SE Regional Groundwater Protection & Soil Health Program
Cover Crop Program Requirements

Applicant ("Operator" as defined by Farm Service Agency (FSA)) whose application is approved through the program agrees to the following terms and conditions to be eligible to participate in the Program. The purpose of this program is to reduce leaching of excess crop nutrients into groundwater, immobilize unused nitrogen from the rooting zone, and reduce erosion. For cover crops to be effective at reducing nitrogen loading below crop rooting zones, established cover crops must reach 12-inches in height. All cover crop acres must meet the minimum 12-inch height and all other requirements in this document to be eligible for cost-share payment.

Program acreage cap is 150 acres across the entire Program area (Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, Winona). The maximum payment reimbursement is $15,750/year. Cost share payment cap is calculated based on all enrollment options and acres. Operators will need to enroll each year for the program.

Cover Crop Policy

Operator Agrees:

1. To plant a cover crop (species list as provided in Attachment A) on the operator's farm which follows a cash crop.
    a. Minimum termination height is 12 inches.
    b. No fall tillage is allowed on the cover crop.
    c. Payment rates and enhancement options as provided in Table 1 below. You may enroll acres under any of the enhancement management options listed in Table 1 (not to exceed the acreage limit of 150 acres and maximum payment of $15,750)
    d. Program enrollment acreage limit is 150 acres.
    e. Maximum payment is $8,250 for the base payment option with an enhancement option increasing the maximum cost share payment to $15,750.
    f. The annual max payment cap is $15,750 between all three program options.

Table 1 Cover Crop Payment Options

Base payment for cover crop reaching a minimum height of 12 Inches (payment / acre)	Enhancement Management Option 1: Cover crop termination height of 24" and above (additional payment / acre)	Enhancement Management Option 2: Planting green (additional payment / acre)	Enhancement Management Option 3: A multi-(5 minimum) Species cover crop mix (additional payment / acre)	Enhancement Management Option 4: Grazing cover crops (additional payment / acre)
$55.00/acre	$20.00/acre	$10.00/acre	$10.00/acre	$10.00/acre

2. To complete an application form determining program eligibility and total acreage enrolled in the Cover Crop program.
3. All commercial seed purchased by the operator for cover crop seeding shall be tested and properly

labeled in accordance with State of Minnesota Seed Law and Regulations. All seed shall be free of prohibited noxious weed seed. Seed tags must be retained by the operator and include the following information: seed type, state of origin, test date, germination, and noxious weed count and purity results.

4. If an operator elects to use bin run seed, a representative sample must be submitted to a certified lab for a certified germination test. Test result documentation must be retained for possible spot check by Program staff or contracted employees.
5. Operators will use professionally accepted seeding dates and rates from sources such as Midwest Cover Crops Council guides, MN Natural Resources Conservation Service (NRCS) cover crop standard, U of M Extension, or Purdue Extension when developing seeding and termination plans for cover crops. The seeding rate must result in a required outcome of at least three live plants per square foot while also meeting the standard height and any enhancement requirements.
6. To establish the cover crop, the operator or hired contractor shall use one of the following approved planting methods to seed the cover crop.

    a. **Drilled Seeding**: uses a seed drill to plant a cover crop following a cash crop.
    b. **Broadcasting with Shallow Incorporation:** broadcast seeding followed by tillage or other approved methods to ensure seed to soil contact. (Ex: Vertical Tillage, Light Disking or Field Cultivating)
    c. **Broadcast without Incorporation:** broadcast seeding without tillage or disturbance following seeding.
    d. **Aerial or Interseeding:** seeding into a standing crop (such as corn or soybeans).
    e. **Frost Seeding:** broadcasting cover crop in mid to late February through late March during active freeze / thaw cycles
7. Cover crop shall be properly maintained by the operator for the duration of this cover crop Agreement. Program managers are not responsible for the planting or maintenance of the cover crop. Operator waives any and all liability against the Program in the event the cover crop fails to germinate or grow once planted sufficient to meet the program requirements or is destroyed due to any cause which is beyond the control of the Program.
8. Grazing, “green chopping” or “baling” for livestock forage is allowed after the crop is established and the height is certified by utilizing the certification survey.
9. To achieve the multi-species enhancement option, the cover crop must include at least 5 species, including 1 grass species.

