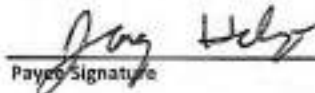
\$925.00

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	18.5	acres	\$50.00	\$925.00

PAYMENT REQUEST:

\$925.00

I certify that this is an accurate and true summation of the above project.


Payee Signature

11-7-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$925.00

C. Total Amount Authorized:

\$925.00

D. Total previous partial payments:

E. Amount available (C - D)

\$925.00

Amount Approved for This Voucher:

\$925.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider

11-18-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

11/18/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment: <input type="checkbox"/>	Canceled: <input type="checkbox"/>
Wabasha SWCD	24-CC-11	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name:	Address:	City/State:	Zip code:
JARY HOLST	20501 590TH ST	KELLOGG, MN	55945

* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No.:	Range No.:	Section No.:	1/4, 1/4
HIGHLAND, WATOPA	109	11, 10	13, 18	SE 1/4 and SW1/4

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

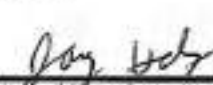
340 COVER CROPS

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date: 10-8-24	Land Occupier: 
Date:	Landowner, if different from applicant:
	Address, if different from applicant information:

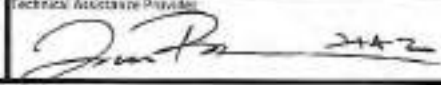
Conservation Practice

The primary practice for which cost-share is requested is 340 COVER CROPS

Eligible Component Standard & Name 340 COVER CROPS	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$925.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

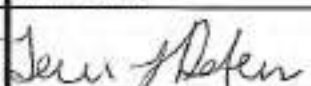
I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date: 10/8/2024	Technical Assistance Provider: 
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$50/AC

Amount	Program Name	Fiscal Year
\$925.00	2024 Conservation Contracts	2024

Date: 10/8/24	Authorized Signature:  Per board resolution	Total Amount Authorized: \$925.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Jeff Wiskow**

Address: **40377 County Road 75**

City, State, Zip: **Goodhue, MN**

55027

Contract No.: **23-Capacity-3**

Total Amount Authorized:

\$4,500.00

(from contract)

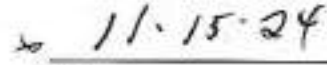
Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	100	ac	\$45.00	\$4,500.00

PAYMENT REQUEST:

\$4,500.00

I certify that this is an accurate and true summation of the above project.


Payee Signature


Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$4,500.00

C. Total Amount Authorized:

\$4,500.00

D. Total previous partial payments:

E. Amount available (C - D)

\$4,500.00

Amount Approved for This Voucher:

\$4,500.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

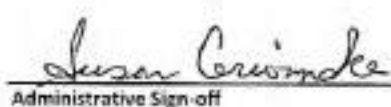

Technical Assistance Provider

Date

11-15-2024

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

Date

11/18/2024

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 23-Capacity-3	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name: Jeff Wiskow	Address: 40377 County Road 75	City/State: Goodhue, MN	Zip code: 55027
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Chester	Township No: 110	Range No.: 14	Section No.: 3, 1	1/4, 1/4 SW1/4 Sec. 3 and E1/2 SE1/3 Sec. 1
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crop, single species

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date	Land Occupier
9-30-20	Jake Nix
Date	Landowner, if different from applicant
	Address, if different from applicant information:

Conservation Practice

The primary practice for which cost-share is requested is 340 Cover Crops

Eligible Component Standard & Name 340 Cover Crops	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$4,500.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	Technical Assistance Provider
1/30/2024	Jane JANZ

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$4,500.00	2023 Capacity	2023

Date	Authorized Signature	Total Amount Authorized
9/30/2024	Jane Nix per board resolution	\$4,500.00

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Oak Leaf Farms LLC**

Address: **37210 Co Rd 15**

City, State, Zip: **Lake City, MN**

55041

Contract No.: **23-SHCS-1**

Total Amount Authorized:
(from contract)

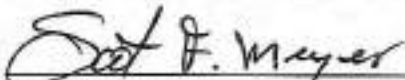
\$7,380.00

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	61.5	acres	\$40.00	\$2,460.00

PAYMENT REQUEST:

\$2,460.00

I certify that this is an accurate and true summation of the above project.


Payee Signature

11-15-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$2,460.00

C. Total Amount Authorized:

\$7,380.00

D. Total previous partial payments:

\$2,460.00

E. Amount available (C - D)

\$4,920.00

Amount Approved for This Voucher:

\$2,460.00

(cannot exceed Total Amount Authorized)

Technical Certification

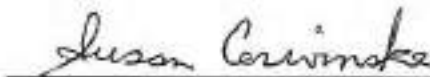
I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider

11-15-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

11/18/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 23-SHCS-1	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Oak Leaf Farms LLC	Address 37210 Co Rd 15	City/State Lake City, MN	Zip code 55041
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* If a group contract, this must be filed and signed by the group coordinator or designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Mount Pleasant	Township No.: 111	Range No.: 13	Section No.: 18	1/4, 1/4 SE 1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/23, 11/1/24, 11/1/25, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 9/27/23	Land Owner Oak Leaf Farms LLC Scott E. Meyer
Date 9/27/23	Landowner, if different from applicant Anthony Cordeiro
	Address, if different from applicant information 37031 CTY RD 15 Lake City, MN 55041

Conservation Practice

The primary practice for which cost-share is requested is 340 Cover Crops

Eligible Component Standard & Name 340 Cover Crops	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$7,380.00 \$7,386.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

per 9/28/23

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 9-27-2023	Technical Assessor/Provider [Signature]
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$40/ac

Amount	Program Name	Fiscal Year
\$4,320.00	Soil Health Cost Share	2023
\$2,460.00	Capacity	2023

Date 9/28/2023	Authorized Signature Jenifer Peters (per board resolution)	Total Amount Authorized \$7,386.00 \$7,380.00
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per 9/28/23

\$4,920.00 on 9/28/23

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Kurt Schnell**

Address: **65131 County Rd 68**

City, State, Zip: **Lake City, MN**

55041

Contract No.: **2024WAGZ-WC-16**

Total Amount Authorized:
(from contract)

\$7,110.00

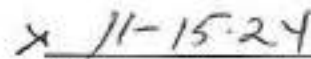
Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	79	acres	\$45.00	\$3,555.00

PAYMENT REQUEST:

\$3,555.00

I certify that this is an accurate and true summation of the above project.


Payee Signature


Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$3,555.00

C. Total Amount Authorized:

\$7,110.00

D. Total previous partial payments:

E. Amount available (C - D)

\$7,110.00

Amount Approved for This Voucher:

\$3,555.00

(cannot exceed Total Amount Authorized)

Technical Certification

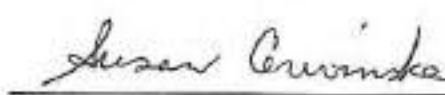
I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider

11-15-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

11/18/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment <input type="checkbox"/>	Canceled <input type="checkbox"/>
Wabasha SWCD	2024WAGZ-WC-16	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
Kurt Schnell	65131 County Rd 68	Lake City, MN	55041

* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No:	Range No.:	Section No.	1/4, 1/4
Chester	110	14	14, 15	E1/2 SW1/4 14:S1/2 SW

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

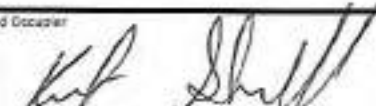
340 Cover Crops

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/204, 11/1/2025, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date: 9-30-24	Land Occupier: 
Date:	Landowner, if different from applicant:
	Address, if different from applicant information:


Conservation Practice

The primary practice for which cost-share is requested is 340 Cover Crop

Eligible Component Standard & Name: 340 Cover Crop	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate: \$7,110.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

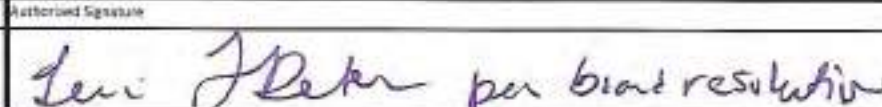
I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date: 9/30/2024	Technical Assistance Provider:  JAA 2
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$7,110.00	Watershed Alliance for the Greater Zumbro	2024

Date: 9/30/2024	Authorized Signature:  per board resolution	Total Amount Authorized: \$7,110.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Micah Huneke

Address: 24943 County 16 BLVD

City, State, Zip: Lake City, MN 55041 GOODHUE, MN 55027

Contract No.: 2022WAGZ-WC-8

Total Amount Authorized: \$12,000.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops - Single Species	100.000	acres	\$40.00	\$4,000.00

PAYMENT REQUEST: \$4,000.00

I certify that this is an accurate and true summation of the above project, which was completed on:

10/16/2024

X 
Payee Signature

X 11-15-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$4,000.00

C. Total Amount Authorized:

\$12,000.00

D. Total previous partial payments:

\$7,880.00

E. Amount available (C - D)

\$4,120.00

Amount Approved for This Voucher:

\$4,000.00

(cannot exceed Total Amount Authorized)

Technical Certification

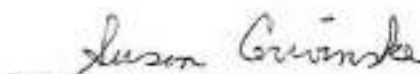
I certify that an inspection has been performed and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider

11-15-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

11/18/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2022WAGZ-WC-8	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment: <input type="checkbox"/> Board Meeting Date(s):	Canceled: <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name LLP Huneke Bros Dairy	Address 24943 County 16 Blvd	City/State Goodhue, MN	Zip code 55027
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* If a group contract, this must be filed and signed for the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Mt Pleasant	Township No.: 111	Range No.: 13	Section No.: 31	1/4, 1/2, 3/4: NE
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practice(s) applied under this program to ensure that the conservation objectives are met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice(s) listed are described in the Operation and Maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice(s) during its effective life, the land occupier is liable to the organization for the amount up to 150% of the amount of financial assistance received to complete the practice(s) unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

NRCS 340 cover crop

5. Increases in the practice(s) units or cost must be approved by the organization board through amendment of this contract as a condition to increase the payments.
6. This contract, when approved by the organization board, will remain in effect unless canceled or amended by mutual agreement. If practice(s) covered by this contract have not been completed by 11/1/2022, 11/1/2023, 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.
2. Obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).
3. Be responsible for the operation and maintenance of conservation practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for the practice(s) named in this agreement.

