

**Wabasha Soil and Water Conservation  
District Regular Board Meeting  
September 25, 2025  
8:15 am  
611 Broadway Avee, 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 -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*

**i. Contract Amendments:**

**ii. Vouchers**

- A. Ernest Walters Voucher payment for Contract# 24-SWCDaid-1 in the amount of \$1,500.00 for Practice 314 Brush Management.  
(Funding source – FY24 SWCD Aid)
- B. Warren Craig Beighley Voucher payment for Contract# 25-CC-7 in the amount of \$215.13 for Practice 315 Herbaceous Weed Management.  
(Funding source – FY25 Conservation Contracts)
- C. Gerald VanDewalker Voucher payment for Contract# 24-CC-14 in the amount of \$1,500.00 for 314 Brush Management.  
(Funding sources – FY24 Conservation Contracts \$1,394.50 and FY25 Conservation Contracts \$105.50)
- D. Voucher Payment for Contract# 79-25RCPP-04 in the amount of \$2,850.00 for Practice 340 Cover Crops.

**VI. SECRETARY'S REPORT**

- A. August 28, 2025, Meeting Minutes – **Board Action**

**VII. TREASURER'S REPORT – Board Action**

- A. August District Financial Statements  
Included for your review
- B. August Program Record

**VIII. PAYMENT OF MONTHLY BILLS**

- A. Monthly Bills in the amount of \$39,354.54 - **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. Natural Resources Technician Report– Katelyn Abts – (In the packet)
- G. Soil Health/Nutrient Management Tech Report – Deanna Pomije – (In the packet)
- H. Conservation Planning & Outreach Technician – Ella Jurgerson – (In the packet)
- I. BWSR Report –
- J. Other -

**X. OLD BUSINESS**

- A. Conservation Project – Lynn (open to any Supervisor for ideas)

**XI. NEW BUSINESS**

- A. Bear Valley Watershed District, Had special meeting on 9-17-2025 to discuss testing tile discharge. SWCD water testing once per month for approximately 9 months. The cost will be about \$500.00. Samples once a month and delivered to Rochester lab. – **Discussion**
- B. 2025 Soil Health RCPP – 2<sup>nd</sup> round funding (\$120,000) requested – Approval to accept and to delegate authority for Terri to sign grant agreement when it is available. – **Board Action**
- C. 2025 Soil Health RCPP – September Batching and updates on July and August batches. Deanna will get info.
- D. Equivalent Insurance Plan for Paid Leave. Shelter Point Life Insurance Company, Fully Insured Approved Private Plan Coverage for State mandated Paid Family & Medical Leave (PFML)  
Employer/Employee amounts paid for PFML (50/50 would be the recommendation. – **Discussion/Board Approval**
- E. D K K A LLC Amendment# 1 to Contract# 2025WAGZ-WC-03 to change the authorized amount to \$9,108.34 from \$8,775.00. – **Board Action**  
(Funding source – FY24-FY25 WAGZ
- F. Governance & Leadership Essentials for SWCD. Sharleen attended.  
Her report is included with the packet.

G. Upcoming Events

- i. Friday, September 26, 2025, Sunflower Harvest Field Day. 12:30 pm -2:30 pm  
Scott and Dawn Lightly – Address, 22238 830<sup>th</sup> Ave. Oakland, MN 56007
- ii. Thursday, October 2, 2025, Area 7 Joint Fall Meeting, SE MASWCD and SE  
MACDE for Staff & Board. Grand Meadow, MN
- iii. Monday, October 13 – Indigenous Peoples Day, Office Closed
- iv. Tuesday – Thursday. October 21 – October 23, 2025  
BWSR Academy at Cragun's Resort.
- v. Thursday, October 23, 2025, Regular Board Meeting
- vi. December 1-3 (Monday – Wednesday) – MASWCD Annual Convention.  
(Bloomington)

**XII. Board Reports**

- A. Whitewater JPB – Lynn
- B. Zumbro 1W1P – Dag
- C. WinLaC 1W1P – Lynn
- D. SE SWCD Technical Support JPB – Dag
- E. County Board Meeting – Sharleen

**XIII. Adjourn**

## FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

### PAYEE AND COST INFORMATION

Name: **Ernest Walters**  
Address: **2301 Co Rd 7 NE**  
City, State, Zip: **Dover, MN 55929**  
Contract No.: **24-SWCDAid-1**

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

| Practice             | Quantity | Unit | Unit Rate | Total      |
|----------------------|----------|------|-----------|------------|
| Brush Management 314 | 5.000    | Acre | \$300.00  | \$1,500.00 |
|                      |          |      |           |            |
|                      |          |      |           |            |
|                      |          |      |           |            |
|                      |          |      |           |            |
|                      |          |      |           |            |
|                      |          |      |           |            |

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

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

8/28/2025

Ernest Walters  
Payee Signature

8/30/2025  
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 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.

Patricia Altus  
Technical Assistance Provider

8/30/25  
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 Grwinski  
Administrative Sign-off

9/13/2025  
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 | <input type="button" value="v"/> |
|----------------------|---------------|----------------------------------|

**Design Installation and Layout Approval**

|                              |                     |                                          |
|------------------------------|---------------------|------------------------------------------|
| Designed By:<br>Katelyn Abts | Date:<br>10/16/2024 | Designer's Job Approval Authority:<br>II |
| Approved By:<br>Katelyn Abts | Date:<br>10/16/2024 | Approver's Job Approval Authority:<br>II |

**Record of Completion and Check Out Certification**

| Treated Acres | Date Completed by Client | Date Certified | Approver's Initials |
|---------------|--------------------------|----------------|---------------------|
| 5             | 8/28/2025                | 8/29/2025      | 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:<br>Katelyn Abts                                                                  | Date:<br>8/29/2025                              |
| Title:<br>Natural Resource Technician                                                          | Certifier's Job Approval Authority (JAA):<br>II |
| Signature:  |                                                 |

**Notes:**

On August 29th, I conducted a site visit of the project area and concluded that the planned five acres meet requirements set by Brush Management (314).

## FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

### General Information

|                                          |                                             |                                                                                                    |                                                              |                                                             |
|------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|
| Organization:<br><br><b>Wabasha SWCD</b> | Contract Number:<br><br><b>24-SWCDAid-1</b> | Other state or non-state funds?<br><br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | Amendment <input type="checkbox"/><br>Board Meeting Date(s): | Canceled <input type="checkbox"/><br>Board Meeting Date(s): |
|------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|

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

### Applicant

|                                                 |                                       |                                    |                              |
|-------------------------------------------------|---------------------------------------|------------------------------------|------------------------------|
| Land Occupier Name<br><br><b>Ernest Walters</b> | Address<br><br><b>2301 Co Rd 7 NE</b> | City/State<br><br><b>Dover, MN</b> | Zip code<br><br><b>55929</b> |
|-------------------------------------------------|---------------------------------------|------------------------------------|------------------------------|

\* 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:<br><br><b>Glasgow</b> | Township No:<br><br><b>110</b> | Range No.:<br><br><b>11</b> | Section No.<br><br><b>36</b> | <b>1/4,1/4</b><br><br><b>S</b> |
|--------------------------------------|--------------------------------|-----------------------------|------------------------------|--------------------------------|

### 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<br>10-18-2024 | Land Occupier<br>Ernest Walters                  |
| 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 | Engineered Practice<br><input type="checkbox"/> YES <input type="checkbox"/> NO | Total Project Cost Estimate<br><br><b>\$1,500.00</b> |
|------------------------------------|---------------------------------------------------------------------------------|------------------------------------------------------|
| <b>Brush Management 314</b>        | Ecological Practice<br><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<br>11/6/24 | Technical Assistance Provider<br><i>[Signature]</i> |
|-----------------|-----------------------------------------------------|

### 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<br>11-21-2024 | Authorized Signature<br><i>Lynn Zabel</i> | Total Amount Authorized<br><br><b>\$1,500.00</b> |
|--------------------|-------------------------------------------|--------------------------------------------------|

24-SWCDAid-1, Ernest Walters – Brush Management 314

10/25/24



8/29/25



## 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.: **25-CC-7**

Total Amount Authorized: **\$215.14**  
(from contract)

| Practice                       | Quantity | Unit | Unit Rate | Total    |
|--------------------------------|----------|------|-----------|----------|
| Herbaceous Weed Management 315 | 1.750    | Acre | \$122.93  | \$215.13 |

PAYMENT REQUEST: **\$215.13**

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

8/28/2025

Payee Signature

Date

### PAYMENT AND CERTIFICATION INFORMATION

|                                        |          |
|----------------------------------------|----------|
| A. Type of request (partial or final): | Final    |
| B. Payment amount requested:           | \$215.13 |
| C. Total Amount Authorized:            | \$215.14 |
| D. Total previous partial payments:    |          |
| E. Amount available (C - D)            | \$215.14 |

Amount Approved for This Voucher: **\$215.13**  
(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.

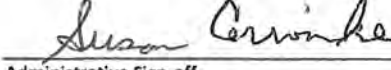
 Amanda Gentry  
Winona County SWCD  
Technical Assistance Provider

9/16/25

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

9/16/2025

Date

**315 – Herbaceous Weed Treatment  
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)**

|                      |                                                                               |
|----------------------|-------------------------------------------------------------------------------|
| 315 ESJAA Fact Sheet | Job Class: II <span style="border: 1px solid black; padding: 0 5px;">▼</span> |
|----------------------|-------------------------------------------------------------------------------|

**Design Installation and Layout Approval**

|                               |                    |                                                                                                          |
|-------------------------------|--------------------|----------------------------------------------------------------------------------------------------------|
| Designed By:<br>Katelyn Abts  | Date:<br>2/24/2025 | Designer's Job Approval Authority:                                                                       |
| Approved By:<br>Amanda Gentry | Date:<br>3/12/2025 | Approver's Job Approval Authority:<br>II <span style="border: 1px solid black; padding: 0 5px;">▼</span> |

**Record of Completion and Check Out Certification**

| Treated Acres | Date Completed by Client | Date Certified | Approver's Initials |
|---------------|--------------------------|----------------|---------------------|
| 1.75          | 8/28/2025                | 9/16/2025      | ASG                 |
|               |                          |                |                     |
|               |                          |                |                     |
|               |                          |                |                     |

- ☒ 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:<br>Amanda Gentry                                                                    | Date:<br>9/16/2025                               |
| Title:<br>Resources Conservationist                                                               | Certifier's Job Approval Authority (JAA):<br>III |
| Signature:<br> |                                                  |

Notes:

|  |
|--|
|  |
|--|

## FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

### General Information

|                                          |                                        |                                                  |                                                              |                                                             |
|------------------------------------------|----------------------------------------|--------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|
| Organization:<br><br><b>Wabasha SWCD</b> | Contract Number:<br><br><b>25-CC-7</b> | Other state or non-state funds?<br><br>YES<br>NO | Amendment <input type="checkbox"/><br>Board Meeting Date(s): | Canceled <input type="checkbox"/><br>Board Meeting Date(s): |
|------------------------------------------|----------------------------------------|--------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|

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

### Applicant

|                                                        |                                       |                                    |                              |
|--------------------------------------------------------|---------------------------------------|------------------------------------|------------------------------|
| Land Occupier Name<br><br><b>Warren Craig Beighley</b> | Address<br><br><b>50166 290th Ave</b> | City/State<br><br><b>Elgin, MN</b> | Zip code<br><br><b>55932</b> |
|--------------------------------------------------------|---------------------------------------|------------------------------------|------------------------------|

