

Wabasha Soil and Water Conservation District
Regular Board Meeting
November 20, 2025
8:15 am
611 Broadway Ave.
Suite 10B

I. CALL MEETING TO ORDER

II. PLEDGE ALLEGIANCE

III. AGENDA

IV. PUBLIC COMMENTS

Comments limited to 5 minutes per speaker

V. CONSENT AGENDA -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. Contracts

- A. JM Dairy LLC Contract# 25-SHD-4 in the amount of \$5,000.00 for 340 Cover Crops – 1 year. Installed by date 12/1/2025.
(Funding source – FY25 Soil Health Delivery)

ii. Contract Amendments

- A. Hunter Farms LLC (Thomas Hunter) Amendment #2 for Contract# 2024WAGZ-WC-13 to change the installed by date to 5/31/2026 from 10/31/2025.
(Funding source – FY24 WAGZ)

iii. Vouchers

- A. Voucher payment for Contract# 79-25RCPP-01 in the amount of \$1,570.00 for 340 Cover Crops. 1st year of 4 years.
(Funding source – FY25-FY28 Soil Health RCPP)
- B. Voucher payment for Contract# 79-25RCPP-06 in the amount of \$2,850.00 for 340 Cover Crops. 1st year of 4 years.
(Funding source – FY25-FY28 Soil Health RCPP)
- C. Voucher payment for Contract# 79-25RCPP-09 in the amount of \$1,980.00 for 340 Cover Crops. 1 year contract-Final.
(Funding source – FY25-FY28 Soil Health RCPP)
- D. Voucher payment for Contract# 79-25RCPP-15 in the amount of \$870.00 for 340 Cover Crops. 1 year contract-Final.
(Funding source – FY25-FY28 Soil Health RCPP)
- E. Voucher payment for Contract# 79-25RCPP-16 in the amount of \$4,776.00 for 340 Cover Crops. 1 year contract-Final.
(Funding source – FY25-FY28 Soil Health RCPP)
- F. Voucher payment for Contract# 79-25RCPP-21 in the amount of \$6,000.00 for 340 Cover Crops – 1 year contract-Final.
(Funding source – FY25-FY28 Soil Health RCPP)

- G. Silver Spirit Farm LLC (Craig Reiter) Voucher payment for Contract# 25-SHD-11 in the amount of \$1,542.00 for 340 Cover Crops–1 yr Final.
(Funding source – FY25 Soil Health Delivery)
- H. Voucher payment for Contract# 79-25RCPP-10 in the amount of \$2,070.00 for 340 Cover Crops – 1 year contract-Final.
(Funding source – FY25-FY28 Soil Health RCPP)
- I. Voucher payment for Contract# 79-25RCPP-05 in the amount of \$4,955.00 for 340 Cover Crops – 1 year contract - Final
(Funding source – FY25-FY28 Soil Health RCPP)
- J. Craig Breuer Voucher payment for Contract# 2025WAGZ-WC-04 in the amount of \$2,000.00 for Practice 351 Well Decommissioning.
(Funding source – FY24-FY25 WAGZ)
- K. Voucher payment for Contract# 79-25RCPP-03 in the amount of \$6,000.00 for 340 Cover Crops. 1st year of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- L. Voucher payment for Contract# 79-25RCPP-13 in the amount of \$6,000.00 for 340 Cover Crops. – 1 year contract – Final.
(Funding source – FY25-FY28 Soil Health RCPP)
- M. JM Dairy LLC Voucher payment for Contract# 25-SHD-4 in the amount of \$5,000.00 for 340 Cover Crops. 1 year contract -Final
(Funding source – FY25 Soil Health Delivery)
- N. Leisen Farms Voucher payment for Contract# 25-SHD-12 in the amount of \$2,220.00 for 340 Cover Crops. 1 year-Final
(Funding source – FY25 Soil Health Delivery)
- O. George Tesmer Voucher payment for Contract# 2024WAGZ-WC-05 in the amount of \$1,080.00 for 340 Cover Crops. 2nd year of 3-year contract.
(Funding source – FY24 -FY25 WAGZ)
- P. Voucher payment for Contract# 25-RCPP-18 in the amount of \$1,195.00 for 340 Cover Crops. 1st payment of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- Q. Voucher payment for Contract# 79-25RCPP-17 in the amount of \$1,785.00 for 340 Cover Crops. 1st year of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- R. Voucher payment for Contract# 79-25RCPP-19 in the amount of \$1,880.00 for 340 Cover Crops. 1st year of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- S. Voucher payment for Contract# 79-25RCPP-12 in the amount of \$5,000.00 for 340 Cover Crops. 1st year of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- T. Voucher payment for Contract# 79-25RCPP-08 in the amount of \$6,000.00 for 340 Cover Crops. 1st year of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- U. Voucher payment for Contract# 79-25RCPP-22 in the amount of \$1,400.00 for 340 Cover Crops. 1st year of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- V. Cole and David Packer Voucher payment for Contract# 22-CS-2 in the amount of \$176.00 for Cover Crops. Payment 3 of 3 years-Final.
(Funding source – FY23 Capacity)

- W. Voucher payment for Contract# 79-25RCPP-20 in the amount of \$1,716.00 for 340 Cover Crops. 1st year of 3-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- X. Cole and David Packer Voucher payment for Contract# 2024WAGZ-WC-10 in the amount of \$4,500.00 for 340 Cover Crops. Payment 2 of 2 years - Final.
(Funding source – FY24-FY25 WAGZ)
- Y. Bernard Schumacher Voucher payment for Contract# 23-CWF-WIC-08 in the amount of \$11,508.89 for 410 Grade Stabilization Structure.
(Funding source – FY23 CWF – WIC)
- Z. Oak Leaf Farms LLC Voucher payment for Contract# 23-SHCS-1 in the amount of \$2,460.00 for 340 Cover Crops. Payment 3 of 3-year contract.
(Funding source – FY23 Capacity)
- AA. Meyer's Seeds Inc. Voucher payment for Contract# 25-SHD-14 in the amount of \$3,940.00 for 340 Cover Crops. 1-year contract-Final.
(Funding source – FY25 Soil Health Delivery)
- BB. DKKA LLC (Kyle Olson) Voucher payment for Contract# 2025WAGZ-WC-03 in the amount of \$9,108.34 for Water Sediment Control Basin.
(Funding source – FY24-FY25 WAGZ)
- iv. Grants
 - A. Grant Contract Agreement between the State of Minnesota, acting through its Department of Natural Resources, Division of Forestry and Wabasha SWCD (Grantee). Forest Stewardship Plan Grant, effective 11/18/2025 to 6/30/2027. \$18,000.00 (\$1,800.00 Admin, \$16,200.00 Forester Assistance)

VI. SECRETARY'S REPORT – Board Action

- A. October 23, 2025, Meeting Minutes

VII. TREASURER'S REPORT – Board Action

- A. October District Financial Statements
Included for your review
- B. Program Record – October
The full spreadsheet was sent to the board in advance

VIII. PAYMENT OF MONTHLY BILLS

- A. Monthly Bills in the amount of \$133,856.41 - **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 – No report, just getting caught up.
- E. District Technician Report- Matt Kempinger –
- 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 agencies –

X. OLD BUSINESS

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

XI. NEW BUSINESS

- A. Canceling RCPP Contracts due to funded through SHD Funds or canceled for personal reasons. – **Board Action**
- B. WinLaC Comprehensive Watershed Management Plan - First Amendment to Sub-Agreement between Root River SWCD and Wabasha SWCD. Amendment to Paragraph (V(c)) of the Sub-Agreement, adding language for "Indemnity and Hold Harmless". – **Board Action**
- C. Approve Reiter Living Trust/William Reiter Amendment# 2 to Contract# 2024WinLaC-WAB-008 to change installation date to 10/31/2026 from 11/30/2025. – **Board Action**
- D. Approve Daniel Miller Amendment# 1 to Contract# 2025WinLaC-Wab002 to change the installation date to 10/31/2026 from 11/30/2025 – **Board Action**
- E. Approve 2025 Soil Heath RCPP November Ranking/Batching– **Board Action**
- F. Raffle Donations for Convention – **Discussion**
- G. Schedule Staff reviews with Personnel Committee-**Discussion**
- H. Jary Holst Amendment# 1 to Contract# 2025WinLaC-Wab-001 to change installed by date to 12/31/2025 from 11/30/2025. – **Board Action**
(Funding source – FY25 WinLaC 1W1P)

XII. Board Reports

- A. Whitewater JPB – Lynn
- B. Zumbro 1W1P (WAGZ)– Dag
- C. WinLaC 1W1P – Lynn
- D. SE SWCD Technical Support JPB - Dag
- E. County Board Meeting – Sharleen
- F. Upcoming Events:
 - i. Monday – Wednesday, Dec 1 – 3, 2025 MASWCD Convention
 - ii. Thursday, December 18, 2025, Regular Board Meeting
 - iii. Thursday, December 25, 2025, Christmas Day – Office Closed

XIV. Motion to Recess Regular Meeting and go into Closed Session –Board Action

XV. Closed Session – Board Action
HR

XVI. Motion to Reopen Regular Meeting – Board Action

XVII. Approval of the following – Board Action
HR Discussed.

XVIII. Adjourn – Board Action

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | | |
|--------------------------------------|-------------------------------------|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 25-SHD-4 | Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Amendment <input type="checkbox"/> Board Meeting Date(s): | Canceled <input type="checkbox"/> Board Meeting Date(s): |
|--------------------------------------|-------------------------------------|---|--|---|

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

Applicant

| | | | |
|---|---------------------------------------|-----------------------------------|--------------------------|
| Land Occupier Name JM Dairy LLC | Address 22219 E County Rd 8 | City/State Plainview MN | Zip code 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: Plainview | Township No: 108 | Range No.: 11 | Section No. 14 | 1/4,1/4 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:

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:

NRCS FOTG- Cover Crop (340)

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 12/1/2025, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

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

| | |
|------------|---|
| Date | Land Occupier |
| 09/09/2025 | John Miller |
| Date | Landowner, if different from applicant |
| | Address, if different from applicant information: |

Conservation Practice


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

This contract entails cover crops on 100 acres on T-3981 and T185. Single Species Cover Crop at \$50 an acre for the year 2025.

| | | |
|------------------------------------|--|--------------------|
| Eligible Component Standard & Name | Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Total Project Cost |
| | Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Cover Crop (340) | | \$5,000.00 |

Technical Assessment and Cost Estimate

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

| | |
|----------|--|
| Date | Technical Assistance Provider |
| 9/9/2025 |  |

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$50.00

| Amount | Program Name | Fiscal Year |
|------------|----------------------|-------------|
| \$5,000.00 | Soil Health Delivery | 2025 |

| | | |
|----------|---------------------------------|-------------------------|
| Date | Authorized Signature | Total Amount Authorized |
| 9/9/2025 | Lew Peters per board resolution | \$5,000.00 |



Completed Document Audit Report

Completed with Signwell

Title: JM_Dairy_Contract_JRapproved

Document ID: ecb81650-5120-43ac-8b68-eb3199d647d3

Time Zone: (GMT+00:00) Coordinated Universal Time

Files

JM_Dairy_Contract_JRapproved.pdf - 2 pages

See all files

Activity

Ella Jurgerson

created the document
(ella.jurgerson@mn.nacdn.net)

Ella Jurgerson

sent the document to jmdairy6@gmail.com

John Miller

first viewed document (jmdairy6@gmail.com)

John Miller

signed the document (jmdairy6@gmail.com)

Contract Amendment Form

| | | | |
|---|--|--|--|
| Organization Webasha SWCD | Contract Number 2024WAGZ-WC-13 | Amendment Number 2 Board Meeting Date | Amendment Type Date <input checked="" type="checkbox"/> Amount <input type="checkbox"/> Land Occupier <input type="checkbox"/> Practice <input type="checkbox"/> Other <input type="checkbox"/> |
|---|--|--|--|

Amendment requests that are received outside the executed State grant agreement date, outside the contract practice install date, or grant program policies BWSR staff must be consulted and a grant agreement amendment may be required.

State Grant Agreement Expiration Date: _____ Original Contract Install Date: 10/31/25

Amended Contract Install Date (if applicable): 5/31/2026

Original Total Amount Authorized: \$500.00 Amended Total Amount Authorized: _____

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

The contract expiration date has been changed from 10/31/25 to 5/31/2026.

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

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

| | |
|--------------------------|--|
| Date 29 Oct 25 | Signature Thomas S. Huter |
| Date | Signature, if different from applicant |

Technical Assessment and Cost Estimate

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

| | | |
|-------------------------|-----------------------------------|--|
| Date 10/29/25 | Signature Kathryn Huter | Technical Assistance provider has signed Contract and will verify practice certification |
|-------------------------|-----------------------------------|--|

| | | |
|---------------------------|-------------------------------|--|
| Date 10/29/2025 | Signature Lee Huter | Signature per board resolution |
|---------------------------|-------------------------------|--|

*Attach this form to the Conservation Practice Assistance Contract

Contract Amendment Form

| | | | |
|---|--|--|---|
| Organization: <div style="text-align: center; font-weight: bold;">Webasha SWCD</div> | Contract Number: <div style="text-align: center; font-weight: bold;">2024WAGZ-WC-13</div> | Amendment Number: <div style="text-align: center; font-size: 2em; font-weight: bold;">1</div> | Amendment Type: Date <input checked="" type="checkbox"/> Amount <input type="checkbox"/> Land Occupier <input type="checkbox"/> Practice <input type="checkbox"/> Other <input type="checkbox"/> |
| | | | |

Amendment requests that are received outside the executed State grant agreement date, outside the contract practice install date, or grant program policies BWSR staff must be consulted and a grant agreement amendment may be required.

State Grant Agreement Expiration Date: _____ Original Contract Install Date: 5/30/25

Amended Contract Install Date (if applicable): 10/31/2025

Original Total Amount Authorized: \$500.00 Amended Total Amount Authorized: _____

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

The contract expiration date has been changed from 5/30/25 to 10/31/2025.

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

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

| | |
|--|---|
| Date: <div style="font-size: 1.5em;">05/27/25</div> | Land Occupier: <div style="font-size: 1.5em;">T Amos S. Hart</div> |
| | |

Technical Assessment and Cost Estimate

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

| | |
|---|---|
| Date: <div style="font-size: 1.5em;">5/27/25</div> | Technical Assistance Provider: <div style="font-size: 1.5em;">Kathleen Alt</div> <div style="font-size: 1.2em;">Technical Assistance provider signed contract and will verify practice certification</div> |
|---|---|

Organizational Approval

| | |
|---|--|
| Date: <div style="font-size: 1.5em;">5/29/25</div> | Authorized Signature: <div style="font-size: 1.5em;">Jen Peters</div> <div style="font-size: 1.2em;">per board resolution</div> |
|---|--|

Attach this form to the Conservation Practice Assistance Contract

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | | |
|--------------------------------------|---|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 2024WAGZ-WC-13 | Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Amendment <input type="checkbox"/> Board Meeting Date(s): | Canceled <input type="checkbox"/> Board Meeting Date(s): |
|--------------------------------------|---|---|--|---|

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

Applicant

| | | | |
|---|----------------------------------|----------------------------------|--------------------------|
| Land Occupier Name Hunter Farms LLC | Address 23257 685th St | City/State Wabasha, MN | Zip code 55981 |
|---|----------------------------------|----------------------------------|--------------------------|

* 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: Pepin | Township No: 111 | Range No.: 11 | Section No. 33 | 1/4, 1/4 SE, E |
|--------------------------------|----------------------------|-------------------------|--------------------------|---------------------------------|

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 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.

2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.

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

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

Plan must be prepared by a Department of Natural Resources (DNR) Certified Plan Writer and registered with the DNR

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

6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 5/30/25, 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 |
| | See attached page for signature |
| Date | Landowner, if different from applicant |
| | |
| | Address, if different from applicant information: |
| | |

Conservation Practice

The primary practice for which cost-share is requested is

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

Technical Assessment and Cost Estimate

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

| | | |
|------|-------------------------------|--|
| Date | Technical Assistance Provider | Digitally signed by Mark Miller Date: 2024.10.17 12:53:26 -05'00' |
| | Mark Miller | |

Amount Authorized for Financial Assistance

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

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

| | | |
|--------------|----------------------|-------------------------|
| Date | Authorized Signature | Total Amount Authorized |
| Oct 24, 2024 | Lynn Zabel | \$500.00 |

| | |
|----------------------|---|
| Date 24 SEP 24 | Land Owner Thomas S. Hunter 23257 685th St WABASHA MN 55981 |
| Date 24 SEP 24 | Landowner, if different from applicant |
| | Address, if different from applicant information |

Conservation Practice

The primary practice for which cost-share is requested is

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

Technical Assessment and Cost Estimate

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

| | |
|------|-------------------------------|
| Date | Technical Assistance Provider |
|------|-------------------------------|

Amount Authorized for Financial Assistance

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

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

| | | |
|------|----------------------|-------------------------------------|
| Date | Authorized Signature | Total Amount Authorized \$500.00 |
|------|----------------------|-------------------------------------|

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: [REDACTED]
 Address: [REDACTED]
 City, State, Zip: [REDACTED] [REDACTED]
 Contract No.: 79-25RCPP-01

Total Amount Authorized: \$5,320.00
 (from contract)

| Practice | Quantity | Unit | Unit Rate | Total |
|---------------------------------|----------|-------|-----------|------------|
| Single Species Cover Crop (340) | 31.400 | Acres | \$50.00 | \$1,570.00 |

PAYMENT REQUEST: \$1,570.00

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

9/30/2025

[REDACTED]

[REDACTED]

PAYMENT AND CERTIFICATION INFORMATION

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

Partial
 \$1,570.00
 \$5,320.00
 \$5,320.00

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

\$1,570.00

1st year of 4

FY 25-FY 28 Soil Health
 RCPP

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.

[Signature] Amanda Gentry - JAA 3
 Technical Assistance Provider Winona SWCD

[Signature]
 Administrative Sign-off

10/31/2025

Date

11/6/2025

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|--|---|-----------------------|----------------------|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-01 | Amendment Date(s): | Canceled 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: | Township No: | Range No.: | Section No. | 1/4, 1/4 |
| | | | | |

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 11/1/2028, 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 | 8/11/25 |
| [Redacted] | |
| [Redacted] | |
| 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 | Units |
|--|-------|
| 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 | 8/11/25 |
| Technical Assistance Provider |  Amanda Gentry - Winona SWCD |

Amount Authorized for Financial Assistance

The organization has authorized the following for financial assistance, total not to exceed a rate of: 50

| | | | | |
|-----------------------|-----------------|----------------------|---------------------------|---------------------------|
| This Contact Entails: | \$50/ Acre Rate | on 31.4 acres (2025) | 2025-2028 Contract Length | Single Species Cover Crop |
| | Tract 3788 | 25 ac (2026-2028) | | |

| | |
|-------------------------|--|
| Approval Date | 08/26/2025 |
| Authorized Signature |  Terri Peters |
| Total Amount Authorized | |
| \$5,320.00 | |

Oct 17, 2025 at 9:45:06 AM



Oct 17, 2025 at 9:45:18 AM



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: [REDACTED]

Address: [REDACTED]

City, State, Zip: [REDACTED]

Contract No.: 79-25RCPP-06

Total Amount Authorized:
(from contract)

\$11,400.00

| Practice | Quantity | Unit | Unit Rate | Total |
|---------------------------------|----------|-------|-----------|------------|
| Single-Species Cover Crop (340) | 57.000 | Acres | \$50.00 | \$2,850.00 |

PAYMENT REQUEST: \$2,850.00

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

9/5/2025

[REDACTED]

10/3/25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$2,850.00

C. Total Amount Authorized:

\$11,400.00

D. Total previous partial payments:

E. Amount available (C - B)

\$11,400.00

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

\$2,850.00

1st year of 4 years
FY25-FY28 Soil Health RCPP

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: | Contract Number: | Amendment | Canceled |
| Wabasha SWCD | 79-25RCPP-06 | Date(s): | 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 leader/person as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

| | | | | |
|----------------|--------------|-----------|-------------|----------|
| Township Name: | Township No: | Range No: | Section No. | 1/4, 1/4 |
| | | | | |

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 11/1/2028, 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.

| | |
|--------------------|--|
| Land Owner | |
| Land Owner Address | |
| Land Owner Phone | |
| Land Owner Email | |

Conservation Practice

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

| | | |
|--|---|-------|
| Practice Standard(s) or Eligible Component | 0 | Acres |
|--|---|-------|

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 | 8/12/25 | Digitally signed by DEAN THOMAS (Affiliate) Date: 2025.08.12 09:00:31 -05'00' |
|------|---------|--|

Amount Authorized for Financial Assistance

The organization has authorized the following for financial assistance, total not to exceed a rate of: **50**

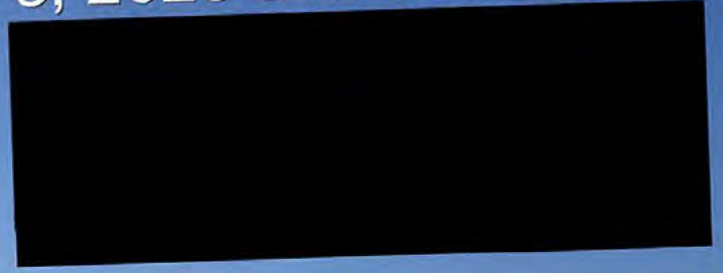
This Contract Entails: **\$50/ Acre Rate** on **57 acres** **2025-2028 Contract Length** **Single Species Cover Crop**
Tract 208, 4821, 4822, 2503

| | | | | | |
|---------------|-----------|----------------------|------------------------------|-------------------------|-------------|
| Approval Date | 8/28/2025 | Authorized Signature | Dean Thomas (per resolution) | Total Amount Authorized | \$11,400.00 |
|---------------|-----------|----------------------|------------------------------|-------------------------|-------------|

Oct 3, 2025 at 8:58:43 AM



Oct 3, 2025 at 8:58:46 AM



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: [REDACTED]
Address: [REDACTED]
City, State, Zip: [REDACTED]
Contract No.: 79-25RCPP-09

Total Amount Authorized: \$1,980.00
(from contract)

| Practice | Quantity | Unit | Unit Rate | Total |
|---------------------------------|----------|-------|-----------|------------|
| Single-Species Cover Crop (340) | 39.600 | Acres | \$50.00 | \$1,980.00 |

PAYMENT REQUEST: \$1,980.00

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

9/16/2025

Payee Signature

Date

10-3-25

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Final
B. Payment amount requested: \$1,980.00
C. Total Amount Authorized: \$1,980.00
D. Total previous partial payments:
E. Amount available (C - D): \$1,980.00

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

\$1,980.00

1 year contract - final

F/25-FY28 Soil Health RCPP

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

11/3/2025

11/6/2025

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-09 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|-----------------------------------|--------------------------------------|--|---|

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

Applicant

| | | | |
|--------------------------------------|---------------------------|------------------------------|----------------------------|
| Land Occupier Name [REDACTED] | Address [REDACTED] | City/State [REDACTED] | Zip code [REDACTED] |
|--------------------------------------|---------------------------|------------------------------|----------------------------|