Date: 9/13/22	Signed Occupier: 
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Date 9/23/22	Landowner, if different from applicant <i>Dennis Rebe</i>
Address, if different from applicant information 16388 No. City Rd. 24 Wabeshe MN. 55981	

Conservation Practice

The primary practice for which cost-share is requested is 340 cover crops

Practice standard(s) or eligible component 340 cover crops	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LIMIT 100 acres
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 9/23/22	Technical Assistance Provider <i>Harry Smith</i>
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$40/acre

Date 9/23/22	Authorized Signature <i>Levi Peters</i>	Total Amount Authorized \$12,000.00
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as delegated by board

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Patrick Judge
Address: 58653 Hwy 42
City, State, Zip: Kellogg, MN 55945
Contract No.: 2022WAGZ-WC-10

Total Amount Authorized: \$3,840.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops - Single Species	32.000	acres	\$40.00	\$1,280.00

PAYMENT REQUEST: \$1,280.00

I certify that this is an accurate and true summation of the above project, which was completed on:

10-14-2024


Payee Signature

11-7-24
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$1,280.00
C. Total Amount Authorized:	\$3,840.00
D. Total previous partial payments:	\$2,560.00
E. Amount available (C - D)	\$1,280.00

Amount Approved for This Voucher:
(cannot exceed Total Amount Authorized)

\$1,280.00

Technical Certification

I certify that an inspection has been performed and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider

11-7-2024
Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


Administrative Sign-off

11/18/2024
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2022WAGZ-WC-10	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract

Applicant

Land Occupier Name Patrick Judge	Address 58653 Hwy 42	City/State Kellogg, MN	Zip code 55945
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form

Conservation Practice Location

Township Name Highland	Township No. 109	Range No. 11	Section No. 24	1/4, 1/4 SE, NW
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Contract Information


I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

- The land occupier is responsible for full establishment, operation, and maintenance of all practice(s) applied under this program to ensure that the conservation objectives are met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice(s) listed are described in the Operation and Maintenance plan prepared for this contract by the technical assistance provider.
- Should the land occupier fail to maintain the practice(s) during its effective life, the land occupier is liable to the organization for the amount up to 150% of the amount of financial assistance received to complete the practice(s) unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
- If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
- Practice(s) must be planned and installed in accordance with technical standards and specifications of the:
NRCS 340 cover crop
- Increases in the practice(s) units or cost must be approved by the organization board through amendment of this contract as a condition to increase the payments.
- This contract, when approved by the organization board, will remain in effect unless canceled or amended by mutual agreement. If practice(s) covered by this contract have not been completed by 11/1/2022, 11/1/2023, 11/1/2024, this contract will be automatically terminated on that date.
- Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

- Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.
- Obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).
- Be responsible for the operation and maintenance of conservation practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
- Not accept any other state or federal funds for the practice(s) named in this agreement.

Date 9-30-22	Land Occupier 
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Date 9-30-22	Landowner, if different from applicant <i>James Jacobs</i>
Address, if different from applicant information 57407 CR86 Plainview MN 55964	

Conservation Practice

The primary practice for which cost-share is requested is **340 cover crops**

Practice standard(s) or eligible component 340 cover crops	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Units 32 acres
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 10/7/22	Technical Assessment Provider <i>Henry Smith</i>
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$40/acre

Date 10/7/22	Authorized Signature <i>Leri Peters</i>	Total Amount Authorized \$3,840.00
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as approved by board via resolution

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Mark Lehnertz**

Address: **21077 595th St**

City, State, Zip: **Kellogg, MN**

55945

Contract No.: **24-CC-7**

Total Amount Authorized:

\$4,065.00

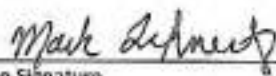
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	81.3	ac	\$50.00	\$4,065.00

PAYMENT REQUEST:

\$4,065.00

I certify that this is an accurate and true summation of the above project.



Payee Signature

11-15-24

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$4,065.00

C. Total Amount Authorized:

\$4,065.00

D. Total previous partial payments:

E. Amount available (C - D)

\$4,065.00

Amount Approved for This Voucher:

\$4,065.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.



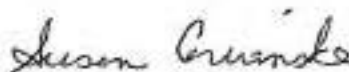
Technical Assistance Provider

11-18-2024

Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.



Administrative Sign-off

11/18/2024

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 24-CC-7	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Mark Lehnertz	Address 21077 595th St	City/State Kellogg, MN	Zip code 55945
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Greenfield	Township No.: 110	Range No.: 9	Section No.: 31, 36	1/4, 1/4 S1/2 NW1/4 and N1/2 N1/2 NE1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 cover crops single species

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 10/3/24	Land Occupier Mark Lohmeyer
Date 10/3/24	Landowner, if different from applicant Richard J. Peters
	Address, if different from applicant information 22951 161 st Ave Kellogg ⁵⁵⁹⁴⁵ Mn.

Conservation Practice

The primary practice for which cost-share is requested is 340 Cover Crops

Eligible Component Standard & Name 340 Cover Crops	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$4,065.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 10/4/24	Technical Assistance Provider [Signature] JAAZ
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$50/ac

Amount	Program Name	Fiscal Year
\$4,065.00	2024 Conservation Contracts	2024

Date 10/4/24	Authorized Signature Leri Peters per board resolution	Total Amount Authorized \$4,065.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Larry Mischke

Address: 62156 258th Ave

City, State, Zip: Theilman, MN

55945

Contract No.: 2024WAGZ-WC-18

Total Amount Authorized:
(from contract)

\$2,925.00

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crop	65	acres	\$45.00	\$2,925.00

PAYMENT REQUEST:

\$2,925.00

I certify that this is an accurate and true summation of the above project.

Payee Signature

Larry Mischke

Date

11-15-24

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

FINAL

B. Payment amount requested:

\$2,925.00

C. Total Amount Authorized:

\$2,925.00

D. Total previous partial payments:

E. Amount available (C - D)

\$2,925.00

Amount Approved for This Voucher:

\$2,925.00

(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

Technical Assistance Provider

Date

11-18-2024

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

Administrative Sign-off

Date

Jessie Curvite

11/18/2024

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Other state or non-state funds?	Amendment <input type="checkbox"/>	Canceled <input type="checkbox"/>
Wabasha SWCD	2024WAGZ-WC-18	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Board Meeting Date(s):	Board Meeting Date(s):

* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name	Address	City/State	Zip code
Larry Mischke	62156 258th Ave	Theilman, MN	55945

* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name:	Township No:	Range No:	Section No.	1/4, 1/4
West Albany	110	12	36	SE 1/4

Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 Cover Crops, single species
5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/2024, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 10/14/24	Land Occupier <i>Larry Mischke</i>
Date	Landowner, if different from applicant
	Address, if different from applicant information

Conservation Practice

The primary practice for which cost-share is requested is 340 Cover Crop

Eligible Component Standard & Name 340 Cover Crop	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$2,925.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 10/14/2024	Technical Assistance Provider <i>[Signature]</i> JAAZ
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$2,925.00	Watershed Alliance for the Greater Zumbro	2024

Date 10/14/2024	Authorized Signature <i>Jens Petersen</i> Per board resolution	Total Amount Authorized \$2,925.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

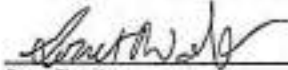
Name: **COOKS VALLEY FARM LLC**
 Address: **64425 WEST CO RD 19**
 City, State, Zip: **KELLOGG, MN 55945**
 Contract No.: **24-CC-9**

Total Amount Authorized: **\$1,093.50**
 (from contract)

Practice	Quantity	Unit	Unit Rate	Total
340 Cover Crops	24.3	acres	\$45.00	\$1,093.50

PAYMENT REQUEST: **\$1,093.50**

I certify that this is an accurate and true summation of the above project


 Payee Signature

11-18-24
 Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$1,093.50
C. Total Amount Authorized:	\$1,093.50
D. Total previous partial payments:	
E. Amount available (C - D)	\$1,093.50

Amount Approved for This Voucher: **\$1,093.50**
 (cannot exceed Total Amount Authorized)

Technical Certification

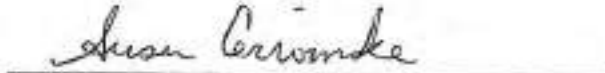
I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


 Technical Assistance Provider

11-18-2024
 Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.


 Administrative Sign-off

11/18/2024
 Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 24-CC-9	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name COOKS VALLEY FARM LLC	Address 64425 WEST CO RD 19	City/State KELLOGG, MN	Zip code 55945
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: GLASGOW	Township No: 110	Range No.: 11	Section No. 24	1/4, 1/4 W1/2 SW/14
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

340 COVER CROPS - SINGLE SPECIES

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/204, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date: 10/4/24	Land Occupier: <i>Scott Webb</i>
Date: 10/4/24	Landowner, if different from applicant: <i>Highway</i>
Address, if different from applicant information: 64427 W. Cnty Rd 19 Kellogg, MN 55745	

Conservation Practice

The primary practice for which cost-share is requested is: 340 COVER CROPS

Eligible Component Standard & Name: 340 COVER CROPS	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate: \$1,093.50
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date: 10/4/2024	Technical Assistance Provider: <i>[Signature]</i> JAA-2
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$45/ac

Amount	Program Name	Fiscal Year
\$1,093.50	Conservation Contracts	2024

Date: 10/4/2024	Authorized Signature: <i>Lea Refer per board resolution</i>	Total Amount Authorized: \$1,093.50
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Hyde Park Holsteins
 Address: 35129 Hwy 60
 City, State, Zip: Zumbro Falls
 Contract No.: DWP-25

55991

Total Amount Authorized:
 (from contract) \$2,000.00

Practice	Quantity	Unit	Unit Rate	Total
University of Minnesota Nitrogen Fertilizer Recommendations for Corn - Pre-Plant N	100	acres	\$10.00	\$1,000.00

PAYMENT REQUEST: \$1,000.00

I certify that this is an accurate and true summation of the above project.

[Signature]
 Payee Signature

11-19-24
 Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final) Partial
 B. Payment amount requested: \$1,000.00
 C. Total Amount Authorized: \$2,000.00
 D. Total previous partial payments:
 E. Amount available (C - D): \$2,000.00

Amount Approved for This Voucher: \$1,000.00
 (cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and as-built received and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.

[Signature]
 Technical Assistance Provider

11-19-24
 Date

Administrative Certification

I certify that I have reviewed this voucher and all supporting information and that to the best of my knowledge and belief, the quantities and rates are accurate and are in accordance with terms of the contract identified.

[Signature]
 Administrative Sign-off

11/19/2024
 Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: DWP-26	Other state or non state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract

Applicant

Land Occupier Name Hyde Park Holsteins	Address 35129 Hwy 60	City/State Zumbro Falls	Zip code 55991
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* If a group contract, this must be filled and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form

Conservation Practice Location

Township Name: Hyde Park	Township No.: 109	Range No.: 13	Section No.: 4	1/4, 1/4 NE 1/4
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 2 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

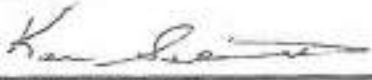
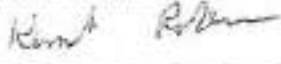
University of Minnesota Nitrogen Fertilizer Recommendation for Corn

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/30/24, 11/30/25, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 5-18-24	Land Owner 
Date 4-22-24	Landowner, if different from applicant 
Address, if different from applicant information 34436 C. Rd 72 Embury Falls MN 55991	

Conservation Practice

The primary practice for which cost-share is requested is University of Minnesota Nitrogen Recommendations for Corn

Eligible Component Standard & Name University of Minnesota Nitrogen Recommendations for Corn - Pre-Plant N	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$2,000.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

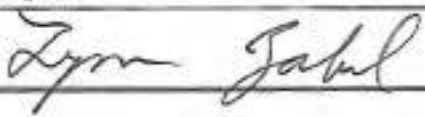
I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date	Technical Assistance Provider JENNA RASMUSSEN (Affiliate) <small>Digitally signed by JENNA RASMUSSEN DN: cn=JENNA RASMUSSEN, o=NRCS, ou=NRCS, email=jenna.rasmussen@aphis.usda.gov, c=US</small>
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$10/acre

Amount	Program Name	Fiscal Year
\$2,000.00	Drinking Water Protection in the Karst Region	2024