\* 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:<br><br><b>Elgin</b> | Township No:<br><br><b>108</b> | Range No.:<br><br><b>12</b> | Section No.<br><br><b>34</b> | <b>1/4, 1/4</b><br><br><b>SW, SE</b> |
|------------------------------------|--------------------------------|-----------------------------|------------------------------|--------------------------------------|

### 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:

Herbaceous Weed Treatment 315

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 8/30/25, 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<br>3/24/25 | Land Occupier<br> |
| Date            | Landowner, if different from applicant                                                             |
|                 | Address, if different from applicant information:                                                  |

### Conservation Practice

The primary practice for which cost-share is requested is Herbaceous Weed Treatment (315)

|                                                                                  |                                                                                                                                                                                  |                                                    |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Eligible Component Standard & Name<br><br><b>Herbaceous Weed Treatment (315)</b> | Engineered Practice: <input type="checkbox"/> YES <input type="checkbox"/><br>NO<br><br>Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Total Project Cost Estimate<br><br><b>\$215.14</b> |
|----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|

### 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<br>3/25/2025 | Technical Assistance Provider<br> Amanda Gentry, Winona SWCD |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|

### Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: 119.52/acre

| Amount   | Program Name           | Fiscal Year |
|----------|------------------------|-------------|
| \$215.14 | Conservation Contracts | 2025        |
|          |                        |             |
|          |                        |             |

|                       |                                                                                                             |                                                |
|-----------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| Date<br>March 27 2025 | Authorized Signature<br> | Total Amount Authorized<br><br><b>\$215.14</b> |
|-----------------------|-------------------------------------------------------------------------------------------------------------|------------------------------------------------|

25-CC-7, Warren Beighley – Herbaceous Weed Management (315)

11/7/2024



8/29/25



## 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-14**

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

| Practice             | Quantity | Unit | Unit Rate | Total      |
|----------------------|----------|------|-----------|------------|
| Brush Management 314 | 5.000    | Acre | \$300.00  | \$1,500.00 |

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

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

9/22/2025

Payee Signature

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 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.

### 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.

Technical Assistance Provider

Administrative Sign-off

Date

Date

## FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

### General Information

|                                   |                                  |                                                                                                    |                                                              |                                                             |
|-----------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|
| Organization:<br><br>Wabasha SWCD | Contract Number:<br><br>24-CC-14 | Other state or non-state funds?<br><br><input type="checkbox"/> YES<br><input type="checkbox"/> NO | Amendment <input type="checkbox"/><br>Board Meeting Date(s): | Canceled <input type="checkbox"/><br>Board Meeting Date(s): |
|-----------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|

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

### Applicant

|                                              |                                |                               |                       |
|----------------------------------------------|--------------------------------|-------------------------------|-----------------------|
| Land Occupier Name<br><br>Gerald Vandewalker | Address<br><br>58940 415th Ave | City/State<br><br>Mazeppa, MN | Zip code<br><br>55956 |
|----------------------------------------------|--------------------------------|-------------------------------|-----------------------|

\* 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:<br><br>Mazeppa | Township No:<br><br>109 | Range No.:<br><br>14 | Section No.<br><br>21 | 1/4, 1/4<br><br>NE, 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:

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 9/30/25, 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:

- 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   | Land Occupier                                     |
| 1-5-25 | Scrub Underwalk                                   |
| 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 | Engineered Practice: | <input type="checkbox"/> YES <input type="checkbox"/> NO            | Total Project Cost Estimate |
|                                    | Ecological Practice: | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                             |
| Brush Management 314               |                      |                                                                     | <b>\$1,500.00</b>           |

### 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 |
| 1/27/25 | <i>[Signature]</i>            |

### 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 |
|------------|-----------------------|-------------|
| \$1,394.50 | Conservation Contract | 2024        |
| \$105.50   | Conservation Contract | 2025        |
|            |                       |             |

|              |                      |                         |
|--------------|----------------------|-------------------------|
| Date         | Authorized Signature | Total Amount Authorized |
| Feb 27, 2025 | <i>Lynn Zahel</i>    | <b>\$1,500.00</b>       |

**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 | <input type="button" value="v"/> |
|----------------------|---------------|----------------------------------|

**Design Installation and Layout Approval**

|                              |                     |                                                                           |
|------------------------------|---------------------|---------------------------------------------------------------------------|
| Designed By:<br>Katelyn Abts | Date:<br>11/27/2024 | Designer's Job Approval Authority:<br>II <input type="button" value="v"/> |
| Approved By:<br>Katelyn Abts | Date:<br>11/27/2024 | Approver's Job Approval Authority:<br>II <input type="button" value="v"/> |

**Record of Completion and Check Out Certification**

| Treated Acres | Date Completed by Client | Date Certified | Approver's Initials |
|---------------|--------------------------|----------------|---------------------|
| 5             | 9/22/2025                | 9/23/2025      | 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:<br>Katelyn Abts                                                                  | Date:<br>9/23/2025                                                               |
| Title:<br>Natural Resource Technician                                                          | Certifier's Job Approval Authority (JAA):<br>II <input type="button" value="v"/> |
| Signature:  |                                                                                  |

**Notes:**

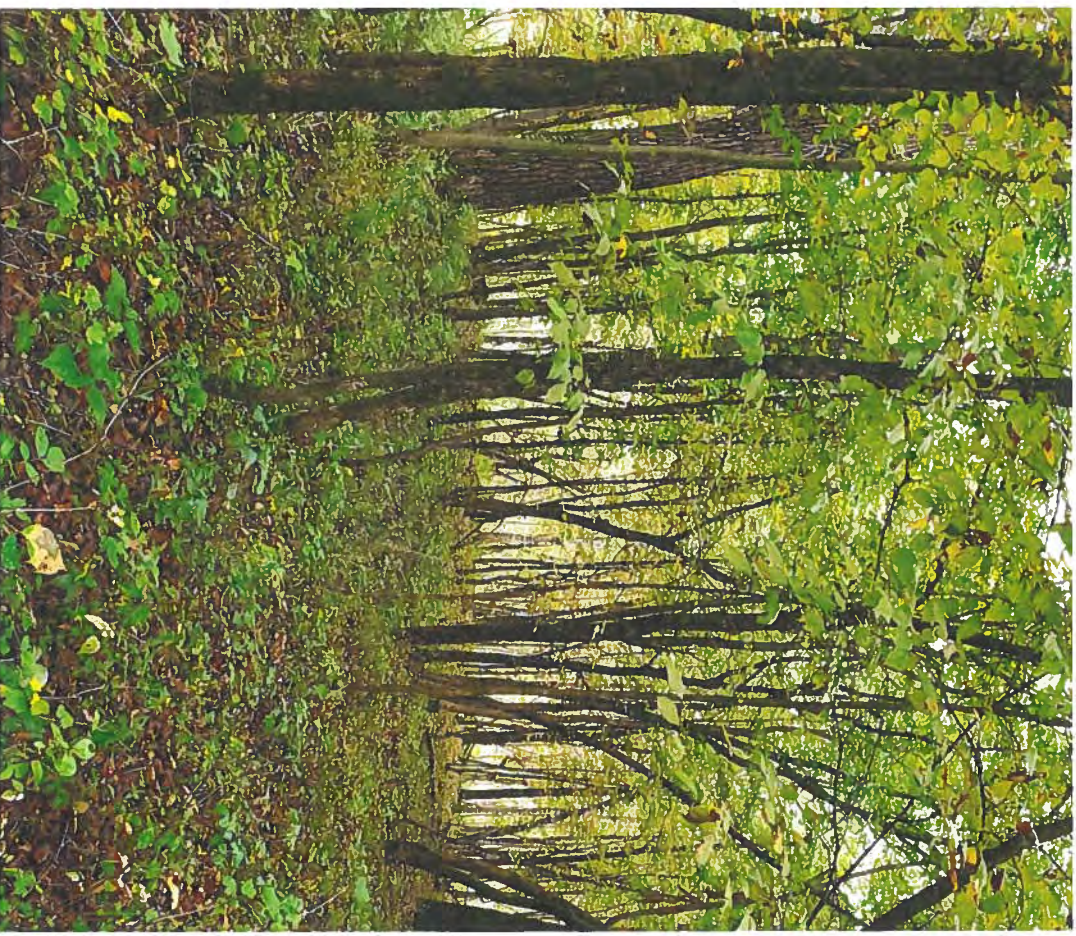
I visited the site on 9/23/25 and found that the 5 acre project area has been cleared of invasive species according to Brush Management (314) standards.

24-CC-14, Gerald Vandewalker – Brush Management 314

7/9/24



9/23/25



## FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

### PAYEE AND COST INFORMATION

Name: [REDACTED]  
Address: [REDACTED]  
City, State, Zip: [REDACTED]  
Contract No. 79-25RCPP-04

Total Amount Authorized: \$2,850.00  
(from contract)

| Practice                       | Quantity | Unit  | Unit Rate | Total      |
|--------------------------------|----------|-------|-----------|------------|
| Multi-Species Cover Crop (340) | 47.500   | Acres | \$60.00   | \$2,850.00 |
|                                |          |       |           | \$0.00     |
|                                |          |       |           | \$0.00     |
|                                |          |       |           | \$0.00     |
|                                |          |       |           | \$0.00     |
|                                |          |       |           | \$0.00     |
|                                |          |       |           | \$0.00     |

PAYMENT REQUEST: \$2,850.00

9/5/25

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

[REDACTED]  
Payee Signature

9-18-25  
Date

### PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final)  
B. Payment amount requested: \$2,850.00  
C. Total Amount Authorized: \$3,600.00  
D. Total previous partial payments  
E. Amount available (C - D): \$3,600.00

Amount Approved for This Voucher: \$2,850.00  
(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.

DEAN THOMAS Digitally signed by DEAN THOMAS (Affiliate)  
(Affiliate) Date: 2025.09.22 12:28:26 -05'00'

Technical Assistance Provider

9/22/2025

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.

Lusan Gernuske  
Administrative Sign-off

9/24/2025

Date:

## FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

### General Information

|                                          |                                             |                       |                      |
|------------------------------------------|---------------------------------------------|-----------------------|----------------------|
| Organization:<br><br><b>Wabasha SWCD</b> | Contract Number:<br><br><b>79-25RCPP-04</b> | Amendment<br>Date(s): | Canceled<br>Date(s): |
|------------------------------------------|---------------------------------------------|-----------------------|----------------------|

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

### Applicant

|                    |         |            |          |
|--------------------|---------|------------|----------|
| Land Occupier Name | Address | City/State | Zip code |
|--------------------|---------|------------|----------|

\* 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:<br><br><b>REDACTED</b> | Township No: | Range No.: | Section No. | <b>1/4,1/4</b> |
|---------------------------------------|--------------|------------|-------------|----------------|

### Contract Information

I (we), the undersigned, do hereby request assistance to help defray the cost of completing 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 the 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 complete or maintain the practice(s) during the effective life, the land occupier is liable to the organization for 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 FOTG

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

6. This contract, when approved by the organization, will remain in effect unless canceled or amended by mutual agreement. If practice(s) covered by this contract have not been completed by 11/1/2027, this contract will be automatically terminated on that date.

7. Reimbursement requests must be supported by a completed Flat Rate Voucher Form.

8. This contract is contingent on the land occupier maintaining eligibility for federal farm bill payments. In the instance a land occupier fails to meet eligibility requirements, they will have 30 days to rectify eligibility or this contract will be terminated.