* 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: [REDACTED] | Township No: [REDACTED] | Range No.: [REDACTED] | Section No. [REDACTED] | 1/4, 1/4 [REDACTED] |
|----------------------------------|--------------------------------|------------------------------|-------------------------------|----------------------------|

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 10/1/2028, 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:

- Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.
- 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).
- Obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).
- Be responsible for the operation and maintenance of conservation practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
- The land occupier acknowledges they have received a copy of the historically underserved producer self-certification form.
- 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 8-19-25 | | |
| Date 8-19-25 | | |
| 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

Units

Acres

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

Amount Authorized for Financial Assistance

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

50

This Contract Entails: \$50/ Acre Rate On 39.6 Acres Single Species Cover Crop For 2025 Tract # 150

| | | |
|---------------|----------------------|--|
| Approval Date | Authorized Signature | Total Amount Authorized \$1,980.00 |
|---------------|----------------------|--|

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-09 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> 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: | Township No: | Range No.: | Section No. | 1/4,1/4 |
|------------------------|----------------------|--------------------|---------------------|-----------------|

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:

- 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.
- 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.
- If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
- Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

NRCS FOTG
- 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.
- 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 10/1/2028, this contract will be automatically terminated on that date.
- Reimbursement requests must be supported by a completed Flat Rate Voucher Form.
- 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:

- Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.
- 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).
- Obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).
- Be responsible for the operation and maintenance of conservation practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
- The land occupier acknowledges they have received a copy of the historically underserved producer self-certification form.
- 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 | Land Occupier |
| Date | 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 | Units |
| | Acres |

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 |
| 8/19/2025 |  Amanda Gentry - Winona SWCD - JAA Level III |

Amount Authorized for Financial Assistance

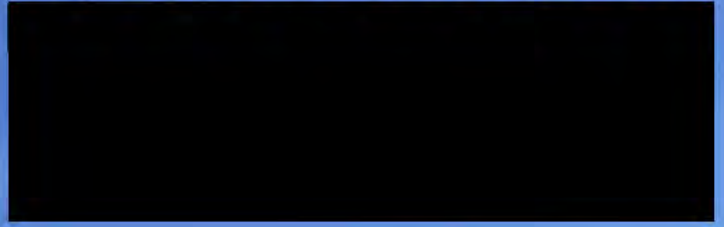
The organization has authorized the following for financial assistance, total not to exceed a rate of:

50

This Contract Entails: **\$50/ Acre Rate** **On 39.6 Acres** **Single Species Cover Crop** **For 2025** **Tract # 150**

| | | |
|---------------|----------------------|-------------------------|
| Approval Date | Authorized Signature | Total Amount Authorized |
| 08/26/2025 | <i>Terri Peters</i> | \$1,980.00 |

Oct 3, 2025 at 8:40:52 AM





Oats / Peas cover crop 9/19/25



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-25RCPP-15

Total Amount Authorized:
(from contract)

\$870.00

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|----------|
| Multi-Species Cover Crop (340) | 14.500 | Acres | \$60.00 | \$870.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |

PAYMENT REQUEST: \$870.00

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

8/26/2024

Payee Signature

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

FINAL - 32 11-3-25

B. Payment amount requested:

\$870.00

C. Total Amount Authorized:

\$870.00

D. Total previous partial payments:

E. Amount available (C - D)

\$870.00

Amount Approved for This Voucher:

\$870.00

(cannot exceed Total Amount Authorized)

Technical Certification

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

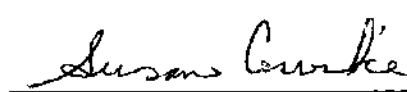

Technical Assistance Provider

Date

11-3-2025

Administrative Certification

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


Administrative Sign-off

Date

11/10/2025

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|-----------------------|----------------------|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-15 | Amendment Date(s): | Canceled 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 filled and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

| | | | | |
|----------------|--------------|------------|-------------|----------|
| Township Name: | Township No: | Range No.: | Section No. | 1/4, 1/4 |
| | | | | |

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

Cover Crop standard 340

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 10/1/2025, 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 8/13/25 | Land Occupier [REDACTED] |
| Date | Landowner, if different from applicant |
| Address, if different from applicant information: | |

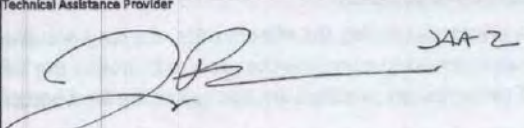
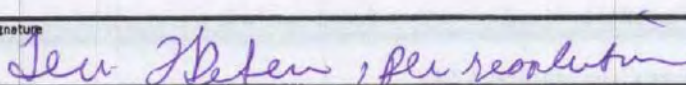
Conservation Practice

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

| | |
|--|-------------------------|
| Practice standard(s) or eligible component Cover Crop 340 | Units 14.5 acres |
|--|-------------------------|

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice(s) will be

| | |
|--|--|
| Date 8/28/2025 | Technical Assistance Provider  JAA 2 |
| Amount Authorized for Financial Assistance | |
| The organization has authorized the following for financial assistance, total not to exceed a rate of: | |
| This Contract Entails: \$ 60/ Acre On 14.5 Acres Multiple Species Cover Crop For 2025 Tract # 3779 | |
| Approval Date 8/28/25 | Authorized Signature  Jen H. Hefner, per resolution |
| Total Amount Authorized \$870.00 | |



Oats / Peas cover crop 9/19/25



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-25 RCPP-16

Total Amount Authorized:
(from contract)

\$4,776.00

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|------------|
| Multi-Species Cover Crop (S40) | 79.600 | Acres | \$60.00 | \$4,776.00 |

PAYMENT REQUEST: \$4,776.00

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

9/6/2025

9-19-25

Payee Signature

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

B. Payment amount requested:

\$4,776.00

C. Total Amount Authorized:

\$4,776.00

D. Total previous partial payments:

E. Amount available (C - D)

\$4,776.00

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

\$4,776.00

1 year w contract - Final

FY25-FY28 Soil Health RCPP

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

DEAN

THOMAS

(Affiliate)

Date

Digitally signed by
DEAN THOMAS

(Affiliate)

Date: 2025.09.30

13:02:36 -05'00'

Susan Ciummaka

Administrative Sign-off

11/6/2025

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-16 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> 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: | Township No: | Range No.: | Section No. | 1/4, 1/4 |
|----------------|--------------|------------|-------------|----------|

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:

CPS 340 Cover Crops -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 09/15/2025, 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 | Land Occupier |
| 09/01/2025 | |
| Date | 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 | Units |
|--|-------|
| Cover Crop (340) | Acres |

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 |
| | DEAN THOMAS (Affiliate) Digitally signed by DEAN THOMAS (Affiliate) Date: 2025.08.27 13:41:04 -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 Contract Entails: \$60/acre rate on 79.6 acres for 2025 Mixed Species Cover Crop

Farm 5026 T-5059, Farm 4983 T-5031, Farm 4984 T-5032, Farm 5028 T-5080

| | | |
|---------------|----------------------|-------------------------|
| Approval Date | Authorized Signature | Total Amount Authorized |
| 9/2/2025 | <i>Levi Adams</i> | \$4,776 |



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip

Contract No.: 79-25RCPP-21

Total Amount Authorized
(from contract)

\$6,000.00

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|------------|
| Multi Species Cover Crop (340) | 100.000 | Acres | \$60.00 | \$6,000.00 |

PAYMENT REQUEST:

\$6,000.00

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

9/30/2025

Payee Signature

Date

PAYMENT AND CERTIFICATION INFORMATION

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

Final

\$6,000.00

\$6,000.00

\$6,000.00

Amount Approved for This Voucher:

\$6,000.00

(cannot exceed Total Amount Authorized)

1 year contract - Final

FRAS Flat Soil Health RCPP

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:

Amanda Gentry - JAA 3
Winona County SWCD

Administrative Sign-off

11/6/2025

10/31/25

Date

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|--|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-21 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|--|---|--|---|

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

Applicant

| | | | |
|--------------------------------------|---------------------------|------------------------------|----------------------------|
| Land Occupier Name [REDACTED] | Address [REDACTED] | City/State [REDACTED] | Zip code [REDACTED] |
|--------------------------------------|---------------------------|------------------------------|----------------------------|

* 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: [REDACTED] | Township No: [REDACTED] | Range No.: [REDACTED] | Section No. [REDACTED] | 1/4,1/4 [REDACTED] |
|----------------------------------|--------------------------------|------------------------------|-------------------------------|---------------------------|

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 12/1/2025, 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 | 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 | Units |
|--|--------------|
| | Acres |

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 practicle and reasonable.

| | |
|---|---|
| Date 8/27/25 | Technical Assistance Provider  Amanda Gentry - Winona County SWCD |
| Amount Authorized for Financial Assistance The organization has authorized the following for financial assistance, total not to exceed a rate of: | |
| 60 | |
| This Contract Entails: 100 acres Mixed Species Cover Crop at \$60 an Acres for 2025 on T-5276, T-856 | |
| Approval Date | Authorized Signature |
| | Total Amount Authorized \$6,000.00 |

Oct 17, 2025 at 10:48:46 AM



Oct 17, 2025 at 10:44:59 AM



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Silver Spirit Farm LLC
Address: 51237 275th Ave
City, State, Zip: Elgin, MN 55932
Contract No.: 25-SHD-11

Total Amount Authorized: \$1,542.00
(from contract)

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|------------|
| Multi-Species Cover Crop (340) | 25.700 | Acres | \$60.00 | \$1,542.00 |

PAYMENT REQUEST: \$1,542.00

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

10/15/2025


Payee Signature

11-3-25
Date

PAYMENT AND CERTIFICATION INFORMATION

| | |
|--|------------|
| A. Type of request (partial or final): | Final |
| B. Payment amount requested: | \$1,542.00 |
| C. Total Amount Authorized: | \$1,542.00 |
| D. Total previous partial payments: | |
| E. Amount available (C - D) | \$1,542.00 |

Amount Approved for This Voucher: \$1,542.00
(cannot exceed Total Amount Authorized)

Technical Certification

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


Technical Assistance Provider
Amanda Gentry - JAA 3
Winona SWCD

11/10/25

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.


Administrative Sign-off

11/10/2025

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|-----------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 25-SHD-11 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|-----------------------------------|-----------------------------------|--|---|

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

Applicant

| | | | |
|--|--------------------------------|-----------------------------|-----------------------|
| Land Occupier Name Silver Spirit Farm LLC | Address 51237 275th Ave | City/State Elgin, MN | Zip code 55932 |
|--|--------------------------------|-----------------------------|-----------------------|

* 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: Elgin | Township No: 108 | Range No.: 12 | Section No. 36 | 1/4, 1/4 W1/2 NW1/4 |
|-----------------------------|-------------------------|----------------------|-----------------------|----------------------------|

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:

Cover Crop (340) Practice Standard- 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 12/1/2025, 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. Obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).
3. Be responsible for the operation and maintenance of conservation practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

| Amount | Program Name | Fiscal Year |
|---------|----------------------|-------------|
| \$1,542 | Soil Health Delivery | 2025 |

| | |
|-----------|---------------------|
| Applicant | <i>Craig Ritten</i> |
| County | Washington |
| Address | |
| City | |
| State | |
| Zip | |
| Phone | |
| E-mail | |

Conservation Practice

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

| Practice standard(s) or eligible component | Acres |
|--|------------|
| Cover Crop (340) | 25.7 Acres |

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 practical and reasonable.

| | | | |
|--|---|---------------|-------------------|
| Applicant | Washington | | |
| County | Washington | | |
| Amount Authorized for Financial Assistance | The organization has authorized the following for financial assistance, total not to exceed a rate of: 60 | | |
| This Contract Entails | Multiple Species Cover Crop | on 25.7 Acres | at \$60/ Acre |
| | | | For 2025 |
| | T-57 | | |
| Signature | <i>Craig Ritten</i> | | Amount \$1,542.00 |
| Date | 10/17/2025 | | |

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: [REDACTED]

Address: [REDACTED]

City, State, Zip: [REDACTED]

Contract No.: 79-25RCPP-10

Total Amount Authorized: **\$2,070.00**
(from contract)

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|------------|
| Multi-Species Cover Crop (340) | 41.400 | Acres | \$50.00 | \$2,070.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |

PAYMENT REQUEST: **\$2,070.00**

[REDACTED] mation of the above project, which was completed on:

9/30/2025

10-30-25
Date

PAYMENT AND CERTIFICATION INFORMATION

| | |
|--|------------|
| A. Type of request (partial or final): | Final |
| B. Payment amount requested: | \$2,070.00 |
| C. Total Amount Authorized: | \$2,070.00 |
| D. Total previous partial payments: | |
| E. Amount available (C - D) | \$2,070.00 |

Amount Approved for This Voucher: **\$2,070.00**
(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.

[Signature]
Technical Assistance Provider

Amanda Gentry - JAA 3
Winona County SWCD

[Signature]
Administrative Sign-off

10/31/2025

Date

11/17/2025

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|-----------------------|----------------------|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-10 | Amendment Date(s): | Canceled Date(s): |
|-----------------------------------|--------------------------------------|-----------------------|----------------------|

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

Applicant

| | | | |
|--------------------------------------|---------------------------|------------------------------|----------------------------|
| Land Occupier Name [REDACTED] | Address [REDACTED] | City/State [REDACTED] | Zip code [REDACTED] |
|--------------------------------------|---------------------------|------------------------------|----------------------------|

* 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: [REDACTED] | Township No: [REDACTED] | Range No.: [REDACTED] | Section No. [REDACTED] | 1/4,1/4 [REDACTED] |
|----------------------------------|--------------------------------|------------------------------|-------------------------------|---------------------------|

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 11/1/2025, 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:

- Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.
- 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 | Land Occupier |
| Date | 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 | Acres |

Technical Assessment and Cost Estimate

I have the appropriate technical expertise and have reviewed the site where the above-listed practice(s) will be

| | | |
|------|-------------------------------|--|
| Date | Technical Assistance Provider | Digitally signed by DEAN THOMAS (Affiliate) Date: 2025.08.13 06:12:00 -05'00' |
|------|-------------------------------|--|

Amount Authorized for Financial Assistance

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

| | | | | | |
|------------------------|-------------|---------------|---------------------------|----------|--------------|
| This Contract Entails: | \$ 50/ Acre | On 41.4 Acres | Single Species Cover Crop | For 2025 | Tract # 2781 |
|------------------------|-------------|---------------|---------------------------|----------|--------------|

| | | |
|---------------|----------------------|-------------------------|
| Approval Date | Authorized Signature | Total Amount Authorized |
| 08/26/2025 | Terri Peters | \$2,070.00 |

Oct 30, 2025 at 1:54:41 PM



FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|--------------------------------------|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-05 | Amendment Date(s): <input type="checkbox"/> | Canceled Date(s): <input type="checkbox"/> |
|--------------------------------------|---|--|---|

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

Applicant

| | | | |
|----------------------------------|-----------------------|--------------------------|------------------------|
| Land Occupier Name [REDACTED] | Address [REDACTED] | City/State [REDACTED] | Zip code [REDACTED] |
|----------------------------------|-----------------------|--------------------------|------------------------|

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

Conservation Practice Location

| | | | | |
|------------------------------|-----------------------------|--------------------------|----------------------------|------------------------|
| Township Name: [REDACTED] | Township No.: [REDACTED] | Range No.: [REDACTED] | Section No.: [REDACTED] | 1/4, 1/4 [REDACTED] |
|------------------------------|-----------------------------|--------------------------|----------------------------|------------------------|

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:

Cover Crops 340 Standard, Residue Management no-till 329 Standard, 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 8/1/2028, 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 | 9/5/25 | Landowner's Name | [REDACTED] |
| Date | | Landowner's Address | [REDACTED] |
| 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 | Units |
|--|-----------|
| No-Till (329) | 100 Acres |

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 | 9/17/25 | Technical Assistance Provider | Amanda Gentry - Winona County SWCD |
| Amount Authorized for Financial Assistance | | | 50 |
| The organization has authorized the following for financial assistance, total not to exceed a rate of: | | | |
| This Contract Entails: | | | |
| 100 Acres single species Cover Crop at \$50/Acre for 2025 and [REDACTED] | | | |
| And | | | |
| 100 Acres of No-till at \$20 an Acre for 2026-2028 [REDACTED] | | | |
| Approval Date | 9/17/2025 | Authorized Signature | Jim Baker per board resolution |
| Total Amount Authorized | | | \$11,000.00 |



T11744 fld 18 rye just popping out of ground, drilled



T11744 fld 19 rye drilled into corn residue, just germinating



Nov 4, 2025 1:31:23 PM

T4295 fld 7, drilled rye just starting



Nov 4, 2025 1:13:03 PM

Wabasha County
Minnesota

T4295 fld 21 rye drilled after SB

PERCENT BASED - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Craig Breuer

Contract No.: 2025WAGZ-WC-04

Address: 29844 Co 9 Blvd

City, State, Zip: Lake City, MN 55041

Total Amount

Authorized: \$2,000.00 % Approved: 75% (state) 75% (state & non-state)
(from contract)

| Item | Quantity | Unit | Unit Price | Cost |
|---|----------|------|------------|------------|
| Drill rig with operators to over drill pump | 8 | 8 | \$550.00 | \$4,400.00 |
| Wabasha Sealing Permit | 1 | 1 | \$40.00 | \$40.00 |
| Bags of neat cement grout | 39 | 39 | \$35.00 | \$1,365.00 |
| Yards 3/8" pea rock | 1 | 1 | \$60.00 | \$60.00 |
| Labor to pump neat cement grout | 1 | 1 | \$1,050.00 | \$1,050.00 |
| Paperwork & submittal fees | 1 | 1 | \$95.00 | \$95.00 |
| | | | | \$0.00 |
| PROJECT COST: | | | | \$7,010.00 |

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Final
B. Total cost of practice to date: \$7,010.00
C. Eligible amount (total cost x % approved): \$2,000.00 (state) \$2,000.00 (state & non-state)
D. Total other state payment amount: \$0.00
E. Total non-state payment amount: \$0.00
F. Total previous partial payments: \$0.00
G. Pre-Construction Cover payment amount: \$0.00
H. Maximum payment amount: \$2,000.00

| Pre-Con. Cover Ac. | Rate/Ac. |
|--------------------|----------|
| | |

Amount Approved for This Voucher: \$2,000.00

(cannot exceed Total Amount Authorized)

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

Craig Breuer

11-13-2025

Payee Signature

Date

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

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

Technical Assistance Provider NRES-CFA 1245 (Practice Approval and Payment Worksheet) can be utilized as the certification of practice completion. An attached completed and signed NRES-CFA-1245 and as-built can be used as the technical certification on the "Voucher and Certification"

Kathy Allen

Technical Assistance Provider

11-17-25

Date

Susan Gerwinke

Administrative Sign-off

11/17/2025

Date

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | | |
|--|---|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 2025WAGZ-WC-04 | Other state or non-State funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No | Amendment <input type="checkbox"/> Board Meeting Date(s): | Canceled <input type="checkbox"/> Board Meeting Date(s): |
|--|---|---|--|---|

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

Applicant

| | | | |
|---|---------------------------------------|--|------------------------------|
| Land Occupier Name Craig Breuer | Address 29844 Co 9 Blvd | City/State Lake City, MN | Zip Code 55041 |
|---|---------------------------------------|--|------------------------------|

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

Conservation Practice Location

| | | | | |
|---|--------------------------------|-----------------------------|------------------------------|-------------------------------|
| Township Name: Gillford Twp | Township No: 110 | Range No.: 13 | Section No. 11 | 1/4, 1/4 NW, SE |
|---|--------------------------------|-----------------------------|------------------------------|-------------------------------|

Contract Information

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

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 20 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
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:

State of MN Plumbing Code (MN Rules, Chapter 4714), by a water contractor licensed under chapter 326B or a lumber licensed under chapter 326B.

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 5/30/26, this contract will be automatically terminated on that date.
7. Items of cost for which reimbursement is claimed are to be supported by invoices/receipts for payments and will be verified by the organization board as practical and reasonable. The invoices must include the name of the vendor; materials, labor or equipment used; the component unit costs and the dates the work was performed. The organization board has the authority to make adjustments to the costs submitted for reimbursement. Pre-Construction Cover is exempt from having the required invoices/receipts.

Applicant Signatures

The land occupier's signature indicates agreement to:

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

| | |
|-------------------|---|
| Date 6-27-25 | Land Occupier Craig J Brenn |
| Date 6/27/2025 | Landowner, if different from applicant Edouble A LLC by Ellyn Hshelshofer |
| | Address, if different from applicant information 35559 county 45 BLVD, Lake City, MN 55041 |

Conservation Practice

The primary practice for which cost-share is requested is:

State of MN is using State Soil Survey and USDA NRCS, by a state contractor licensed under chapter 4708 or a farmer licensed under chapter 4708.

| | | |
|--|--|---|
| Eligible Component Standards & Names See attached installation standards and requirements | Engineered Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Total Project Cost Estimate \$8,195.00 |
| | 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 7/7/25 | Technical Assistance Provider Kathleen | Cost estimate provided by licensed well contractor |
|----------------|---|---|

Pre-Construction Cover

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

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

Amount Authorized for Financial Assistance

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

| Amount | Program Name | Fiscal Year |
|------------|---|-------------|
| \$2,000.00 | Watershed Alliance for the Greater Zumbro | 2025 |
| | | |
| | | |

| | | |
|-----------------|-----------------------------------|---------------------------------------|
| Date 7-24-25 | Authorized Signature Chet Ross | Total Amount Authorized \$2,000.00 |
|-----------------|-----------------------------------|---------------------------------------|

DC Well Drilling

21705 Ravenna Trl
Welch, MN 55089 US
(651) 437-5040
info@dcwelldrilling.com
http://dcwelldrilling.com



Client:
Craig Breuer
29844 County 9 Blvd
Lake City, MN 55041

Job # 3913
Date 09/27/2025
Net 30
Due Date 11/27/2025

Site Address:
33664 County Rd 31
Lake City, MN 55041

| | | | |
|--|----|----------|--------------------|
| Drill rig with operators to over drill pump. | 8 | 550.00 | 4,400.00 |
| Wabasha sealing permit | 1 | 40.00 | 40.00 |
| Bags of neat cement grout | 39 | 35.00 | 1,365.00 |
| Yards 3/8" pea rock | 1 | 60.00 | 60.00 |
| Labor to pump neat cement grout | 1 | 1,050.00 | 1,050.00 |
| Paperwork & submittal fees | 1 | 95.00 | 95.00 |
| | | | Subtotal: 7,010.00 |

\$7,010.00

THIS QUOTE IS VALID FOR 30 DAYS FROM THE DATE OF ISSUANCE. IT IS BASED ON THE INFORMATION PROVIDED AND DOES NOT INCLUDE A VISIT TO THE SITE. A VISIT TO THE SITE IS REQUIRED TO DETERMINE THE EXISTING CONDITIONS AND TO OBTAIN ANY NECESSARY PERMITS. THE QUOTE IS SUBJECT TO CHANGE WITHOUT NOTICE IF THE SCOPE OF WORK CHANGES OR IF THE COST OF MATERIALS OR LABOR CHANGES. THE QUOTE IS NOT VALID IF THE SITE CONDITIONS CHANGE OR IF THE CLIENT CANCELS THE PROJECT. THE QUOTE IS NOT VALID IF THE CLIENT CANCELS THE PROJECT WITHIN 30 DAYS OF THE DATE OF ISSUANCE. THE QUOTE IS NOT VALID IF THE CLIENT CANCELS THE PROJECT WITHIN 30 DAYS OF THE DATE OF ISSUANCE.