Date 4-25-24	Authorized Signature 	Total Amount Authorized \$2,000.00
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Please call office at 651-560-2053 or email susan.cerwinske.wabashaswcd@gmail.com if you have any questions on attending physically or by phone. We have call-in capabilities for up to 10 people. Phone# 651-560-1088 Access code # 0147478#

**Wabasha Soil and Water Conservation District
Regular Board Meeting
November 21, 2024
8:15 am
611 Broadway Ave.
Suite 10B**

I. CALL MEETING TO ORDER

II. PLEDGE ALLEGIANCE

III. AGENDA

IV. PUBLIC COMMENTS

Comments limited to 5 minutes per speaker

V. CONSENT AGENDA

Items on the Consent Agenda are considered to be routine by the Board and may be enacted through one motion. Any item on the Consent Agenda may be removed by any of the Board members for separate consideration.

i. Vouchers – Board Action

- A. Warren Craig Beighley Voucher payment for Contract# 23-CS-2 in the amount of \$255.00 for Practice 314 Brush Management.
(Funding source – FY23 State Cost Share)
- B. Gerald VanDewalker Voucher payment for Contract# 24-CC-3 in the amount of \$1,500.00 for Practice 314 Brush Management.
(Funding source – FY24 Conservation Contracts)
- C. Cole and David Packer Voucher payment for Contract# 2024WAGZ-WC-10 in the amount of \$4,500.00 for Practice 340 Cover Crops. 1st payment of a 2- year contract.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- D. Cole and David Packer Voucher payment for Contract# 22-CS-2 in the amount of \$176.00 for Practice 340 Cover Crops. 2nd payment of a 3-year contract.
(Funding source – FY22 State Cost Share)
- E. Scott Sexton Voucher payment for Contract# 2024WAGZ-WC-20 in the amount of \$1,345.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))

- F. Scott Sexton Voucher payment for Contract# 2024WAGZ-WC-19 in the amount of \$1,140.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- G. Meyer's Seeds Voucher payment for Contract# 2024WAGZ-WC-12 in the amount of \$2,110.50 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- H. Mark Meyers Voucher payment for Contract# 24-CC-8 in the amount of \$1,089.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 Conservation Contracts)
- I. Allan Marking Voucher payment for Contract# 21-Capacity-7 in the amount of \$668.00 for Practice 340 Cover Crops. Third and final payment of a 3-year contract.
(Funding source – FY22 Capacity)
- J. Scotch Prairie Farms LLC Voucher payment for Contract# 2024WAGZ-WC-17 in the amount of \$4,500.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- K. Jon Harvey Voucher payment for Contract# 23-Capacity-5 in the amount of \$4,500.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY23 Capacity)
- L. Jeremiah Leonhardt Voucher payment for Contract# 21-Capacity-8 in the amount of \$4,000.00 for Practice 340 Cover Crops. Third and final payment of a 3-year contract.
(Funding source – FY22 Capacity)
- M. Roger Walkes Voucher payment for Contract# 2024WinLaC-WAB-007 in the amount of \$1,440.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding source – FY24 WinLac Partnership)
- N. Alan Jostock Voucher payment for Contract# 2024WAGZ-WC-02 in the amount of \$1,800.00 for Practice 340 Cover Crops. First payment of a 3-year contract.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- O. Alan Jostock Voucher payment for Contract# 2024WAGZ-WC-03 in the amount of \$800.00 for Practice 340 Cover Crops. First payment of a 3-year contract.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- P. Rachel Walkes Voucher payment for Contract# 23-SHCS-5 in the amount of \$4,470.00 for Practice 340 Cover Crops. 1-year contract complete.
(Funding sources – FY23 Soil Health Cost Share \$2,749.20, FY23 State Cost Share \$1,382.80, FY24 Conservation Contracts \$338.00)

- Q. Bluff Valley Farm LLC Voucher payment for Contract# 24-CC-10 in the amount of \$1,350.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY24 Conservation Contracts)
- R. Huneke Dairy Inc. (Paul Huneke) Voucher payment for Contract# 2022WAGZ-WC-9 in the amount of \$1,404.00 for Practice 340 Cover Crops. Third and final payment of a 3-year contract.
(Funding source – FY22 Watershed Alliance for the Greater Zumbro (WAGZ))
- S. Eugene Betcher Voucher payment for Contract# 2022WAGZ-WC-12 in the amount of \$2,000.00 for Practice 340 Cover Crops. Third and final payment of a 3-year contract.
(Funding source – FY22 Watershed Alliance for the Greater Zumbro (WAGZ))
- T. Don Kastella Voucher payment for Contract# 2024WAGZ-WC-09 in the amount of \$660.00 for Practice 351 Well Decommissioning.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- U. Gary Timm Voucher payment for Contract# 2024WAGZ-WC-07 in the amount of \$500.00 for Woodland Stewardship Plan.
(Funding source - FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- V. Mehrkens Family Farms Inc. Voucher payment for Contract# 22-CS-2 in the amount of \$7,228.02 for Practices 342 Critical Area Planting, 362 Diversion, 484 Mulching and 460 Land Clearing.
(Funding sources – FY22 State Cost Share \$1,924.00 and FY23 State Cost Share \$5,304.02.)
- W. George Tesmer Voucher payment for Contract# 2024WAGZ-WC-04 in the amount of \$2,943.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- X. George Tesmer Voucher payment for Contract# 2024WAGZ-WC in the amount of \$1,080.00 for Practice 340 Cover Crops. 1st year payment of 3-year contract.
(Funding source – FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- Y. John Eversman Voucher payment for Contract# 23-CWF-WIC-5 in the amount of \$2,011.50 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY23 Clean Water Fund – West Indian Creek)
- Z. John Eversman Voucher payment for Contract# 23-Capacity-4 in the amount of \$1,687.50 for Practice 340 Cover Crops. 1 year contract complete.
(Funding sources – FY23 Soil Health Cost Share \$.80, FY22 SWCD Local Capacity \$268.96, FY23 SWCD Local Capacity \$1,417.74)

- AA. Jary Holst Voucher payment for Contract# 24-CC-11 in the amount of \$925.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY24 Conservation Contracts)
- BB. Jeff Wiskow Voucher payment for Contract# 23-Capacity-3 in the amount of \$4,500.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY23 Capacity)
- CC. Oak Leaf Farms LLC Voucher payment for Contract# 23-SHCS-1 in the amount of \$2,460.00 for Practice 340 Cover Crops. 2nd year payment of a 3-year contract
(Funding source – FY23 Capacity)
- DD. Kurt Schnell Voucher payment for Contract# 2024WAGZ-WC-16 in the amount of \$3,555.00 for Practice 340 Cover Crops. 1st year payment of 2-year contract.
(Funding source - FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- EE. Huneke Bros. LLP (Micah Huneke) Voucher payment for Contract# 2022WAGZ-WC-8 in the amount of \$4,000.00 for Practice 340 Cover Crops. Third and final payment of 3-year contract.
(Funding source – FY22 Watershed Alliance for the Greater Zumbro (WAGZ))
- FF. Patrick Judge Voucher payment for Contract# 2022WAGZ-WC-10 in the amount of \$1,280.00 for Practice 340 Cover Crops. Third and final payment of 3-year contract.
(Funding source – FY22 Watershed Alliance for the Greater Zumbro (WAGZ))
- GG. Mark Lehnertz Voucher payment for Contract# 24-CC-7 in the amount of \$4,065.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY24 Conservation Contracts)
- HH. Larry Mischke Voucher payment for Contract# 2024WAGZ-WC-18 in the amount of \$2,925.00 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source - FY24 Watershed Alliance for the Greater Zumbro (WAGZ))
- II. Cooks Valley Farm LLC Voucher payment for Contract# 24-CC-9 in the amount of \$1,093.50 for Practice 340 Cover Crops. 1 year contract complete.
(Funding source – FY24 Conservation Contracts)
- JJ. Hyde Park Holsteins Voucher payment for Contract# DWP-26 in the amount of \$1,000.00 for U of MN Nitrogen Fertilizer Recommendation for Corn. 1st payment of 2-year contract.
(Funding source – Drinking Water Protection in the Karst Region)

ii. Contracts

iii. Contract Amendments

iv. Grants

- VI. SECRETARY'S REPORT – Board Action
A. October 24, 2024 Meeting Minutes
- VII. TREASURER'S REPORT – Board Action
A. October District Financial Statements
Included for your review
B. Program Record – October
The full spreadsheet was sent to the board in advance
- VIII. PAYMENT OF MONTHLY BILLS
A. Monthly Bills in the amount of \$129,537.58 - Board Action
- IX. DISTRICT REPORTS
A. Chair Report – Lynn Zabel
B. County Commissioner – Bob Walkes
C. District Manager Report – Terri Peters
D. NRCS Report – Christina Taylor – In the packet
E. District Technician Report- Matt Kempinger – In the packet
F. Conservation Planning and Outreach Technician Report– Jenna Rasmusson – In the packet.
G. Natural Resources Technician Report– Katelyn Abts – In the packet
H. Soil Health/Nutrient Management Tech Report – Deanna Pomije – In the packet
I. Bookkeeper/Administrative Assistant Report -Sue Cerwinske – In the packet
J. BWSR Report -
K. Other agencies –
- X. OLD BUSINESS
A. Conservation Project – Lynn (open to any Supervisor for ideas)
B. Donations for Envirothon Raffle at the MASWCD Convention
- XI. NEW BUSINESS
A. Approve Sue Cerwinske employee recognition for 5 years of service, \$120.00 annual payment on anniversary date. (September 16th) -Board Action
B. Approve Nancy Kuklinski Contract# 24-SWCDaid-2 in the amount of \$570.00 for Practice 314 Brush Management. Install date by 6/30/2024 – Board Action (Funding source – SWCD Aid)
C. Approve Ernest Walters Contract# 24-SWCDaid-1 in the amount of \$1,500.00 for Practice 314 Brush Management. Install by date 8/31/2025 – Board Action (Funding source - - SWCD Aid)
D. Approve Dan Baker Amendment to Contract WS-08 to change install date to 10/31/2025 for Practice 351 Well Decommissioning – Board Action (Funding source – Fillmore Drinking Water Protection)

**** Shawn Huth Presentation 8:45 am**

- E. PRAP
 - i. PRAP Grant
 - ii. Full Classification and Compensation Study – Board Action
 - iii. Ongoing Maintenance. – Discussion
- F. Accept Jenna Rasmusson's Resignation – Board Action
- G. Approve Katie M. Jacobson, CPA Engagement Letter for Auditing 2024 Financial Statements. Quote is on last page of Engagement Letter. Email from Katie attached fee will be around the \$6,000.00 range- Board Action and Signature

XII. Board Reports

- A. Whitewater JPB – Lynn
- B. Zumbro 1W1P (WAGZ)– Dag
Dag summary of November 7th meeting in the packet.
- C. WinLaC 1W1P – Lynn
- D. SE SWCD Technical Support JPB - Dag
- E. County Board Meeting – Sharleen
- F. Upcoming Events:
 - i. Thursday, November 28, 2024 Thanksgiving Day – Office Closed
 - ii. Tree Order Forms will be included with the Nov/Dec Newsletter.
 - iii. MASWCD Annual Convention December 2-4, 2024.
 - iv. Thursday, December 19th, Regular Board Meeting
 - v. Swearing-In Ceremony for all newly elected county officials is Friday, January 3, 2025 at 8:15 am in Court Room 2
Sharleen, Chet and Dag

XIII. Adjourn – Board Action

Zoom Access for Board Meeting (Board Members need to be present)
<https://us02web.zoom.us/j/81652183448?pwd=bTqp0N5arF4XaXQ3hfeybjh8CwnOCs.1>
Meeting ID: 816 5218 3448
Passcode: 833530

**Wabasha Soil and Water Conservation District
Regular Board Meeting
October 24, 2024
8:15 am
(New SWCD Office)
611 Broadway Ave.
Suite 10B**

I. CALL MEETING TO ORDER

II. PLEDGE ALLEGIANCE

III. AGENDA

Motioned by Klennert and seconded by Ross to approve The Agenda as presented.