### 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. Have all required legal land rights, including but not limited to access and authority to both construct and maintain the conservation practice(s) agreed upon in this contract for the effective life of the practice(s).
3. Obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).
4. 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.
5. The land occupier acknowledges they have received a copy of the historically underserved producer self certification form.
6. Allow the contracting SWCD, NRCS, the Board of Water and Soil Resources, or their authorized representative, access to and the right to examine all, records, books, papers, or documents related to this contract.

|                 |                                                   |
|-----------------|---------------------------------------------------|
| Date<br>7-31-25 | Land Occupier                                     |
| Site            | Landowner (if different from applicant)           |
|                 | Address (if different from applicant information) |

### Conservation Practice

The primary practice for which assistance is requested is **Cover Crop (340)**

|                                            |      |
|--------------------------------------------|------|
| Practice standard(s) or eligible component | Unit |
| 0                                          | Ac   |

### Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice(s) will be completed and deem the practice(s) needed and that the estimated quantities are practice and reasonable.

|      |                                                                                                                 |
|------|-----------------------------------------------------------------------------------------------------------------|
| Date | Technical Assistance Provider                                                                                   |
|      | <b>DEAN THOMAS (Affiliate)</b> Digitally signed by DEAN THOMAS (Affiliate)<br>Date: 2025.08.12 09:08:20 -05'00' |

### Amount Authorized for Financial Assistance

The organization has authorized the following for financial assistance, total not to exceed a rate of: 60

**This Contact Entails:** \$60/ Acre Rate      2025-2027 Contract Length      Multiple Species Cover Crop  
 Tract 4523, 4524      20 acres each year

|               |                                |                         |
|---------------|--------------------------------|-------------------------|
| Approval Date | Authorized Signature           | \$3,600.00              |
| 8/28/2025     | See Peter per board resolution | Total Amount Authorized |

Sep 18, 2025 at 3:21:19 PM



**Wabasha Soil and Water Conservation  
District Regular Board Meeting  
August 28, 2025  
8:15 am  
611 Broadway Avee, Suite 10B**

**I. CALL MEETING TO ORDER**

*Lynn Zabel, Chair called the meeting to order at 8:15 am.*

*Supervisors Present: Lynn Zabel, Chair, Chet Ross, Co-Chair, Sharleen Klennert, Treasurer, Dag Knudsen, Member*

*Staff Present: Terri Peters, District Manager*

*Others Present: Bob Walkes, County Commissioner, Christina Taylor, NRCS, Dave Copeland, BWRS and Frank Klennert, Citizen*

**II. PLEDGE ALLEGIANCE**

**III. AGENDA**

*Motioned by Klennert and seconded by Ross to approve The Agenda with the addition of Old Business, Letter D. Resolution 08282025-1.*

*Affirmative: Ross, Klennert, Knudsen, Zabel*

*Opposed: None*

*Motion Carried*

**IV. PUBLIC COMMENTS**

Comments limited to 5 minutes per speaker

**V. 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*

**i. Contract Amendments**

- A. June E. Ratz Trust Amendment# 2 for Contract# 24-CC-5 to change the Install by date to 12/31/2025 instead of 7/31/2025 for 314 Brush Management.

(Funding source – FY24 Conservation Contracts)

***Motioned by Knudsen and seconded by Ross to approve the Contract Amendments.***

***Affirmative: Ross, Klennert, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

ii. **Vouchers**

- A. Greg Speedling Voucher payment for Contract# 25-CC-2 in the amount of \$1,678.00 for Practice 380 Windbreak/Shelterbelt Establishment and Renovation.

(Funding source – FY25 Conservation Contracts)

***Motioned by Knudsen and seconded by Ross to approve the Vouchers.***

***Affirmative: Ross, Klennert, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

VI. **SECRETARY'S REPORT**

- A. July 24, 2025, Meeting Minutes – **Board Action**

***Motioned by Klennert and seconded by Ross to approve the Secretary's Report.***

***Affirmative: Ross, Klennert, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

VII. **TREASURER'S REPORT – Board Action**

- A. July District Financial Statements

Included for your review

- B. July Program Record

***Discussion on decrease in SWCD Aid funding. A \$30,000.00, (7%) reduction. This funding is our general fund covers some staff time. Terri was asked by Dag how many months of funds were available to cover District expenses. She replied that the district has funds of \$350k for which would cover about 6-7 months. She will be watching the balance. Dave said that BWSR would suggest 6–9-month funds.***

***Motioned by Klennert and seconded by Ross to approve the Treasurer's Report to the best of our ability.***

***Affirmative: Ross, Klennert, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

VIII. **PAYMENT OF MONTHLY BILLS**

- A. Monthly Bills in the amount of \$41,656.74 - **Board Action**

***Motioned by Knudsen and seconded by Klennert to approve Payment of the Monthly Bills in the amount of \$41,656.74.***

***Affirmative: Ross, Klennert, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

**IX. DISTRICT REPORTS**

- A. Chair Report – Lynn Zabel
- B. County Commissioner – Bob Walkes  
*Hired new Auditor/Treasurer that has 10 years of experience as an Auditor/Treasurer. Most recently in Olmsted County.*  
*Budget – Looking through line items. Trimming needs to be done, not final yet.*  
*Attended Township Meeting last week. Steve Jacob and Pam Altendorf were there.*  
*Talked about prison closing in Stillwater. County Department Heads were there.*
- C. District Manager Report – Terri Peters  
*Missed Township Meeting but sent report with Tammy and Sharleen to present.*  
*Wabasha County Fair – Thank you to who helped fill time slots.*  
*We had water testing on Friday at the fair.*  
*Covered payroll for Sue while she was on bereavement leave.*  
*We have one Well Inventory Grant and are getting a new Well Inventory Grant.*  
*Katelyn and Ella will be working on them.*  
*RCPP Grant – figuring what we can and can't do. Follow guidelines. NRCs will be checking this. More discussions to come on this grant.*  
*WAGZ Tour*  
*WinLaC Meeting – Showed the Stream Restoration project by St. Charles.*  
*BWSR Tour – Stopped at one of our RIM projects.*  
*Construction season, busy finding funding for staff projects.*  
*Working with Darin Thompson. MPCA grant for septic systems. Low income, that have failing septic systems or imminent threat. Darin will be assessing and working with Terri on ranking.*  
*Paid Family Leave. Paid through the state. Worked with SWCD Managers and Shawn. There are private insurance options. Will be looking over those. More info will be coming later.*
- D. NRCS Report – Christina Taylor – (In the packet)  
*Gave report at the meeting. Discussion with board members.*
- E. District Technician Report- Matt Kempinger – (In the packet)
- F. Natural Resources Technician Report– Katelyn Abts – (In the packet)  
*Discussion on Wells, Well Inventory.*
- G. Soil Health/Nutrient Management Tech Report – Deanna Pomije – (In the packet)
- H. Conservation Planning & Outreach Technician – Ella Jurgerson – (In the packet)  
*Ella started full-time July 14. Sitting in with Deanna and producers for cover crops.*  
*She has been checking the lysimeters after it rains. Gophers have been eating through PVC tubing, so we had changed to metal tubing in the Spring. Buckets are buried under the ground with screen on top. Design isn't good, we will be looking at different options. West Indian Creek grant extension, 2<sup>nd</sup> round of funding.*

- I. BWSR Report – Dave Copeland  
*First wanted to thank the SWCD staff for the BWSR tour for the Conservationists. Visited Dave Hager – Bluff land RIM -Kately, Matt, Terri and Jen. Also visited a Wetland bank in the area and Gorman Creek. BWSR meeting this morning (8-28) to approve board recommendations. Authorize funds watershed based. Slight increase – 3-year grants, given every 2 years. They will be approving operation program grants for SWCD's. Conservation Delivery Grant and the Conservation Contracts Grant. New, will be giving out two 1-year grants, but give the money upfront. We can use the 2<sup>nd</sup> year funds if needed earlier.*  
*NRBG grants – 3% increase this biennium. Local water planning, shoreland and WCA. SWCD reports on all of these.*  
*Legislation funded \$12 million a year that gets divided between 87 SWCD's*  
*Funds should be coming for programs, grants in a couple of weeks.*  
*October 21 – October 23, 2025, BWSR Academy. 17<sup>th</sup> year that BWSR has organized. 90-minute hands-on workshops for County, SWCD's and Watershed employees.*
- J. Other –

**X. OLD BUSINESS**

- A. Conservation Project – Lynn (open to any Supervisor for ideas)  
*Lynn cut off rye and oats. Clip weeds, so they don't go to seed. Fall plant grain and alfalfa. Plant corn in the Spring. Bob Walkes added that he did something different this year. Split the planter with 6-rows of corn and 6-rows of sunflowers on 3.5 acres. Provide some animal nutrition for beef cows. Further discussion followed.*
- B. Submit Farmer of the Year and Woodland Manager of the Year to MASWCD.  
*Deanna is doing the application for Alan Jostock for Farmer of the Year. We do not have a nominee for Woodland Manager of the Year.*
- C. Deanna – Discussion & Presentation of Soil Health Adoption.  
*Soil health demonstrations at the fair. Baggy with Oreo crumbs and gummy worms. Recipe for better, healthier soil. Multiple benefits to improve soil. Cover crops and No-till. Producers will have lower fertilizer use overtime for healthy soil. Implement principles, develop a good environment for soil health. Improve the structure of the soil.*  
*Producers focus on cover crops, because they are popular. Helps to get healthy soil in place. The more practices used, the better. Top reasons are erosion protection, weed suppression and improving soil health. Asked about number of acres in cover crops this year compared to last year. Further discussion with the board.*  
*Dag has a senior that is working on a Sustainable Act Scholarship project. She would like to interview farmers to see why they are reluctant to change. Connect with Deanna, she would ask farmers first if they would do an interview and then let her know of farmers that agree to do the interview.*

- D. Resolution 08282025-1 A Resolution Designating Signature Authority for Terri Peters, District Manager for the SWCD, to sign RCPP cover crop contracts after batching and before the monthly board meeting.

*Terri will revise the resolution wording per explanation at the meeting.*

*Motioned by Klennert and seconded by Ross to approve Resolution 08282025-1 to Designate Signature Authority for Terri Peters, District Manager for the SWCD, to sign cover crops, and the RCPP cover crop contracts after batching and before the monthly board meeting.*

*Affirmative: Ross, Klennert, Knudsen, Zabel*

*Opposed: None*

*Motion Carried*

#### **XI. NEW BUSINESS**

- A. Contract Ron Meiners to work with Ella & other staff, training on field walkovers.