DC Well Drilling
21705 Ravenna Trl
Welch, MN 55089 US

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-25RCPP-03

Total Amount Authorized:
(from contract)

\$24,000.00

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|------------|
| Multi-Species Cover Crop (340) | 100.000 | Acres | \$60.00 | \$6,000.00 |

PAYMENT REQUEST:

\$6,000.00

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

9/9/2025

10/30/2025

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$6,000.00

C. Total Amount Authorized:

\$24,000.00

D. Total previous partial payments:

E. Amount available (C - D)

\$24,000.00

Amount Approved for This Voucher:

\$6,000.00

(cannot exceed Total Amount Authorized)

Technical Certification

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

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

Amanda Gentry - JAA III
Winona SWCD

11/10/25

Date

Administrative Sign-off

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-03 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> 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: | Township No: | Range No.: | Section No. | 1/4, 1/4 |
| | | | | |

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 4 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:

Cover Crops standard 340 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 12/1/2028, 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 4/15/2025 | Land Occupier [Redacted] |
| Date | [Redacted] |
| 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 | Units |
|--|-----------|
| Cover Crop (340) | 100 Acres |

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 DEAN THOMAS (Affiliate) Digitally signed by DEAN THOMAS (Affiliate) Date: 2025.09.15 14:20:29 -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 Contract Entails: 100 Acres Multiple Species Cover Crop at \$60/ acres for 2025-2028 Farm- 5370 T-4050 & 3690 | |
| Approval Date 9/16/2025 | Authorized Signature [Signature] per board approval |
| Total Amount Authorized \$24,000.00 | |



Oct 28, 2025 10:27:59 AM

Rye (winter & annual), winter camelina & turnip



Oct 28, 2025 10:21:45 AM

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-25RCPP-13

Total Amount Authorized:
(from contract)

\$6,000.00

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|------------|
| Multi-Species Cover Crop (340) | 100.000 | Acres | \$60.00 | \$6,000.00 |

PAYMENT REQUEST: \$6,000.00

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

9/14/2025

Payee Signature

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

FINAL

B. Payment amount requested:

\$6,000.00

C. Total Amount Authorized:

\$6,000.00

D. Total previous partial payments:

E. Amount available (C - D)

\$6,000.00

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

\$6,000.00

Technical Certification

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

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.

DEAN

Technical Assistance Provider

THOMAS

(Affiliate)

Digitally signed
by DEAN THOMAS
(Affiliate)

Date: 2025.10.01
06:05:19 -05'00'

Administrative Sign-off

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-13 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|-----------------------------------|--------------------------------------|--|---|

* If a 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: | Township No: | Range No.: | Section No. | 1/4, 1/4 |
| | | | | |

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 year, 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- Cover Crop (340)
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 12/1/2025, 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.

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

Conservation Practice

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

| Practice standard(s) or eligible component | Units |
|--|-------|
| Cover Crop (340) | Acres |

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 |
| | DEAN THOMAS (Affiliate) Digitally signed by DEAN THOMAS (Affiliate) Date: 2025.08.27 13:54:03 -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 Contract Entails: | | | |
| \$60/ Acre | Multi-Species Cover Crop | 100 Acres | Tracts 191, 4658 & 4928 for 2025 |
| Approval Date | Authorized Signature | Total Amount Authorized | |
| 9/11/2025 | Jeni Hester per board resolution | \$6,000.00 | |

Sep 22, 2025 at 10:19:43 AM
21181 CR-8
Plainview MN 55964
United States



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: JM Dairy LLC
Address: 22219 E County Rd 8
City, State, Zip: Plainview MN
Contract No.: 25-SHD-4

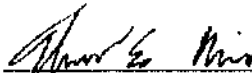
55964

Total Amount Authorized: \$5,000.00
(from contract)

| Practice | Quantity | Unit | Unit Rate | Total |
|------------------|----------|-------|-----------|------------|
| Cover Crop (340) | 100 | Acres | \$50.00 | \$5,000.00 |

PAYMENT REQUEST: \$5,000.00

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


Payee Signature

11-14/25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Final
B. Payment amount requested: \$5,000.00
C. Total Amount Authorized: \$5,000.00
D. Total previous partial payments:
E. Amount available (C - D): \$5,000.00

Amount Approved for This Voucher: \$5,000.00
(cannot exceed Total Amount Authorized)

Technical Certification


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


Technical Assistance Provider

11/17/2025
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.


Administrative Sign-off

11/18/2025
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | | |
|--------------------------------------|-------------------------------------|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 25-SHD-4 | Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Amendment <input type="checkbox"/> Board Meeting Date(s): | Canceled <input type="checkbox"/> Board Meeting Date(s): |
|--------------------------------------|-------------------------------------|---|--|---|

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

Applicant

| | | | |
|---|---------------------------------------|-----------------------------------|--------------------------|
| Land Occupier Name JM Dairy LLC | Address 22219 E County Rd 8 | City/State Plainview MN | Zip code 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: Plainview | Township No: 108 | Range No.: 11 | Section No. 14 | 1/4,1/4 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:

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:

NRCS FOTG- Cover Crop (340)

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 12/1/2025, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

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

| | |
|------------|---|
| Date | Land Occupier |
| 09/09/2025 | John Miller |
| Date | Landowner, if different from applicant |
| | Address, if different from applicant information: |

Conservation Practice


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

This contract entails cover crops on 100 acres on T-3981 and T185. Single Species Cover Crop at \$50 an acre for the year 2025.

| | | |
|------------------------------------|--|--------------------|
| Eligible Component Standard & Name | Engineered Practice: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Total Project Cost |
| | Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| Cover Crop (340) | | \$5,000.00 |

Technical Assessment and Cost Estimate

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

| | |
|----------|--|
| Date | Technical Assistance Provider |
| 9/9/2025 |  |

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$50.00

| Amount | Program Name | Fiscal Year |
|------------|----------------------|-------------|
| \$5,000.00 | Soil Health Delivery | 2025 |

| | | |
|----------|---------------------------------|-------------------------|
| Date | Authorized Signature | Total Amount Authorized |
| 9/9/2025 | Lew Peters per board resolution | \$5,000.00 |



Completed Document Audit Report

Completed with SignWell.com

Title: JM_Dairy_Contract_JRapproved

Document ID: ecb81650-5120-43ac-8b68-eb3199d647d3

Time Zone: (GMT+00:00) Coordinated Universal Time

Files

JM_Dairy_Contract_JRapproved.pdf - 2 pages

Sep 05 2019 10:43 AM UTC

Activity



Ella Jurgerson

created the document
(ella.jurgerson@mn.nacdn.net)

Sep 05 2019
10:43 AM UTC

IP: 129.12.12.12



Ella Jurgerson

sent the document to jmdairy6@gmail.com

Sep 05 2019
10:47 AM UTC



John Miller

first viewed document (jmdairy6@gmail.com)

Sep 05 2019
10:59 AM UTC

IP: 129.12.12.12



John Miller

signed the document (jmdairy6@gmail.com)

Sep 05 2019
11:00 AM UTC

IP: 129.12.12.12



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Leisen Farms Inc.**
Address: **50668 265th Ave**
City, State, Zip: **Plainview, MN 55964**
Contract No.: **25-SHD-12**

Total Amount Authorized: **\$2,220.00**
(from contract)

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|------------|
| Multi-Species Cover Crop (340) | 37.000 | Acres | \$60.00 | \$2,220.00 |

PAYMENT REQUEST: **\$2,220.00**

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

10-9-2025


Payee Signature

11-13-25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): **Final**
B. Payment amount requested: **\$2,220.00**
C. Total Amount Authorized: **\$2,220.00**
D. Total previous partial payments:
E. Amount available (C - D) **\$2,220.00**

Amount Approved for This Voucher: **\$2,220.00**
(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

11/13/2025
Date


Administrative Sign-off

11/18/2025
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|--|--|--|---|
| Organization: Wabasha SWCD | Contract Number: 25-SHD-12 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|--|--|--|---|

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

Applicant

| | | | |
|--|---------------------------------------|--|------------------------------|
| Land Occupier Name Leisen Farms Inc. | Address 50668 265th Ave | City/State Plainview, MN | Zip code 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: | Township No: | Range No.: | Section No. | 1/4, 1/4 |
| Plainview | 108 | 11 | 31, 32 | S 1/2 SW 1/4 & NW 1/4 |
| Elgin | 108 | 12 | 36 | SE 1/4 NW 1/4 |

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:

- 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.
- 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.
- If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
- Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

Cover Crop (340) Practice Standard- NRCS FOTG

- 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.
- 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 12/1/2025, this contract will be automatically terminated on that date.
- Reimbursement requests must be supported by a completed Flat Rate Voucher Form.
- 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:

- Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.

2. Obtain any permits required in conjunction with the completion of the practice(s) prior to the practice(s).
3. Be responsible for the operation and maintenance of conservation practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice

| | |
|--------------------|--|
| Date 09/24/2025 | Land Occupier Irisen Farms Inc by Robert G. Lewis |
| Date | Landowner, if different from applicant |
| | Address, if different from applicant information: |

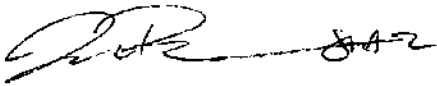

Conservation Practice

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

| Practice standard(s) or eligible component | Units |
|--|----------|
| Cover Crop (340) | 37 Acres |

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 10-9-2025 | Technical Assistance Provider  |
| Amount Authorized for Financial Assistance | |
| The organization has authorized the following for financial assistance, total not to exceed a rate of: 60 | |
| This Contract Entails: Multiple Species Cover Crop on 37 Acres at \$60/ Acre for 2025 | |
| Farm 1748 T-4181 & T-4179 | |
| Approval Date 10/9/2025 | Authorized Signature  |
| Total Amount Authorized \$2,200.00 | |

| Funding Source | | | |
|----------------|---------|----------------------|-------------|
| Year | Amount | Program Name | Fiscal Year |
| 2025 | \$2,220 | Soil Health Delivery | 2025 |

RGL, 10/9/25



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **George Tesmer**
Address: **58530 County Road 23**
City, State, Zip: **Millville, MN**
Contract No.: **2024WAG2-WC-05**

55957

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

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

PAYMENT REQUEST: **\$1,080.00**

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

George H. Tesmer
Payee Signature

10/31/25
Date

PAYMENT AND CERTIFICATION INFORMATION

| | |
|--|------------|
| A. Type of request (partial or final): | Partial |
| B. Payment amount requested: | \$1,080.00 |
| C. Total Amount Authorized: | \$3,240.00 |
| D. Total previous partial payments: | \$1,080.00 |
| E. Amount available (C - D) | \$2,160.00 |

Amount Approved for This Voucher: **\$1,080.00**
(cannot exceed Total Amount Authorized)

Technical Certification

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

JA 2
Technical Assistance Provider
11/19/2025
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.

Sharon Greenidge
Administrative Sign-off
11/18/2025
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | | |
|--------------------------------------|---|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 2024WAGZ-WC-05 | Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Amendment <input type="checkbox"/> Board Meeting Date(s): | Canceled <input type="checkbox"/> Board Meeting Date(s): |
|--------------------------------------|---|---|--|---|

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

Applicant

| | | | |
|--|--|------------------------------------|--------------------------|
| Land Occupier Name George Tesmer | Address 58530 County Road 23 | City/State Millville, MN | Zip code 55957 |
|--|--|------------------------------------|--------------------------|

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

Conservation Practice Location

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

Contract Information

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

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

340 Cover Crop. 21.6 acres planted as multiple species (\$50/ac) for 3 years.
- 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 11/1/2024, 11/1/2025, 11/1/2026, this contract will be automatically terminated on that date.
- Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

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

| | |
|-------------------------|---|
| Date 11 June 2024 | Land Occupier George H. Tesmer |
| Date | Landowner, if different from applicant |
| | Address, if different from applicant information: |

Conservation Practice

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

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

Technical Assessment and Cost Estimate

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

| | |
|-------------------|--|
| Date 6-25-2024 | Technical Assistance Provider  |
|-------------------|--|

Amount Authorized for Financial Assistance

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

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

| | | |
|-------------------------|---|---------------------------------------|
| Date 15 June 2024 | Landowner Signature George H. Tesmer | Total Amount Authorized \$3,240.00 |
|-------------------------|---|---------------------------------------|

| | | |
|-------------------|------------------------------------|---------------------------------------|
| Date 6-27-2024 | Authorized Signature Lynn Zohel | Total Amount Authorized \$3,240.00 |
|-------------------|------------------------------------|---------------------------------------|



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-25RCPP-18

Total Amount Authorized:

\$12,940.00

(from contract)

| Practice | Quantity | Unit | Unit Rate | Total |
|---------------------------------|----------|-------|-----------|------------|
| Single Species Cover Crop (340) | 23.9 | Acres | \$50.00 | \$1,195.00 |

PAYMENT REQUEST:

\$1,195.00

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

10-24-2025

Payee Signature

Date

10/31/25

PAYMENT AND CERTIFICATION INFORMATION

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

B. Payment amount requested: \$1,195.00

C. Total Amount Authorized: \$12,940.00

D. Total previous partial payments:

E. Amount available (C - D) \$12,940.00

Amount Approved for This Voucher:

\$1,195.00

(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

11/17/2025

11/18/2025

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-18 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|-----------------------------------|--------------------------------------|--|---|

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

Applicant

| | | | |
|--------------------------------------|---------------------------|------------------------------|----------------------------|
| Land Occupier Name [REDACTED] | Address [REDACTED] | City/State [REDACTED] | Zip code [REDACTED] |
|--------------------------------------|---------------------------|------------------------------|----------------------------|

* 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: [REDACTED] | Township No: [REDACTED] | Range No.: [REDACTED] | Section No. [REDACTED] | 1/4, 1/4 [REDACTED] |
|----------------------------------|--------------------------------|------------------------------|-------------------------------|----------------------------|

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:

Cover Crops standard 340 - 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 12/1/2028, 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.

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

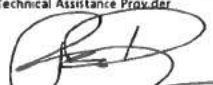
Conservation Practice

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

| Practice standard(s) or eligible component | Units |
|--|------------------|
| | 38.8 Acres (25') |
| | 72.5 Acres (26') |
| | 55 Acres (27') |
| Cover Crop (340) | 92.5 Acres (28') |

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 9/17/2025 | Technical Assistance Provider  JAA 2 |
| Amount Authorized for Financial Assistance | |
| The organization has authorized the following for financial assistance, total not to exceed a rate of: 50 | |
| This contract entails: \$50/acre Single Species Cover Crop | |
| Farm # 5167 T-624 & Farm # 5167 T-4610 38.8 acres(2025), 72.5 acres (2026), 55 acres (2027), and 92.5 acres (2028) | |
| Approval Date 9/17/2025 | Authorized Signature Leri Peters per board resolution |
| Total Amount Authorized \$12,940.00 | |



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

END COST INFORMATION

City, State, Zip:

Contract No.: 79-25RCPP-17

Total Amount Authorized:
(from contract)

\$6,330.00

| Practice | Quantity | Unit | Unit Rate | Total |
|---------------------------------|----------|-------|-----------|------------|
| Single Species Cover Crop (340) | 35.700 | Acres | \$50.00 | \$1,785.00 |

PAYMENT REQUEST:

\$1,785.00

project, which was completed on:

10/24/2025

11/10/2025

Date

PAYMENT AND CERTIFICATION INFORMATION

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

Partial

\$1,785.00

\$6,330.00

\$6,330.00

\$1,785.00

Administrative Certification

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

Administrative Sign-off

Date

11/17/2025

11/18/2025

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-17 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|-----------------------------------|--------------------------------------|--|---|

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

Applicant

| | | | |
|--------------------------------------|---------------------------|------------------------------|----------------------------|
| Land Occupier Name [REDACTED] | Address [REDACTED] | City/State [REDACTED] | Zip code [REDACTED] |
|--------------------------------------|---------------------------|------------------------------|----------------------------|

* 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: [REDACTED] | Township No: [REDACTED] | Range No.: [REDACTED] | Section No. [REDACTED] | 1/4, 1/4 [REDACTED] |
|----------------------------------|--------------------------------|------------------------------|-------------------------------|----------------------------|

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:

Cover Crop Standard 340 - 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 12/1/2028, 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.

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

Conservation Practice

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

| Practice standard(s) or eligible component | Units |
|--|------------------------|
| Cover Crop (340) | 35.7 Acres (25' & 27') |
| | 27.6 Acres (26' & 28') |

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 <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 1.2em; font-weight: bold;">DEAN THOMAS (Affiliate)</div> <div style="text-align: right; font-size: 0.8em;"> Digitally signed by DEAN THOMAS (Affiliate) Date: 2025.09.16 06:02:07 -05'00' </div> </div> | | |
| Amount Authorized for Financial Assistance The organization has authorized the following for financial assistance, total not to exceed a rate of: | | 50 | |
| This Contract Entails: \$50/ acre Single Species cover crop 2025-2028 Farm #962 T-619 <div style="text-align: right; margin-right: 50px;"> 35.7 acres 2025 & 2027 27.6 acres 2026 & 2028 </div> | | | |
| Approval Date | Authorized Signature | Total Amount Authorized | |
| 9/16/2025 | <i>Levi Peters</i> per board resolution | \$6,330.00 | |



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-25RCPP-19

Total Amount Authorized:
(from contract)

\$7,520.00

| Practice | Quantity | Unit | Unit Rate | Total |
|---------------------------------|----------|-------|-----------|------------|
| Single-Species Cover Crop (340) | 37.600 | Acres | \$50.00 | \$1,880.00 |

PAYMENT REQUEST: \$1,880.00

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

10/15/2025

Payee Signature

Date

11-12-2025

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$1,880.00

C. Total Amount Authorized:

\$7,520.00

D. Total previous partial payments:

E. Amount available (C - D)

\$7,520.00

Amount Approved for This Voucher:

\$1,880.00

(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

11/17/2025

11/18/2025

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-19 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> 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: | Township No: | Range No.: | Section No. | 1/4,1/4 |
|------------------------|----------------------|--------------------|---------------------|-----------------|

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 4 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:

Cover Crops standard 340 - 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 12/1/2028, 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.

| | |
|--|---|
| | |
| | |
| | Address, if different from applicant information: |

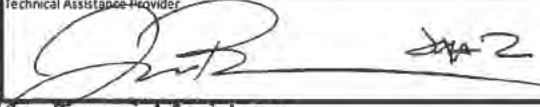
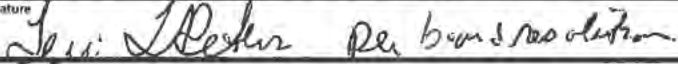
Conservation Practice

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

| Practice standard(s) or eligible component | Units |
|--|------------|
| Cover Crop (340) | 37.6 Acres |

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 9/5/2025 | Technical Assistance Provider  |
| Amount Authorized for Financial Assistance | |
| The organization has authorized the following for financial assistance, total not to exceed a rate of: 50 | |
| This Contract Entails: \$50/ Acre Single Species Cover Crop On 37.6 Acres 2025-2028 | |
| Farm # 2600 T-3102 & Farm # 3732 T-644 | |
| Approval Date 9-8-2025 | Authorized Signature  per board resolution |
| Total Amount Authorized \$7,520.00 | |

Oct 30, 2025 at 2:19:05 PM





FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: **79-25RCPP-12**

Total Amount Authorized:
(from contract)

\$20,000.00

| Practice | Quantity | Unit | Unit Rate | Total |
|---------------------------|----------|-------|-----------|------------|
| Single Species Cover Crop | 100.000 | Acres | \$50.00 | \$5,000.00 |

PAYMENT REQUEST: \$5,000.00

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

10/27/2025

11-6-2025
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$5,000.00

C. Total Amount Authorized:

\$20,000.00

D. Total previous partial payments:

E. Amount available (C - D)

\$5,000.00

Amount Approved for This Voucher:

\$5,000.00

(cannot exceed Total Amount Authorized)

Technical Certification

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

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: Wabasha SWCD | Contract Number: 79-25RCPP-12 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|-----------------------------------|--------------------------------------|--|---|

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

Applicant

| | | | |
|--------------------------------------|---------------------------|------------------------------|----------------------------|
| Land Occupier Name [REDACTED] | Address [REDACTED] | City/State [REDACTED] | Zip code [REDACTED] |
|--------------------------------------|---------------------------|------------------------------|----------------------------|

* 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: [REDACTED] | Township No: [REDACTED] | Range No.: [REDACTED] | Section No. [REDACTED] | 1/4, 1/4 [REDACTED] |
|----------------------------------|--------------------------------|------------------------------|-------------------------------|----------------------------|

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:

- 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.
- 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.
- If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
- Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

CPS 340: Cover Crops- NRCS FOTG
- 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.
- 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 12/1/2028, this contract will be automatically terminated on that date.
- Reimbursement requests must be supported by a completed Flat Rate Voucher Form.
- 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:

- 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 | Landowner, if different from applicant |
| | Address, if different from applicant information: |


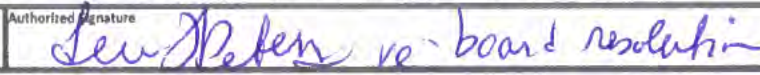
Conservation Practice

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

| Practice standard(s) or eligible component | Units |
|--|-----------|
| Cover Crop (340) | 100 Acres |

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 8-28-2025 | Technical Assistance Provider:  JAA 2 |
| Amount Authorized for Financial Assistance | |
| The organization has authorized the following for financial assistance, total not to exceed a rate of: 50 | |
| This Contract Entails: \$50/ Acres Single Species Cover Crop On 100 acres for 2025-2028 | |
| Farm 1062 T-539 & Farm 1099 T-850 & Farm 3031 T-4248 | |
| Approval Date 9/16/2025 | Authorized Signature  re board resolution |
| | |
| Total Amount Authorized \$20,000.00 | |



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-25RCPP-08

Total Amount Authorized:
(from contract)

\$24,000.00

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|------------|
| Multi-Species Cover Crop (340) | 100.000 | Acres | \$60.00 | \$6,000.00 |

PAYMENT REQUEST: \$6,000.00

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

9-16-2025

Payee Signature

Date

PAYMENT AND CERTIFICATION INFORMATION

| | |
|--|-------------|
| A. Type of request (partial or final): | Partial |
| B. Payment amount requested: | \$6,000.00 |
| C. Total Amount Authorized: | \$24,000.00 |
| D. Total previous partial payments: | |
| E. Amount available (C - D) | \$24,000.00 |

Amount Approved for This Voucher: \$6,000.00
(cannot exceed Total Amount Authorized)

Technical Certification

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

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: Wabasha SWCD | Contract Number: 79-25RCPP-08 | Amendment Date(s): <input type="checkbox"/> | Canceled Date(s): <input type="checkbox"/> |
|--------------------------------------|---|--|---|

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

Applicant

| | | | |
|-----------------------------------|------------------------|---------------------------|-------------------------|
| Land Occupier Name: [REDACTED] | Address: [REDACTED] | City/State: [REDACTED] | Zip code: [REDACTED] |
|-----------------------------------|------------------------|---------------------------|-------------------------|

* 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

| | | | |
|--------------------------------|-----------------------------|--------------------------|--------------------------|
| Tract/Block Map: [REDACTED] | Township No.: [REDACTED] | Range No.: [REDACTED] | Section No.: 1/4, 1/4 |
|--------------------------------|-----------------------------|--------------------------|--------------------------|

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 11/1/2028, 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) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
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 related to this contract.

| | |
|------|--|
| Date | 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 | Units |
|--|-------|
| | Acres |

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 |
| 8/12/2025 | DEAN THOMAS (Affiliate) Digitally signed by DEAN THOMAS (Affiliate) Date: 2025.08.12 08:42:23 -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 contract entails: \$60 / acre rate, on 100 acres, 2025-2028 contract length,
Tracts: 3424, 1357 using multiple cover crop species.

| | | |
|---------------|----------------------|-------------------------|
| Approval Date | Authorized Signature | Total Amount Authorized |
| 08/25/2025 | Terri Peters | \$24,000.00 |



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: [REDACTED]

Address: [REDACTED]

City, State, Zip: [REDACTED]

Contract No.: 79-25 RCPP-22

Total Amount Authorized:

\$5,600.00

(from contract)

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|------------|
| Multi-Species Cover Crop (340) | 28.000 | Acres | \$50.00 | \$1,400.00 |

PAYMENT REQUEST:

\$1,400.00

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

9/30/2025

10/17/25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$1,400.00

C. Total Amount Authorized:

\$5,600.00

D. Total previous partial payments:

E. Amount available (C - D)

\$5,600.00

Amount Approved for This Voucher:

\$1,400.00

(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

Amanda Gentry - JAA 3
Winona County SWCD

Administrative Sign-off

10/31/25

Date

11/19/2025

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|--------------|-----------------|------------------------------------|-----------------------------------|
| Organization | Contract Number | Amendment <input type="checkbox"/> | Canceled <input type="checkbox"/> |
| Wabasha SWCD | 79-25 APR 22 | Date(s) | 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's authorized person as authorized in the group agreement and the group agreement attached to this form.