Affirmative: Ross, Klennert, Zabel

Opposed: None

Motion Carried

IV. PUBLIC COMMENTS

Comments limited to 5 minutes per speaker

V. Katie M. Jacobson, CPA – Zoom Audit Presentation of Wabasha Soil and Water Conservation District Annual Report for the Year Ended December 31, 2023.

- A. Approve Wabasha Soil and Water Conservation District Annual Report/Audit for the Year Ended December 31, 2023 as presented by Katie M. Jacobson, CPA and approve for Katie M. Jacobson, CPA to send it to the State Auditor and BWSR – **Board Action**

Motioned by Klennert and seconded by Ross to approve Wabasha Soil and Water Conservation District Annual Report for the Year Ended December 31, 2023 as presented by Katie M. Jacobson and to approve Katie M. Jacobson, CPA to send it to the State Auditor (OSA) and BWSR.

Affirmative: Ross, Klennert, Zabel

Opposed: None

Motion Carried

VI. CONSENT AGENDA -Board Action

Items on the Consent Agenda are considered to be routine by the Board and may be enacted through one motion. Any item on the Consent Agenda may be removed by any of the Board members for separate consideration.

- A. Silver Spirit Farm LLC Voucher payment for Contract# 2024WinLac-Wab-003 in the amount of \$1,500.00 for Practice 340 cover crops – final
(Funding source – FY24 WinLaC Partnership)
- B. Jacob Meyer Voucher payment for Contract# 22-319WIC-1 in the amount of \$2,000.00 for Practice 340 cover crops – final year.
(Funding source – 319 Focus Small Watershed – West Indian)

- C. Jeff Wiskow Contract# 23-Capacity-3 in the amount of \$4,500.00 for Practice 340 Cover Crops. One year- Install by date 11/1/2024.
(Funding source – FY23 Capacity)
- D. John Eversman Contract# 23-Capacity-4 in the amount of \$1,687.50 for Practice 340 Cover Crops. One year – Install by date 11/1/2024.
(Funding sources – FY 2023 Local Capacity \$1,417.74, FY 2022 Local Capacity \$268.96, and FY 2023 Soil Heath Cost Share \$.80)
- E. Jon Harvey Contract# 23-Capacity-5 in the amount of \$4,500.00 for Practice 340 Cover Crops. One year – Install by date 11/1/24.
(Funding source – FY 2023 Capacity)
- F. Mark Lehnertz Contract# 57-CC-7 in the amount of \$4,065.00 for Practice 340 Cover Crops. One year – Install by date 11/1/24.
(Funding source – FY 2024 Conservation Contracts)
- G. Mark Meyers Contract# 24-CC-8 in the amount of \$1,089.00 for Practice 340 Cover Crops. One year – Install by date 11/1/24.
(Funding source – FY 2024 Conservation Contracts)
- H. Cooks Valley Farm LLC Contract# 24-CC-9 in the amount of \$1,093.50 for Practice 340 Cover Crops. One year – Install by date 11/1/24.
(Funding source – FY 2024 Conservation Contracts)
- I. Bluff Valley Farm LLC Contract# 24-CC-10 in the amount of \$1,665.00 for Practice 340 Cover Crops. One year – Install by date 11/1/24.
(Funding source – FY 2024 Conservation Contracts)
- J. Jary Holst Contract# 24-CC-11 in the amount of \$925.00 for Practice 340 Cover Crops. One year – Install by date 11/1/24.
(Funding source – FY 2024 Conservation Contracts)
- K. John Eversman Contract# WF-WIC-5 in the amount of \$2,011.50 for Practice 340 Cover Crops. One year – Install by date 11/1/24.
(Funding source – FY 2023 Clean Water Fund – West Indian Creek)
- L. Rachel Walkes Contract# 23-SHCS-5 in the amount of \$4,470.00 for Practice 340 Cover Crops. One year – Install by date 11/1/24.
(Funding sources – FY 2023 Soil Health Cost Share \$2,749.20, FY 2023 State Cost Share \$\$1,382.80 and FY 2024 Conservation Contracts \$338.00.)
- M. Kurt Schnell Contract# 2024WAGZ-WC-16 in the amount of \$7,110.00 for Practice 340 Cover Crops. Two years – Install by dates 11/1/24 and 11/1/25.
(Funding source – FY 2024 Watershed Alliance for the Greater Zumbro (WAGZ))
- N. Scotch Prairie Farms LLC Contract# 2024WAGZ-WC-17 in the amount of \$4,500.00 for Practice 340 Cover Crops. One year – Install by date 11/1/24.
(Funding source – FY 2024 Watershed Alliance for the Greater Zumbro (WAGZ))
- O. Larry Mischke Contract# 2024WAGZ-WC-18 in the amount of \$2,925.00 for Practice 340 Cover Crops. One year – Install by date 11/1/2024.
(Funding source – FY 2024 Watershed Alliance for the Greater Zumbro (WAGZ))
- P. Scott Sexton Contract# 2024WAGZ-WC-19 in the amount of \$1,140.00 for Practice 340 Cover Crops. One year – Install by date 11/1/2024.
(Funding source – FY 2024 Watershed Alliance for the Greater Zumbro (WAGZ))

- Q. Scott Sexton Contract# 2024WAGZ-WC-20 in the amount of \$1,345.00 for Practice 340 Cover Crops. One year – Install by date 11/1/2024.
(Funding source – FY 2024 Watershed Alliance for the Greater Zumbro (WAGZ))
- R. Roger Walkes Contract# 2024WinLac-Wab-007 in the amount of \$1,440.00 for Practice 340 Cover Crops. One year – Install by date 11/1/2024.
(Funding source – FY 2024 WinLaC Partnership)
- S. Kent Crary Contract# 20-WWDWP-14 in the amount of \$4,335.00 for Practice 340 Cover Crops. One year – Install by date 11/1/2024.
(Funding source – FY 2020 Whitewater Drinking Water Protection Program)
- T. Roger Walkes Contract# 20-WWDWP-18 in the amount of \$3,560.00 for Practice 340 Cover Crops. One year – Install by date 11/1/2024.
(Funding source – FY 2020 Whitewater Drinking Water Protection Program)
- U. MN Board of Water and Soil Resources Grant Amendment for 2022/2023 SWCD Programs and Operations Grant – Wabasha SWCD. To extend the 2023 – State Cost Share Fund to December 31, 2025.
- V. MN Board of Water and Soil Resources Buffer Implementation Grant Agreement – Grant ID# P25-0650 for \$20,000.00.

Motioned by Klennert and seconded by Ross to approve the Consent Agenda as presented.

Affirmative: Ross, Klennert, Zabel

Opposed: None

Motion Carried

***** Dave Copeland, BWSR stated that in the future there should be separate Consent Agendas for actions on Contracts, Vouchers and Grants.***

VII. SECRETARY'S REPORT – Board Action

- A. September 26, 2024 Meeting Minutes

Motioned by Ross and seconded by Klennert to approve The Secretary's Report as written.

Affirmative: Ross, Klennert, Zabel

Opposed: None

Motion Carried

VIII. TREASURER'S REPORT – Board Action

- A. September District Financial Statements

Included for your review

- B. Program Record – September

The full spreadsheet was sent to the board in advance

Motioned by Klennert and seconded by Ross to approve The Treasurer's Report as presented to the best of our ability.

Affirmative: Ross, Klennert, Zabel

Opposed: None

Motion Carried

IX. PAYMENT OF MONTHLY BILLS

- A. Monthly Bills in the amount of \$42,718.60 - Board Action
Motioned by Klennert and seconded by Ross to approve Payment of the Monthly Bills in the amount of \$42,718.60.
Affirmative: Ross, Klennert, Zabel
Opposed: None
Motion Carried

X. DISTRICT REPORTS

- A. Chair Report – Lynn Zabel
Lynn reported the he attended Area 7 Supervisor and Employee Fall meeting in Austin, Oct. 22nd. Chuck Rau, MASWCD President reported that Strategic Planning Funds from the State were set for \$15 million /2yrs and dropped to \$12 million. Two topics that will be discussed at the Dec. convention: "Intellectual IQ-Learn how to Work Together and Bylaw change for President's term to 4 – 2-year terms. Luther Newton, NRCS fielded questions from districts wondering why NRCS's are moving away from SWCD's. Dave Copeland stated that about 15 years ago NRCS pulled Admins away and created FPAC. They don't know field offices of NRCS and don't know relationships with SWCDs. They are not in MN but making leasing decisions. This is not a new issue and Troy Daniell is aware of it., but not much he can do. Terri stated that we like being down the hall from NRCS and FSA as we work on a lot of projects together.
Dave said he appreciated Luther Newton's statement "We all have the same goal to provide good service to cooperators."

**(More of Dave Copelands report under Letter J – BWSR report)*

- B. County Commissioner – Bob Walkes
Attended AMC District 9 Meeting. Discussed health insurance. Wabasha did not get the highest award. Other counties have a 34% increase. Mower County is not self-insured. They partnered with a local agency and will have a 20% reduction in premiums. Wabasha works with Intellicents, who are an insurance negotiation consultant. Looking into the next couple of years and, hopefully in 2027 we will see better premiums.
- C. District Manager Report – Terri Peters
Deanna and Terri attended a meeting with Nutrient Management partners in Fillmore. Funding through MDA. Sara West will be lead technician, she has her JAA. Deanna and Amanda from Winona SWCD will have 4-part training. They will be working on the Nutrient Management workload. Priority will be Level 2 DWISMAS. Elgin, Utica and Wabasha. Outreach to townships that tested high in nitrates, over 10%. Work in Wabasha and expand into Goodhue County. Deanna training, working on spreadsheets to work with landowners. Terri going through grants to see which ones may need extension, talk to Dave. Lot of contracts coming in. Managing the grants and where the money is coming from. At Board meeting – Terri had a Grant Visual showing where they are with funding and where staff should be spending their time.

Area 7 Supervisor and Employee Meeting, October 22nd.

Meeting with Bob Walkes and talked about erosion.

Set up Zoom for Katie M Jacobson, CPA to present Audit of December 31, 2023 Financial Statements.