**- Board Action**

*Motioned by Klennert and seconded by Knudsen to approve contracting Ron Meiners to work with Ella & other staff, training on field walkovers.*

*Affirmative: Ross, Klennert, Knudsen, Zabel*

*Opposed: None*

*Motion Carried*

- B. Townsquare Media July/August Healthy Soils Campaign – **Discussion**

*Terri played the videos of our Healthy Soil campaign. Playing on Facebook.*

- C. Approve Gareth & Mary Lou Hager Contract# 25-CC-10 in the amount of \$300.00 for 314 Brush Management. Installed by date 12-31-2025 – **Board Action**  
(Funding source – FY25 Conservation Contracts)

*Motioned by Ross and seconded by Klennert to approve Gareth & Mary Lou Hager Contract# 25-CC-10 in the amount of \$300.00 for 314 Brush Management.*

*Affirmative: Ross, Klennert, Knudsen, Zabel*

*Opposed: None*

*Motion Carried*

- D. Approve David A & Catherine K Schmidt Trust Contract# 2025WinLaC-Wab003 in the amount of \$350.00 for Woodland Stewardship Plan. Installed by date 6-30-2026 – **Board Action**

(Funding source – FY23 WinLaC)

*Motioned by Klennert and seconded by Ross to approve David A & Catherine K Schmidt Trust Contract# 2025WinLaC-Wab003 in the amount of \$350.00 for Woodland Stewardship Plan.*

*Affirmative: Ross, Klennert, Knudsen, Zabel*

*Opposed: None*

*Motion Carried*

- E. General update on the Soil Health Programs.  
*RCPP Technical Assistance used all of the \$180,000.00. Extra \$10,000.00 over. Ready to request next \$120,000.00. Use for cover crops, no-till, conservation cover. Over winter, tree planting, windbreak. Enter in ELink to show money encumbered, to get next round of funds. Letters of support for Olmsted, request funding from legislature. Did not get. Lessard-Sams application same type of program, working on work plan. 11 districts, \$250,000.00 for TA to administer program. Flexibility, self-certification, comparable to Olmsted program. First year of WinLac funding encumbered for cover crops. no-till. WAGZ \$0 left for cover crops this year, will have funds next year, new work plan.*
- F. Approve current batched and ranked 2025 RCPP contracts - August – Board Action  
*Terri described report to the board. Scoring and total ranking points. Motioned by Ross and seconded by Klennert to approve the current batched and ranked 2025 RCPP contracts – August. Affirmative: Ross, Klennert, Knudsen, Zabel Opposed: None Motion Carried*
- G. Wabasha fiscal agent for a \$18k contract from DNR. 10% available for admin. –  
**Discussion/Board Approval**  
Contract to pay consultants a stipend to write project plans. DNR will administer the associated cost share dollars (\$82,000). These dollars do not come through SWCD. Contract goes through June 30, 2027.  
*SWCD would get the \$18,000.00 contract from DNR. It will be like the last DNR contract, working with private foresters/consultants. Motioned by Klennert and seconded by Ross to approve the \$18,000.00 contract from the DNR with 10% being available for administration expenses. Affirmative: Ross, Klennert, Knudsen, Zabel Opposed: None Motion Carried*
- H. Approve Bernard Schumacher Contract# 23-CWF-WIC-08 in the amount of \$11,520.00 for a 410 Grade Stabilization Structure. Installed by date 11-30-2026 –  
**Board Action**  
(Funding source – FY23 West Indian Creek Watershed Restoration and Protection)  
*Motioned by Klennert and seconded by Ross to approve Bernard Schumacher Contract# 23-CWF-WIC-08 in the amount of \$11,520.00 for a 410 Grade Stabilization Structure. Affirmative: Ross, Klennert, Knudsen, Zabel Opposed: None Motion Carried*

I. Upcoming Events

- i. Monday, September 1, 2025, Labor Day – Offices Closed
- ii. Wednesday, Thursday September 10 & 11, 2025, MASWCD – Stewardship Summit: SWCD Governance & Leadership Essentials. St. Cloud.  
Sharleen is attending.
- iii. Thursday, October 2, 2025, Area 7 Joint Fall Meeting, SE MASWCD and SE MACDE for Staff & Board. Grand Meadow, MN. Registration is due on September 15<sup>th</sup>.  
After the meeting we will be going to the Chert Quarry/Wanhi Yukan Preserve. (Walking Trail)  
**Sharleen and Frank will attend. Lynn tentatively, depends on field work. Board members should reach out and invite Legislators to join us at the meeting.**
- iv. Thursday, September 25, 2025, Regular Meeting

XII. Board Reports

- A. Whitewater JPB – Lynn  
**Don't over apply fertilizer.**
- B. Zumbro 1W1P – Dag  
**Tour of five projects. Good to go see them in the field.**  
**Martin Larson graph, talked about cover crops. Olmsted will make a summary.**  
**Review of Budget. 22-23 Workplan money spent.**  
**24-25 tracking financially. Approved manure storage project, small farm operator max funding \$200,000.00.**
- C. WinLaC 1W1P – Lynn
- D. SE SWCD Technical Support JPB – Dag
- E. County Board Meeting – Sharleen  
**Sharleen gave report for Terri.**

XIII. Adjourn

**Motioned by Ross and seconded by Klennert to Adjourn the meeting at 10:45 am**  
**Affirmative: Ross, Klennert, Knudsen, Zabel**  
**Opposed: None**  
**Motion Carried**

Respectively Submitted By:

---

Seth Tentis, Secretary

## Wabasha Soil and Water Conservation District

## Balance Sheet

As of August 31, 2025

|                                          | Aug 31, 25        |
|------------------------------------------|-------------------|
| <b>ASSETS</b>                            |                   |
| Current Assets                           |                   |
| Checking/Savings                         |                   |
| Money Market- Bank of Alma               | 290,462.75        |
| Money Market WNB Financial               | 7,476.80          |
| Peoples State Bank Money Market          | 336,448.56        |
| Petty Cash                               | 93.70             |
| WNB Financial                            | 41,174.45         |
| Total Checking/Savings                   | 675,656.26        |
| Accounts Receivable                      |                   |
| 11000 · Accounts Receivable              | 10,257.00         |
| Total Accounts Receivable                | 10,257.00         |
| Total Current Assets                     | 685,913.26        |
| Fixed Assets                             |                   |
| 15000 · Furniture and Equipment          |                   |
| Computer                                 | 7,523.00          |
| Laptops for Distrcit Techs (2)           | 3,149.22          |
| Right of Use Asset - Building            | 94,217.00         |
| Samsung Tablets                          | 1,548.69          |
| 15000 · Furniture and Equipment - Other  | 147,513.54        |
| Total 15000 · Furniture and Equipment    | 253,951.45        |
| 17000 · Accumulated Depreciation         |                   |
| Accum. Amortization-Building             | -34,547.00        |
| 17000 · Accumulated Depreciation - Other | -117,761.78       |
| Total 17000 · Accumulated Depreciation   | -152,308.78       |
| Total Fixed Assets                       | 101,642.67        |
| Other Assets                             |                   |
| Prepaid Items                            |                   |
| Prepaid Rent                             | 920.43            |
| Prepaid Items - Other                    | 831.25            |
| Total Prepaid Items                      | 1,751.68          |
| Total Other Assets                       | 1,751.68          |
| <b>TOTAL ASSETS</b>                      | <b>789,307.61</b> |
| <b>LIABILITIES &amp; EQUITY</b>          |                   |
| Liabilities                              |                   |
| Current Liabilities                      |                   |
| Accounts Payable                         |                   |
| 20000 · Accounts Payable                 | 1,421.38          |
| Total Accounts Payable                   | 1,421.38          |
| Other Current Liabilities                |                   |
| Compensated Absences Payable             | 21,653.68         |
| Deferred Revenue                         |                   |
| FY23 Capacity                            | 4,746.00          |
| FY23 CWF - WIC                           | 30,802.81         |
| FY24-25 Dept of Rev SWCD Aid             | 32,525.96         |
| FY24 BWSR Soil Health Staffing           | 126,866.10        |
| FY24 Conservation Contracts              | 2,406.89          |
| FY25-FY28 Soil Health RCPP               | 176,119.29        |
| FY25 Buffer Law Implementation           | 18,006.94         |
| FY25 BWSR Soil Health Delivery           | 29,679.11         |
| FY25 Conservation Contracts              | 7,956.63          |
| FY25 Easement Delivery (RIM)             | -175.91           |
| FY25 LWM                                 | -1,872.25         |

## Wabasha Soil and Water Conservation District

## Balance Sheet

As of August 31, 2025

|                                 | Aug 31, 25 |
|---------------------------------|------------|
| FY25 WCA                        | 779.18     |
| Total Deferred Revenue          | 427,840.75 |
| 25500 · Sales Tax Payable       | 5.51       |
| Total Other Current Liabilities | 449,499.94 |
| Total Current Liabilities       | 450,921.32 |
| Long Term Liabilities           |            |
| Long Term Liability             |            |
| Right of Use Asset-Lease Liabil | 62,828.00  |
| Total Long Term Liability       | 62,828.00  |
| Total Long Term Liabilities     | 62,828.00  |
| Total Liabilities               | 513,749.32 |
| Equity                          |            |
| Fund Balance- Unrestricted      | 201,395.71 |
| Investment in Capital Assets    | 38,814.67  |
| 32000 · Owners Equity           | 89,270.83  |
| Net Income                      | -53,922.92 |
| Total Equity                    | 275,558.29 |
| TOTAL LIABILITIES & EQUITY      | 789,307.61 |

## Wabasha Soil and Water Conservation District

## Profit &amp; Loss

August 2025

|                                  | Aug 25     |
|----------------------------------|------------|
| Ordinary Income/Expense          |            |
| Income                           |            |
| Charges for Services             |            |
| Truax No-Till Drill Rental       | 326.00     |
| Total Charges for Services       | 326.00     |
| GW Observation Well Monitoring   | 480.00     |
| Intergovernmental Revenues       |            |
| Federal                          |            |
| 319 Focus Small Wtrshd-W.Indian  | 13,486.31  |
| Total Federal                    | 13,486.31  |
| State                            |            |
| FY23 CWF - WIC                   | 4,463.76   |
| FY23 WinLaC                      | 160.35     |
| FY24-25 Dept of Rev SWCD Aid     | 5,444.83   |
| FY24-FY25 DNR Forestry           | 34,079.84  |
| FY24 BWSR Soil Health Staffing   | 6,844.18   |
| FY24 MDH - Well Inventory        | 14,041.82  |
| FY24 Nutrient Management Staff   | 9,431.27   |
| FY24 Private Well Mitigatin-MDA  | 210.26     |
| FY24 WinLaC WRAPS Proj-MPCA      | 9,382.89   |
| FY25 -FY28 Soil Health RCPP      | 3,880.71   |
| FY25 Buffer Law Implementation   | 500.00     |
| FY25 Conservation Contracts      | 1,678.00   |
| FY25 Easement Delivery (RIM)     | 41.92      |
| FY25 LWM                         | 2,473.28   |
| FY25 PRAP                        | 7,500.00   |
| FY25 WCA                         | 1,056.16   |
| FY25 WinLaC                      | 2,330.27   |
| MAWQCP                           | 17,774.24  |
| Volunteer Nitrate Monitoring Ne  | 84.39      |
| Total State                      | 121,378.17 |
| Total Intergovernmental Revenues | 134,864.48 |
| Total Income                     | 135,670.48 |
| Gross Profit                     | 135,670.48 |
| Expense                          |            |
| District Operations              |            |
| Other Services and Charges       |            |
| Advertising Expense              | 600.00     |
| Building Rent                    | 1,650.00   |
| Education and Information        | 267.99     |
| Employee Mileage                 | 144.90     |
| Internet Expense                 | 105.04     |
| Subs. and Pubs.                  | 871.69     |
| Vehicle Expenses                 |            |
| Chevrolet Silverado Vehicle Exp  | 61.63      |
| Hyundia Tucson Vehicle Expense   | 30.46      |
| Total Vehicle Expenses           | 92.09      |
| Total Other Services and Charges | 3,731.71   |
| Personnel Services               |            |
| Employee Salary Permanent        | 45,943.37  |
| Employer Health Insur (Opt Out)  | 960.19     |
| Employer HSA contributions       | 625.00     |
| Employer Life and Health         |            |
| 66000 - Payroll Expenses         | 60.00      |
| Employer Life and Health - Other | 7,800.40   |