Conservation Practice Location

| | | | | |
|---------------|--------------|-----------|-------------|----------|
| Township Name | Township No. | Range No. | Section No. | 1/4, 3/4 |
| | | | | |

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 4 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 - Cover Crop 340 Standard
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 12/31/2028, 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.

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|--------------------------------------|------------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-1-22 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|--------------------------------------|------------------------------------|--|---|

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

Applicant

| | | | |
|----------------------------------|-----------------------|--------------------------|------------------------|
| Land Occupier Name [REDACTED] | Address [REDACTED] | City/State [REDACTED] | Zip code [REDACTED] |
|----------------------------------|-----------------------|--------------------------|------------------------|

* 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: [REDACTED] | Township No.: [REDACTED] | Range No.: [REDACTED] | Section No.: [REDACTED] | 1/4, 1/4 [REDACTED] |
|------------------------------|-----------------------------|--------------------------|----------------------------|------------------------|

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:

- 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 4 years, is achieved. The specific operation and maintenance requirements for the conservation practice(s) listed are described in the Operation and Maintenance plan prepared for this contract by the technical assistance provider.
- Should the land occupier fail to 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.
- If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
- Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

NRCS FOTG- Cover Crop 340 Standard
- 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.
- 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 12/1/2028, this contract will be automatically terminated on that date.
- Reimbursement requests must be supported by a completed Flat Rate Voucher Form.
- 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:

- 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 9/15/25 | |
| Date | Landowner, if different from applicant |
| | Address, if different from applicant information |


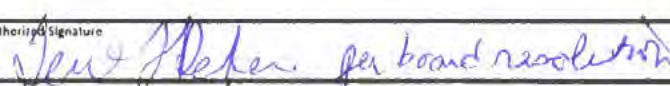
Conservation Practice

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

| Practice standard(s) or eligible component | Units |
|--|----------|
| Cover Crop (340) | 28 Acres |

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 9/17/2025 | Technical Assistance Provider  J-2 |
| Amount Authorized for Financial Assistance | |
| The organization has authorized the following for financial assistance, total not to exceed a rate of: | 50 |
| This Contract Entails: \$50 an Acre Single Species Cover Crop Farm#1042 T-76 2025-2028 on 28 Acres | |
| Approval Date 9/25/2025 | Authorized Signature  per board resolution |
| Total Amount Authorized \$5,600.00 | |

Oct 17, 2025 at 9:09:22 AM



Oct 17, 2025 at 9:09:33 AM



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Cole Packer and David Packer**

Address: **64448 205th Ave**

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

Contract No.: **22-C5-2**

55945

Total Amount Authorized: **\$528.00**
(from contract)

| Practice | Quantity | Unit | Unit Rate | Total |
|-----------------|----------|-------|-----------|----------|
| 340 Cover Crops | 4.4 | Acres | \$40.00 | \$176.00 |

PAYMENT REQUEST: **\$176.00**

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

Cole Packer

Payee Signature

11-17-25

Date

PAYMENT AND CERTIFICATION INFORMATION

| | |
|--|----------|
| A. Type of request (partial or final): | Final |
| B. Payment amount requested: | \$176.00 |
| C. Total Amount Authorized: | \$528.00 |
| D. Total previous partial payments: | \$336.00 |
| E. Amount available (C - D) | \$192.00 |

Amount Approved for This Voucher: **\$176.00**

(cannot exceed Total Amount Authorized)

Technical Certification

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

[Signature]
Technical Assistance Provider

Date

11-18-2025

Administrative Certification

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

[Signature]
Administrative Sign-off

Date

11/18/2025

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

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

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

Applicant

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

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

Conservation Practice Location

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

Contract Information

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

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

2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 150% of the amount of financial assistance received to install and establish the practice unless the failure was caused by reasons beyond the land occupier's control, or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.

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

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

340 - Cover Crop

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

6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/1/23, 11/1/24, 11/1/25, this contract will be automatically terminated on that date.

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

Applicant Signatures

The land occupier's signature indicates agreement to:

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

| | |
|------------------|--|
| Date 10/24/23 | Land Occupier <i>Cole Fah Sand Packer</i> |
| Date 10/24/23 | Landowner, if different from applicant Terri Peters <i>Terri Peters</i> |
| | Address, if different from applicant information: 64952 E County Rd 19, Kellogg, MN 55945 |

Conservation Practice

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

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

Technical Assessment and Cost Estimate

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

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

Amount Authorized for Financial Assistance

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

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

| | | |
|--------------------|--|-------------------------------------|
| Date 10/24/2023 | Authorized Signature <i>Terri Peters (per board resolution)</i> | Total Amount Authorized \$528.00 |
|--------------------|--|-------------------------------------|





FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-25RCPP-20

Total Amount Authorized:
(from contract)

\$5,148.00

| Practice | Quantity | Unit | Unit Rate | Total |
|--------------------------------|----------|-------|-----------|------------|
| Multi-Species Cover Crop (340) | 28.600 | Acres | \$60.00 | \$1,716.00 |

PAYMENT REQUEST:

\$1,716.00

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

9/13/2025

09/28/2025

Payee Signature

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Partial

B. Payment amount requested:

\$1,716.00

C. Total Amount Authorized:

\$5,148.00

D. Total previous partial payments:

\$5,148.00

E. Amount available (C - D)

\$5,148.00

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

\$1,716.00

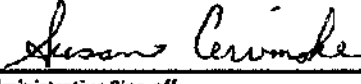
Technical Certification

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

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.


Amanda Gentry
Technical Assistance Provider Winona County SWCD


Susan Cerimone
Administrative Sign-off

11/18/25

Date

11/18/2025

Date



Completed Document Audit Report
Completed with SignWell.com

Title: [REDACTED] - Payment Voucher and Seed Plans 2025





Document ID: 2593573a-e67d-4036-87f5-63cd8299f6be

Time Zone: (GMT+00:00) Coordinated Universal Time

Files

[REDACTED] es Sep 19, 2025 20:51:01 UTC

Activity

| | | |
|--|---|------------------------------|
|  Ella Jurgerson | created the document (ella.jurgerson@mn.nacdn.net) | Sep 19, 2025 20:51:13 UTC |
| IP: 2600:129e:2f23:64:69d2:f936:d6e9:4eb6 | | |
|  Ella Jurgerson | sent the document to [REDACTED] | Sep 19, 2025 20:54:18 UTC |
|  [REDACTED] | first viewed document [REDACTED] | Sep 24, 2025 17:09:33 UTC |
| IP: 66.128.178.204 | | |
|  [REDACTED] | signed the document [REDACTED] | Sep 28, 2025 18:57:16 UTC |
| IP: 66.128.178.204 | | |

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|--------------------------------------|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-20 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> 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: | Township No: | Range No.: | Section No. | 1/4,1/4 |
| | | | | |

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 | 8-26-25 | |
| Date | | |
| | 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 | Units |
| | 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 | | |
| Amount Authorized for Financial Assistance | | | |
| The organization has authorized the following for financial assistance, total not to exceed a rate of: | | | 60 |
| This Contract Entails: 28.6 acres Multiple Species Cover Crop at \$60/acre From 2025-2027 Farm # 390 Tract #1213 | | | |
| Approval Date | Authorized Signature | Total Amount Authorized | |
| | | \$5,148.00 | |

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|--------------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 79-25RCPP-20 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|-----------------------------------|--------------------------------------|--|---|

* If a 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: | Township No: | Range No.: | Section No. | 1/4, 1/4 |
|------------------------|----------------------|--------------------|---------------------|------------------|

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 | Land Occupier |
| Date | 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 | Units |
| | 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 |
| | DEAN THOMAS (Affiliate) Digitally signed by DEAN THOMAS (Affiliate) Date: 2025.08.27 09:28:05 -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 Contract Entails: 28.6 acres Multiple Species Cover Crop at \$60/acre From 2025-2027
Farm # 390 Tract #1213

| | | |
|---------------|------------------------------------|-------------------------|
| Approval Date | Authorized Signature | Total Amount Authorized |
| 8/28/25 | <i>Dean Thomas, per resolution</i> | \$5,148.00 |

Oct 16, 2025 at 10:45:11 AM



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Cole Packer and David Packer**
Address: **64448 205th Ave**
City, State, Zip: **Kellogg, MN**
Contract No.: **2024WAGZ-WC-10**

55945

Total Amount Authorized:
(from contract)

\$9,000.00

| Practice | Quantity | Unit | Unit Rate | Total |
|---------------------------|----------|-------|-----------|------------|
| Single Species Cover Crop | 100 | Acres | \$45.00 | \$4,500.00 |

PAYMENT REQUEST: \$4,500.00

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


Payee Signature

11-17-25
Date

PAYMENT AND CERTIFICATION INFORMATION

| | |
|--|------------|
| A. Type of request (partial or final): | Final |
| B. Payment amount requested: | \$4,500.00 |
| C. Total Amount Authorized: | \$9,000.00 |
| D. Total previous partial payments: | \$4,500.00 |
| E. Amount available (C - D) | \$4,500.00 |

Amount Approved for This Voucher: \$4,500.00
(cannot exceed Total Amount Authorized)

Technical Certification

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


Technical Assistance Provider

11-18-2025
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.


Administrative Sign-off

11/18/2025
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

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

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

Applicant

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

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

Conservation Practice Location

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

Contract Information

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

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

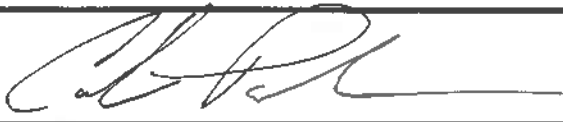
340 - Cover Crops

- 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 11/1/2024, 11/1/2025, this contract will be automatically terminated on that date.
- Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

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

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

Conservation Practice

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

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

Technical Assessment and Cost Estimate

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

| | |
|-----------------|--|
| Date 7/30/24 | Technical Assistance Provider  |
|-----------------|--|

Amount Authorized for Financial Assistance

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

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

| Date | Authorized Signature | Total Amount Authorized |
|---------|-----------------------------------|-------------------------|
| 7/30/24 | Len Peters - per board resolution | \$9,000.00 |



PERCENT BASED - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Bernard Schumacher

Contract No.: 23-CWF-WIC-08

Address: 58121 COUNTY ROAD 4

City, State, Zip: PLAINVIEW, MN

Total Amount

Authorized: \$11,520.00 % Approved: 90% (state) 90% (state & non-state)
(from contract)

| Item | Quantity | Unit | Unit Price | Cost |
|--|----------|-------|-------------|-------------|
| Marlin Timm Grade Stabilization Structure Construction | 1 | Total | \$12,255.62 | \$12,255.62 |
| Meyers Seeds - BLM4 Seed Mix 50 lb Bag | 1 | Bag | \$148.50 | \$148.50 |
| Meyers Seeds - Winter Rye | 1 | Bag | \$10.64 | \$10.64 |
| Bernie Schumacher - Self Invoice | 1 | Total | \$314.00 | \$314.00 |
| Ag Partners - 11-52-0 MAP | 70 | Lbs | \$0.4490 | \$31.43 |
| Ag Partners - 0-0-60 POTASH | 10 | Lbs | \$0.2475 | \$2.48 |
| Ag Partners 9-23-30 Fertilizer 50lb bag | 1 | Bag | \$24.99 | \$24.99 |
| | | | | \$0.00 |

PROJECT COST: \$12,787.66

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Total cost of practice to date:

\$12,787.66

C. Eligible amount (total cost x % approved):

\$11,508.89 (state)

\$11,508.89 (state & non-state)

D. Total other state payment amount:

\$0.00

E. Total non-state payment amount:

\$0.00

F. Total previous partial payments:

\$0.00

G. Pre-Construction Cover payment amount:

\$11,508.89

H. Maximum payment amount

| Pre-Construction Cover Ac. | Rate/Ac. |
|----------------------------|----------|
| | |

Amount Approved for This Voucher:

\$11,508.89

(cannot exceed Total Amount Authorized)

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

Bernard Schumacher
Payee Signature

11-18-25
Date

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

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

Project design and needs reviewed by technician with appropriate JAA. Signed plans and As-Built can be used to support this technical certification if requested.

Matt Kemping
Technical Assistance Provider

Susan Czerwinski
Administrative Sign-off

11-18-2025
Date

11/18/2025
Date

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | | |
|--|--|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 23-CWF-WIC-08 | Other state or non-State funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No | Amendment <input type="checkbox"/> Board Meeting Date(s): | Canceled <input type="checkbox"/> Board Meeting Date(s): |
|--|--|---|--|---|

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

Applicant

| | | | |
|---|---|--|------------------------------|
| Land Occupier Name Bernard Schumacher | Address 58121 COUNTY ROAD 4 | City/State PLAINVIEW, MN | Zip Code 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: Highland | Township No: 109 | Range No.: 11 | Section No. 21 | 1/4, 1/4 SW 1/4, SW 1/4 |
|---------------------------------------|--------------------------------|-----------------------------|------------------------------|--|

Contract Information

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

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 15 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 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:

USDA NRCS Field Office Technical Guide

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/30/2026, this contract will be automatically terminated on that date.
7. Items of cost for which reimbursement is claimed are to be supported by invoices/receipts for payments and will be verified by the organization board as practical and reasonable. The invoices must include the name of the vendor; materials, labor or equipment used; the component unit costs and the dates the work was performed. The organization board has the authority to make adjustments to the costs submitted for reimbursement. Pre-Construction Cover is exempt from having the required invoices/receipts.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept cost-share funds, from state sources in excess of 90.%, or state and non-state sources that when combined are in excess of 90.% of the total cost to establish the conservation practice. Pre-construction Cover is exempt from the percent reimbursement rate limitations when utilizing the flat rate payment option.
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 8-26-25 | Land Occupier <i>Bernard Schumacher</i> |
| Date | Landowner, if different from applicant |
| | Address, if different from applicant information: |

Conservation Practice

The primary practice for which cost-share is requested is: **410 - Grade Stabilization Structure**

| | | |
|---|--|---|
| Eligible Component Standards & Names 342 - Critical Area Planting | Engineered Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Total Project Cost Estimate \$12,800.00 |
| | Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

Technical Assessment and Cost Estimate

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

| | | |
|------------------------|---|--|
| Date 8-26-25 | Technical Assistance Provider <i>Matthew Koenigsmann</i> | Project design and needs reviewed by technician with appropriate JAA. Signed plans and As-BUILTs can be used to support this technical certification if requested. |
|------------------------|---|--|

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 90.0% 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 |
|-------------|---|-------------|
| \$11,520.00 | 2023 West Indian Creek Watershed Restoration and Protection | 2023 |
| | | |
| | | |

| | | |
|------------------------|--|---|
| Date 8-28-25 | Authorized Signature <i>Lyn Zabel</i> | Total Amount Authorized \$11,520.00 |
|------------------------|--|---|

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Oak Leaf Farms LLC**
Address: **37210 Co Rd 15**
City, State, Zip: **Lake City, MN**
Contract No.: **23-SHCS-1**

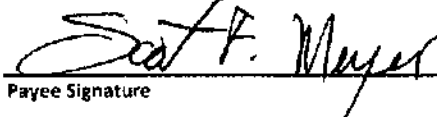
55041

Total Amount Authorized: **\$7,380.00**
(from contract)

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

PAYMENT REQUEST: \$2,460.00

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


Payee Signature

11-18-25
Date


PAYMENT AND CERTIFICATION INFORMATION

| | |
|--|------------|
| A. Type of request (partial or final): | Final |
| B. Payment amount requested: | \$2,460.00 |
| C. Total Amount Authorized: | \$7,380.00 |
| D. Total previous partial payments: | \$4,920.00 |
| E. Amount available (C - D) | \$2,460.00 |

Amount Approved for This Voucher: \$2,460.00
(cannot exceed Total Amount Authorized)

Technical Certification

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


Technical Assistance Provider **Amanda Gentry - JAA 3**
Winona County SWCD

11/19/25
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.


Administrative Sign-off

11/19/25
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | | |
|--|--|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 23-SHCS-1 | Other state or non-state funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | Amendment <input type="checkbox"/> Board Meeting Date(s): | Canceled <input type="checkbox"/> Board Meeting Date(s): |
|--|--|---|--|---|

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

Applicant

| | | | |
|---|--------------------------------------|--|------------------------------|
| Land Occupier Name Oak Leaf Farms LLC | Address 37210 Co Rd 15 | City/State Lake City, MN | Zip code 55041 |
|---|--------------------------------------|--|------------------------------|

* 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: Mount Pleasant | Township No.: 111 | Range No.: 13 | Section No. 18 | 1/4,1/4 SE 1/4 |
|---|---------------------------------|-----------------------------|------------------------------|-------------------------------------|

Contract Information

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

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

340 Cover Crops

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

Applicant Signatures

The land occupier's signature indicates agreement to:

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

| | |
|---------|--|
| Date | Land Occupier |
| 9/27/23 | Oak Leaf Farms LLC Scott F. Meyer |
| Date | Landowner, if different from applicant |
| 9/27/23 | Anthony Cordes |
| | Address, if different from applicant information |
| | 37031 CTY RD 15 Lake City, MN 55041 |

Conservation Practice

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

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

JA 9/28/23

Technical Assessment and Cost Estimate

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

| | |
|-----------|-------------------------------|
| Date | Technical Assistance Provider |
| 9-27-2023 | Anthony Cordes |

Amount Authorized for Financial Assistance

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

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

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

JA 9/28/23

\$4,920.00 JA 9/28/23



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Meyer's Seeds Inc**
Address: **7813 247 HWY NE**
City, State, Zip: **Elgin, MN 55932**
Contract No.: **25-SHD-14**

Total Amount Authorized: **\$3,940.00**
(from contract)

| Practice | Quantity | Unit | Unit Rate | Total |
|---------------------------------|----------|-------|-----------|------------|
| Single Species Cover Crop (340) | 98.500 | Acres | \$40.00 | \$3,940.00 |

PAYMENT REQUEST: **\$3,940.00**

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

10/25/2025

Meyer's Seeds Inc by [Signature]
Payee Signature

11/18/25
Date

PAYMENT AND CERTIFICATION INFORMATION

| | |
|--|------------|
| A. Type of request (partial or final): | Final |
| B. Payment amount requested: | \$3,940.00 |
| C. Total Amount Authorized: | \$3,940.00 |
| D. Total previous partial payments: | |
| E. Amount available (C - D) | \$3,940.00 |

Amount Approved for This Voucher: **\$3,940.00**
(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.