- D. NRCS Report – Christina Taylor – In the packet
Main focus reaching out to landowners and gathering documents. Checking cover crops that had already been planted. Most will get paid by the end of December. Producers requesting on to control erosion. Bill surveying for grassed waterways. Also, producers concerns on buckthorn removal and how to keep it under control.
- E. District Technician Report- Matt Kempinger – In the packet
Matt came into meeting to answer Bob Walkes questions on report about feedlot. New feedlot is closer to Millville. Waterway in Plainview is outlet of city storm water system behind Kwik Trip.
- F. Conservation Planning and Outreach Technician Report– Jenna Rasmusson – In the packet.
Job well done enrolling so many cover crops and crushing her cover crop goal.
- G. Natural Resources Technician Report– Katelyn Abts – In the packet
Congratulations on getting JAA in Brush Management and Windbreak Renovation /Establishment.
- H. Soil Health/Nutrient Management Tech Report – Deanna Pomije – In the packet
- I. Bookkeeper/Administrative Assistant Report -Sue Cerwinske – In the packet
Good job with the auditor and getting everything they needed to them smoothly and efficiently.
- J. BWSR Report - Dave Copeland
Have had 3 Grant Compliance Specialists, one for each administrative area. Because of the number, complexity and different types of the grants, they want to double the number of Grant Compliance Specialists from 3 to 6. State is requiring monitoring grants with customers. Gabby Holmen was hired and toured the offices with Julie Krebbs to see how we do time tracking and grant tracking. Interviews first week of November. Vacancy for Board Conservationist. Hopefully onboard by end of year. Depending on how BWSR adjusts work areas, should know by January if Dave will still be our Board Conservationist.
10/23 Officially informed that BWSR applied for Regional Conservation Partnership Program for Water Storage Projects. Request was for \$21 Million Federal Funds and the State will match with state funds. BWSR is 1 of 92 organizations selected by NRCS from around the country that were approved. BWSR will negotiate and work on formal agreement with NRCS for RCPP. Sometime in 2025 the agreement should be finalized and there will be opportunities for SWCD's, Counties and Watershed Districts to utilize Fed money for financial assistance to producers on projects for water storage projects. Funds can be used for easements for wetland restorations and any practice that would retain water on the landscape.
Terri asked Dave about Soil Health Delivery Grant. Federal funds are all for financial assistance. Funds will come through BWSR and funds are match. Should come through in the Spring and should be able to start talking to producers.

K. Other agencies –

XI. OLD BUSINESS

A. Conservation Project – Lynn (open to any Supervisor for ideas)

B. Coffee and Conversation – follow up and next steps.

First meeting 10/21/24. Offered farmers to come in and talk with peer group and a place for mentors to answer questions. Had topics for discussion.

Lynn reported someone had brought up why Farm Safety classes aren't offered at school. Winona puts on an event. Extension office?

Volunteer alfalfa in corn to give a nitrogen benefit. Next meeting third Wednesday morning of the month. Gave attendees a survey and a fun list of things to do.

C. Area 7 Meeting follow-up.

Managers talked about increases in health insurance and how other SWCD's are handling it.

- *Need to jump down to New Business letter G. because of Bob Walkes time restraint and want his input.*

D. Reminder on MASWCD Convention. Lynn, Sharleen and Terri are registered.

E. MASWCD Resolutions – Discussion

Online ballots need to be completed by 5 pm on November 1.

Dag has done his. Sharleen, Lynn will do their own. Chet would like Sue to help with submitting his online.

XII. NEW BUSINESS

A. Katelyn Abts has her JAA in Brush Management 314 and Windbreak Renovation/Establishment 360. – **Board Action**

Congratulations Katelyn!

Motioned by Klennert and seconded by Ross to accept Katelyn Abt's JAA in Brush Management 314 and Windbreak Renovation/Establishment 360.

Affirmative: Ross, Klennert, Zabel

Opposed: None

Motion Carried

B. Approve Dennis Anderson Contract# 24-CC-6 in the amount of \$744.00 for Practice 314 Brush Management – **Board Action**

(Funding source – FY24 Conservation Contracts)

Motioned by Ross and seconded by Klennert to approve Dennis Anderson Contract # 24-CC-6 in the amount of \$744.00 for Practice 314 Brush Management.

Affirmative: Ross, Klennert, Zabel

Opposed: None

Motion Carried

C. Approve June E Ratz Trust Contract# 24-CC-5 in the amount of \$423.00 for Practice 314 Brush Management – **Board Action**

(Funding source – FY24 Conservation Contracts)

Motioned by Klennert and seconded by Ross to approve June E Ratz Trust Contract #24-CC-5 in the amount of \$423.00 for Practice 314 Brush Management.

Affirmative: Ross, Klennert, Zabel

Opposed: None

Motion Carried

- D. Approve Hunter Farms LLC Contract# 2024WAGZ-WC-13 in the amount of \$500.00 For Woodland Stewardship Plan – **Board Action**
(Funding source – FY 2024 Watershed Alliance for the Greater Zumbro (WAGZ)
Motioned by Klennert and seconded by Ross to approve Hunter Farms LLC Contract # 2024WAGZ-WC-13 in the amount of \$500.00 for Woodland Stewardship Plan.
Affirmative: Ross, Klennert, Zabel
Opposed: None
Motion Carried
- E. Annual Enrollment and Benefits - Schedule time with the Personnel Committee. Provide with options.
Terri sent Chet and Lynn some insurance information. Wabasha County Health Insurance has a 28.5% increase this year. Checked SE Coop theirs is more. PEIP slightly less, but not enough to make a switch. Dodge County goes through private insurance company. Sent our employee census. They do cost per person and based on age. District would have to set policy. Lynn said that he would not like to see taking away from wages. No extra money out of their pockets, retention. Terri will go with the County option, if we can't find anything else that is less. Based on what Terri gets back from request, will send to Chet & Lynn to come to an agreement after discussing and make decision before next meeting.
- F. Authorization to move ahead with the Personnel Committee decisions, per discussion – **Board Action**
Motioned by Klennert and seconded by Ross to approve moving ahead with the health insurance decision that the Personnel Committee makes for the best option.
Affirmative: Ross, Klennert, Zabel
Opposed: None
Motion Carried
- G. Discussion with County on erosion solutions – meeting held October 8.
Terri sent summary follow-up. Need to get some info from Dietrich Flesch, Wabasha County Engineer. Conversation on Highway Dept. doing culvert cleanouts. The fields behind that used to be pastures. Cows are gone and now corn and soybeans. Can the Highway Dept and SWCD work together to identify problem areas? Terri said they talked about cost and checked in with other SWCDs. Rice County said cost was \$100,000 to remove and used to cover landfill. Dietrich for Wabasha County estimated \$200-300 thousand just for Wabasha County and that doesn't include township roads. Outreach for specific areas and have Dietrich identify problem areas. Put maps together and cost for each site.
- H. National Association of Conservation Districts dues for 2025 - Full Membership Contribution (Gold) is \$775.00. Operational expense that can be included in our billing rate. – **Board Action**
We have gone with \$775 for the last few years.
Goodhue manages the SE SWCD TA grant.
Valuable to area, covers some staff time. Hopefully will lower dues to SE SWCD Technical JPB.

Motioned by Ross and seconded by Klennert to approve the Full membership contribution (Gold) \$775.00 to the National Association of Conservation Districts dues for 2025

Affirmative: Ross, Klennert, Zabel

Opposed: None

Motion Carried

XIII. Board Reports

A. Whitewater JPB – Lynn

Lynn reported that there is a conflict with next meeting date since we moved our board meeting date up a week. Changed next meeting to December 20th at 2:00 pm.

B. Zumbro 1W1P (WAGZ)– Dag

Terri reported there was a planning work group meeting but not a policy meeting. Discussed changing policy of some payments. Figure out Extra payment for Continuous CRP.

C. WinLaC 1W1P – Lynn

D. SE SWCD Technical Support JPB - Dag

E. County Board Meeting – Sharleen

F. Upcoming Events:

- i. Tuesday – Thursday, October 29-31, 2024, BWSR Academy at Cragun's
- ii. Tuesday, November 5, 2024 Election Day
- iii. Monday, November 11, 2024 Veteran's Day – Office Closed
- iv. Thursday, November 21, 2024 Regular Board Meeting
- v. Thursday, November 28, 2024 Thanksgiving Day – Office Closed
- vi. Tree Order Forms included with the Nov/Dec Newsletter and on Website.

XIV. Adjourn – Board Action

Motioned by Klennert and seconded by Ross to Adjourn meeting at 10:16 am

Affirmative: Ross, Klennert, Zabel

Opposed: None

Motion Carried

Respectively Submitted By:

Dag Knudsen, Secretary

Monthly Report – November 2024

Matt Kempinger

Projects

- Assisted TSA with design for one new feedlot, waste storage project
- Design work on 3 grade stabilization structures
- Construction monitoring and inspection for 1 grade stabilization structure
- Survey for 2 grade stabilization structures
- Landowner design review for 2 grade stabilization structures
- Initiation of 3 new waterway projects
- Initiation of 1 new WASCOD project
- Prepare voucher for 1 grade stabilization structure project

Others

- 2 WCA enforcement cases
- Reviewed 1 new WCA application
- Assist Goodhue County with WCA considerations for proposed project in Lake city
- Lower Zumbro and West Indian Creek outreach for prairie strips
- General project & contract management
- Answered general resource questions from public and assisted where possible

Monthly Report – November 2024

Jenna Rasmusson

Programs

- Cover Crops – Provided technical assistance for cover crop planning in office and in the field. Contacting operators from last year for reenrollment. Assisting new enrollments.
 - Final totals available!
 - Contracted cover crop acres that pass practice standard: **2,594.5 acres**
 - Total for 2023 was ~1,250 acres
 - Some repeat contracts decreased in acres this year due to crop rotation.
 - Cover crop acres self-reported by farmers that were not enrolled in cost share program: 2,157.9 acres.
 - Some of these acres were ineligible for funding because they already reached the maximum number of fundable acres, or they did not want to follow NRCS practice standards and planted on their own.

Education/Outreach

- Assisted in planning Coffee and Conservation meeting at the SWCD office.

Other/Training

- BWSR Academy – Attended Oct. 29th-31st
 - Attended courses in Selling Conservation, Grazing practices, Chloride pollution and water quality monitoring, Pollinator conservation, Design lab, GIS, Conservation seed mixes, and Designing engagement.
 - I had a special interest in the Design Lab course:
 - Collaborated with technicians across the state to develop a workshop for non-operating landowners. Learned from their experiences in how to promote conservation on rented acres and remove barriers to program participation. This could be a future workshop in our county.

Katelyn Abts - November Board Report

Programs

Conservation Contracts

- 2 Brush Management projects ready for approval

DNR Groundwater Observation Monitoring

- Well level measurement taken from observation well

WAGZ

- 1 contract for cost-share on forest stewardship plan completed
- Communication with landowner on well sealing

WinLAC

- Working on 1 pollinator planting project
- Working on 2 tree/shrub establishment projects
- Working on 1 windbreak project

West Indian Creek Watershed

- Working on 1 windbreak project

Buffer Law

- 1 site visit to a previously non-compliant buffer

Other

Tree Sale

- 4 tree orders taken in

Training

BWSR Academy - Courses

- Unconventional Invasive Woody Management Strategies
- State Agency Partners in Conservation
- The Magic School Bus Dives into Conservation Contracts
- 1W1P- Assess, Amend, Engage!
- Residential Landscape Planning for Pollinator Conservation
- Practical Climate Adaptation Tools and Resources That You Can Use in Your Work!
- How to Write Something They'll Want to Read
- A Pollinator Powerhouse: Raingardens are the Answer!