**Wabasha Soil and Water Conservation District**  
**Profit & Loss**  
**August 2025**

---

|                                 | <u>Aug 25</u>           |
|---------------------------------|-------------------------|
| Total Employer Life and Health  | 7,860.40                |
| Employer Share FICA             | 2,852.74                |
| Employer Share Medicare         | 667.19                  |
| Employer Share PERA             | <u>3,436.75</u>         |
| Total Personnel Services        | 62,345.64               |
| Supplies                        |                         |
| Office Supplies                 | <u>248.96</u>           |
| Total Supplies                  | <u>248.96</u>           |
| Total District Operations       | 66,326.31               |
| Project Expenditures            |                         |
| Federal                         |                         |
| 319 Focus Small Wtrshd-W.Indian | 97.30                   |
| FY25 TTT LSR Project - MN DNR   | <u>9,750.00</u>         |
| Total Federal                   | 9,847.30                |
| State                           |                         |
| FY25 Buffer Law Implementation  | 500.00                  |
| FY25 Conservation Contracts     | 1,678.00                |
| MAWQCP Administration           | <u>17,774.24</u>        |
| Total State                     | <u>19,952.24</u>        |
| Total Project Expenditures      | <u>29,799.54</u>        |
| Total Expense                   | <u>96,125.85</u>        |
| Net Ordinary Income             | 39,544.63               |
| Other Income/Expense            |                         |
| Other Income                    |                         |
| Interest Income                 |                         |
| Interest Earnings MM's          | <u>910.49</u>           |
| Total Interest Income           | <u>910.49</u>           |
| Total Other Income              | <u>910.49</u>           |
| Net Other Income                | <u>910.49</u>           |
| Net Income                      | <u><u>40,455.12</u></u> |

2:05 PM

09/24/25

Cash Basis

## Wabasha Soil and Water Conservation District

## Monthly Bills Listing

September 25, 2025

| Type              | Date       | Num   | Name                                | Memo                                             | Account       | Paid Amount |
|-------------------|------------|-------|-------------------------------------|--------------------------------------------------|---------------|-------------|
| <b>Sep 25, 25</b> |            |       |                                     |                                                  |               |             |
| Liability Check   | 09/25/2025 | 12429 | QuickBooks Payroll Service          | Created by Payroll Service on 09/23/2025         | WNB Financial | -4,166.54   |
| Bill Pmt -Check   | 09/25/2025 | 12430 | Auditor/Treasurer of Wabasha County | Sept to Nov 2025                                 | WNB Financial | -8,883.15   |
| Bill Pmt -Check   | 09/25/2025 | 12431 | Ernest James Walters                | 24-SWCD Aid Brush Management                     | WNB Financial | -1,500.00   |
| Bill Pmt -Check   | 09/25/2025 | 12432 | HBC                                 | Internet 09/02 - 10/01/2025                      | WNB Financial | -105.04     |
| Bill Pmt -Check   | 09/25/2025 | 12433 | Jennifer Wahls-C                    | August Expense DNR LSR TTT Grant                 | WNB Financial | -8,175.00   |
| Bill Pmt -Check   | 09/25/2025 | 12434 | Mittel Schule, Inc.                 | October 2025 Rent                                | WNB Financial | -1,650.00   |
| Bill Pmt -Check   | 09/25/2025 | 12435 | Office Depot                        | August 2025                                      | WNB Financial | -117.57     |
| Bill Pmt -Check   | 09/25/2025 | 12436 | Olmsted County Public Works         | August Greg Klinger Salary, expenses and MAWQCP  | WNB Financial | -12,099.90  |
| Bill Pmt -Check   | 09/25/2025 | 12437 | Olmsted SWCD                        | 500 Prairie Seed Packets                         | WNB Financial | -254.60     |
| Bill Pmt -Check   | 09/25/2025 | 12438 | Paul Busch Auto Center, Inc.        | Hyundai Oil Change and Backup Camera replacement | WNB Financial | -364.51     |
| Bill Pmt -Check   | 09/25/2025 | 12439 | Root River Woodland Council         | Hardwood Direct Seeding-Workshop 8-14            | WNB Financial | -350.00     |
| Bill Pmt -Check   | 09/25/2025 | 12440 | Terri Peters (Expenses)             | Mileage BALMM and Bear Valley Meetings           | WNB Financial | -132.30     |
| Bill Pmt -Check   | 09/25/2025 | 12441 | Townsquare Media St. Cloud          | 7/17 - 8/31/2025 Healthy Soil Campaign ad        | WNB Financial | -1,000.00   |
| Bill Pmt -Check   | 09/25/2025 | 12442 | Wabasha County Highway Department   | August Gas - Hyundai & Silverado 34.59 gal       | WNB Financial | -85.03      |
| Bill Pmt -Check   | 09/25/2025 | 12443 | Warren Craig Beighley               | 25-CC-7 Herbaceous Weed Management               | WNB Financial | -215.13     |
| Bill Pmt -Check   | 09/25/2025 | 12444 | Gerald VanDewalker-v                | 24-CC-14 Brush Management                        | WNB Financial | -1,500.00   |
| Liability Check   | 09/25/2025 | EFT   | Larry Milschke                      | 79-25RCP-04 Practice 30 Cover Crops              | WNB Financial | -2,850.00   |
|                   |            |       | VSP Vision Care                     |                                                  | WNB Financial | -74.31      |

Sep 25, 25

-39,356.54

-39,356.54

9/25/2025

Christina Taylor Soil Conservationist

**CSP (Conservation Stewardship Program)-No Changes this month**

- 20 Active CSP contracts worth \$1,068,713.50; \$386, 100.50 has already been paid
- In the process of going on site visits to certify CSP practices on active contracts; annual payment letters have been sent out
- 4 pending applications, that number is expected to increase by the end of October
- Currently taking new applications and beginning the planning process, sign up deadline is **31 October 2025**

**EQIP (Environmental Quality Incentive Program)-No changes this month**

- 21 Active EQIP contracts worth \$1,014, 050.11 with over \$619,024.11 has already paid. Construction projects are in progress.
- 20 Applications are pending status for FY 26; ranking deadline is January 9<sup>th</sup>, 2026

**RCPP-EQIP (Regional Conservation Partnership Program- EQIP)**

- No applications submitted.
- One active contract

**CRP**

- CRP Sign up was May 12-June 6, 2025. 19 September was the deadline to have the plans back to FSA
- 27 plans were written, 9 by the SWCD staff, and of those written, three are waiting for producers to sign the documents
- Currently in the process of conducting site reviews

**Other Notes**

Most requested technical assistance topic continues to be soil erosion control and prevention on HEL fields. Producers are trying to find better ways to mitigate soil erosion both from wind and from heavy rain events.

No personnel changes this month

# Monthly Report – September 2025

Matt Kempinger

## Projects

- Amend 1 contract
- Review designs with landowners for 2 grade stabilization structures
- Complete Soil Borings for 3 grade stabilization structure projects
- Design work for 1 feedlot diversion project
- Visit 2 new farms for assistance with resource concerns
- Assist DNR with ongoing audit and assessment of Gorman Creek project

## Others

- Equipment Rental Program management
- Coordinate one MAWQCP certification visit
- Discuss potential for new stream project partnerships with the DNR
- Review 3 WCA applications
- Review 2 sites for preliminary WCA technical assistance
- Manage 1 WCA violation
- Maintain GIS layers and add features for new soil health program
- General project and contract management
- Answered general resource questions from the public and assisted where possible

# Katelyn Abts – September 2025 Board Report

## **Programs**

### Conservation Contracts

- 2 Brush Management payment voucher ready for board approval
- 1 Herbaceous Weed Management payment voucher ready for board approval

### RIM (Reinvest in Minnesota)

- 2 RIM inspections

### RCCP

- 2 conservation cover projects in planning stage

### CRP

- Put together CRP conservation plans, maps and other documents for 7 landowners
- Met with landowners and went through CRP contract items and planting/maintenance
- Assisted with CRP tree planting planning

### DNR Well Observation

- One well-level measurement taken for the month of September

## **Training**

### Unlocated Wells Training

## Report to the Wabasha SWCD Board – Sept. 25, 2025

Deanna Pomije, Soil Health Nutrient Management Specialist

### Nutrient Management Work:

- Finalizing revisions on the Comprehensive Nutrient Management Plan (CNMP) 390 acres for Ted Mehrkens for EQIP, collaborating with Kate Bruss, TSA and reviewer Aaron Janz, NRCS. I plan to also complete a Manure Management Plan for them as required by MPCA & their annual 2026 manure management plan. Plan to meet with the Mehrkens early Oct. to review the plan with them.

### Soil Health Work:

#### Cover Crops:

- This past month was all about cover crop sign-ups and processing these applications, mostly under the RCPP program, three contracts under the WINLaC watershed, another using other local funds and coordination of the West Indian Creek Watershed cover crop drone application sign-up.

#### RCPP Soil Health Funding:

- Cover Crop By the Numbers:
  - July RCPP batching - 8 cover crop applications, 1 dropped out
    - 466 acres of cover crops
    - 6 contracts are multiple years
    - 2 contracts for multiple species
  - Aug. RCPP batching - 13 applications for cover crops
    - 647 acres of cover crops
    - 7 contracts are multiple years
    - 6 contracts for multiple species
    - 100 acres of no-till
  - **Sept. RCPP batching** – 10 applications for cover crops
    - 640 acres of cover crops
    - 4 contracts are multiple years
    - 1 contract for multiple species
  - West Indian Creek drone seeding
    - 806 acres
  - Older Contracts with SWCD – cover crops
    - 289 acres
  - Producers planting cover crops on their own – estimated acres
    - 1,102 acres

**Total 2025 cover crop acres to-date: 3,950 acres**

- Cover crop applications involve the following planning: Discussions with producers on their operation specifics and how cover crops fit into it for improving their soil health. USDA compliance reviews and NRCS program duplicate checks. Developing a contract and seeding plan. Working with clients to determine fields to be planted and make decisions on seed mixes. Requesting job approval authority (JAA) sign off on the seeding plans by various partner staff (TSA, Olmsted & Winona). Completing an NRCS environmental review form for each contract with the final sign-off from Goodhue NRCS. Now, also starting practice certification with field visits and paperwork to request payout on contracts.

West Indian Creek cover crop drone seeding:

- 9/10 – Met Mitch Shea, the drone applicator on-site for a seeding into soybeans. Three local producers attended to see. Took photos and videos.
- Gathered the invoices for payment processing.
- Result: 806 acres to be drone seeded with 11 producers, mostly using the rye overwintering mix

#### Outreach & Meetings:

2025 Conservation Award Nominee:

Wrote up Alan Jostock's conservation award nomination. He provided photos and input on the application. Included a letter of recommendation. He's very excited about this opportunity.

Coffee 'n Conservation:

Next gathering is planned for November, before Thanksgiving, details to be determined. Due to harvest season no gathering planned for October.

- 22 total to-date new producers / landowners in attendance
- Great conversation around a variety of conservation topics: erosion, nutrient management, cover crops, tillage, weed control & manure composting.
- Flyer prep., email – call producers for attendance

## **September Board Report**

Ella Jurgerson- Conservation Planning and Outreach Tech

### **Soil Health**

-Most of my time has been used planning **cover crops** for many producers in the county. We have had a lot of interest this year. With the RCPP program there is a lot more paperwork involved in the planning process, which has lengthened the time needed to complete these contracts. As more contracts get approved more producers begin to plant, some certification site visits have been completed. We continue to work on plans for new interest and are now balancing that with beginning the certification process with producers who have planted their contracted acres.