Certifying Compliance

Operator agrees to certify compliance with the Cover Crop Program as follows:

1. Acres enrolled meet minimum height standard of 12 inches across the field to be eligible for cost share payment.
2. Within 7 days after termination of the cover crop the operator shall certify via the online certification form to the Program that the cover crop has met minimum termination height.
3. Operator shall submit the following information to their local Program office with the online certification survey within 7 days after cover crop termination:
    a. Photo following the instructions and illustrating the cover crop height and larger field view.
    b. Planting date

   c. Planting rate
   d. Planting method
   e. Mapped location utilizing online mapping tool
4. Each cover crop seeding may only be certified once. Certification may take place within the seeding year if cover crop plant heights meet applicable standards. Certification may occur in the following year for winter hardy cover crops. Maximum program limits for acres and payments are determined by the sum of certification acres within the calendar year.
5. Operator shall keep the following on file and available if requested for five years:
   a. Seed tags for purchased seed and germination tests for bin run seed. Seed tags need to be signed by the operator and any seed tests not in operator's name shall also be signed.
   b. Invoices for purchased seed
6. Give permission to local Farm Service Agency (FSA) office to release all FSA-578 documentation including FSA certified maps to the Program which will be used to verify acres farmed.
7. If the Operator has questions regarding cover crop eligibility for payment, the local Program staff should be contacted.
8. After all acres have been reported, the applicant may request a print-out showing acres certified or they can ask that the information be emailed to them. Please verify acres are correct, once the certification process is complete, acres cannot be changed.

General Requirements of the Program

Operator agrees to the following general requirements and conditions of the Soil Health Program. Farm operator is defined by FSA as the person who runs the farm, making day-to-day management decisions:

1. I have read, understand, and agree with policies set forth in the preceding agreement regarding establishing and maintaining the cover crop enrolled in the Program.

2. I agree to attend within the contract year, at least one educational cover crop or soil health event or peer to peer mentorship. Examples include field days, annual conference sessions, online e-learning or webinars, or shared learning calls, and provide verification of attendance at the event.

3. I understand that payment for acres designated as "enhancement management options" is based on submitting verification details and subject to in-field evaluation. If they do not meet those criteria, they will not be eligible for additional payment.

4. I grant the Program's representative(s) access to the parcel(s) for spot checks to verify program guidelines have been followed including establishment height, and total acres enrolled.
   a. Operator agrees after review by the Program office if it is determined that an operator has failed to provide required documentation as provided above, then the Program will hold the payment until such time that the documentation can be provided.
   b. Operator agrees that if, as a result of a spot-check, the Program determines an operator has submitted false, misleading, or inaccurate information on the operator's Certification form, or if the cover crop does not meet program requirements, all cover crop agreements for that applicant are null and void and shall be cancelled by the board and any claim for payment denied.
   c. An operator whose Program compensation request has been denied has the right to appeal

that decision to the soil and water conservation district board or designee managing the program contract. Any appeal must be filed with the board in accordance with their appeals process and within 7 days of the date of the written notice or denial of the decision becomes final. The operator must provide a written appeal letter explaining why the operator believes the denial to be in error as well as any supporting documentation. The SWCD will arrange for an in-person visit to operator's field where the cover crop in dispute has been planted. The operator shall be present for the visit to answer any questions pertinent to the appeal. The SWCD board shall render a written decision on the appeal within 45 days after the in-person field visit and provide a copy to operator. All appeal decisions by the Board or designee are final. If the operator's appeal is granted, then the SWCD Office shall process payment to operator within 45 calendar days of the decision.

5. I agree that I will meet and maintain compliance with State of Minnesota Groundwater Protection Rule in Chapter 1573 of the Minnesota Rules, including restrictions of nitrogen fertilizer in the fall or on frozen ground (as restricted by geographic area in the Rule) and nutrient management requirements throughout the life of the contract.