Report to the Wabasha SWCD Board – November 21, 2024

Deanna Pomije, Soil Health Nutrient Management Specialist

Training:

BWSR Academy, Oct. 29-31

- Selling conservation in MN, ask questions, consider cultural & economic concerns, work the topic of their resource concern
“Plans are useless, planning is indispensable.” -Eisenhower
- Advanced rotational grazing – taking rotational grazing a step further by diversifying how you graze, mix things up for increased production. We haven’t seen the top of production yet!
- Turning Red Acres Green with Conservation – looking at low producing parts of field and working with producers on other conservation options for this land (CRP, etc.), consider the bottom line/net income over crop yield
- Source Water Protection – learn groundwater terminology and about our work to come here in Wabasha on nitrogen management with our groundwater in mind.
- Unleash Your Creativity – learn techniques to brainstorm through a problem (ind. or in a group), could be a tool for more outreach
- USDA on-line unconscious bias training

RUSLE 2 – Ag. Equipment Nov. 13-14, Jackson MN (Revised Universal Soil Loss Equation ver. 2)

- 1-day spent on using RUSLE2, exercises, software tour and use, nutrient management
- John Deere presentation / discussion on ‘See and Spray’ technology & tillage equipment
- Tour of Fendt tractor factory – humbling experience, huge factory, saw the whole line

Work Coordination & Meetings:

- Much cover crop practice verification with Jenna, site visits, photo documentation & process payment vouchers, etc. – met new producers
- Verification on Nitrogen application practice within U of MN recommendations, Siewert
- Meeting other SWCD partners 11/21 to learn MPCA’s manure management spreadsheet and collaborate on getting started on the MDA grant work plan activities.
- Set up RUSLE2 and ArcGIS Pro (thanks to Matt) on my computer
- Focus for Dec. will be Mehrken’s CNMP (comprehensive nutrient management plan), due 1/10 for EQIP project ranking

Outreach & Client Contacts:

- Preparation for our 2nd monthly ‘Coffee and Conservation’ soil health, 11/18
 - 5 producers at Oct. meeting, 4 at Nov. meeting
 - Great conversation around a variety of conservation topics: erosion, nutrient management, cover crops, tillage

- Flyer prep. & email producers – invitation

Insurance benefits will be provided insurance-eligible employees effective on the first of the month following the month of hire. The SWCD will review its contributions on an annual basis. All insurance benefits offered through the cooperative plan with Wabasha County are subject to the terms of the individual plan of insurance and the limitations, benefits, and conditions established by the insurance carrier.

Employees participating in the SWCD's group health insurance plan who terminate employment with the SWCD will receive a notice of their right to elect continued insurance coverage consistent with state and federal law, including, but not limited to, the Consolidated Omnibus Budget Reconciliation Act of 1985 ("COBRA") (as amended). The notice will be provided in accordance with such laws and employees must comply with those laws if they wish to continue coverage after separating from the SWCD's employment.

Retirement Program

SWCD employees are eligible (and required at a designated pay point) to participate in the Public Employees Retirement Association (PERA). The deducted amount will be deducted from the employee's salary based on the terms, limitations, benefits, and conditions established by PERA.

Other Benefits –

Other benefits will be available to the employee as provided through the cooperative plan with Wabasha County; such benefits could include, but are not limited to dental insurance, vision insurance, short- and long- term disability, savings accounts, etc. The District reserves the right to offer or discontinue these benefits at any time.

Employee Recognition

Employees will be recognized for years of service at five-year intervals. Recognition will consist of the following annual reward to occur on the anniversary of the employee's hire date:

Years of Service	Reward
Year 5	\$120 annual payment on anniversary date
Year 11 - 14	\$240 annual payment on anniversary date
Year 15 - 19	\$360/year annual payment on anniversary date
Year 20 - 24	\$480/year annual payment on anniversary date
Year 25 - 29	\$600/year annual payment on anniversary date
Year 30 - 34	\$720/year annual payment on anniversary date
Year 35 - 39	\$840/year annual payment on anniversary date

Employee Recognition

Annual Reward on Anniversary Date

Not PERA eligible

Updated 3-5-2024

<u>Start Date</u>	<u>Updated 3-5-2024</u>			<u>Years for Payroll</u>
	<u>Year 5</u>	<u>Years 6-10</u>	<u>Years 11-14</u>	
	<u>Year 5</u>	<u>5 years</u>	<u>4 years</u>	
Sue Cervinske	9/16/2019	9/16/2024	9/16/2025 - 9/16/2029	9/16/2030 - 9/16/2033
		\$120.00	\$120.00	\$240.00

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 24-SWCDaid-2	Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Nancy Kuklinski	Address 1501 River Dr S	City/State Wabasha, MN	Zip code 55981
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Greenfield	Township No: 110	Range No.: 10	Section No. 15	1/4, 1/4 NW, SW
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

Brush Management 314

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 6/30/24, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 10/23/24	Land Occupier Nancy Kahlenish
Date	Landowner, if different from applicant
	Address, if different from applicant information

Conservation Practice

The primary practice for which cost-share is requested is **Brush Management 314**

Eligible Component Standard & Name Brush Management 314	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$570.00
	Biological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 10/23/24	Technical Assistance Provider Kathleen Abbott
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$300/acre

Amount	Program Name	Fiscal Year
\$570.00	SWCD Aid	2024

Date	Authorized Signature	Total Amount Authorized
		\$570.00



Producer: Nancy Kuklinski

Project or

Contract: 24-SWCDAid-2

Location: Wabasha 15

County: Wabasha

Farm Name: 464

Tract Number: 1984



Photo by Minnesota Department of Agriculture
**Glossy Buckthorn-Rhamnus
frangula**



Photo by USDA-NRCS
**Japanese Barberry - Berberis
thunbergii DC.**



Photo by USDA-NRCS (WSI)
**Gray Alder - Alnus incana (L.)
Moench**



Photo by USDA-NRCS (WSI)
**Multiflora Rose - Rosa multiflora
Thunb.**

This practice applies to all lands except active cropland where removal, reduction, or manipulation of woody (non-herbaceous or succulent) plants is desired.

Gopher State One Call Utility Services 651-454-0002 or 800-252-1166

Practice Purpose (check all that apply)

- ☒ Create the desired plant community consistent with the ecological site or a desired state within the site description.
- ☒ Restore or release desired vegetative cover to protect soils, control erosion, reduce sediment, improve water quality or enhance hydrology.
- ☐ Maintain, modify, or enhance fish and wildlife habitat.
- ☐ Improve forage accessibility, quality, and quantity for livestock and wildlife.
- ☐ Manage fuel loads to achieve desired results.
- ☒ Control pervasive plant species to a desired level of treatment that will ultimately contribute to creation or maintenance of an ecological site description "steady state," addressing the need for forage, wildlife habitat and water quality.

Producer's Goals and Objectives

Clear buckhorn and other woody invasive species to allow more sunlight to penetrate and promote regeneration of native trees and bushes.

**314 – Brush Management
Implementation Requirements**

Treatment Method(s) and Plan(s) (check all that apply)

Site-specific requirements are listed below and are prepared in accordance with the Minnesota NRCS Field Office Technical Guide.

☒ Plan map is attached

☒ Soil map is attached

Biological Treatment Methods and Plans	<input checked="" type="checkbox"/> Not Applicable
Field(s):	Acres:
Target species:	
Pretreatment density of target plants:	
Posttreatment density of target plants:	
Biological treatment references:	
Release date, kind and number of biological agents, insects, plants, diseases or grazing animals to be used:	
Timing, frequency, duration and intensity of grazing or browsing:	
Planned % cover or % defoliation of target species:	
Minimum grazing height of desirable forages:	
Special mitigation, precautions or requirements:	

☐ See CPS 528 Prescribed Grazing Plan (if applicable)

**314 – Brush Management
Implementation Requirements**

Chemical Treatment Methods and Plans		<input type="checkbox"/> Not Applicable
Field(s):	Acres: 1.9	
Target species: Buckthorn, White Mullberry		
Pretreatment density of target plants: 50% to 90%		
Posttreatment density of target plants: less than 15%		
Chemical treatment references: https://www.dnr.state.mn.us/invasives/terrestrialplants/woody/buckthorn/control.html		
Dates or plant growth stage for effective treatment: Fall 2024, Spring 2025		
Special mitigation, application techniques, timing Refer to product label and DNR website above. consideration for safe and effective applications:		
Follow all product label instructions: Yes		

- ☒ WIN-PST or similar evaluation is attached and was discussed with landowner in formulating alternatives. Summarize herbicide risks below.

Risks with listed chemicals is low. When performing foliar spray herbicide application mitigation strategies should still be used including: avoid windy days, avoid application during or directly prior to a rain event, and be careful to ensure spray only hits target species to avoid chemical drift onto soil and other plants as much as possible.

Mechanical Treatment Methods and Plans		<input type="checkbox"/> Not Applicable
<small>(Producer is responsible for making sure all equipment is clean and free of invasive seed sources before treatment begins)</small>		
Field(s):	Acres: 1.9	
Target species: Buckthorn, White Mullberry		
Pretreatment density of target plants: 50% to 90%		
Posttreatment density of target plants: less than 15%		
Types of equipment to be used (mowing, hand Heavy equipment suitable for grubbing woody invasive clearing, roller chopping, light disking, etc.): species and cut by hand when needed.		
Dates or plant growth stage for effective treatment: Fall 2024, Spring 2025		
Mechanical Treatment Methods and Plans (continues next page)		

**314 – Brush Management
Implementation Requirements**

Mechanical Treatment Methods and Plans (continued from previous page)	
Operating instructions (if applicable):	Follow manufacturer's safety and operation guidelines for equipment.
Techniques and procedures to be followed:	Cut woody invasive species using heavy equipment and hand cut when applicable followed by hand applied herbicide.
Thoroughly clear entire area of medium to large buckthorn growth using heavy mechanical equipment, hand cutting, or other appropriate methods. Try to avoid desirable vegetation (Shagbark Hickory, Oak and Black Walnut) when possible. If areas are unreachable through mechanical means they should be addressed with hand cutting, or during follow-up treatment.	

Sensitive Features Plan

Operations and Maintenance

- ☒ Monitor growth of target species using monitoring report or equivalent.
- ☒ If chemicals are used, the operator will develop a safety plan for individuals exposed to them. This plan includes the telephone numbers and addresses of emergency treatment centers and the phone number for the nearest poison control center.
- ☐ Mixing and loading setbacks from wells, intermittent streams and rivers, natural or impound ponds and reservoirs follow label instructions.
- ☐ Signage around treated fields and restricted entry intervals comply with label instructions, and/or Federal, State, Tribal, and local laws.
- ☒ Disposing of chemicals and chemical containers is done in accordance with label instructions, and/or Federal, State, Tribal, and local laws.
- ☒ Appropriate herbicide labels and Material Safety Data Sheets (MSDS) will be maintained. These can be accessed on the internet: <http://www.greenbook.net>.
- ☒ Application equipment will be calibrated according to recommendations before each seasonal use and with each major chemical and site change.
- ☒ Application equipment will be properly maintained, including replacing worn nozzle tips, cracked hoses, and faulty gauges.
- ☐ Maintain plant management and herbicide application records for at least 2 years and in accordance with USDA Agricultural Marketing Service's Pesticide Recordkeeping Program and State-specific requirements.