-Went out in the field with Stuart Vieth (NRCS Soil Scientist) to shadow him while he completed Soil Borings on an existing dam in the county. I was able to learn about identifying soil types through color and texture.

-When time allows, I have been trying to complete RUSEL2 training in order to begin running the program. RUSEL2 runs are required to get cover crop JAA, therefore this training will be very useful to me.

### **Well Inventory**

-Due to the time cover crops have taken up in my schedule limited work has been able to be done this month on Well Inventory. I am hoping that in the next few months I will get more time to help Katelyn sort data and begin assigning billion numbers to new wells inventoried in the county.

### **Outreach**

-Worked on organizing the **newsletter** and adding articles written by people in the office. I then wrote an article myself. I then sent the newsletter to get printed, waiting to receive notice that it is finished and ready for pickup.

-Attended BALMM meeting with Terri. The meeting had a focus on outreach, and I was able to obtain useful information on outreach strategies used by various counties. A lot of good ideas were presented, and I am excited to put this new knowledge to use in Wabasha County.

-Posted a few things on Facebook, such as a notice for the bear valley watershed district meeting, and a notice for producers to come in as soon as possible if they are interested in planting cover crops this year.

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# NOTICE

## Special meeting of the Bear Valley Watershed

9-17-2025 AT 7:00 P.M. AT  
Bellechester American Legion  
Bellechester Minnesota

### Agenda

- 1 Remove parcels from Tax Roll
- 2 Discuss testing tile discharge

Any Questions contact Paul Huneke  
@ 651-380-9205

|                                            | Soil Health RCPP 2025 Ranking / Batching |                                                       |                 | Revised          |       |                  | 7/24/2025 |                                                                                     |
|--------------------------------------------|------------------------------------------|-------------------------------------------------------|-----------------|------------------|-------|------------------|-----------|-------------------------------------------------------------------------------------|
| Contract #                                 | Total Ranking Points                     | Practice (code)                                       | Funding Request | Funding Revision | Acres | Contracted Years | Rate      | Comments                                                                            |
| 79-25RCPP-06                               | 5                                        | Cover Crops (340)                                     | \$11,400        |                  | 19    | 4                | \$50      |                                                                                     |
| 79-25RCPP-10                               | 25                                       | Cover Crops (340)                                     | \$2,070         |                  | 41.4  | 1                | \$50      |                                                                                     |
| 79-25RCPP-01                               | 25                                       | Cover Crops (340)                                     | \$5,320         |                  | 56.4  | 4                | \$50      |                                                                                     |
| 79-25RCPP-09                               | 25                                       | Cover Crops (340)                                     | \$1,980         |                  | 39.6  | 1                | \$50      |                                                                                     |
| 79-25RCPP-08                               | 5                                        | Cover Crops (340)                                     | \$24,000        |                  | 100   | 4                | \$60      |                                                                                     |
| 79-25RCPP-12                               | 40                                       | Cover Crops (340)                                     | \$6,400         | \$20,000         | 100   | 4                | \$50      | HU producer, combined contracts, \$13,600 increased acres requested from July       |
| 79-25RCPP-07                               | 0                                        | Cover Crops (340)                                     | \$2,000         |                  | 10    | 4                | \$50      |                                                                                     |
| 79-25RCPP-13<br>(revised, omitted no-till) | 25                                       | Cover Crops (340),<br>Reduced Tillage - no-till (329) | \$22,740        | \$6,000          | 100   | 3                | \$60      | 1st time using cover crops, omit no-till & change to only 1-year, decrease \$16,740 |
|                                            | 0                                        | Revised Amount:                                       | \$72,770        |                  | 466.4 |                  |           |                                                                                     |

|                                     | Soil Health RCPP 2025 Ranking / Batching |                                                          |                 | Revised          |       |                  | 8/28/2025   |                                               |
|-------------------------------------|------------------------------------------|----------------------------------------------------------|-----------------|------------------|-------|------------------|-------------|-----------------------------------------------|
| Contract #                          | Total Ranking Points                     | Practice (code)                                          | Funding Request | Funding Revision | Acres | Contracted Years | Rate        | Comments                                      |
| 79-25RCPP-14                        | 10                                       | Conservation Cover (327)                                 | \$1,800         | \$2,520          | 4.2   | 1                | \$600/acre  | increased by 1.2 acres, \$720 increase        |
| 79-25RCPP-11                        | 0                                        | Conservation Cover (327)                                 | \$2,400         |                  | 4     | 1                | \$600/acre  |                                               |
| 79-25RCPP-03<br>(revised from Aug)  | 25                                       | Cover Crops (340),<br>Reduced Tillage -<br>no-till (329) | \$30,000        | \$24,000         | 100   | 4                | \$60        | revision omitted no-till - down \$6,000       |
| 79-25RCPP-20                        | 25                                       | Cover Crop (340)                                         | \$5,148         |                  | 28.6  | 3                | \$60        |                                               |
| 79-25RCPP-15                        | 25                                       | Cover Crops (340)                                        | \$870           |                  | 14.5  | 1                | \$60        |                                               |
| 79-25RCPP-16                        | 25                                       | Cover Crops (340)                                        | \$4,776         |                  | 79.6  | 1                | \$60        |                                               |
| 79-25RCPP-05                        | 20                                       | Cover Crops (340),<br>Reduced Tillage - no-till<br>(329) | \$11,000        |                  | 100   | 1 & 3            | \$50 & \$20 | HU Producer, cover crops & no-till            |
| 79-25RCPP-04                        | 20                                       | Cover Crops (340)                                        | \$3,600         |                  | 20    | 3                | \$60        |                                               |
| 79-25RCPP-19                        | 15                                       | Cover Crop (340)                                         | \$7,520         |                  | 37.6  | 4                | \$50        |                                               |
| 79-25RCPP-21                        | 10                                       | Cover Crops (340)                                        | \$6,000         |                  | 100   | 1                | \$60        |                                               |
| 79-25RCPP-17<br>(revised from July) | 5                                        | Cover Crop (340)                                         | \$7,140         | \$6,330          | 35.7  | 4                | \$50        | Decreased \$810 from Aug.,<br>acre adjustment |
| 79-2RCPP-18<br>(revised from July)  | 5                                        | Cover Crop (340)                                         | \$13,750        | \$12,940         | 65    | 4                | \$50        | Decreased \$810 from Aug.,<br>acre adjustment |
| 79-25RCPP-02                        | 5                                        | Cover Crop (340)                                         | \$2,895         | \$2,830          | 57.9  | 1                | \$50        | Decreased \$65, acreage<br>adjustment         |
|                                     | 0                                        | Revised Amount:                                          | \$109,204       |                  | 647.1 |                  |             |                                               |

|            | Soil Health RCPP 2025 Ranking / Batching |                   |                 |       |                  | 9/25/2025 |             |
|------------|------------------------------------------|-------------------|-----------------|-------|------------------|-----------|-------------|
| Contract # | Total Ranking Points                     | Practice (code)   | Funding Request | Acres | Contracted Years | Rate      | Comments    |
| 79-1-22    | 20                                       | Cover Crops (340) | \$5,600         | 28    | 4                | \$50      |             |
| 79-2-23    | 40                                       | Cover Crops (340) | \$2,200         | 44    | 1                | \$50      | HU producer |
| 79-2-30    | 25                                       | Cover Crops (340) | \$1,000         | 20    | 1                | \$50      |             |
| 79-2-31    | 25                                       | Cover Crops (340) | \$20,000        | 100   | 4                | \$50      |             |
| 79-2-33    | 25                                       | Cover Crops (340) | \$20,000        | 100   | 4                | \$50      |             |
| 79-2-35    | 25                                       | Cover Crops (340) | \$1,500         | 25    | 1                | \$60      |             |
| 79-2-36    | 25                                       | Cover Crops (340) | \$4,800         | 96    | 1                | \$50      |             |
| 79-2-37    | 25                                       | Cover Crops (340) | \$8,880         | 37    | 4                | \$60      |             |
| 79-2-32    | 5                                        | Cover Crops (340) | \$18,120        | 90.6  | 4                | \$50      |             |
| 79-2-27    | 5                                        | Cover Crops (340) | \$3,360         | 67.2  | 1                | \$50      |             |
| 79-2-28    | 5                                        | Cover Crops (340) | \$3,275         | 65.5  | 1                | \$50      |             |
| 79-2-29    | 5                                        | Cover Crops (340) | \$4,925         | 98.5  | 1                | \$50      |             |
|            |                                          |                   | \$93,660        | 771.8 |                  |           |             |

Pending contract signatures, technical sign-off and eligibility reviews

Board Chair Signature

Date

Notes on Approval:



ShelterPoint Life Insurance Company  
 1225 Franklin Avenue, Ste. 475  
 Garden City, NY 11530  
 Fax: 516.504.6412 (main) | 516.504.6436 (service) | 516.504.6414 (claims)  
 Phone: 800.365.4999 (516.829.8100)  
 www.shelterpoint.com

## Minnesota Paid Family and Medical Leave (PFML) Application

*Application is hereby made for a plan of Paid Family and Medical Leave based on the statements and representations contained herein. This application becomes part of the policy. Retain a signed copy for your records.*

|                                                                                                                                                                                                                                                   |                                                                                |                                          |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------|--------------------------|
| <b>Full Legal Business Name</b>                                                                                                                                                                                                                   |                                                                                |                                          |                          |
|                                                                                                                                                                                                                                                   |                                                                                |                                          |                          |
| <b>Business Address</b>                                                                                                                                                                                                                           |                                                                                | <b>Mailing Address (if not the same)</b> |                          |
|                                                                                                                                                                                                                                                   |                                                                                |                                          |                          |
| <b>City</b>                                                                                                                                                                                                                                       | <b>State</b>                                                                   | <b>Zip</b>                               |                          |
|                                                                                                                                                                                                                                                   |                                                                                |                                          |                          |
| <b>Applicant E-mail</b>                                                                                                                                                                                                                           | <b>Office Phone #</b>                                                          | <b>Mobile Phone #</b>                    | <b>Attention/Care of</b> |
|                                                                                                                                                                                                                                                   |                                                                                |                                          |                          |
| <b>Applicant Website Address</b>                                                                                                                                                                                                                  |                                                                                |                                          |                          |
|                                                                                                                                                                                                                                                   |                                                                                |                                          |                          |
| <b>Legal Entity Type (Choose one)</b>                                                                                                                                                                                                             |                                                                                |                                          |                          |
| <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association <input type="checkbox"/> Limited Partner (LP) <input type="checkbox"/> Joint Venture (JV) |                                                                                |                                          |                          |
| <input type="checkbox"/> Limited Liability Co. (LLC) <input type="checkbox"/> Trust or Estate <input type="checkbox"/> Executor or Trustee <input type="checkbox"/> Limited Liability Partnership (LLP or LLLP) <input type="checkbox"/> Other    |                                                                                |                                          |                          |
| <b>Nature of Business</b>                                                                                                                                                                                                                         |                                                                                | <b>SIC Code</b>                          | <b>Federal ID #</b>      |
|                                                                                                                                                                                                                                                   |                                                                                |                                          |                          |
| <b>Requested Effective Date</b>                                                                                                                                                                                                                   |                                                                                | <b>Current PFML Carrier</b>              |                          |
|                                                                                                                                                                                                                                                   |                                                                                |                                          |                          |
| <b>COVERED EMPLOYEES</b>                                                                                                                                                                                                                          |                                                                                |                                          |                          |
| All employees, pursuant to Paid Family, and Medical Leave law are covered:                                                                                                                                                                        |                                                                                |                                          |                          |
| <b>Number of Covered Males</b>                                                                                                                                                                                                                    |                                                                                |                                          |                          |
| <b>Number of Covered Females</b>                                                                                                                                                                                                                  |                                                                                |                                          |                          |
| <b>Total Employees</b>                                                                                                                                                                                                                            |                                                                                |                                          |                          |
| <b>EMPLOYEE CONTRIBUTION</b>                                                                                                                                                                                                                      |                                                                                |                                          |                          |
| <b>Paid Family and Medical Leave</b>                                                                                                                                                                                                              | <input type="checkbox"/> Noncontributory <input type="checkbox"/> Contributory |                                          |                          |

|                                                                                              |  |  |  |
|----------------------------------------------------------------------------------------------|--|--|--|
| <b>Proprietors: If Business Entity is a Proprietorship, list Names of Proprietors below.</b> |  |  |  |
|                                                                                              |  |  |  |
|                                                                                              |  |  |  |
|                                                                                              |  |  |  |
|                                                                                              |  |  |  |

| Additional Entities/Locations to be covered |  |                          |  |
|---------------------------------------------|--|--------------------------|--|
| Name                                        |  |                          |  |
| Address                                     |  |                          |  |
| Federal ID #                                |  | Unemployment Insurance # |  |
|                                             |  |                          |  |
| Name                                        |  |                          |  |
| Address                                     |  |                          |  |
| Federal ID #                                |  | Unemployment Insurance # |  |