[Signature]
Technical Assistance Provider **Amanda Gentry - JAA 3**
Winona County SWCD

[Signature]
Administrative Sign-off

11/19/25
Date

11/19/2025
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | |
|-----------------------------------|-----------------------------------|--|---|
| Organization: Wabasha SWCD | Contract Number: 25-SHD-14 | Amendment <input type="checkbox"/> Date(s): | Canceled <input type="checkbox"/> Date(s): |
|-----------------------------------|-----------------------------------|--|---|

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

Applicant

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

* 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: Elgin | Township No: 108 | Range No.: 12 | Section No. 18 | 1/4,1/4 NW 1/4 |
|-----------------------------|-------------------------|----------------------|-----------------------|-----------------------|

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:

- 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.
- 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.
- If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
- Practice(s) must be planned and installed in accordance with technical standards and specifications of the:

Cover Crop (340) Practice Standard - NRCS FOTG
- 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.
- 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 12/1/2025, this contract will be automatically terminated on that date.
- Reimbursement requests must be supported by a completed Flat Rate Voucher Form.
- 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:

- Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) 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 practice(s) applied under this program in accordance with an Operation and Maintenance Plan prepared by the technical assistance provider.
4. Not accept any other state or federal funds for this practice.

| Amount | Program Name | Fiscal Year |
|---------|----------------------|-------------|
| \$3,940 | Soil Health Delivery | 2025 |

| | |
|--------------------|---|
| Date 09/24/2025 | Land Occupier <i>John Meyer Meyer's Seeds</i> |
| Date | Land owner, 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 | Units |
|--|------------|
| Cover Crop (340) | 98.5 Acres |

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 9-29-2025 | Technical Assistance Provider <i>[Signature]</i> JAT 2 |
| Amount Authorized for Financial Assistance | |
| The organization has authorized the following for financial assistance, total not to exceed a rate of: 40 | |
| This Contract Entails: Single Species Cover Crop on 98.5 Acres at \$40/ Acre Farm 9370 T-3093 | |
| For 2025 | |
| Approval Date 10/11/2025 | Authorized Signature <i>[Signature]</i> per board resolution |
| Total Amount Authorized \$3,940.00 | |



Completed Document Audit Report
Completed with SignWell.com

Title: Meyer's Seed- Contract Workbook

Document ID: 61c3286d-ab52-46e8-a492-e5b2ee50c1f8





Time Zone: (GMT+00:00) Coordinated Universal Time

Files

Meyer's Seed- Contract Workbook.pdf - 2 pages

Sep 24, 2025 14:34:59 UTC

Activity

| | | |
|---|---|------------------------------|
|  Ella Jurgerson | created the document (ella.jurgerson@mn.nacdn.net) | Sep 24, 2025 14:35:39 UTC |
| IP: 2600:129e:2f23:64:612c:6b1a:e18c:97e1 | | |
|  Ella Jurgerson | sent the document to meyersseeds.nate@hotmail.com | Sep 24, 2025 14:41:30 UTC |
|  John Meyer | first viewed document (meyersseeds.nate@hotmail.com) | Sep 24, 2025 18:11:09 UTC |
| IP: 2a01:111:f400:fe59::100 | | |
|  John Meyer | signed the document (meyersseeds.nate@hotmail.com) | Sep 24, 2025 18:16:42 UTC |
| IP: 140.190.56.48 | | |



PERCENT BASED - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: D K K A LLC

Contract No.: 2025WAGZ-WC-03

Address: 58018 N County Road 8

City, State, Zip: Plainview, MN

Total Amount

Authorized: \$9,108.34 % Approved: 75% (state) 75% (state & non-state)
(from contract)

| Item | Quantity | Unit | Unit Price | Cost |
|--|----------|-------|-------------|-------------|
| John Shea Construction - WASCObS Construction | 1 | Total | \$12,144.46 | \$12,144.46 |
| AgPartners 9-23-30 Fertilizer 3 50lb Bags + tax | 1 | Total | \$80.50 | \$80.50 |
| AgPartners 21-0-0-24 AMS 50lb Bags | 2 | Bags | \$25.07 | \$50.14 |
| Zabel Seeds - 2 50lb Bags of Rye & 50 lb Bag Pasture Mi: | 1 | Total | \$161.70 | \$161.70 |
| | | | | \$0.00 |
| | | | | \$0.00 |
| | | | | \$0.00 |

PROJECT COST: \$12,436.80

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Final
B. Total cost of practice to date: \$12,436.80
C. Eligible amount (total cost x % approved): \$9,108.34 (state) \$9,327.60 (state & non-state)
D. Total other state payment amount: \$0.00
E. Total non-state payment amount: \$0.00
F. Total previous partial payments: \$0.00
G. Pre-Construction Cover payment amount: \$0.00
H. Maximum payment amount: \$9,108.34

| Pre-Con.Cover Ac. | Rate/Ac. |
|-------------------|----------|
| | |

Amount Approved for This Voucher: \$9,108.34

(cannot exceed Total Amount Authorized)

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

Signature for DKKA LLC
Payee Signature

11-19-25
Date

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

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"

Signature of Technical Assistance Provider
Technical Assistance Provider

11-19-2025
Date

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

Signature of Administrative Sign-off
Administrative Sign-off

11/19/25
Date

Contract Amendment Form

| | | | | | | | | | | |
|---|--|---|--|-----------------------|--|--------------------------------------|---|---|--|---------------------------------------|
| Organization: <div style="text-align: center;">Wabasha SWCD</div> | Contract Number: <div style="text-align: center;">2025WAGZ-WC-03</div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Amendment Number: <div style="text-align: center;">1</div></td> <td style="width: 50%;">Amendment Type</td> </tr> <tr> <td rowspan="5">Board Meeting Date: <div style="text-align: center;">9/25/2025</div></td> <td>Date <input type="checkbox"/></td> </tr> <tr> <td>Amount <input checked="" type="checkbox"/></td> </tr> <tr> <td>Land Occupier <input type="checkbox"/></td> </tr> <tr> <td>Practice <input type="checkbox"/></td> </tr> <tr> <td>Other <input type="checkbox"/></td> </tr> </table> | Amendment Number: <div style="text-align: center;">1</div> | Amendment Type | Board Meeting Date: <div style="text-align: center;">9/25/2025</div> | Date <input type="checkbox"/> | Amount <input checked="" type="checkbox"/> | Land Occupier <input type="checkbox"/> | Practice <input type="checkbox"/> | Other <input type="checkbox"/> |
| Amendment Number: <div style="text-align: center;">1</div> | Amendment Type | | | | | | | | | |
| Board Meeting Date: <div style="text-align: center;">9/25/2025</div> | Date <input type="checkbox"/> | | | | | | | | | |
| | Amount <input checked="" type="checkbox"/> | | | | | | | | | |
| | Land Occupier <input type="checkbox"/> | | | | | | | | | |
| | Practice <input type="checkbox"/> | | | | | | | | | |
| | Other <input type="checkbox"/> | | | | | | | | | |

Amendment requests that are received outside the executed State grant agreement date, outside the contract practice install date, or grant program policies BWSR staff must be consulted and a grant agreement amendment may be required.

State Grant Agreement Expiration Date: 12/31/2026 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 effect on the date of the last signature hereto.

| | |
|---|--|
| Date <div style="text-align: center;">9-17-25</div> | Land Occupier <div style="text-align: center;">By DARR signing for DK KA LLC</div> |
| Date | Landowner (if different from applicant) |

Technical Assessment and Cost Estimate

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

| | | |
|---|--|--|
| Date <div style="text-align: center;">9-17-2025</div> | Technical Assistance Provider <div style="text-align: center;"></div> | NRCS engineered project with appropriately signed and documented plans available upon request. A signed as-built can be used as the Technical Certification on the "Voucher and Certification" |
|---|--|--|

Organizational Approval

| | |
|---|---|
| Date <div style="text-align: center;">Sep 25 2025</div> | Authorized Signature <div style="text-align: center;"></div> |
|---|---|

*Attach this form to the Conservation Practice Assistance Contract

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

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

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

Applicant

| | | | |
|--------------------|-----------------------|---------------|----------|
| Land Occupier Name | Address | City/State | Zip Code |
| D K K A LLC | 58018 N County Road 8 | Plainview, MN | 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: | Township No: | Range No.: | Section No. | 1/4, 1/4 |
| Oakwood | 109 | 12 | 23 | 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:

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 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.
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:

NRCS Field Office Technical Guide (FOTG)

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11-30-2025, this contract will be automatically terminated on that date.
7. Items of cost for which reimbursement is claimed are to be supported by invoices/receipts for payments and will be verified by the organization board as practical and reasonable. The invoices must include the name of the vendor; materials, labor or equipment used; the component unit costs and the dates the work was performed. The organization board has the authority to make adjustments to the costs submitted for reimbursement. Pre-Construction Cover is exempt from having the required invoices/receipts.

Applicant Signatures

The land occupier's signature indicates agreement to:

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

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

| | |
|-----------------|--|
| Date 6-16-25 | Land Occupier Kyle Olson for DKRA LLC <i>[Signature]</i> |
| Date | Landowner, if different from applicant |
| | Address, if different from applicant information |

Conservation Practice

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

| | | |
|---|--|--|
| Eligible Component Standards & Names 460 - Land Clearing, 620 - Underground Outlet | Engineered Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Total Project Cost Estimate \$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 6-12-2025 | Technical Assistance Provider <i>[Signature]</i> | 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 6-26-25 | Authorized Signature <i>[Signature]</i> | Total Amount Authorized \$8,775.00 |
|-----------------|--|---------------------------------------|



STATE OF MINNESOTA
GRANT CONTRACT AGREEMENT
Swift Contract Number: 278992

This Grant Contract Agreement is between the State of Minnesota, acting through its Department of Natural Resources, Division of Forestry, 500 Lafayette Road, St. Paul, MN 55155 ("State") and Wabasha SWCD, 611 Broadway Ave. #10, Wabasha MN 55981 ("Grantee").

Recitals

Under Minnesota Statutes §84.026; §84.085, Subd. 1; and Minnesota Session Law 2025 Chapter 36 Article 2 Subdivision 5F the State is empowered to enter into this Grant Contract Agreement. The State is in need of targeted forest stewardship plans for water quality. The Grantee represents that it is duly qualified and agrees to perform all services described in this Grant Contract Agreement to the satisfaction of the State.

Grant Contract Agreement

1 Term of Grant Contract Agreement

1.1 Effective Date. November 18, 2025, or the date the State obtains all required signatures, whichever is later.

Per [Minnesota Statutes § 16B.98, Subd. 5](#), the Grantee must not begin work until this Grant Contract Agreement is fully executed and the State's Authorized Representative has notified the Grantee that work may commence.

Per [Minnesota Statutes § 16B.98 Subd. 7](#), no payments will be made to the Grantee until this Grant Contract Agreement is fully executed.

1.2 Expiration Date.

- A. June 30, 2027, or, in the event this Grant Contract Agreement is continued by way of amendment or new agreement, the date the amendment or new agreement is fully executed, whichever is later. In the event an amendment or new agreement is not fully executed within 60 calendar days of the stated expiration date, this grant agreement will expire on August 30, 2027.

1.3 Survival of Terms. The following clauses survive the expiration or cancellation of this Grant Contract Agreement: Liability; State Audits; Government Data Practices and Intellectual Property; Publicity and Endorsement; Governing Law, Jurisdiction, and Venue; and Data Disclosure.

2 Specifications, Duties, and Scope of Work

- The parties will perform the services outlined in Exhibit A: Specifications, Duties, and Scope of Work.
- The Grantee will comply with the required grants management policies and procedures set forth through Minn. Stat. §16B.97, subd 4 (a)(1), and M.L. 2025, First Special Session, Chapter 1
- The Grantee agrees to complete the program in accordance with the approved budget to the extent practicable and within the program period specified in the grant contract agreement. Any material change in the grant contract agreement shall require an amendment by the State (see Section 9.2).

- The grantee shall be responsible for the administration supervision, management, record keeping, and program oversight required for the work performed under this agreement. · The Grantee is responsible for maintaining an adequate conflict of interest policy. Throughout the term of this agreement, the Grantee shall monitor and report any actual, potential, or perceived conflicts of interest to the State's Authorized Representative. The Grantee must sign and return Exhibit B, Conflict of Interest Disclosure, when countersigning this agreement.

3 Time

The Grantee must comply with all the time requirements described in this Grant Contract Agreement. In the performance of this Grant Contract Agreement, time is of the essence and failure to meet a deadline date may be a basis for a determination by the State's Authorized Representative that the Grantee has not complied with the terms of the Grant Contract Agreement. The Grantee is required to perform all the duties cited within clause two "Specifications, Duties, and Scope of Work" within the grant period. The State is not obligated to extend the grant period.

4 Consideration and Terms of Payment

The consideration for all services performed by the Grantee pursuant to this Grant Contract Agreement shall be paid by the State as follows:

4.1 Compensation. The total obligation of the State under this Grant Contract Agreement, including all compensation and reimbursements, is not to exceed \$18,000.00 Eighteen Thousand Dollars, which shall be paid in accordance with the terms outlined in 4.4.

4.2 Administrative Costs. Grantee administrative costs must be necessary and reasonable.

4.3 Travel Expenses. Reimbursement for travel and subsistence expenses actually and necessarily incurred by the Grantee because of this Grant Contract Agreement will not exceed \$0.00. The Grantee will not be reimbursed for travel and subsistence expenses incurred outside Minnesota unless it has received the State's prior written approval for out of state travel. Minnesota will be considered the home state for determining whether travel is out of state.

The Grantee will be reimbursed for travel and subsistence expenses in the same manner and in no greater amount than provided in the current Commissioner's Plan promulgated by the Commissioner of Minnesota Management and Budget.

4.4 Invoices. Payments shall be made by the State after the Grantee's presentation of invoices for services satisfactorily performed and the written acceptance of such services by the State's Authorized Representative. Invoices shall be submitted timely, with additional details as requested by the State, and according to the following schedule: On a reimbursement basis. Each invoice must include a progress report. Not more often than quarterly but at least annually; final invoice must be received on or before grant end date.

5 Conditions of Payment

All services provided by the Grantee under this Grant Contract Agreement must be performed to the State's satisfaction, as determined at the sole discretion of the State's Authorized Representative and in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. The Grantee will not receive payment for work found by the State to be unsatisfactory or performed in violation of federal, state, or local law.

6 Contracting and Bidding Requirements

The Grantee is required to comply with [Minnesota Statutes § 471.345, Uniform Municipal Contracting Law](#).

- 6.1 The Grantee and any subrecipients must comply with prevailing wage rules per [Minnesota Statutes §§ 177.41 through 177.50](#), as applicable.
- 6.2 The Grantee and any subrecipients must not contract with vendors who are suspended or debarred by the State of Minnesota or the federal government: [Suspended and Debarred Vendors, Minnesota Office of State Procurement](#).
- 6.3 The Grantee must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts.

7 Authorized Representatives

- 7.1 The State's Authorized Representative is Gary Michael 500 Lafayette Road, St. Paul, Mn 55055 651-259-5262 gary.michael@state.mn.us, or their successor, and has the responsibility to monitor the Grantee's performance and the authority to accept the services provided under this Grant Contract Agreement. If the services are satisfactory, the State's Authorized Representative will certify acceptance on each invoice submitted for payment.
- 7.2 The Grantee's Authorized Representative is Terri Peters - District Manager, 611 Broadway Ave. #10, Wabasha MN 55981, terri.peters@mn.nacdn.net, 651-565-4673, or their successor. If the Grantee's Authorized Representative changes at any time during this Grant Contract Agreement, the Grantee must immediately notify the state.
- 7.3 The Grantee must clearly post on the Grantee's website the names of, and contact information for, the Grantee's leadership and the employee or other person who directly manages and oversees this Grant Contract Agreement on behalf of the Grantee.

8 Assignment, Amendments, Waiver, and Contract Complete

- 8.1 **Assignment.** The Grantee may neither assign nor transfer any rights or obligations under this Grant Contract Agreement without the prior consent of the State and a fully executed agreement, executed and approved by the authorized parties or their successors.
- 8.2 **Amendments.** Any amendment to this Grant Contract Agreement must be in writing and will not be effective until it has been executed and approved by the same parties who executed and approved the original Grant Contract Agreement or their successors.
- 8.3 **Waiver.** If the State fails to enforce any provision of this Grant Contract Agreement, that failure does not waive the provision or its right to enforce it.
- 8.4 **Contract Complete.** This Grant Contract Agreement contains all negotiations and agreements between the State and the Grantee. No other understanding regarding this Grant Contract Agreement, whether written or oral, may be used to bind either party.

9 Subcontracting and Subcontract Payment

- 9.1 A subrecipient is a person or entity that has been awarded a portion of the work authorized by this Grant Contract Agreement by Grantee. The Grantee must document any subaward through a formal legal agreement.

The Grantee must provide timely notice to the State of any subrecipient(s) prior to the subrecipient(s) performing work under this Grant Contract Agreement.

- 9.2** The Grantee must monitor the activities of the subrecipient(s) to ensure the subaward is used for authorized purposes; is in compliance with the terms and conditions of the subaward, [Minnesota Statutes § 16B.97, Subd.4 \(a\) \(1\)](#) and other relevant statutes and regulations; and that subaward performance goals are achieved.
- 9.3** During this Grant Contract Agreement, if a subrecipient is determined to be performing unsatisfactorily by the State's Authorized Representative, the Grantee will receive written notification that the subrecipient can no longer be used for this Grant Contract Agreement.
- 9.4** No subagreement shall serve to terminate or in any way affect the primary legal responsibility of the Grantee for timely and satisfactory performances of the obligations contemplated by the Grant Contract Agreement.
- 9.5** The Grantee must pay any subrecipient in accordance with [Minnesota Statutes § 16A.1245](#).
- 9.6** The Grantee and any subrecipients must not contract with vendors who are suspended or debarred by the State of Minnesota or the federal government.

10 Liability

The Grantee must indemnify, save, and hold the State, its agents, and employees harmless from any claims or causes of action, including attorney's fees incurred by the State, arising from performance of this Grant Contract Agreement by the Grantee or the Grantee's agents or employees. This clause will not be construed to bar any legal remedies the Grantee may have for the State's failure to fulfill its obligations under this Grant Contract Agreement.

11 State Audits

Under [Minnesota Statutes § 16B.98, Subd. 8](#), the Grantee's books, records, documents, and accounting procedures and practices relevant to this Grant Contract Agreement are subject to examination by the Commissioner of Administration, the State granting agency, the State Auditor, the Attorney General, and the Legislative Auditor, as appropriate, for a minimum of six years from the expiration or termination of this Grant Contract Agreement, receipt and approval of all final reports, or the required period of time to satisfy all State and program retention requirements, whichever is later.

12 Government Data Practices and Intellectual Property Rights

- 12.1 Government Data Practices.** The Grantee and State must comply with the Minnesota Government Data Practices Act, [Minnesota Statutes Chapter 13](#), as it applies to all data provided by the State under this grant contract, and as it applies to all data created, collected, received, stored, used, maintained, or disseminated by the Grantee under this grant contract. The civil remedies of [Minnesota Statutes § 13.08](#) apply to the release of the data referred to in this clause by either the Grantee or the State.

If the Grantee receives a request to release the data referred to in this Clause, the Grantee must immediately notify the State. The State will give the Grantee instructions concerning the release of the data to the requesting party before the data is released. The Grantee's response to the request shall comply with applicable law.

- 12.2 Intellectual Property Rights.**

- A. **Intellectual Property Rights.** The State owns all rights, title, and interest in all of the intellectual property rights, including copyrights, patents, trade secrets, trademarks, and service marks in the Works and Documents created and paid for under this grant contract agreement. Works means all inventions, improvements, discoveries (whether or not patentable), databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, and disks conceived, reduced to practice, created or originated by the Grantee, its employees, agents, and subcontractors, either individually or jointly with others in the performance of this grant contract agreement. Works includes "Documents." Documents are the originals of any databases, computer programs, reports, notes, studies, photographs, negatives, designs, drawings, specifications, materials, tapes, disks, or other materials, whether in tangible or electronic forms, prepared by the Grantee, its employees, agents, or subcontractors, in the performance of this grant contract agreement. The Documents will be the exclusive property of the State, and all such Documents must be immediately returned to the State by the Grantee upon completion or cancellation of this grant contract agreement. To the extent possible, those Works eligible for copyright protection under the United States Copyright Act will be deemed to be "works made for hire." The Grantee assigns all right, title, and interest it may have in the Works and the Documents to the State. The Grantee must, at the request of the State, execute all papers and perform all other acts necessary to transfer or record the State's ownership interest in the Works and Documents.

The federal awarding agency may receive royalty-free, non-exclusive and an irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so as noted in 2 CFR 200.315.

B. Obligations.

- i. Notification. Whenever any invention, improvement, or discovery (whether or not patentable) is made or conceived for the first time or actually or constructively reduced to practice by the Grantee, including its employees and subcontractors, in the performance of this contract, the Grantee will immediately give the State's Authorized Representative written notice thereof, and must promptly furnish the Authorized Representative with complete information and/or disclosure thereon.
- ii. Representation. The Grantee must perform all acts, and take all steps necessary to ensure that all intellectual property rights in the Works and Documents are the sole property of the State, and that neither Grantee nor its employees, agents, or subcontractors retain any interest in and to the Works and Documents. The Grantee represents and warrants that the Works and Documents do not and will not infringe upon any intellectual property rights of other persons or entities. Notwithstanding Clause 9, the Grantee will indemnify; defend, to the extent permitted by the Attorney General; and hold harmless the State, at the Grantee's expense, from any action or claim brought against the State to the extent that it is based on a claim that all or part of the Works or Documents infringe upon the intellectual property rights of others. The Grantee will be responsible for payment of any and all such claims, demands, obligations, liabilities, costs, and damages, including but not limited to, attorney fees. If such a claim or action arises, or in the Grantee's or the State's opinion is likely to arise, the Grantee must, at the State's discretion, either procure for the State the right or license to use the intellectual property rights at issue or replace or modify the allegedly infringing Works or Documents as necessary and appropriate to obviate the infringement claim. This remedy of the State will be in addition to and not exclusive of other remedies provided by law.

13 Workers Compensation

The Grantee certifies that it is in compliance with [Minnesota Statutes § 176.181, Subd. 2](#), pertaining to workers' compensation insurance coverage. The Grantee's employees and agents will not be considered State employees. Any claims that may arise under the Minnesota Workers' Compensation Act on behalf of these employees and

any claims made by any third party as a consequence of any act or omission on the part of these employees are in no way the State's obligation or responsibility.

14 Governing Law, Jurisdiction, Venue

Venue for all legal proceedings out of this Grant Contract Agreement, or its breach, must be in the appropriate state or federal court with competent jurisdiction in Ramsey County, Minnesota.

15 Termination

15.1 Termination by the State.

A. Without Cause.

The State may terminate this Grant Contract Agreement without cause, upon 30 days' written notice to the Grantee. Upon termination, the Grantee will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed.

B. With Cause.

The State may immediately terminate this Grant Contract Agreement if the State finds that there has been a failure to comply with the provisions of this grant contract, that reasonable progress has not been made, or that the purposes for which the funds were granted have not been or will not be fulfilled. The State may take action to protect the interests of the State of Minnesota, including the refusal to disburse additional funds and requiring the return of all or part of the funds already disbursed.

15.2 Termination by the Commissioner of Administration.

The Commissioner of Administration may immediately and unilaterally terminate this Grant Contract Agreement if further performance under the agreement would not serve agency purposes or performance under the Grant Contract Agreement is not in the best interest of the State.

15.3 Termination for Insufficient Funding.

The State may immediately terminate this Grant Contract Agreement if it does not obtain funding from the Minnesota Legislature, or other funding source; or if funding cannot be continued at a level sufficient to allow for the payment of the services addressed within this Grant Contract Agreement. Termination must be by written notice to the Grantee. The State is not obligated to pay for any services that are provided after notice and effective date of termination. However, the Grantee will be entitled to payment, determined on a pro rata basis, for services satisfactorily performed to the extent that dedicated funds are available.

In the event of temporary lack of funding or appropriation, the State may pause its obligations under this Grant Contract Agreement without terminating it. This pause will be for the duration of the lack of funding or appropriation and shall not be considered a termination of the Grant Contract Agreement. The Grantee will be notified in writing of the temporary pause, and the Grantee's ability to provide services may be temporarily suspended during this period. The State will provide reasonable notice to the Grantee of the lack of funding or appropriation and shall notify the Grantee once funding is restored or appropriated, at which point the provision of services under the Grant Contract Agreement may resume.

The State will not be assessed any penalty if the Grant Contract Agreement is terminated due to insufficient funding. The State must provide the Grantee notice of the lack of funding within a reasonable time of the State's receiving notice.

16 Publicity and Endorsement

16.1 Publicity. Any publicity pertaining to the services resulting from this Grant Contract Agreement shall identify the State as the sponsoring agency. Publicity includes, but is not limited to: websites, social media platforms, notices, informational pamphlets, press releases, research, reports, signs, and similar public notices prepared by or for the Grantee or its employees individually or jointly with others or any subcontractors. All projects primarily funded by state grant appropriations must publicly credit the State, including on the grantee's website, when practicable.