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**314 – Brush Management
Implementation Requirements**

Practice Specifications Approval and Completion Certification



Provided Practice Cost information

- ☒ Site-specific cost estimate, or specifications for the producer to develop a cost estimate or obtain the bid themselves.

Job Class Information (List Practice Job Class)

314 ESJAA Fact Sheet	Job Class: II	
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Design Installation and Layout Approval

Designed By: Katelyn Abts	Date: 10/16/2024	Designer's Job Approval Authority: II 
Approved By: Katelyn Abts	Date: 10/16/2024	Approver's Job Approval Authority: II 

Record of Completion and Check Out Certification

Treated Acres	Date Completed by Client	Date Certified	Approver's Initials

- ☐ Additional documentation to support practice certification is in the Case File.

Certification Statement

I certify that implementation of this conservation practice is complete, meets criteria for the stated purpose(s), and meets the NRCS conservation practice standard and specifications.

Printed Name:	Date:
Title:	Certifier's Job Approval Authority (JAA):
Signature:	

Notes:

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FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 24-SWCDaid-1	Other state or federal funds? <input type="checkbox"/> YES <input type="checkbox"/> NO	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name: Ernest Walters	Address: 2301 Co Rd 7 NE	City/State: Dover, MN	Zip code: 55929
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* If a group contract, this must be filed and signed by the group representative as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Glasgow	Township No.: 110	Range No.: 11	Section No.: 36	1/4, 1/2, 3/4: 5
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 1 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.

4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

Brush Management 314

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 8/31/25, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

Date 10-18-2024	Landowner <i>Ernest Walters</i>
Title	Underowner, if different from applicant
	Address, if different from applicant information

Conservation Practice

The primary practice for which cost-share is requested is **Brush Management 314**

Egale Component Standard & Name Brush Management 314	Engineered Practice <input type="checkbox"/> YES <input type="checkbox"/> NO	Total Project Cost Estimate \$1,500.00
	Ecological Practice <input type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 11/6/24	Technical Assistance Provider <i>Vivian Alt</i>
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$300/acre

Amount	Program Name	Fiscal Year
\$1,500.00	SWCD Aid	2024

Date	Authorized Signature	Total Amount Authorized
		\$1,500.00



Producer: Ernest Walters

Project or

Contract: 24-SWCDAid-1

Location: Glasgow 36

County: Wabasha

Farm Name: 4806

Tract Number: 4899



Photo by Minnesota Department of Agriculture

**Glossy Buckthorn-Rhamnus
frangula**



Photo by USDA-NRCS (WSI)

**Gray Alder - Alnus incana (L.)
Moench**



Photo by USDA-NRCS

**Japanese Barberry - Berberis
thunbergii DC.**



Photo by USDA-NRCS (WSI)

**Multiflora Rose - Rosa multiflora
Thunb.**

This practice applies to all lands except active cropland where removal, reduction, or manipulation of woody (non-herbaceous or succulent) plants is desired.

Gopher State One Call Utility Services 651-454-0002 or 800-252-1166

Practice Purpose (check all that apply)

- ☒ Create the desired plant community consistent with the ecological site or a desired state within the site description.
- ☒ Restore or release desired vegetative cover to protect soils, control erosion, reduce sediment, improve water quality or enhance hydrology.
- ☒ Maintain, modify, or enhance fish and wildlife habitat.
- ☐ Improve forage accessibility, quality, and quantity for livestock and wildlife.
- ☐ Manage fuel loads to achieve desired results.
- ☒ Control pervasive plant species to a desired level of treatment that will ultimately contribute to creation or maintenance of an ecological site description "steady state," addressing the need for forage, wildlife habitat and water quality.

Producer's Goals and Objectives

Clear buckhorn and other woody invasive species to allow more sunlight to penetrate and promote regeneration of native trees and bushes.

314 – Brush Management Implementation Requirements

Treatment Method(s) and Plan(s) (check all that apply)

Site-specific requirements are listed below and are prepared in accordance with the Minnesota NRCS Field Office Technical Guide.

- ☒ Plan map is attached ☒ Soil map is attached

Biological Treatment Methods and Plans	<input checked="" type="checkbox"/> Not Applicable
Field(s):	Acres:
Target species:	
Pretreatment density of target plants:	
Posttreatment density of target plants:	
Biological treatment references:	
Release date, kind and number of biological agents, insects, plants, diseases or grazing animals to be used:	
Timing, frequency, duration and intensity of grazing or browsing:	
Planned % cover or % defoliation of target species:	
Minimum grazing height of desirable forages:	
Special mitigation, precautions or requirements:	

- ☐ See CPS 528 Prescribed Grazing Plan (if applicable)

**314 – Brush Management
Implementation Requirements**

Chemical Treatment Methods and Plans		<input type="checkbox"/> Not Applicable
Field(s): 1	Acres: 5	
Target species: Buckthorn, Non-Native Honeysuckle		
Pretreatment density of target plants: 20% to 90%		
Posttreatment density of target plants: less than 15%		
Chemical treatment references: https://www.dnr.state.mn.us/invasives/terrestrialplants/woody/buckthorn/control.html		
Dates or plant growth stage for effective treatment: Fall 2024, Spring 2025		
Special mitigation, application techniques, timing consideration for safe and effective applications: Refer to product label and DNR website above.		
Follow all product label instructions: Yes		

- ☒ WIN-PST or similar evaluation is attached and was discussed with landowner in formulating alternatives. Summarize herbicide risks below.

Risks with listed chemicals is low. When performing foliar spray herbicide application mitigation strategies should still be used including; avoid windy days, avoid application during or directly prior to a rain event, and be careful to ensure spray only hits target species to avoid chemical drift onto soil and other plants as much as possible.

Mechanical Treatment Methods and Plans		<input type="checkbox"/> Not Applicable
<small>(Producer is responsible for making sure all equipment is clean and free of invasive seed sources before treatment begins)</small>		
Field(s):	Acres: 5	
Target species: Buckthorn, Non-native Honeysuckle		
Pretreatment density of target plants: 20% to 90%		
Posttreatment density of target plants: less than 15%		
Types of equipment to be used (mowing, hand clearing, roller chopping, light disking, etc.): Heavy equipment suitable for grubbing woody invasive species and cut by hand when needed.		
Dates or plant growth stage for effective treatment: Fall 2024, Spring 2025		
Mechanical Treatment Methods and Plans (continues next page)		

**314 – Brush Management
Implementation Requirements**

Mechanical Treatment Methods and Plans (continued from previous page)
Operating instructions (if applicable): Follow manufacturer's safety and operation guidelines for equipment.
Techniques and procedures to be followed: Cut woody invasive species using heavy equipment and hand cut when applicable followed by hand applied herbicide.
Thoroughly clear entire area of medium to large buckthorn growth using heavy mechanical equipment, hand cutting, or other appropriate methods. Try to avoid desirable vegetation (nannyberry, chokecherry, Oak and Black Walnut) when possible. If areas are unreachable through mechanical means they should be addressed with hand cutting, or during follow-up treatment.

Sensitive Features Plan

Operations and Maintenance

- ☒ Monitor growth of target species using monitoring report or equivalent.
- ☒ If chemicals are used, the operator will develop a safety plan for individuals exposed to them. This plan includes the telephone numbers and addresses of emergency treatment centers and the phone number for the nearest poison control center.
- ☐ Mixing and loading setbacks from wells, intermittent streams and rivers, natural or impound ponds and reservoirs follow label instructions.
- ☐ Signage around treated fields and restricted entry intervals comply with label instructions, and/or Federal, State, Tribal, and local laws.
- ☒ Disposing of chemicals and chemical containers is done in accordance with label instructions, and/or Federal, State, Tribal, and local laws.
- ☒ Appropriate herbicide labels and Material Safety Data Sheets (MSDS) will be maintained. These can be accessed on the internet: <http://www.greenbook.net>.
- ☒ Application equipment will be calibrated according to recommendations before each seasonal use and with each major chemical and site change.
- ☒ Application equipment will be properly maintained, including replacing worn nozzle tips, cracked hoses, and faulty gauges.
- ☐ Maintain plant management and herbicide application records for at least 2 years and in accordance with USDA Agricultural Marketing Service's Pesticide Recordkeeping Program and State-specific requirements.

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314 – Brush Management
Implementation Requirements

Practice Specifications Approval and Completion Certification



Provided Practice Cost information

- ☒ Site-specific cost estimate, or specifications for the producer to develop a cost estimate or obtain the bid themselves.

Job Class Information (List Practice Job Class)

314 ESJAA Fact Sheet	Job Class: II	
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Design Installation and Layout Approval

Designed By: Katelyn Abts	Date: 10/16/2024	Designer's Job Approval Authority: II 
Approved By: Katelyn Abts	Date: 10/16/2024	Approver's Job Approval Authority: II 

Record of Completion and Check Out Certification

Treated Acres	Date Completed by Client	Date Certified	Approver's Initials

- ☐ Additional documentation to support practice certification is in the Case File.

Certification Statement

I certify that implementation of this conservation practice is complete, meets criteria for the stated purpose(s), and meets the NRCS conservation practice standard and specifications.

Printed Name:	Date:
Title:	Certifier's Job Approval Authority (JAA):
Signature:	

Notes:

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Contract Amendment Form

Organization Wabasha SWCD	Contract Number WS-08	Amendment Number 1	Amendment Type Date <input checked="" type="checkbox"/>
		Board Meeting Date 11/21/2024	Amount <input type="checkbox"/> Land Occupier <input type="checkbox"/> Practice <input type="checkbox"/> Other <input type="checkbox"/>

Amendment requests that are received outside the executed State grant agreement date, outside the contract practice install date, or grant program policies BWSR staff must be consulted and a grant agreement amendment may be required.

State Grant Agreement Expiration Date 12/31/2025 Original Contract Install Date November 30, 2024

Amended Contract Install Date (if applicable) 10/31/2025



Original Total Amount Authorized \$2,000.00 Amended Total Amount Authorized _____

The Parties whose names are signed below hereby agree that the above referenced Conservation Practice Assistance Contract is amended as follows:

The contract install date has been amended from 11/30/2024 to 10/31/2025


The original contract, as numbered, shall remain in full force and effect, except for those changes made necessary by this amendment.

This Amendment is to take affect on the date of the last signature hereto.

Date 11/18/24	Signature 	
Date	Signature of Conservation Practice Assistant	

Technical Assessment and Cost Estimate

I have viewed the site where the above listed are to be installed and find that they are needed, and that the amended estimated quantities, costs, or completion date described above are practical and reasonable.