\*\*\* If the number of additional entities exceeds space provided above, attach all additional information required on a separate piece of paper.\*\*\*

| Paid Family and Medical Leave Benefits                                                                    |  |
|-----------------------------------------------------------------------------------------------------------|--|
| <b>Statutory Benefits</b><br><input checked="" type="checkbox"/> 1x Paid Family and Medical Leave Benefit |  |
| Billing                                                                                                   |  |
| <input checked="" type="checkbox"/> Quarterly Billing in Arrears                                          |  |

| Authorization |
|---------------|
|---------------|

**All statements herein shall be deemed representations and not warranties. The applicant declares that, to the best of his/her knowledge and belief, the statements and answers to the questions in this application are correct and true.**

No one except the Chief Executive Officer, a Vice President or the Secretary of SHELTERPOINT LIFE INSURANCE COMPANY may make or modify any contract on behalf of SHELTERPOINT LIFE INSURANCE COMPANY. Any change or amendment to the policy shall be signed by SHELTERPOINT LIFE INSURANCE COMPANY and the policyholder.

**Applicant:** Date \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_

**Producer:** Date \_\_\_\_\_ Name \_\_\_\_\_ Title \_\_\_\_\_

Agency Name \_\_\_\_\_ Agency # \_\_\_\_\_

Agency Address \_\_\_\_\_ Phone # \_\_\_\_\_

|           |            |               |
|-----------|------------|---------------|
| Policy #: | Effective: | Payroll Rate: |
|-----------|------------|---------------|

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

# PAID FAMILY & MEDICAL LEAVE?

**That's just our thing.**

*Let's make it yours, too!*

## What Is Paid Family & Medical Leave?

While state-mandated Paid Family & Medical Leave (PFML) Laws (including statutory Short-Term Disability and Paid Family Leave) provide partially paid time off for certain family and/or medical reasons, specific benefit amounts, durations, reasons for leave, etc. differ from state to state. Many of the states that require you to provide PFML or related benefits grant the flexibility of choosing a Private Plan in lieu of your state's plan.

## What Is a Private Plan?

A fully insured, approved Private Plan for PFML and related coverages is an alternative to a State Plan, which at least meets or exceeds the rights, protections, and benefits of the State Plan. ShelterPoint<sup>1</sup> provides thoughtful and efficient **stand-alone private options in the following states<sup>2</sup>**: CO, CT, DE\*, MA, MD\*\*, ME\*, MN\*, NJ (TDI only), NY

\*Programs effective 2026, accepting quotes and early applications

\*\*Program effective no sooner than 1/1/2027 and no later than 1/3/2028



## THE TOP 6 REASONS to choose a Private Plan – with ShelterPoint as your carrier:



### COMPETITIVE PRICING

With our long-standing experience in rating this type of coverage, you can have confidence in ShelterPoint's rating approach for your business.



### DEDICATED SUPPORT

Lean on the trusted relationship you have with your broker! We're here to help – and that includes assisting you and your broker with guidance on what administrative actions you need to take to complete a Private Plan exemption.



### EXPERTISE AND EFFICIENCY

ShelterPoint brings the expertise to manage PFML or related coverages efficiently from quoting to onboarding to claims processing.



### HELP STAYING INFORMED

Signing up for our updates on regulatory and annual changes can help you and your employees stay informed.



### SWIFT CLAIMS TURNAROUND

Our experience in administering and paying claims fuels our swift turnaround goals to provide smooth benefit payments.



### PUTTING PEOPLE FIRST

At ShelterPoint, we strive to provide coverage that cares when it matters most.

# Empowering You with Resources and Education

As PFML laws continue to get adopted in various forms across the United States, staying updated on state-specific details can be challenging. That's where our resources come in:

- Check out our blog at [www.shelterpoint.com/Blog](http://www.shelterpoint.com/Blog) and sign up for updates.
- Leverage our interactive state-by-state comparison tool to compare details that are relevant to you and your employees, e.g. program details including rates, benefits, contribution, qualifying events, and more.

## Interactive State Comparison Guide:

See program details including rates, benefits, contribution, qualifying events, and more side by side



[www.shelterpoint.com/state-guide](http://www.shelterpoint.com/state-guide)



As we continue to grow and the PFML market evolves, ShelterPoint is your partner for clarity and assurance on the PFML journey – because, after all:

**Paid Family & Medical Leave? That's just our thing.**

**Contact your broker today!**

<sup>1</sup>ShelterPoint family of companies operates under the "ShelterPoint" name strictly as a marketing name, and no legal significance is expressed or implied. The ShelterPoint family of companies consists of ShelterPoint Life Insurance Company (principal office in Garden City, NY) and its wholly owned subsidiary ShelterPoint Insurance Company, a FL-domiciled carrier, depending on the state (see our Geographic & Jurisdictional Notice at [www.shelterpoint.com](http://www.shelterpoint.com)). ShelterPoint is a registered service mark.

<sup>2</sup>Policies for Private Plans of Paid Family & Medical Leave and related Programs are underwritten by ShelterPoint Life Insurance Company in: **NY** (SPL DBL1114 P, SPL DB0922 F), **NJ** (TDB-P-NJ), **CT** (SPL PFMLP 0122 CT), **MA** (SPL PFMLP 0820 MA), **CO** (SPL PFMLP 0123 CO), **DE** (form# SPL PFMLP 0624 DE), **ME** (form# SPL PFMLP 1224 ME), **MD** (form# pending), and **MN** (form# pending).

M#24-194 | G1 4/25

**[www.shelterpoint.com](http://www.shelterpoint.com)**

[sales@shelterpoint.com](mailto:sales@shelterpoint.com) | 800.365.4999 (516.829.8100)





Susan Cerwinske &lt;susan.cerwinske.wabashaswcd@gmail.com&gt;

**FW: [External Email]PFML private plan**

2 messages

**Peters, Terri - FPAC-NRCS, MN** <terri.peters@mn.nacdnet.net>

Tue, Sep 2, 2025 at 1:49 PM

To: "Lynn Zabel (Lynn.zabel.wabashaswcd@gmail.com)" <Lynn.zabel.wabashaswcd@gmail.com>, Dag Knudsen <dag@dagknudsen.com>, sharliek <sharliek@hughes.net>, chet ross <crossmule9@gmail.com>, Seth Tentis <sethtentis@gmail.com>

Cc: Susan Cerwinske <susan.cerwinske.wabashaswcd@gmail.com>

Good afternoon,

As I mentioned at the last meeting, I have been looking into private insurance as an alternative to the State Paid Family Medical Leave program. I received the attached quote from an accepted agency. I ran this by Shawn Huth and she recommended we do this. They are looking into similar private options and their quotes are higher and they are requiring them to carry another line of coverage through these other agencies. This benefit would be 0.59% with a maximum of \$1,372 per week. This is comparable to the MN PFML.

Our annual premium would be \$2,435 could be shared 50/50 with employees and we could divide out over the year. It would cost about \$7 per paycheck.

My understanding is that the funds for payout would come through us and that would make the withholding for benefits, that we will still be required to maintain, more easy and secure to manage. The private insurer has more experience to help us with the process.

If there are not objections, I would like to go ahead and complete the application for this.

I am currently healthcare insurance shopping again. County will go up 6.7% (which is better than I am hearing from some others). I have one quote from Farm Bureau and it does not really amount to overall savings. I am looking into other options, as well.

Terri Peters

District Manager/Water Planner

[Wabasha SWCD](#)

(651) 560 -2044



**From:** Al Roth <[al.roth@at-group.net](mailto:al.roth@at-group.net)>  
**Sent:** Wednesday, August 27, 2025 7:49 PM  
**To:** Peters, Terri - FPAC-NRCS, MN <[terri.peters@mn.nacdnet.net](mailto:terri.peters@mn.nacdnet.net)>  
**Subject:** [External Email]PFML private plan

[External Email]

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Hi Terri,

Please find attached the fully insured PFML quote for WCSWCD from ShelterPoint a private carrier. The rate came in at a very favorable \$0.59, and the plan is fully compliant with all Minnesota state PFML requirements.

Also attached is the application that would need to be completed and returned to my attention if WCSWCD is interested in moving forward.

For your reference, I've included additional materials that provide more background on ShelterPoint, including an overview of their experience and longstanding presence in the compulsory leave market.

If you have any questions or would like to discuss further, let me know.

Feel free to share this with any other agencies who may be looking for a private plan alternative. I will be out on appointments the next couple days so feel free to call me cell with any questions 612-940-8526.

Thank you,

**Allan Roth**

Risk Management

Senior Group Benefits Consultant

Phone # 763-754-8898

Toll Free # 877-902-8898

Fax # 763-754-8496

[Al.Roth@at-group.net](mailto:Al.Roth@at-group.net)



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**3 attachments**

**Wabasha County SWCD ShelterPoint PFML quote \$0.59 8-26-2025.pdf**  
842K



**ShelterPoint MN PFML Application 8-22-2025.pdf**  
332K



**ShelterPoint PFML Why a Private plan 2025.pdf**  
1242K

---

**Peters, Terri - FPAC-NRCS, MN** <terri.peters@mn.nacdnet.net>  
To: Susan Cerwinske <susan.cerwinske.wabashawcd@gmail.com>

Tue, Sep 16, 2025 at 2:36 PM

Here's the information I for the private plan that I sent to the supervisors. We will want this on the agenda for discussion, along with employer/employee amounts paid for PFML (50/50 would be recommendation).