16.2 Endorsement. The Grantee must not claim that the State endorses its products or services.

16.3 Signage. Any site funded by this grant contract shall display a sign at a prominent location at the entrance to the site and in a form approved by the State that acknowledges funding through this grant.

17 Data Disclosure

Under [Minnesota Statutes § 270C.65](#), Subd. 3, and other applicable law, the Grantee consents to disclosure of its social security number, federal employer tax identification number, and/or Minnesota tax identification number, already provided to the State, to federal and state tax agencies and state personnel involved in the payment of state obligations. These identification numbers may be used in the enforcement of federal and state tax laws which could result in action requiring the Grantee to file state tax returns and pay delinquent state tax liabilities, if any.

18 Use of Funds as Match to Other Grants or Programs. The Grantee must inform the State's Authorized Representative whenever the grant funds will be used as match or for reimbursement for any other grant or program.

18.1 The Grantee must inform the State's Authorized Representative or their grant specialist of the following information: grant program, grant name, the amount of grant or match funds to be used, location where funds were or will be used, activity the funds will support, and current landowner (if applicable).

18.2 The Grantee must also inform the State's Authorized Representative before work begins if the new grant or program will add any encumbrances to state land where grant or match funds will be spent.

19 Americans With Disabilities Act. The Grantee must comply with the 2010 American Disabilities Act Standards for Accessible Design.

20 Non-Discrimination Requirements. No person in the United States must, on the ground of race, color, national origin, handicap, age, religion, or sex, be excluded from participation in, be denied the benefits of, or be subject to discrimination under, any program or activity receiving Federal financial assistance. Including but not limited to:

20.1 Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.) and DOC implementing regulations published at 15 C.F.R. Part 8 prohibiting discrimination on the grounds of race, color, or national origin under programs or activities receiving Federal financial assistance; Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.) prohibiting discrimination on the basis of sex under Federally assisted education programs or activities.

20.2 Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794), and DOC implementing regulations published at 15 C.F.R. Part 8b prohibiting discrimination on the basis of handicap under any program or activity receiving or benefiting from Federal assistance.

20.3 The Age Discrimination Act of 1975, as amended (42 U.S.C. § 6101 et seq.), and DOC implementing regulations published at 15 C.F.R. Part 20 prohibiting discrimination on the basis of age in programs or activities receiving Federal financial assistance.

20.4 Title II of the Americans with Disabilities Act (ADA) of 1990 which prohibits discrimination against qualified individuals with disabilities in services, programs, and activities of public entities.

20.5 Any other applicable non-discrimination law(s).

21 Reporting Requirements

The Grantee is bound to reporting requirements in Minn. Stat. §116P, M.L. 2025, First Special Session, Chapter 1, Attachment A, as well as Attachments D, E and F (if applicable).

For non ENRTF: "Provide a progress report to the State's Authorized Representative in a format provided by the State with the final invoice. The report will describe (insert appropriate information to meet policy requirements)"

22 Invasive Species Prevention.

Grantees must follow Minnesota DNR's Operational Order 113, which requires preventing or limiting the introduction, establishment and spread of invasive species during activities on public waters and DNR-administered lands. This applies to all activities performed on all lands under this grant contract agreement and is not limited to lands under DNR control or public waters. Duties are listed under Sections II and III (p. 5-8) of Operational Order 113 which may be found here: [Link to Operational Order 113](http://files.dnr.state.mn.us/assistance/grants/habitat/heritage/oporder_113.pdf) (http://files.dnr.state.mn.us/assistance/grants/habitat/heritage/oporder_113.pdf)

23 Pollinator Best Management Practices.

Habitat restorations and enhancements conducted on DNR lands and prairie restorations on state lands or on any lands using state funds are subject to pollinator best management practices and habitat restoration guidelines pursuant to Minnesota Statutes, section 84.973. Practices and guidelines ensure an appropriate diversity of native species to provide habitat for pollinators through the growing season. Current specific practices and guidelines to be followed for contract and grant work can be found here: [Link to Specific Pollinator Best Management Practices for DNR Grants and Contracts](http://files.dnr.state.mn.us/natural_resources/npc/bmp_contract_language.pdf) (http://files.dnr.state.mn.us/natural_resources/npc/bmp_contract_language.pdf).

24 Monitoring.

The state shall be allowed at any time to conduct periodic site visits and inspections to ensure work progress in accordance with this grant agreement, including a final inspection upon program completion. At least one monitoring visit per grant period on all state grants of over \$50,000 will be conducted and at least annual monitoring visits on grants of over \$250,000.

Following closure of the program, the State's authorized representatives shall be allowed to conduct post-completion inspections of the site to ensure that the site is being properly operated and maintained, and that no conversion of use has occurred.

25 Minnesota Historical Sites Act and Minnesota Field Archaeology Act

For projects involving land acquisition and/or construction, the State Historic Preservation Office must review the project to determine if the site is a potential location for historical or archeological findings. If the State Historic Preservation Office determines that a survey is required, the survey would need to be completed, review and approved prior to any site disturbance for development projects and prior to the final reimbursement of the grant funds for acquisition projects.

Exhibits

The following Exhibits are attached and incorporated into this Grant Contract Agreement. In the event of a conflict between the terms of this Grant Contract Agreement and its Exhibits, or between Exhibits, the order of precedence is first the Grant Contract Agreement, and then in the following order:

Exhibit A: Specifications, Duties, and Scope of Work

Exhibit B: Conflict of Interest Statement

Grant Contract Agreement Signature Page

State Encumbrance Verification

Individual certifies that funds have been encumbered as required by Minnesota Statutes §§ 16A.15

Print Name: Donna Edelman

Signature: Donna Edelman

Title: Contracts/Grants Spec Date: November 4, 2025

SWIFT Contract No. 278992 / 3-288819

State Agency

With delegated authority

Print Name: Andrew J Arends

Signature: Andrew J Arends

Title: Deputy Director, Division of Finance Date: November 13, 2025

Grantee

With delegated authority

Print Name: Terri Peters

Signature: Terri Peters

Title: District Manager Date: November 6, 2025

Exhibit A

Geographic Area

SE MN Counties including: Dodge, Goodhue, Rice, Wabasha, Olmsted, Winona, Houston, Fillmore, Mower, Freeborn and Steele

Purpose

Landowner engagement working with consulting foresters to write stewardship plans, develop project plans for management activities in SE MN using the DNR PFM module and cost-share rates.

Scope of work – Consulting Foresters (CONTRACTOR)

- Work closely with DNR CFM staff and LFT Coordinator
- Contractor responsibilities will include the following:
 - Assist Landowners to obtain a DNR Cost-share supplier registration id number through the State portal
 - Develop project plan following DNR technical guidance
 - Utilize DNR Project Plan templates
 - Flag the corner boundaries of each project
 - Submit project plans and invoices in a timely manner
- Contracts will be for minimum of 3 project plans not to exceed 12 project plans
 - Amendments to contracts exceeding 12 project plans will be reviewed by DNR CFM Staff and LFT Coordinator
 - Contracts will be administered through a fiscal agent (e.g. SWCD)
 - Invoices will be submitted to the fiscal agent on a monthly basis
 - Projects need to be encumbered by June 30th, 2025
 - All project work needs to be completed, certified and invoiced by June 30th, 2026
- Project Plans will be reviewed and approved by DNR CFM staff
 - DNR CFM staff will enter the plans in the DNR Module
- Payment rates will be a flat rate payment of \$600/project plan for the initial plan and \$300/project plan for second plan with the same landowner, see examples
- Stewardship Plans
 - Incentive rates for plans is \$350 for plans 20-200 acres and \$500 for plans 201+

DNR CFM Role

- Review and approve project plans
- Enter project plans into DNR Module
- Certify projects
- Provide oversight to project planning to align with DNR specifications

SWCD Role

- Fiscal agent
- Bulk approval of contractor agreements
- Remit payment to Contractors
- State FY2024-FY2026

Budget

| | |
|--|------------------|
| Wabasha County SWCD Administration | \$ 1,800 |
| Consultant Forester private landowner assistance | \$16,200 |
| Cost share to landowners (Held by DNR) | \$82,000 |
| Total Project Cost | \$100,000 |
| Total Contract to Wabasha SWCD | \$18,000 |



Minnesota Department of Natural Resources

Conflict of Interest Disclosure

Conflict of Interest:

A conflict of interest occurs when a person has actual or apparent duty or loyalty to more than one organization and the competing duties or loyalties may result in actions which are adverse to one or both parties. A conflict of interest exists even if no unethical, improper or illegal act results from it.

Actual Conflict of Interest:

An actual conflict of interest occurs when a person's decision or action would compromise a duty to a party without taking immediate appropriate action to eliminate the conflict. Examples include, but are not limited to:

- One party uses his or her position to obtain special advantage, benefit, or access to the other party's time, services, facilities, equipment, supplies, badge, uniform, prestige, or influence.
- One party receives or accepts money (or anything else of value) from another party or has equity or a financial interest in or partial or whole ownership of the other party's organization.
- One party is an employee, board member or family member of the other party.

Potential Conflict of Interest:

A potential conflict of interest may exist if a person has a relationship, affiliation, or other interest that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests.

Organizational Conflict of Interest:

A conflict of interest can also occur with an organization that is a grant applicant in a competitive grant process or grantee of a state agency. Organizational conflicts of interest occur when:

- A grantee's objectivity in carrying out the grant is impaired or compromised due to competing duties or loyalties
- A grantee, potential grantee or grant applicant has an unfair competitive advantage through being furnished unauthorized proprietary information or source selection information that is not available to all competitors

This section to be completed by Grantee's Authorized Representative (AR):

I certify that we will maintain an adequate Conflict of Interest Policy, and throughout the term of our agreement, we will monitor and report any actual, potential, individual, or organizational conflicts of interest to the State's Authorized Representative.

I also certify that I have read and understand the description of conflict of interest above and as of this date (check one of the two boxes below):

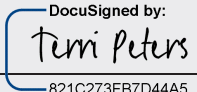
☒ I do not have any conflicts of interest relating to this project.

☐ I have an actual, potential, individual, or organizational (*indicate below*) conflict of interest. The nature of the conflict is as follows:

N/A

If at any time during the grant project I discover a conflict of interest, I will disclose that conflict immediately to the State's Authorized Representative.

Grantee AR's Printed Name: Terri Peters Date: November 6, 2025

Grantee AR's Signature:  821C273FB7D44A5...

Organization Name: Wabasha Soil & Water Conservation District

Project Name: 278992 Wabasha SWCD Clean Water Forest Stewardship Plan Grant

Legal Citation: ML_____, Chapter _____, Article ___, Section ___, Subdivision _____

State AR's Printed Name: Michael, Gary Date: November 7, 2025

State AR's Signature:  933080189C584A8...

**Wabasha Soil and Water Conservation District
Regular Board Meeting
October 23, 2025
8:15 am
611 Broadway Ave.
Suite 10B**

Zoom: <https://us02web.zoom.us/j/88551165753?pwd=NSVMigdjnbZ7azzLepbg8HRScatDiY.1>

I. CALL MEETING TO ORDER

Meeting called to order at 8:15 am by Lynn Zabel, Chair

Supervisor's Present: Lynn Zabel, Chair, Chet Ross, Co-Chair, Sharleen Klennert, Treasurer, Seth Tentis, Secretary and Dag Knudsen, member.

Staff Present: Terri Peters, District Manager

Others present: Bob Walkes, County Commissioner, Frank Klennert, citizen

On the phone: Dave Copeland, BWSR

II. PLEDGE ALLEGIANCE

III. AGENDA

Add, Letter L. Leisen Farms Inc. Contract# 25-SHD-12 under Consent Agenda – Contracts

Motioned by Klennert and seconded by Ross to approve the agenda with addition of Letter L. Leisen Farms, Inc Contract# 25-SHD-12 under Consent Agenda, Contracts.

Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel

Opposed: None

Motion Carried

IV. PUBLIC COMMENTS

Comments limited to 5 minutes per speaker

V. Katie M. Jacobson, CPA – Audit Presentation of Wabasha Soil and Water Conservation District Annual Report for the Year Ended December 31, 2024.

- A. Approve Wabasha Soil and Water Conservation District Annual Report/Audit for the Year Ended December 31, 2024, as presented by Katie M. Jacobson, CPA and approve for Katie M. Jacobson, CPA to send it to the State Auditor and BWSR –

Board Action

Motioned by Klennert and seconded by Ross to approve Katie M. Jacobson, CPA submitting December 31, 2024 Audit as presented to the State Auditor and BWSR.

Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel

Opposed: None

Motion Carried

Discussed what the motion should be for monthly financial statements.

VI. CONSENT AGENDA -Board Action

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

i. Contracts

- A. Richard Oeckler Contract# 25-SHD-5 in the amount of \$2,520.00 for Practice 327 Conservation Cover. Installed by date 10/1/2027. (Funding source – FY25 Soil Health Delivery)
- B. Stephanie Rivery Contract# 25-SHD-6 in the amount of \$2,400.00 for Practice 327 Conservation Cover. Installed by date 10/1/2027. (Funding source – FY25 Soil Health Delivery)
- C. Warren Craig Beighley Contract# 25-SHD-7 in the amount of \$1,050.00 for Practice 327 Conservation Cover. Installed by date 10/31/2027.
(Funding source – FY25 Soil Health Delivery)
- D. Rachel Walkes Contract# 2025WINLaC-WC-005 in the amount of \$18,000.00 for multi-year Practice 340 Cover Crop. Installed by date 12-01 2027.
(Funding sources – FY25 WinLaC watershed-based funds \$6,357.00, FY25 Conservation Contracts \$4,344.17, FY25 Soil Health Delivery \$7,298.83)
- E. Roger Walkes Contract# 2025WinLaC-WC-004 in the amount of \$18,000.00 for multi-year Practice 340 Cover Crops. Installed by date 12-01-2027.
(Funding sources – FY23 WinLaC watershed-based funds \$857.00, FY25 WinLaC watershed-based funds \$11,143.00, FY25 Soil Health Delivery \$6,000.00)
- F. Benjamin J. Klein Contract# 25-SHD-8 in the amount of \$2,200.00 for Practice 340 Cover Crops. Installed by date 12/01/2025.
(Funding source – FY25 Soil Health Delivery)
- G. Klein Eric & Lisa JV Contract# 25-SHD-9 in the amount of \$1,000,00 for Practice 340 Cover Crops. Installed by date 12-01-2025.
(Funding source FY25 Soil Health Delivery)
- H. Silver Spirit Farm LLC Contract# 25-SHD-11 in the amount of \$1,542.00 for Practice 340 Cover Crops. Installed by date 12-01-2025.
(Funding source – FY25 Soil Health Delivery)
- I. Huneke Dairy Inc/Paul Huneke Contract# 25-SHD-15 in the amount of \$4,500.00 for Practice 340 Cover Crops. Installed by date 12-01-2025.
(Funding source – FY25 Soil Health Delivery)
- J. Meyer's Seed Inc. Contract# 25-SHD-14 in the amount of \$3,940.00 for Practice 340 Cover Crops. Installed by date 12-01-2025.
(Funding source – FY25 Soil Health Delivery)

- K. Paul Kruger Contract# 25-SHD-13 in the amount of \$2,620.00 for Practice 340 Cover Crops. Installed by date 12-01-2025.
(Funding source – FY25 Soil Health Delivery)
- L. Leisen Farms Inc. Contract# 25-SHD-12 in the amount of \$2,200.00 for Practice 340 Cover Crops. Installed by date 12-1-2025.
(Funding source – FY25 Soil Health Delivery)
Motioned by Klennert and seconded by Ross to approve the Consent Agenda – Contracts.
Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel
Opposed: None
Motion Carried

ii. Vouchers

- A. Diane Baker Voucher for Contract# WS-08 in the amount of \$2,000.00, for Practice 351 Well Decommissioning.
(Funding source – FY24 Fillmore Drinking Water Protection)
- B. Larry Gates Voucher for Contract# 23-SHCS-2 in the amount of \$2,075.00, for 3rd and final year of Practice 340 Cover Crops.
(Funding source – FY23 Capacity, previous payments from 2023 Soil Health Cost Share)
Motioned by Klennert and seconded by Tentis to approve the Consent Agenda – Vouchers.
Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel
Opposed: None
Motion Carried

- iii. State of Minnesota Professional and Technical Services Work Order Contract- RIM Easement. Acting through BWSR (State) and Wabasha SWCD (LGU). Effective date October 20, 2025, and expiration date January 31, 2029. – **Discussion/Board Action**
\$50.00 for RIM inspections. Dave Copeland suggested talking about this at the MASWCD convention.
Motioned by Klennert and seconded by Ross to approve the State of Minnesota Professional and Technical Services Work Order Contract- RIM Easement. Acting through BWSR (State) and Wabasha SWCD (LGU). Effective date October 10, 2025, and expiration date January 31, 2029.
Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel
Opposed: None
Motion Carried

VII. SECRETARY'S REPORT – Board Action

A. September 25, 2025, Meeting Minutes

Motioned by Klennert and seconded by Tentis to approve the Secretary's Report – September 25, 2025, Minutes as written.

Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel

Opposed: None

Motion Carried

VIII. TREASURER'S REPORT – Board Action

A. September District Financial
Statements Included for your
review

B. Program Record – September

The full spreadsheet was sent to the board in advance

(Dag wants to see the Actual vs Budget PnL Report monthly, Terri will send.)

Motioned by Lynn Zabel, Chair, that we have reviewed the Treasurer's Report and it will be submitted for audit at the appropriate time.

Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel

Opposed: None

Motion Carried

IX. PAYMENT OF MONTHLY BILLS

A. Monthly Bills in the amount of \$76,466.17- **Board Action**

Motioned by Klennert and seconded by Knudsen to approve Payment of the Monthly Bills in the amount of \$76,466.17.

Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel

Opposed: None

Motion Carried

X. DISTRICT REPORTS

A. Chair Report – Lynn Zabel

B. County Commissioner – Bob Walkes

C. District Manager Report – Terri Peters

RCPP – Working with Ella & Deanna. Extra steps for NRCS. Went through the first \$180,000. 2nd round \$120,000.00 encumbered. 3rd round \$120,000, target field borders and staff time.

Shut down- Implementing alternative IT.

Area 7 Meeting. Staff, Lynn and Sharleen attended.

Worked on Benefits and HR that will be coming up on the agenda.

D. NRCS Report – Christina Taylor –Furloughed

E. District Technician Report- Matt Kempinger –

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 – Dave Copeland
- J. Other agencies –

XI. OLD BUSINESS

- A. Conservation Project – Lynn (open to any Supervisor for ideas)
- B. Reminder on MASWCD Convention. December 1 – 3, 2025 Lynn, Sharleen and Terri are registered.
Need Board approval to pay for Supervisors, Staff and the Outstanding Conservationist to attend the MASWCD convention. – **Board Action**
Motioned by Klennert and seconded by Ross to approve payment of expenses for any Supervisors, Staff and the Outstanding Conservationist (12/3 luncheon) that want to attend the MASWCD convention, Dec 1-3, 2025..
Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel
Opposed: None
Motion Carried
- C. MASWCD Resolutions – **Discussion**
Online ballots need to be completed by 5 pm on November 1.
Terri sent Supervisors the link for online ballots. Helpful to listen to the recording of meeting with Sheila Vanney.

XII. NEW BUSINESS

- A. Authorization to move ahead with the Personnel Committee decisions, per discussion – **Board Action**
Delete this item – This will ne discussed in closed session and voted on after that.
- B. National Association of Conservation Districts dues for 2025 - Full Membership Contribution (Gold) is \$775.00, same level as last year. Operational expense can be included in our billing rate. – **Board Action**
Motioned by Knudsen and seconded by Ross to approve the National Association of Conservation District dues from 10-1-2025 to 9-30-2026. Full Membership Contribution (Gold) for \$775.00. Same as last year. Operational expense can be included in our billing rate.
Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel
Opposed: None
Motion Carried

- C. 2025 Soil Health RCPP – October Batching and updated August batching–

Board Action

Motioned by Ross and seconded by Klennert to approve the 2025 Soil Health RCPP – October Batching and updated August batching.

Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel

Opposed: None

Motion Carried

XIII. Board Reports

- A. Whitewater JPB – Lynn

Skip sent a message to Wabasha and Winona counties. Meeting with County Board, they will not be funding the Whitewater JPB this year. Sheila Harmes feels that they will disband the entire board. Note – Sheila is retiring at the end of this year.

- B. Zumbro 1W1P (WAGZ)– Dag

- C. WinLaC 1W1P – Lynn

- D. SE SWCD Technical Support JPB – Dag

Finance Committee Meeting. Dag and Terri attended.

Last year they took in \$80,000 more than the budget, enough to pay 4 staff for 7 months.

Presented the 2026 net \$0 Budget.

- E. County Board Meeting – Sharleen

Working on contracts with the unions.

- F. Upcoming Events:

- i. Tuesday – Thursday, October 21-23, 2025, BWSR Academy at Cragun's
- ii. Tuesday, November 4, 2025, Election Day
- iii. Tuesday, November 11, 2025, Veteran's Day – Office Closed
- iv. Thursday, November 20, 2025, Regular Board Meeting
- v. Thursday, November 27, 2025, Thanksgiving Day – Office Closed

Tree Order Forms will be included with the Nov/Dec Newsletter and on Website

XIV. **Motion to Recess Regular Meeting and go into Closed Session –Board Action**
Motioned by Ross and seconded by Klennert to Recess the Regular Meeting and go into Closed Session.
Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel
Opposed: None
Motion Carried

Motioned by Klennert and seconded by Knudson to open the Closed Session.
Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel
Opposed: None
Motion Carried

XV. **Closed Session – Board Action**
a. Go over Annual Benefit Enrollment.
b. Personnel Handbook Updated
Terri will be sending the Board documents separately

XVI. **Motion to Reopen Regular Meeting – Board Action**
Motioned by Ross and seconded by Klennert to Reopen the Regular Meeting at 10:59 am.
Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel
Opposed: None
Motion Carried

XVII. **Approval of the following – Board Action**
a. Approve Annual Benefit Enrollment.
b. Approve Personnel Handbook Update
Motioned by Knudsen and seconded by Ross to approve the annual benefit enrollment including the MN Healthcare Consortium (to be signed), Dental through the County – Met Life. Life Insurance and LTD through the County. Vision VSP and Paid Family Leave through Shelter Point. Approve the updates to the Personnel Handbook.
Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel
Opposed: None
Motion Carried

XVIII. Adjourn – Board Action

Motioned by Knudsen and seconded by Ross to Adjourn the meeting at 11:02 am.

Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel

Opposed: None

Motion Carried

Respectively Submitted By:

Seth Tentis, Secretary

Wabasha Soil and Water Conservation District

Balance Sheet

As of October 31, 2025

| | Oct 31, 25 |
|--|-------------------|
| ASSETS | |
| Current Assets | |
| Checking/Savings | |
| Money Market- Bank of Alma | 297,601.90 |
| Money Market WNB Financial | 7,484.21 |
| Peoples State Bank Money Market | 337,488.67 |
| Petty Cash | 83.52 |
| WNB Financial | 5,203.11 |
| Total Checking/Savings | 647,861.41 |
| Accounts Receivable | |
| 11000 - Accounts Receivable | 19,308.84 |
| Total Accounts Receivable | 19,308.84 |
| Total Current Assets | 667,170.25 |
| Fixed Assets | |
| 15000 - Furniture and Equipment | |
| Computer | 12,406.19 |
| Laptops for Distrcit Techs (2) | 3,149.22 |
| Right of Use Asset - Building | 91,827.28 |
| Samsung Tablets | 1,548.69 |
| 15000 - Furniture and Equipment - Other | 147,513.54 |
| Total 15000 - Furniture and Equipment | 256,444.92 |
| 17000 - Accumulated Depreciation | |
| Accum. Amortization-Building | -9,182.73 |
| 17000 - Accumulated Depreciation - Other | -133,075.43 |
| Total 17000 - Accumulated Depreciation | -142,258.16 |
| Total Fixed Assets | 114,186.76 |
| TOTAL ASSETS | 781,357.01 |
| LIABILITIES & EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| 20000 - Accounts Payable | 5,656.89 |
| Total Accounts Payable | 5,656.89 |
| Other Current Liabilities | |
| Compensated Absences Payable | 27,036.08 |
| Deferred Revenue | |
| FY23 Capacity | 2,671.00 |
| FY23 CWF - WIC | 29,368.03 |
| FY24-25 Dept of Rev SWCD Aid | 64,046.01 |
| FY24 BWSR Soil Health Staffing | 111,053.16 |
| FY24 Conservation Contracts | 967.07 |
| FY25-FY28 Soil Health RCPP | 283,280.58 |
| FY25 Buffer Law Implementation | 15,484.80 |
| FY25 BWSR Soil Health Delivery | 25,936.61 |
| FY25 Conservation Contracts | 6,578.65 |
| FY25 Easement Delivery (RIM) | -699.96 |
| FY25 LWM | -5,980.41 |
| FY25 WCA | -2,708.13 |
| Total Deferred Revenue | 529,997.41 |
| 25500 - Sales Tax Payable | 22.05 |
| Total Other Current Liabilities | 557,055.54 |
| Total Current Liabilities | 562,712.43 |

12:25 PM

11/12/25

Accrual Basis

Wabasha Soil and Water Conservation District

Balance Sheet

As of October 31, 2025

| | Oct 31, 25 |
|---------------------------------|-------------|
| Long Term Liabilities | |
| Long Term Liability | |
| Right of Use Asset-Lease Liabil | 85,406.87 |
| Total Long Term Liability | 85,406.87 |
| Total Long Term Liabilities | 85,406.87 |
| Total Liabilities | 648,119.30 |
| Equity | |
| Fund Balance- Unrestricted | 196,013.31 |
| Investment in Capital Assets | 28,779.89 |
| 32000 - Owners Equity | 115,417.00 |
| Net Income | -206,972.49 |
| Total Equity | 133,237.71 |
| TOTAL LIABILITIES & EQUITY | 781,357.01 |

Wabasha Soil and Water Conservation District

Profit & Loss

October 2025

| | Oct 25 |
|----------------------------------|-----------|
| Ordinary Income/Expense | |
| Income | |
| Charges for Services | |
| Truax No-Till Drill Rental | 680.00 |
| Total Charges for Services | 680.00 |
| Intergovernmental Revenues | |
| Federal | |
| FY25 TTT LSR Project - MN DNR | 17,031.25 |
| Total Federal | 17,031.25 |
| State | |
| FY23 Capacity | 2,075.00 |
| FY23 CWF - WIC | 1,434.78 |
| FY24 Conservation Contracts | -60.18 |
| FY24 BWSR Soil Health Staffing | 7,880.63 |
| FY25 -FY28 Soil Health RCPP | 4,249.28 |
| FY25 Buffer Law Implementation | 1,735.14 |
| FY25 BWSR Soil Health Delivery | 3,214.77 |
| FY25 Conservation Contracts | 105.50 |
| FY25 LWM | 1,572.00 |
| FY25 WCA | 1,574.27 |
| MAWQCP | 12,280.49 |
| Total State | 36,061.68 |
| Total Intergovernmental Revenues | 53,092.93 |
| Total Income | 53,772.93 |
| Gross Profit | 53,772.93 |
| Expense | |
| District Operations | |
| Other Services and Charges | |
| Advertising Expense | 383.40 |
| Building Rent | 1,650.00 |
| Conferences and Conventions | 505.93 |
| Education and Information | 2,037.97 |
| Employee Education and Training | 682.30 |
| Employee Mileage | 219.80 |
| Fees and Dues | 1,308.13 |
| Internet Expense | 105.04 |
| Supervisor's Mileage | 408.10 |
| Vehicle Expenses | |
| Chevrolet Silverado Vehicle Exp | 63.89 |
| Hyundia Tucson Vehicle Expense | 27.41 |
| Total Vehicle Expenses | 91.30 |
| Total Other Services and Charges | 7,391.97 |
| Personnel Services | |
| Employee Salary Permanent | 31,046.61 |
| Employer Health Insur (Opt Out) | 1,366.30 |
| Employer HSA contributions | 625.00 |
| Employer Life and Health | |
| 66000 - Payroll Expenses | 35.00 |
| Employer Life and Health - Other | 7,805.90 |
| Total Employer Life and Health | 7,840.90 |
| Employer Share FICA | 2,179.88 |
| Employer Share Medicare | 509.79 |
| Employer Share PERA | 2,316.12 |
| MSRS (457b) Match Contribution | 1,682.82 |

12:27 PM

11/12/25

Cash Basis

Wabasha Soil and Water Conservation District

Profit & Loss

October 2025

| | Oct 25 |
|---------------------------------|------------|
| Supervisor's Compensation | 2,000.00 |
| Total Personnel Services | 49,567.42 |
| Supplies | |
| Office Supplies | 4,465.31 |
| Total Supplies | 4,465.31 |
| Total District Operations | 61,424.70 |
| Project Expenditures | |
| District | |
| Tree Expense | 820.47 |
| Total District | 820.47 |
| Federal | |
| 319 Focus Small Wtrshd-W.Indian | 30,395.83 |
| FY25 TTT LSR Project - MN DNR | 8,856.25 |
| Total Federal | 39,252.08 |
| State | |
| FY23 Capacity | 2,075.00 |
| FY24-FY25 DWP Karst (TKR) | 2,000.00 |
| MAWQCP Administration | 17,296.09 |
| Total State | 21,371.09 |
| Total Project Expenditures | 61,443.64 |
| Total Expense | 122,868.34 |
| Net Ordinary Income | -69,095.41 |
| Other Income/Expense | |
| Other Income | |
| Interest Income | |
| Interest Earnings MM's | 1,000.46 |
| Total Interest Income | 1,000.46 |
| Total Other Income | 1,000.46 |
| Net Other Income | 1,000.46 |
| Net Income | -68,094.95 |

Monthly Report – November 2025

Matt Kempinger

Projects

- Amend 2 contracts
- Prepare vouchers for 2 projects
- Karst geology investigation for 2 waste storage projects
- Construction of 3 water and sediment control basins
- Construction of 2 grade stabilization structures
- Site investigation for 3 farms with multiple resource concerns

Others

- Help cover NRCS projects during federal government shutdown
- Equipment Rental Program management
- Coordinate one MAWQCP certification visit
- Work with WinLaC stream team to prioritize future stream projects
- Coordinate extension of review period for 1 large scale WCA application
- Review 3 WCA applications
- Review 2 sites for preliminary WCA technical assistance
- Manage 1 potential WCA violation
- Train other staff on basics of WCA administration
- General project and contract management
- Answered general resource questions from the public and assisted where possible

Katelyn Abts – November 2025 Board Report

Programs

DNR Well Observation

- 1 well-level measurement taken for the month of October

Wabasha Well Inventory

- Assigning billion numbers to wells with no unique well ID

WAGZ (Greater Zumbro)

- 1 well sealing payment voucher ready for approval

Buffer Law Initiative

- Conducted buffer inspections through aerial imagery
- Contacted 3 landowners with potential buffer violations

RIM – Reinvest in MN

- Outreach through newsletter on grazing RIM

Other

Tree Sale

- Tree mats made of biodegradable plant material now available

Minnesota Native Landscapes Seed and Plant Sale

- Specialized seed mixes, 9 to choose from
- Plant kits, 36 plants, \$70 each



Minnesota Native Landscapes Native Seed and Plant Sale



Partnering with Minnesota Native Landscapes, Wabasha Soil and Water Conservation District is offering our community high quality native seed and plants to restore the natural landscape and habitat of Minnesota. By reintroducing native plants into our landscapes, we not only renew biodiversity but also strengthen ecosystem resilience. Native species provide essential habitat and food sources for pollinators and wildlife, helping to reestablish and support complex ecological networks. Moreover, native plants are adept at conserving water, stabilizing soil, preventing erosion, and improving surface and groundwater supplies.

In addition to the environmental benefits, native plantings offer attractive, natural beauty to your property that will require substantially less time, work, and resources to maintain than traditional turf lawns and non-native landscaping.

Order today and receive your seed mix and/or plants in early spring. With enough interest, there may be a second pick-up date in summer. Call 651-560-2045 or email



Katelyn.abts@mn.nacdnet.net for more information.



Seed Mix Order Sheet

Choose from a variety of MNL's Signature Seed Mixes, all made with local-ecotype seed native to the Upper Midwest. Each mix includes native grasses, sedges, and wildflowers unless otherwise noted. Cover crop and filler are added (excluding 100 sq. ft. sizes) for improved sowing success. Include as many or as few as you'd like in your sale from the list below. n/a means that the mix is not available for that planting size.

| Seed Mix | 100 sq ft | 500 sq ft | 1000 sq ft | 5000 sq ft | Total Cost |
|---|--------------|--------------|---------------|---------------|---------------|
| Pollinator Mix | \$24 | \$48 | \$78 | \$264 | |
| Our most diverse mix for pollinators. Grasses, sedges, and over 30 wildflower species, for dry to mesic soil conditions. 2-3' height. | | | | | |
| Songbird Mix | \$24 | \$48 | \$66 | \$204 | |
| A mix of wildflower and grass species to provide beneficial forage and habitat for MN native songbirds. Best for dry to mesic soils, height 2-5' | | | | | |
| Woodland Mix | \$30 | \$78 | \$146 | \$606 | |
| Shade tolerant mix perfect for woodland under-stories. 1-5' in height. | | | | | |
| Savanna Mix | \$24 | \$48 | \$72 | \$234 | |
| Great mix for part-sun oak savanna and woodland edge sites with 25-50% tree cover, it contains a mosaic of colors and bloom times. Height 2-4' | | | | | |
| Lakeshore Mix | \$30 | \$78 | \$120 | \$444 | |
| Shorter grasses & sedges in this mix highlight a diverse list of wildflowers for shoreline areas. 2-3' of undergrowth with taller blooming flowers. Best planted within 2' of the water's edge. | | | | | |
| Mesic Tallgrass Prairie Mix | \$24 | \$48 | \$54 | \$180 | |
| Mixed grasses and wildflowers ranging 3-6' in height, for medium to clay soil. | | | | | |
| Upland Dry Shortgrass Prairie Mix | n/a | n/a | \$60 | \$192 | |
| Grass and wildflowers ranging 2-3' in height, for well-drained or sandy soil. | | | | | |
| Septic Mound Mix | n/a | n/a | \$72 | \$192 | |
| Designed to provide stable, attractive ground cover and erosion control in poor quality septic mound soils. A great way to add beneficial native habitat and colorful appeal to unattractive septic mounds. Height 1-3' | | | | | |
| Bee Lawn | n/a | n/a | \$96 | n/a | |
| A short stature, bee-friendly, and low maintenance alternative to traditional turf. Non- native but a low input option for "use areas" of your lawn or at the cabin. | | | | | |
| Payment in full is due with order. Please make checks payable to Wabasha SWCD and mail to 611 | | | Subtotal | | |
| | | | Sales | 7.35% | |

Broadway Ave.,
Ste. 10B Wabasha, MN 55981.



Plant Kit Order Sheet



| | | | | |
|--|--|-------|---|--|
| | | Tax | | |
| | | Total | = | |

Plant Kits: Live plants will be offered in full-tray kits. Each kit consists of 36 plants (six plants of six different species). Species included will vary based on current inventory and availability in a variety of bloom times and blossom colors. Kits are priced at \$70.00 each.

| Type of Kit | Number of Kits | Total Cost |
|---|--------------------|------------|
| Backyard Prairie Kit – An attractive mix of native prairie species for your back yard. Grows well in dry to mesic soils and full sunlight. Heights ranging 36” and up. | | |
| Short & Tidy Kit – A mix of short-statured, well behaved prairie species. Perfect for existing flowerbeds with full sun to partial shade. Up to 36” in height. | | |
| Part-Shade Garden Kit – Designed for areas with 50% or more shade and filtered sunlight under mature trees. | | |
| Rain Garden Kit – Mesic to moist soil species. Perfect for areas of concentrated runoff and occasional inundation. | | |
| Monarch Special Kit – A mix of milkweed varieties to host Monarch caterpillars and fall-blooming nectar favorites for Monarch butterflies. | | |
| Rusty Patched Bumble Bee Kit – A collection of “superfood” species for our endangered Minnesota State Bee for areas with plenty of sunlight. | | |
| Shoreline Stabilization Kit – Deep-rooted, wet-soil species to help prevent erosion along large bodies of water. | | |
| Woodland Edge Kit – Perfect for areas with a mix of sun and shade along tree lines and at a woodland edge. | | |
| Buckthorn Replacement Kit – Aggressive species for wooded areas to help combat Buckthorn. | | |
| Prairie Grass Kit – A mix of native prairie grasses. Plant on its own or use alongside kits to provide ground cover, a more natural prairie look, and support for wildflowers. | | |
| Songbird Special - A mix of sturdy-stemmed, seed-producing wildflowers and grasses to provide food and habitat for your favorite Minnesota songbirds. | | |
| Payment in full is due with order. Please make checks payable to Wabasha SWCD and mail to 611 Broadway Ave., Ste. 10B Wabasha, MN 55981. | Subtotal | |
| | Sales Tax 7.35% | |
| | Total= | |

Seed Mixes



Kits

Plant



Report to the Wabasha SWCD Board – **Nov. 20, 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. Made final edits and uploaded files for NRCS review, 11/13.
- Gathering individual contacts to reach out to the Elgin DWSMA producers, phoned one to start a conversation.
- Gathering details for certification of nitrogen management practices for Seiwert's farm under multiple contracts with us and Fillmore County.

Soil Health Work:

Cover Crops:

Shifting gears to cover crop certification for payment. This involves gathering data from producers on their seeding, conducting site visits, seeking job approval authority (JAA) sign-off on the certification from outside our county and obtaining signatures on the payment vouchers. Due to the govt. shut down, the producers have had to seek FSA documents to verify USDA compliance. Also uploading RCPP eligibility/design/payment files to BWSR for our grant compliance.

RCPP Soil Health Funding:

- Cover Crop By the Numbers, 2025:
 - July RCPP batching - 8 cover crop applications, 1 dropped out
 - **504** acres of cover crops
 - 6 contracts are multiple years
 - 2 contracts for multiple species
 - Aug. RCPP batching - 12 applications for cover crops, 1 cancelled
 - **589** acres of cover crops
 - 7 contracts are multiple years
 - 6 contracts for multiple species
 - 100 acres of no-till
 - Sept. RCPP batching – 7 applications for cover crops
 - **519** acres of cover crops
 - 4 contracts are multiple years
 - 1 contract for multiple species
 - SHD funded 2025 cover crops – 8 applications for cover crops
 - 451 acres of cover crops
 - 2 contracts for multiple species
 - West Indian Creek drone seeding

- 806 acres, 11 producers
- Goodhue County funded, in Wabasha County – cover crops
 - 351 acres, 1 producer, multi-year
 - (168 acres multi-species)
- Older Contracts with SWCD – cover crops
 - 289 acres
- Producers planting cover crops on their own – estimated acres
 - 1,102 acres
- Of all these cover crop contracts:
 - 2 are with producers new to planting cover crops, 138 acres

Total 2025 cover crop acres to-date: 4,611 acres (added 351 ac. since Oct.)

2026 Planning Cover Crops

- Oct. RCPP batching for 2026 – 5 applications for cover crops
 - 330 acres of cover crops
 - 5 contracts are multiple years
 - 1 contract is multiple species
- **Nov. RCPP batching for 2026** – 1 application for cover crops
 - 37 acres of cover crops
 - Multi-year, multi-species
- Continuing with 2026 cover crop applications, which involves 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.

Outreach & Meetings:

Coffee 'n Conservation:

Next gathering is planned for Wed. Nov. 19 @ 6 pm at BJ's – Topic: Don't Let Soil Slip Away

- 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

Hosted an interactive kids' booth at this year's 'Moo & Boo' family Halloween event 10/25 at Klein's Cow Palace of Lake City, nearly 500 attendees.



Nov. 20, 2025

Seeking to cancel the following RCPP contracts due to funded through our SHD funds or cancelled for personal reasons:

- 79-25RCPP-02 57 acres cover crops, cancelled for personal reasons
Still planted cover crops on their own
- 79-2-28 cover crops
- 79-2-29 cover crops



WINLAC (MISSISSIPPI RIVER WINONA LA CRESCENT)
COMPREHENSIVE WATERSHED MANAGEMENT PLAN
SUB-AGREEMENT FOR WATERSHED BASED IMPLEMENTATION FUNDING

FIRST AMENDMENT TO
A SUB-AGREEMENT BETWEEN ROOT RIVER SOIL AND WATER CONSERVATION DISTRICT
& WABASHA COUNTY SOIL AND WATER CONSERVATION DISTRICT

This amendment ("**Amendment**") to that certain Sub-Agreement ("**Sub-Agreement**") entered into between the Root River Soil and Water Conservation District ("**Root River SWCD**") and the Wabasha County Soil and Water Conservation District ("**Sub-Recipient**") on: May 11, 2023 under the "WINLAC (Mississippi River Winona La Crescent) Comprehensive Watershed Management Plan Joint Powers Agreement" executed March 1, 2023 ("**WinLaC JPA**"), is effective upon the date of the last signature to this **Amendment**.

RECITALS

- I. **WHEREAS, Sub-Recipient** and the parties to the **WinLaC JPA** appointed Root River SWCD to serve as their fiscal agent for purposes of receiving and distributing grant funds, and carrying out other financial management and reporting activities associated with the **WinLaC JPA** and the **Sub-Agreement**.
- II. **WHEREAS**, the Parties desire to clarify their intention that Root River SWCD's role as fiscal agent should not result in it being subject to financial risk that is proportionally greater than the financial risk of the other parties to the **WinLaC JPA** and the **Sub-Agreement**.

NOW THEREFORE, the Parties agree to amend the **Sub-Agreement** as follows:

AMENDMENT

1. Paragraph IV(c) of the **Sub-Agreement** is amended by adding the following language:

Indemnity and Hold Harmless "Sub-Recipient shall indemnify Root River SWCD for any financial liabilities incurred in its capacity as WinLaC fiscal agent ("Fiscal Agent Liability") including, but not limited to, penalties, fees, loss/withdrawal of grant funds, or any other costs imposed on Sub-Recipient or on Root River SWCD due to noncompliance by any party to this Sub-Agreement or the WinLaC JPA, with any law, regulation, ordinance, permit, license, reporting-requirement, or government approval. Root River SWCD in its capacity as WinLaC Fiscal Agent, shall not be required to reimburse Sub-Recipient for any such losses.

Any Fiscal Agent Liability shall be apportioned among the parties in accordance with the other applicable provisions of this Sub-Agreement and the WinLaC JPA.

Sub-Recipient shall indemnify Root River SWCD, its directors, officers, employees, and agents against and from loss, claims, or suits, including costs and attorney fees, for, or on account of injury, bodily or otherwise, death, of a person, or damage to or destruction of property belonging to Root River SWCD or others arising out of a negligent performance of work hereunder by the Sub-Recipient. Sub-Recipient shall, in no event, be liable for loss or damage attributable to Root River SWCD or its representatives or agents. Sub-Recipient's liability shall be limited by the provisions of Minnesota Statutes Chapter 466 or other applicable law. Nothing herein shall be construed to limit either party from asserting against third parties any defenses or immunities (including common law, statutory and constitutional) it may have or be construed to create a basis for a claim or suit when none would otherwise exist."

2. All other provisions of the **Sub-Agreement** shall remain unchanged.

WBIF RECIPIENT

Root River SWCD

SUB-RECIPIENT

Wabasha County SWCD

Root River SWCD Board Chair

Date

Wabasha County SWCD Board Chair

Date



WINLAC (MISSISSIPPI RIVER WINONA LA CRESCENT)
COMPREHENSIVE WATERSHED MANAGEMENT PLAN
SUB-AGREEMENT FOR WATERSHED BASED IMPLEMENTATION FUNDING

**A SUB-AGREEMENT BETWEEN ROOT RIVER SOIL AND WATER CONSERVATION DISTRICT
AND WABASHA COUNTY SOIL AND WATER CONSERVATION DISTRICT**

WBIF Recipient: Root River Soil and Water Conservation District

Sub-Recipient: Wabasha County Soil and Water Conservation District

I. Statement of Purpose

The purpose of this AGREEMENT is to clarify the roles and the responsibilities of the Mississippi River Winona La Crescent (WinLaC) Partnership entities concerning the delivery and implementation of the WinLaC Comprehensive Watershed Management Plan (CWMP) using Watershed Based Implementation Funds (WBIF) administered by the Board of Water and Soil Resources (BWSR)

II. Scope of Work

The Root River Soil and Water Conservation District (SWCD) will perform the fiscal agent duties associated with the BWSR WBIF program for the WinLaC Partnership entities. The Root River SWCD agrees to pay WBIF grant funds to the Sub-recipient for work described in the WinLaC Comprehensive Watershed Management Plan WBIF Grant Work plan. All activities will follow the current WinLaC Funding Policy and use the most recent WinLaC Ranking sheet.

III. Payment and Reporting Procedures

- a. **Reporting** – The sub-recipient shall submit itemized invoices and all required financial documentation to the Root River SWCD of expenditures that implement the approved activities in the WinLaC Comprehensive Watershed Management Plan.
- b. **Term** – This agreement shall take effect upon the receipt of all parties' signatures. This agreement will remain in place until WBIF no longer are allocated to the WinLaC Partnership or until this agreement is altered under mutual consent of both parties (as identified in Item IV.Q of this agreement).
- c. **Amount** – The sub-recipient may bill the Root River SWCD via itemized invoice for the expenses incurred towards the completion of their work plan projects as recognized in the working financial document identified in the most current WinLaC Funding Policy.
- d. **Payment Schedule** – All payments to the recipient will be on a reimbursement basis. Upon completion of this agreement, the Sub-recipient may present itemized invoices to Root River SWCD for work performed accompanied by supporting documentation. Root River SWCD will process reimbursement to the Sub-recipient upon receipt of a qualifying invoice and acknowledgement from the WinLaC Partnership Day-to-Day Contact. Root River SWCD reserves the right to delay (all or partial) reimbursement requests which may overlap BWSR's reconciliation process.