Date 11/20/24	Technical Assessment Provider 
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Organizational Approval

Date	Authorized Signature
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*Attach this form to the Conservation Practice Assistance Contract

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: WS - 08	Other state or non-State funds? <input type="checkbox"/> YES <input type="checkbox"/> No	Amendment <input type="checkbox"/> Board Meeting Date(s):	Canceled <input type="checkbox"/> Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name: Dan Baker <i>TP 671124</i>	Address: 30484 Highway 60	City/State: Millville, MN	Zip Code: 55957
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* If a group contract, this must be filed and signed by the group secretary or person as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: West Abany	Township No.: 33	Range No.: 110	Section No.: 12	1/4, 1/2, 3/4 NE/SE
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Contract Information

I (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of N/A years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the:


Minnesota Department of Health well sealing guidelines and reporting

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by November 30, 2024, this contract will be automatically terminated on that date.
7. Items of cost for which reimbursement is claimed are to be supported by invoices/receipts for payments and will be verified by the organization board as practical and reasonable. The invoices must include the name of the vendor; materials, labor or equipment used; the component unit costs and the dates the work was performed. The organization board has the authority to make adjustments to the costs submitted for reimbursement. Pre-Construction Cover is exempt from having the required invoices/receipts.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept cost-share funds, from state sources in excess of 75%, or state and non-state sources that when combined are in excess of 75% of the total cost to establish the conservation practice. Pre-construction Cover is exempt from the percent reimbursement rate limitations when utilizing the flat rate payment option.
5. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this project.

Date 6-11-24	Land Owner 
Date	Lendowner, if different from applicant
	Address, if different from applicant information


Conservation Practice

The primary practice for which cost-share is requested is: 351 Well Decommissioning

Eligible Component Standards & Names N/A	Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Total Project Cost Estimate \$3,000.00
	Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

Date 6/11/2024	Technical Assistance Provider 
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Pre-Construction Cover

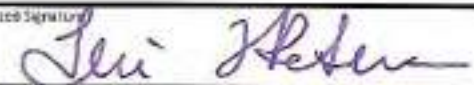
Is allowed when temporary cover is necessary for the future installation of structural conservation practices. A flat rate payment of up to \$150 per acre, not to exceed 10 acres, is allowed as part of a state cost-share contract for the installation of structural practice(s).

Amount / Acre (NTE \$150/acre)	Number of Acres (NTE 10 Acres)	Total Amount

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed 75.0% of the total cost to establish the conservation practice plus the pre-construction cover total amount if utilizing the flat rate payment option.

Amount	Program Name	Fiscal Year
\$2,000.00	Fillmore - Drinking Water Protection	2024

Date 6/11/2024	Authorized Signature 	Total Amount Authorized \$2,000.00
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November 19th, 2024

Wabasha County Soil and Water Conservation District

611 Broadway Ave. Ste. 10B

Wabasha, MN 55981

Dear Wabasha SWCD Board and Staff,

Please accept this letter as formal notification that I am resigning from my position as a Conservation Planning and Outreach Technician with the Wabasha Soil and Water Conservation District. My last day will be December 27th, 2024.

Thank you so much for the opportunity to work in this position alongside exceptional conservationists. I have greatly enjoyed the opportunities I've had to build relationships with farmers in the area and contribute to our cover crop program. I've learned a great deal about the invaluable work that Soil and Water Conservation Districts do, and its role in making conservation accessible both in knowledge and financial support. I became interested in agriculture because of a desire to help others and promote land stewardship, and I believe that SWCDs are doing that. The skills and experience I have gained while working here will help me support that mission throughout my career.

During my remaining weeks, I will do everything possible to wrap up my remaining contracts and facilitate introductions to other team members so the farmers I have worked with will know who they can reach out to. Please let me know if there is anything I can do to help during this transition.

It has been a privilege to get to know everyone on the Board, the staff, and the local community, and support conservation work in Wabasha County. I wish nothing but the best for the District and offer my sincere thanks to everyone who has helped me grow as a conservationist during my time here. I hope to stay in touch in the future.

Sincerely,



Jenna Rasmussen

KATIE M. JACOBSON, CPA

Katie M. Jacobson, CPA
Kimberly Elsfield - Snr. Mgr.
Brandon Winter - Staff Acct.
Christine Thompson - Staff Acct.
Melanie Steinle - Staff Acct.

Licensed CPA Firm

2330 26th Street
Slayton, MN 56172

Telephone: (507) 836-8564
Fax: (507) 836-8566

November 14, 2024

Wabasha Soil and Water Conservation District
611 Broadway Ave., Suite 10
Wabasha, MN 55981

We are pleased to confirm our understanding of the services we are to provide Wabasha Soil and Water Conservation District for the year ended December 31, 2024.

Audit Scope and Objectives

We will audit the financial statements of the governmental activities and the major fund, and the disclosures, which collectively comprise the basic financial statements of Wabasha Soil and Water Conservation District as of and for the year ended December 31, 2024. Accounting standards generally accepted in the United States of America (GAAP) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Wabasha Soil and Water Conservation District's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to Wabasha Soil and Water Conservation District's RSI in accordance with auditing standards generally accepted in the United States of America (GAAS). These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by U.S. generally accepted accounting principles (GAAP) and will be subjected to certain limited procedures, but will not be audited:

- 1) Management's Discussion and Analysis
- 2) Budgetary Comparison Schedule – General Fund
- 3) Schedule of District's Pension Contributions
- 4) Schedule of District's and Non-Employer Proportionate Share of Net Pension Liability
- 5) Notes to the Required Supplementary Information

We have also been engaged to report on supplementary information other than RSI that accompanies Wabasha Soil and Water Conservation District's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS, and we will provide an opinion on it in relation to the financial statements as a whole in a report combined with our auditor's report on the financial statements.

- 1) General Fund Schedules of Revenues, Expenditures, and Changes in Fund Balance

In connection with our audit of the basic financial statements, we will read the following other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

- 1) Organizational Information

The objectives of our audit are to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditor's report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with GAAP; and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered

material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement of a reasonable user made based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS and will include tests of your accounting records and other procedures we consider necessary to enable us to express such opinions. As part of an audit in accordance with GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that comes to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected customers, creditors, and financial institutions. We may request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry.

We may from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Our audit of the financial statements does not relieve you of your responsibilities.

Audit Procedures—Internal Control

We will obtain an understanding of the government and its environment, including the system of internal control, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

We have identified the following significant risks of material misstatement as part of our audit planning.

According to GAAS, significant risks include management override of controls, and GAAS presumes that revenue recognition is a significant risk. Accordingly, we have considered these as significant risks.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of Wabasha Soil and Water Conservation District's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance, and we will not express such an opinion.

Responsibilities of Management for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with accounting principles generally accepted in the United States of America with the oversight of those charged with governance.

Management is responsible for making drafts of the financial statements, all financial records, and related information available to us; for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers); and for the evaluation of whether there are any conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for the 12 months after the financial statements date or shortly thereafter (for example, within an additional three months if currently known). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit; and (3) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws and regulations.

You are responsible for the preparation of the supplementary information in conformity with accounting principles generally accepted in the United States of America. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for the presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Other Services

We will also assist in preparing the financial statements and related notes, as well as the Annual Financial Reporting Form, of Wabasha Soil and Water Conservation District in conformity with accounting principles generally accepted in the United States of America based on information provided by you.

We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement and state reporting form services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

You agree to assume all management responsibilities for the financial statement preparation services and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management,

with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

The audit documentation for this engagement is the property of Katie M. Jacobson, CPA and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the Office of the State Auditor or its designee, a federal agency providing direct or indirect funding, or the U.S. Governmental Accountability Office for the purpose of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Katie M. Jacobson's personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties or its designee. These parties may intend or decide to distribute the copies or information contained therein to others, including other governmental agencies.

Katie Jacobson is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it. We expect to begin our audit on approximately September 1, 2025 and to issue our reports no later than October 31, 2025.

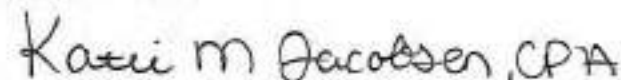
Our fee for these services will be at our discounted governmental hourly rates plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) which we estimate to range between \$5,500 to \$7,500 (pending travel costs if necessary). Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Bills for services will be due when rendered. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

Reporting

We will issue a written report upon completion of our audit of Wabasha Soil and Water Conservation District's financial statements. Our report will be addressed to the board of Wabasha Soil and Water Conservation District. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add emphasis-of-matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this engagement. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issues reports, or we may withdraw from this engagement.

We appreciate the opportunity to be of service to Wabasha Soil and Water Conservation District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,



Katie M. Jacobson, CPA

RESPONSE:

This letter correctly sets forth the understanding of Wabasha Soil and Water Conservation District.

By: _____

Title: _____

Date: _____



Katie Jacobson

1:21 PM (23
minutes ago)

to me

Hi Sue,

That quote is included on that last page of the engagement letter. \$5,500-\$7,500 pending travel costs. Upon preparing your 2023-year end audit, Wabasha SWCD had more grants than our other SWCD's, so the increase from 2023 to 2024 is to take that into consideration. However, I would anticipate the fee being around the \$6,000 range unless we need to take a day for travel. Things worked well this past year so I wouldn't anticipate having to travel unless something arises out of the ordinary.

Subject: Report from The Watershed Alliance for the Greater Zumbro (WAGZ) Policy Advisory Committee meeting November 7, 2024.

TO: WSWCD Board
FROM: Dag Knudsen

Nov. 7, 2024

The committee meets quarterly. Next meeting February 13 or 14, 2025.

No decisions made at this meeting

Reviewed Financial Summaries for the 22' - 23' and 24' - 25' Grants. Budget is \$ 1,897,768.00 for 2024-2025. Cover crops are becoming popular necessitating moving funds from other categories in order not to turn down any requests—a flexibility built into the program.

Partner project showcases were presented by Rice and Dodge SWCDs. The Rice project was a manure lagoon expansion bringing storage capacity from 2 to 14 months to eliminate need to spread on frozen and winter grounds. Cost \$387,356.82 with owner paying 75%.

Fact sheets were presented about Bullard Creek, Gilbert Creek, Miller Creek, And Wells Creek: Restoration and protection activities described and reports of their removal from the impaired stream list. Also learned that other streams were added to the list because of more data available.

Engagement and outreach report shared impact of social media Soil Health and No Till Farming promotions. For Wabasha County 99.51% of the 514 viewers watched the messages to the end. Highest viewer group was people older than 65.

TV stations KTTC and KXLT ran a lot of the ads including one at the 10/20 Vikings/Lions Pre-Kick seen by 51,000 households.

An update was provided on the SE Nitrate Advisory Group & Groundwater Work plan. 18 people from SE MN are members consisting of farmers and non-farmers. The group was formed this summer in response to the EPA mandated actions to address nitrate pollution in SE MN. They meet monthly. The MPCA website describing the group states that 150,000,000 pounds of nitrate leave Minnesota per year in the Mississippi River. That is 30 pounds per person/year.

TO: Donald S Springer

Robert Walkes

Sharleen Klennert

Chester Ross

Dag Knudsen

FROM: Francie Warren, County Auditor/Treasurer

RE: Swearing-In Ceremony

This memo is to notify each of you that the swearing-in ceremony for all newly elected county officials will be January 3, 2025 at 8:15 am in Court Room 2. The Honorable Judge Neisen will be swearing you in.

At that time Judge Neisen will read the oath of office to you and you will sign the oath after. I will send the Oaths over to Abby(the court administrator) ahead of time so the oaths will be ready for you that day and then Abby will send them back over to me after you have been sworn in and signed them, I will send you a copy of the signed oaths via email after the judge signs them.

If you should have any questions or cannot be present that day, please contact my office.

cc: The Honorable Judge Neisen

Abby Gilmore, Wabasha County Court Administrator

Michael Plante, County Administrator

Terri Peters, Soil & Water