Terri Peters

District Manager/Water Planner

Wabasha SWCD

(651) 560 -2044



[Quoted text hidden]

[Quoted text hidden]

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### 3 attachments



**Wabasha County SWCD ShelterPoint PFML quote \$0.59 8-26-2025.pdf**  
842K



**ShelterPoint MN PFML Application 8-22-2025.pdf**  
332K



**ShelterPoint PFML Why a Private plan 2025.pdf**  
1242K

## Contract Amendment Form

|                                                                                       |                                                                                         |                                                                      |                                                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Organization:</b><br><br><p style="text-align: center;"><b>Wabasha SWCD</b></p>    | <b>Contract Number:</b><br><br><p style="text-align: center;"><b>2025WAGZ-WC-03</b></p> | <b>Amendment Number:</b><br><br><p style="text-align: center;">1</p> | <b>Amendment Type</b><br><b>Date</b> <input type="checkbox"/><br><b>Amount</b> <input checked="" type="checkbox"/><br><b>Land Occupier</b> <input type="checkbox"/><br><b>Practice</b> <input type="checkbox"/><br><b>Other</b> <input type="checkbox"/> |
| <b>Board Meeting Date:</b><br><br><p style="text-align: center;"><b>9/25/2025</b></p> |                                                                                         |                                                                      |                                                                                                                                                                                                                                                          |

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: 12/31/2026 Original Contract Install Date: 11-30-2025

Amended Contract Install Date (If applicable): \_\_\_\_\_

Original Total Amount Authorized: \$8,775.00 Amended Total Amount Authorized: \$9,108.34

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

Total amount authorized is being amended to reflect bids that came in higher than the cost estimate. The landowner received 3 bids or estimates from contractors. All were above the cost estimate of \$11,700. The lowest of these bids was \$12,144.46. 75% of that number is \$9,108.34. This is an increase of \$333.34.

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.

|                                                               |                                                                                             |
|---------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Date</b><br><br><p style="text-align: center;">9-17-25</p> | <b>Land Occupier</b><br><br><p style="text-align: center;">By Dan signing for DK KA LLC</p> |
| <b>Date</b><br><br>                                           | <b>Landowner, if different from applicant</b><br><br>                                       |

### 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.

|                                                                 |                                                                                                              |                                                                                                                                                                                                              |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Date</b><br><br><p style="text-align: center;">9-17-2025</p> | <b>Technical Assistance Provider</b><br><br><p style="text-align: center;"><i>Matthew J. Koenigsmann</i></p> | <small>NRCS engineered project with appropriately signed and documented plans available upon request. A signed asbuilt can be used as the Technical Certification on the "Voucher and Certification"</small> |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Organizational Approval

|                     |                                     |
|---------------------|-------------------------------------|
| <b>Date</b><br><br> | <b>Authorized Signature</b><br><br> |
|---------------------|-------------------------------------|

\*Attach this form to the Conservation Practice Assistance Contract

## PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

### General Information

|                                   |                                        |                                                                                                               |                                                              |                                                             |
|-----------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|
| Organization:<br><br>Wabasha SWCD | Contract Number:<br><br>2025WAGZ-WC-03 | Other state or non-State funds?<br><br><input type="checkbox"/> YES<br><input checked="" type="checkbox"/> No | Amendment <input type="checkbox"/><br>Board Meeting Date(s): | Canceled <input type="checkbox"/><br>Board Meeting Date(s): |
|-----------------------------------|----------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|-------------------------------------------------------------|

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

### Applicant

|                                       |                                      |                                 |                       |
|---------------------------------------|--------------------------------------|---------------------------------|-----------------------|
| Land Occupier Name<br><br>D K K A LLC | Address<br><br>58018 N County Road 8 | City/State<br><br>Plainview, MN | Zip Code<br><br>55964 |
|---------------------------------------|--------------------------------------|---------------------------------|-----------------------|

\* 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:<br><br>Oakwood | Township No:<br><br>109 | Range No.:<br><br>12 | Section No.<br><br>23 | 1/4, 1/4<br><br>NE 1/4, 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:

- 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 10 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:

NRCS Field Office Technical Guide (FOTG)

- 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 11-30-2025**, 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<br>6-16-25                                   | Land Occupier<br>Kyle Olson for DKKA LLC<br> |
| Date                                              | Landowner, if different from applicant                                                                                        |
| Address, if different from applicant information: |                                                                                                                               |

### Conservation Practice

The primary practice for which cost-share is requested is: 638 - Water and Sediment Control Basin

|                                                                                           |                                                                                          |                                                |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------|
| Eligible Component Standards & Names<br><br>460 - Land Clearing, 620 - Underground Outlet | Engineered Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Total Project Cost Estimate<br><br>\$11,700.00 |
|                                                                                           | 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<br>6-12-2025 | Technical Assistance Provider<br> | NRCS engineered project with appropriately signed and documented plans available upon request. A signed asbuilt can be used as the Technical Certification on the "Voucher and Certification" |
|-------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### 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 |
|------------|----------------------------------------|-------------|
| \$8,775.00 | Greater Zumbro Watershed Based Funding | 2024-2025   |
|            |                                        |             |
|            |                                        |             |

|                 |                                                                                                             |                                       |
|-----------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Date<br>6-26-25 | Authorized Signature<br> | Total Amount Authorized<br>\$8,775.00 |
|-----------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------|

I attended the SWCD Governance & Leadership Essentials on September 11 and 12 in St. Cloud MN.

Did you know the SWCD was basically started in the 1930 before the dustbowl?

We reviewed a history of the organization in the opening session. The theme LeAnn Buck wanted to get through to all of us was this statement:

First you frame, then you solve.

First you lead, then you manage.

They offered several outbreak sessions.

**1. I attended the Social Trust in Local Government by William Doherty, PHD at U of M in the Department of Social Science and co-founder of “Braver Angels.”**

We have an othering problem. Many causes to name a few are: disdain, decline in trust in the media, higher education, public schools, health care, voting (electoral system), religion, immigration, science. There is a huge decline in trust in our military, police, change in values, social media, and mistrust in political polarization.

He focused on the skills necessary to build trust and collaborate effectively with individuals who hold opposing views. We were taught strategies for fostering constructive dialogue, understanding differing perspectives, and bridging divides to strengthen community cohesion and trust in our local government. When all voices are heard, civic renewal grows.

Lunch was Delicious (not the dry hamburgers but fresh grilled hamburgers, BBQ chicken, homemade potato chips and coleslaw. DELICIOUS.

**2. Data Security: How SWCD Records management plays a key role by Richard Mieke, Risk management consultant and Karen Clayton Ebert, Senior Staff Council for Risk Control, MN Counties.**

We know how data security affects us after the breach we had. It is important to follow rules set out for us to keep what we need and not what we don't.

We have legal obligations per the official records act: Government data practice accounts, categorize records properly, records management of accounts, and destroy what doesn't need to be kept. What do you really need to keep?

If we have multiple emails of the same issue, destroy all but keep only the one addressed. Don't keep emails on your personal accounts (they could take your entire computer to review ALL on it regarding the issue they are researching.)

Be sure we are following data protection protocol showing no names on documents.

We explored best practice tips for reducing the amount of information we have to keep in the office and that it is always secure.

### **3. Beyond the agenda, Creating collaborative meetings by U. of MN Extension, Lisa Hinz and Jody Horntvedt.**

Important steps for us as board members is to understand what we are voting on. Be sure we understand the issue (what are we approving, why are we approving it). Listen, summarize, and watch body language. Ask questions so we are sure we understand the issue we are voting on.

It is important to come prepared (read your board packet!). Stay on topic. Ask questions to be sure you understand what we are voting on. Listen attentively, avoid interruptions, and address ideas constructively rather than attacking others.

### **4. Parliamentary Procedure 101 by Kevin Dahlman, Parliamentarian.**

Order of Business: We talked about procedure. Robert's Rules of Order. Most of us use it as a modified procedure. Agenda, minutes, as we are doing. The treasurer report is received and filed (Chair so states.) No motion of approval is necessary or proper.

Committee reports. Informational reports are simply filed. In reports that contain action items, the action items but not the full report are considered and adopted.

New Business. If a program, it is part of the meeting; the chair presides throughout.

Adjournment. This is just covered briefly here.

Kevin went into job duties of each office.

Minutes of an organization should contain a record of what is done and not what was said. Names of the people making the motions; the name of the seconder does not need to be recorded. A withdrawn motion should not be recorded in the minutes. No other secondary motions such as amendments and calling the question are recorded in the minutes.

If a Motion has been made, seconded, and stated by the chair, the assembly is not at liberty to consider any other business until this motion has been disposed of.

No decisions can be made without a quorum.

### **5. Minnesota's conservation delivery partnerships by Troy Daniels (State Conservationist, NRCS) and John Jaschke (Executive Director, BWSR).**

Went over some of the history again. They spoke to a rich history of partnering to help people and communities address their conservation goals. How and why do SWCDs, the USDA's Natural Resources Conservation Service (NRCS), and the MN Board of Water and Soil Resources (BWSR) work together to conserve natural resources on private lands. We discussed each of those unique roles and collective work including all the various programs. Of course, there is great concern with budgeting for the upcoming years. Uncertainties.

**6. The final session of the two days was regarding Clean Water Fund, Comprehensive Watershed Management and the SWCDs Role presented by Jen Kader, Administrator, MN Clean Water Council and LeAnn Buck, Executive Director, MASWCD.**

We reviewed again the history of our groups and learned about the Clean Water Council's role in developing budget recommendations to the legislature on the spending, current budget priorities and goals.

LeAnn Buck stressed how MASWCD members collaborate with the legislative and executive branches to support MN's SWCDs through policy analysis and advocacy. Educational and professional development training resources are available to us to better serve our communities.

I found it very enjoyable and an easy to learn session. It should be helpful in our further meetings.

Sharleen Klennert

SWCD Supervisor, District 2

Wabasha County, MN.



Susan Cerwinske &lt;susan.cerwinske.wabashaswcd@gmail.com&gt;

**FW: [External Email]Sunflower Harvest Field Day - Near Austin MN on Friday**

2 messages

**Peters, Terri - FPAC-NRCS, MN** <terri.peters@mn.nacdnet.net>  
To: Susan Cerwinske <susan.cerwinske.wabashaswcd@gmail.com>

Tue, Sep 23, 2025 at 11:15 AM

Please add to upcoming events on agenda

Terri Peters

District Manager/Water Planner

Wabasha SWCD

(651) 560 -2044



---

**From:** Matt Kruger <matt@greenacresmilling.com>  
**Sent:** Tuesday, September 23, 2025 9:56 AM  
**To:** Mary Nesberg <nesbe007@umn.edu>  
**Cc:** Peters, Terri - FPAC-NRCS, MN <terri.peters@mn.nacdnet.net>; Pomije, Deanna - FPAC-NRCS, MN <Deanna.Pomije@mn.nacdnet.net>  
**Subject:** [External Email]Sunflower Harvest Field Day - Near Austin MN on Friday

[External Email]

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Use caution before clicking links or opening attachments.

Please send any concerns or suspicious messages to: [Spam.Abuse@usda.gov](mailto:Spam.Abuse@usda.gov)

Morning,

There has been growing interest in sunflowers in MN.

Scott and Dawn Lightly have offered to host a field day to learn about sunflowers, most importantly, how to harvest them.

This **Friday September 26<sup>th</sup> from 12:30-2:30** we're hosting a field day.

**Address - 22238 880th Ave, Oakland, MN 56007**

### Agenda

**-12:30 watch Scott harvest sunflowers**

**-1:00 Fertility, planting, weed management, and storage talk with sunflower growers**

**-1:45 Sunflower equipment needed**

**-2:00 Sunflower grower contracts**

**-2:15 Green Acres Milling update on investing in the oat mill**

**-2:30 Watch Scott harvest sunflowers**

Bring your own lawn chairs if you want to sit

Park on gravel road

Event will cancel if it's raining

Sorry, no lunch provided



**Matt Kruger**

Green Acres Milling, Director of Strategy and Development



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Tue, Sep 23, 2025 at 4:24 PM

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