6. I agree to follow Minnesota Rule Section 7020 for proper manure application.

7. I understand this document may be executed in multiple counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Signatures, including those provided by electronic means, may include, by way of example and not of limitation, DocuSign, Adobe, PDF, and sent by electronic mail, or via an electronic signature program, shall be deemed to be original.

8. I understand that I cannot participate in any other publicly funded cover crop cost share programs on a county, state, or federal level, such as: Federal Farm Bill Cost-share programs, Agricultural Water Quality Certification Program, or other State of Minnesota Cost-share programs, or local county/SWCD programs on the same cover crop acres contracted in this program.

9. I understand that a Form 1099 could be sent to the operator from the local board following contract payment for the cover crop program.

AGREED AND ACCEPTED:

Operator

By: _____

Date: _____

SWCD Board or authorized signatory

By: _____ Agency: _____

Date: _____

Attachment A - Approved Cover Crop Species List

COVER CROP SPECIES	COVER CROP TYPE
GRASSES	**COVER CROP TYPE**
SPRING BARLEY*	Cool Season Grass
WINTER BARLEY	Cool Season Grass
OATS*	Cool Season Grass
ANNUAL RYEGRASS	Cool Season Grass
WINTER CEREAL RYE	Cool Season Grass
WINTER TRITICALE	Cool Season Grass
SPRING WHEAT*	Cool Season Grass
WINTER WHEAT	Cool Season Grass
FOXTAIL MILLET	Warm Season Grass
JAPANESE MILLET	Warm Season Grass
PEARL MILLET	Warm Season Grass
PROSO MILLET	Warm Season Grass
SORGHUM-SUDANGRASS	Warm Season Grass
SUDANGRASS	Warm Season Grass
NON-LEGUME BROADLEAVES [1]	**COVER CROP TYPE**
BEETS (Non GMO)	Cool Season Broadleaf
CABBAGE	Cool Season Broadleaf
FLAX	Cool Season Broadleaf
KALE	Cool Season Broadleaf
MUSTARD	Cool Season Broadleaf
PHACELIA	Cool Season Broadleaf
RADISH	Cool Season Broadleaf
RAPESEED/CANOLA	Cool Season Broadleaf
TURNIP	Cool Season Broadleaf
WINTER CAMELINA	Cool Season Broadleaf
BUCKWHEAT	Warm Season Broadleaf
SAFFLOWER	Warm Season Broadleaf
SUNFLOWER	Warm Season Broadleaf
LEGUMES [1]	**COVER CROP TYPE**
CHICKPEA	Cool Season Broadleaf
BALANSA CLOVER	Cool Season Broadleaf
BERSEEM CLOVER	Cool Season Broadleaf
CRIMSON CLOVER	Cool Season Broadleaf
RED CLOVER	Cool Season Broadleaf
WHITE CLOVER	Cool Season Broadleaf
FAVA BEAN	Cool Season Broadleaf

FIELD/WINTER PEA	Cool Season Broadleaf
LENTILS	Cool Season Broadleaf
LUPIN	Cool Season Broadleaf
SAINFOIN	Cool Season Broadleaf
SWEETCLOVER	Cool Season Broadleaf
VETCH	Cool Season Broadleaf
COWPEA	Warm Season Broadleaf
SOYBEANS	Warm Season Broadleaf
SUNNHEMP	Warm Season Broadleaf
ALFALFA (in mix)	Cool Season Broadleaf

LEGEND
*Consider these species when planting spring cover crops for wind erosion protection at .75 of a bushel/acre. Barley-36lbs, Oats-24lbs, Wheat-45lbs
[1] All Non-Legume Broadleaves and Legume species should always be considered as part of a multi-species cover crop and rarely planted as a single species
INFORMATION from Midwest Cover Crops Council (MCCC) Website, MCCC Cover Crop Field Guide, Green Cover Seed, SARE-Managing Cover Crops Profitably, SARE-Cover Cropping for Pollinators and Beneficial Insects, USDA-ARS Cover Crops Chart, USDA-NRCS PLANTS Guide