- i. Invoices shall be sent to:

Root River SWCD
ATTN: Janice Messner
805 North Hwy 44/76, Suite 1
Caledonia, MN 55921 or
messnerjanice@gmail.com

IV. **Contract Clauses**

- a. **Ownership** – All materials prepared or developed by the Sub-recipient hereunder, including documents, notes, reports, data and samples shall become property of the Root River SWCD when prepared, whether delivered to Root River SWCD or not, and shall be delivered to the Root River SWCD upon request. Root River SWCD will be responsible for responding to any data practices requests pertaining to this data.
- b. **Revisions** – Any alterations to this agreement or modification of the named WBIF fiscal agent, shall require adoption of an amendment by both parties. This sub-agreement is intended to be a static agreement between the fiscal agent and the sub-recipient. The WinLaC Funding Policy houses current information such as cost-share rates, funding priorities, project tracking and entity funding allocations. Revisions to the WinLaC Funding Policy will be reviewed and approved by the WinLaC Policy Committee.
- c. **Indemnity and Hold Harmless** – Sub-recipient shall indemnify Root River SWCD, its directors, officers, employees, and agents against damages, penalties, costs, or expenses incurred in connection with any alleged violation of any federal, state or local law or regulating the work performed hereunder or any part thereof.

Sub-recipient shall indemnify Root River SWCD, its directors, officers, employees, and agents against and from loss, claims, or suits, including costs and attorney fees, for, or on account of injury, bodily or otherwise, death, of a person, or damage to or destruction of property belonging to Root River SWCD or others arising out of a negligent performance of work hereunder by the Sub-recipient. Sub-recipient shall, in no event, be liable for loss or damage attributable to Root River SWCD or its representatives or agents. Sub-recipient's liability shall be limited by the provisions of Minnesota Statutes Chapter 466 or other applicable law. Nothing herein shall be construed to limit either party from asserting against third parties any defenses or immunities (including common law, statutory and constitutional) it may have or be construed to create a basis for a claim or suit when none would otherwise exist.

- d. **Non-Assignment** – Sub-recipient shall not assign this Agreement nor delegate or subcontract any of the work to be performed without Root River SWCD's written consent. If assignment, delegation, or subcontract is done with such consent, it shall not relieve Sub-recipient from its responsibility for the performance of any of its obligations hereunder.
- e. **Complete Agreement** – This Agreement constitutes the final expression of the parties' agreement, and the complete and exclusive statement of the terms agreed upon. This

Agreement supersedes all prior negotiations, understandings, agreements and representations. There are no oral or written understandings, agreements or representations not specified herein.

- f. **Independent Contractor Status** – Sub-recipient is an Independent Contractor. Nothing contained in this Agreement is intended or should be construed as creating the relationship of co-partners or joint ventures between the parties. Sub-recipient will be responsible for any federal, state taxes applicable to this payment. No tenure or any rights or benefits, including workers compensation, unemployment insurance, medical care, sick leave, vacation leave, severance pay, Public Employment Retirement Association or other benefits available to Sub-recipient employees, shall accrue to Root River SWCD or its employees performing services under this Agreement.
- g. **Worker Health, Safety and Training** – Sub-recipient shall be solely responsible for the health and safety of its employees in connection with the work performed under this contract. Sub-recipient shall make arrangements to ensure the health and safety of all subcontractors and other persons who may perform work in connection with this Agreement. Sub-recipient shall ensure all personnel of Sub-recipient and subcontractors are properly trained and supervised and, when applicable, duly licensed or certified appropriate to the tasks engaged in under this contract. Sub-recipient shall comply with federal, state and local occupational safety and health standards, regulations and rules promulgated pursuant to the Occupational Health and Safety Act which are applicable to the work to be performed by the Sub-recipient.
- h. **Legal Compliance** - Sub-recipient and Root River SWCD shall comply with all applicable federal and state statutes and regulations as well as local ordinances now in effect or hereafter adopted.
- i. **Data Privacy** – For purposes of this Agreement all data created, collected, received, stored, used, maintained, or disseminated by the Sub-recipient in the performance of this Agreement is subject to the requirements of the Minnesota Government Data Practices Act, Minn. Stat. Chapter 13 and the Minnesota Rules implementing the Act now in force or hereafter adopted as well as the federal laws on data privacy.
- j. **Business Records** - Sub-recipient shall keep such business records pursuant to this Agreement as would be kept by a reasonably prudent practitioner of the Sub-recipient's profession. Sub-recipient shall maintain such records for at least 6 years from the date of services or payment were last provided or made longer if any audit in progress requires a longer retention period. All accounting records shall be kept in accordance with generally accepted accounting practices. Root River SWCD shall have the right to audit and review all such documents and records at any time during the Sub-recipient's regular business hours or upon reasonable notice. Root River SWCD and either the Legislative Auditor of the State of Minnesota pursuant to Minnesota Statute 16C.05, subd 5. Such evidences are also subject to review by the Comptroller General of

the United States, or a duly authorized representative, if federal funds are used for any work under this Agreement.

- k. **Force Majeure** – Neither party shall be held responsible for the delay or failure to perform caused by fire, flood, epidemic, strikes, riot, acts of God, unusually severe weather, terrorism, war, acts of public authorities or delays or defaults caused by public carriers which was beyond a party's reasonable control, provided the defaulting party gives notice as soon as possible to the other party of the inability to perform.
- l. **Waiver** – The failure of Root River SWCD or the Sub-recipient to enforce one or more of the terms or conditions of the Agreement or to exercise any of its rights or privileges, or the waiver by either party of any breach of such terms or conditions, shall not be construed as thereafter waiving any such terms, conditions, rights, or privileges, and the same shall continue and remain in force and effect as if no waiver had occurred.
- m. **Notices** – All official notices, shall be sufficiently given when hand-delivered, emailed or mailed, certified-mail, postage prepaid, to the parties at their respective places of business as set forth below:

Root River SWCD: 805 North Hwy 44/76, Suite 1, Caledonia, MN 55921
David Walter (or his successor) 507-724-5261 Ext. 3

Wabasha County SWCD: 611 Broadway Ave. Suite 10, Wabasha, MN 55981
Terri Peters (or her successor) 651-565-4673

- n. **Interpretation, Jurisdiction and Venue** – All contractual agreements shall be subject to, governed by, and construed and interpreted solely according to the laws of the State of Minnesota. Both parties hereby consent and submit to the jurisdiction of the appropriate courts of Minnesota or of the United States having jurisdiction in Minnesota for adjudication of any suit or cause of action arising under or in connection with the contract documents, or the performance of such contract, and agrees that any such suit or cause of action may be brought in any such court.
- o. **Severability** – The parties agree that if any term or provision of this contract is declared by a court of competent jurisdiction to be illegal or in a conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the particular term or provision held to be invalid.
- p. **Agreement to Mediate Disputes** – In the event that any dispute arises between the parties in relation to this Agreement, or out of this Agreement, and the dispute is not resolved by negotiation, the parties may agree to submit the dispute to mediation. The parties further agree that their participation in mediation is a condition precedent to any party pursuing any other

available remedy in relation to the dispute. Any party to dispute may give written notice to the other party of his/her desire to commence mediation, and a mediation session must take place within 30 days after the date that such notice is given. The parties must jointly appoint a mutually acceptable mediator. If the parties are unable to agree upon the appointment of a mediator within 7 days after a party has given notice of the desire to mediate the dispute, any party may apply to any organization or person agreed to by the parties in writing, for appointment of a mediator. The parties further agree to share equally the cost of the mediation, which costs will not include costs incurred by a party for representation by counsel at the mediation.

- q. **Default and Termination** – Either party by written notice of default (including breach of contract) to the other party may terminate the whole or any part of this agreement if the other party fails to perform any of the provisions of this agreement, and after receipt of written notice from the first party, fails to correct such failures within a period of 10 days or such longer period as the first party may authorize in writing after receipt of notice from the first party specifying such failure.
- r. **Merger Clause** – This agreement constitutes the final expression of the parties' agreement, and the complete and exclusive statement of the terms agreed upon. This agreement supersedes all prior negotiations, understanding, agreements, and representations. There are no oral or written understandings, agreements, and representations not specified herein. Furthermore, no waiver, consent, modification, or change of terms of this agreement shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification, or change shall be effective only in the specific instance and for the specific purpose given.

V. Agreement Effective Date

This agreement is effective upon execution of both parties.

Approved and Accepted for:

WBIF Recipient: Root River SWCD


Root River SWCD Board Chair

5-11-23
Date

For the Sub-recipient: Wabasha County SWCD


Lynn Zabel, Wabasha County SWCD Board Chair

4-27-2023
Date

Contract Amendment Form

| | | | |
|--|---|--|--|
| Organization: Wabasha SWCD | Contract Number: 2024WinLac-WAB-008 | Amendment Number: 2 | Amendment Type Date <input checked="" type="checkbox"/> Amount <input type="checkbox"/> Land Occupier <input type="checkbox"/> Practice <input type="checkbox"/> Other <input type="checkbox"/> |
| | | Board Meeting Date: 11/20/2025 | |

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): 10/31/2026

Original Total Amount Authorized: \$43,950.59 Amended Total Amount Authorized: \$43,950.59

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

This is the 2nd amendment to this contract. The first amendment increased the total amount authorized. This amendment extends the install date from 11/30/2025 to 10/31/2026. This project was not able to be constructed according to the original plan due to the federal government shutdown in 2025.

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

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

| | |
|------------------------|--|
| Date 11/7/25 | Land Occupier <i>William Rutter</i> |
| Date | Landowner, if different from applicant |

Technical Assessment and Cost Estimate

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

| | | |
|--------------------------|--|---|
| Date 11/7/2025 | Technical Assistance Provider <i>Matt Kempinger</i> | 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" |
|--------------------------|--|---|

Organizational Approval

| | |
|------|----------------------|
| Date | Authorized Signature |
|------|----------------------|

*Attach this form to the Conservation Practice Assistance Contract

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | | |
|--------------------------------------|---|---|--|---|
| Organization: Wabasha SWCD | Contract Number: 2024WinLac-WAB-008 | Other state or non-State funds? <input type="checkbox"/> YES <input checked="" type="checkbox"/> No | Amendment <input type="checkbox"/> Board Meeting Date(s): | Canceled <input type="checkbox"/> Board Meeting Date(s): |
|--------------------------------------|---|---|--|---|

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

Applicant

| | | | |
|---|------------------------------------|------------------------------------|--------------------------|
| Land Occupier Name Reiter-Living Trust / William Reiter | Address 16004 75th ST NE | City/State Plainview, MN | Zip Code 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: Plainview | Township No: 109 | Range No.: 11 | Section No. 33 | 1/4, 1/4 SW 1/4 |
|------------------------------------|----------------------------|-------------------------|--------------------------|----------------------------------|

Contract Information

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

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

USDA 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 90%, or state and non-state sources that when combined are in excess of 90% of the total cost to establish the conservation practice. Pre-construction Cover is exempt from the percent reimbursement rate limitations when utilizing the flat rate payment option.
- To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this project.

| | |
|------------------------|---|
| Date 3/14/25 | Land Occupier William Berto |
| Date | Landowner, if different from applicant |
| | Address, if different from applicant information: |

Conservation Practice

The primary practice for which cost-share is requested is: **410 - Grade Stabilization Structure**

| | | |
|---|--|---|
| Eligible Component Standards & Names 460 - Land Clearing, 362 Diversion, 342 - Critical Area Planting, 412 - Grassed Waterway, 484 - Mulching | Engineered Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Total Project Cost Estimate \$39,347.00 |
|---|--|---|

Technical Assessment and Cost Estimate

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

| | | |
|------------------------|--|---|
| Date 3-13-25 | Technical Assistance Provider Matt Kempinger | 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 90.0% 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 |
|-------------|----------------|-------------|
| \$35,412.30 | 2023-24 WinLac | 2023-2024 |
| | | |
| | | |

| | | |
|-------------------------------|---|---|
| Date March 27, 2025 | Authorized Signature Lynn Zahel | Total Amount Authorized \$35,412.30 |
|-------------------------------|---|---|

Contract Amendment Form

| | | | | | | |
|--|---|--|--|---|---|--|
| Organization: <div style="text-align: center;">Wabasha SWCD</div> | Contract Number: <div style="text-align: center;">2025WinLaC-Wab002</div> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Amendment Number: <div style="text-align: center;">1</div> </td> <td style="width: 50%; vertical-align: top;"> Amendment Type Date <input checked="" type="checkbox"/> Amount <input type="checkbox"/> Land Occupier <input type="checkbox"/> Practice <input type="checkbox"/> Other <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> Board Meeting Date: <div style="text-align: center;">11/20/2025</div> </td> </tr> </table> | Amendment Number: <div style="text-align: center;">1</div> | Amendment Type Date <input checked="" type="checkbox"/> Amount <input type="checkbox"/> Land Occupier <input type="checkbox"/> Practice <input type="checkbox"/> Other <input type="checkbox"/> | Board Meeting Date: <div style="text-align: center;">11/20/2025</div> | |
| Amendment Number: <div style="text-align: center;">1</div> | Amendment Type Date <input checked="" type="checkbox"/> Amount <input type="checkbox"/> Land Occupier <input type="checkbox"/> Practice <input type="checkbox"/> Other <input type="checkbox"/> | | | | | |
| Board Meeting Date: <div style="text-align: center;">11/20/2025</div> | | | | | | |

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): 10/31/2026

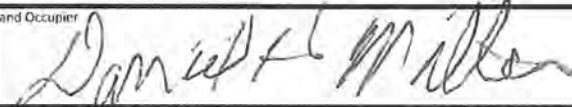
Original Total Amount Authorized: \$7,853.86 Amended Total Amount Authorized: _____

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

This amends the original contract install date, extending it by 11 months to 10/31/2026. There is no change to the amount authorized.

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

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

| | |
|---|--|
| Date <div style="text-align: center;">11-7-23</div> | Land Occupier <div style="text-align: center;"></div> |
| Date | Landowner, if different from applicant |

Technical Assessment and Cost Estimate

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

| | |
|--|--|
| Date <div style="text-align: center; color: red;">11/13/2025</div> | Technical Assistance Provider <div style="text-align: center;"></div> |
|--|--|

Organizational Approval

| | |
|-------------|-----------------------------|
| Date | Authorized Signature |
|-------------|-----------------------------|

*Attach this form to the Conservation Practice Assistance Contract

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | | |
|--------------------------------------|---|--|--|---|
| Organization: Wabasha SWCD | Contract Number: 2025WinLaC- Wab002 | Other state or non-State funds? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No | Amendment <input type="checkbox"/> Board Meeting Date(s): | Canceled <input type="checkbox"/> Board Meeting Date(s): |
|--------------------------------------|---|--|--|---|

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

Applicant

| | | | |
|--|--|----------------------------------|--------------------------|
| Land Occupier Name Daniel Miller | Address 60300 N County Road 14 | City/State Kellogg, MN | Zip Code 55945 |
|--|--|----------------------------------|--------------------------|

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

Conservation Practice Location

| | | | | |
|-----------------------------------|----------------------------|-------------------------|-------------------------|------------------------------------|
| Township Name: Highland | Township No: 109 | Range No.: 11 | Section No. 1 | 1/4, 1/4 NE 1/4, NE 1/4 |
|-----------------------------------|----------------------------|-------------------------|-------------------------|------------------------------------|

Contract Information

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

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 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.
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:

NRCS Field Office Technical Guide (FOTG)

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11-30-2025, this contract will be automatically terminated on that date.
7. Items of cost for which reimbursement is claimed are to be supported by invoices/receipts for payments and will be verified by the organization board as practical and reasonable. The invoices must include the name of the vendor; materials, labor or equipment used; the component unit costs and the dates the work was performed. The organization board has the authority to make adjustments to the costs submitted for reimbursement. Pre-Construction Cover is exempt from having the required invoices/receipts.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation practice will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the practice prior to starting construction of the practice.
3. Be responsible for the operation and maintenance of conservation practices applied under this program in accordance with an operation and maintenance plan prepared by the technical assistance provider.
4. Not accept cost-share funds, from state sources in excess of 75%, or state and non-state sources that when combined are in excess of 92% of the total cost to establish the conservation practice. Pre-construction Cover is exempt from the percent reimbursement rate limitations when utilizing the flat rate payment option.

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

| | |
|-----------------|--|
| Date 6-24-25 | Land Occupier <i>David H. Miller</i> |
| Date | Landowner, if different from applicant |
| | Address, if different from applicant information |

Conservation Practice

The primary practice for which cost-share is requested is: 362 - Diversion

| | | |
|---|--|---|
| Eligible Component Standards & Names 578 - Stream Crossing, 342 - Critical Area Planting, 484 - Mulching | Engineered Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Total Project Cost Estimate \$8,587.00 |
| | Ecological Practice: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

Technical Assessment and Cost Estimate

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

| | |
|-------------------|--|
| Date 6/27/2025 | Technical Assistance Provider <i>Pete R. Hays</i> |
|-------------------|--|

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 92% 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 |
|------------|--------------|-------------|
| \$6,440.25 | WinLac 1W1P | 2025 |
| \$1,413.61 | Local Funds | 2025 |
| | | |

| | | |
|-----------------|--|---------------------------------------|
| Date 6-26-25 | Authorized Signature <i>Lynn Zakh</i> | Total Amount Authorized \$7,853.86 |
|-----------------|--|---------------------------------------|

| | Soil Health RCPP 2025 Ranking / Batching | | | | | | 11/20/2025 | |
|--------------|--|---|---|--------------------|---------|--|--|-----------------------|
| Contract # ▾ | Total Ranking Points ▾ | Practice (code) ▾  | Funding Request ▾  | Funding Revision ▾ | Acres ▾ | Contracted Years ▾  | Rate ▾  | Comments ▾ |
| 79-2-37 | 25 | Cover Crops (340) | \$8,880 | \$6,660 | 37 | 3 | \$60 | 2025 funded under SHD |

Pending contract signatures, technical sign-off and eligibility reviews

Board Chair Signature

Notes on Approval:

Date

Contract Amendment Form

| | | | |
|--|--|---|--|
| Organization: <div style="text-align: center;">Wabasha SWCD</div> | Contract Number: <div style="text-align: center;"> 2025 Winc-Wab-001 2025 Winc-Wab-001 </div> | Amendment Number: <div style="text-align: center;">1</div> | Amendment Type Date <input checked="" type="checkbox"/> Amount <input type="checkbox"/> Land Occupier <input type="checkbox"/> Practice <input type="checkbox"/> Other <input type="checkbox"/> |
| Board Meeting Date: <div style="text-align: center;">11/20/2025</div> | | | |

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): 12/31/2025

Original Total Amount Authorized: \$13,222.14

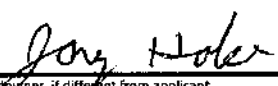
Amended Total Amount Authorized: _____

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

The install date is being extended by 1 month from 11-30-2025 to 12-31-2025.

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

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

| | |
|--|--|
| Date <div style="text-align: center; font-size: 1.2em;">11-19-25</div> | Land Occupier <div style="text-align: center; font-size: 1.2em;">  </div> |
| Date | Landowner, if different from applicant |

Technical Assessment and Cost Estimate

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

| | | |
|--|--|---|
| Date <div style="text-align: center; font-size: 1.2em;">11-19-25</div> | Technical Assistance Provider <div style="text-align: center; font-size: 1.2em;">  </div> | NRCS approved project with appropriately signed and documented plans available upon request. NRCS-CPA-1245 (Practice Approval and Payment Worksheet) can be utilized as the certification of practice completion. An attached completed, and signed NRCS-CPA-1245 and the asbuilt can be used as the Technical Certification on the "Voucher and Certification" |
|--|--|---|

Organizational Approval

| | |
|-------------|-----------------------------|
| Date | Authorized Signature |
|-------------|-----------------------------|

*Attach this form to the Conservation Practice Assistance Contract

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

| | | | | |
|-----------------------------------|--|---|--|---|
| Organization: Wabasha SWCD | Contract Number: MK 7-24-25 2025WinLaC-Wab-001 2025Winc-Wab-001 | Other state or non-State funds? <input checked="" type="checkbox"/> YES <input type="checkbox"/> No | Amendment <input type="checkbox"/> Board Meeting Date(s): | Canceled <input type="checkbox"/> Board Meeting Date(s): |
|-----------------------------------|--|---|--|---|

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

Applicant

| | | | |
|--------------------------------------|-------------------------------|--------------------------------|-----------------------|
| Land Occupier Name Jary Holst | Address 20514 590TH ST | City/State Keillogg, MN | Zip Code 55945 |
|--------------------------------------|-------------------------------|--------------------------------|-----------------------|

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

Conservation Practice Location

| | | | | |
|--------------------------------|-------------------------|----------------------|-----------------------|--------------------------------|
| Township Name: Highland | Township No: 109 | Range No.: 11 | Section No. 13 | 1/4, 1/4 NE 1/4, NE 1/4 |
|--------------------------------|-------------------------|----------------------|-----------------------|--------------------------------|

Contract Information

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

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 15 years, is achieved. The specific operation and maintenance requirements for the conservation practice listed are described in the operation and maintenance plan prepared for this contract by the technical assistance provider.
2. Should the land occupier fail to maintain the practice during its effective life, the land occupier is liable to the State of Minnesota for the amount up to 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:

USDA- NRCS Field Office Technical Guide (FOTG)

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11-30-2025, this contract will be automatically terminated on that date.
7. Items of cost for which reimbursement is claimed are to be supported by invoices/receipts for payments and will be verified by the organization board as practical and reasonable. The invoices must include the name of the vendor; materials, labor or equipment used; the component unit costs and the dates the work was performed. The organization board has the authority to make adjustments to the costs submitted for reimbursement. Pre-Construction Cover is exempt from having the required invoices/receipts.

Applicant Signatures

The land occupier's signature indicates agreement to:

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

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

| | |
|-----------------------|--|
| Date 7-8-25 | Land Occupier <i>Joy Hds</i> |
| Date | Landowner, if different from applicant |
| | Address, if different from applicant information |

Conservation Practice

The primary practice for which cost-share is requested is: **410 - Grade Stabilization Structure**

| | | |
|--|---|---|
| Eligible Component Standards & Names 620 - Underground Outlet, 460 - Land Clearing, 342 - Critical Area Planting, 484 - Mulching | Engineered Practice <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | Total Project Cost Estimate \$33,750.15 |
| | Ecological Practice <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

Technical Assessment and Cost Estimate

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

| | | |
|-------------------------|--|---|
| Date 7-1-2025 | Technical Assistance Provider <i>Matt Kempinger</i> | NRECS approved project with appropriately signed and documented plans available upon request NRECS CPA-1245 (Practice Approval and Payment Worksheet) can be utilized as the certification of practice completion. An attached, completed, and signed NRECS CPA-1245 and the as-built 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 90.0% 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 |
|-------------|------------------|-------------|
| \$13,222.14 | WinLac 1W1P 2025 | 2025 |
| | | |
| | | |

| | | |
|------------------------|--|---|
| Date 7-24-25 | Authorized Signature <i>Chet Ross</i> | Total Amount Authorized \$13,222.14 |
|------------------------|--|---|