

Wabasha Soil and Water Conservation District
Regular Board Meeting
December 18, 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. Nathan & Tina Schumacher Contract# 26-CC-1 in the amount of \$133.95 for Practice 612 Tree/Shrub Establishment.
(Funding source – FY26 Conservation Contracts)

ii. Contract Amendments

A.

iii. Vouchers

- A. Voucher payment for Kurt Schnell Contract# 2024WAGZ-WC-16 in the amount of \$3,555.00. Payment two of a two-year contract for Cover Crops-Final.
(Funding source – FY24-FY25 WAGZ)
- B. Voucher payment for Huneke Dairy Inc/Paul Huneke Contract# 25-SHD-15 in the amount of \$4,378.50. Payment 1 of a 1-year contract for Cover Crops – Final.
(Funding source – FY25 Soil Health Delivery)
- C. Voucher payment for Paul Kruger Enterprises LLC Contract# 25-SHD-13 in the amount of \$2,620.00. Payment 1 of a 1-year contract for Cover Crops – Final.
(Funding source – FY25 Soil Health Delivery)
- D. Voucher payment for Contract# 79-2-27 in the amount of \$3,360.00 for 340 Cover Crops. Payment 1 of 1-year contract – Final.
(Funding source – FY25-FY28 Soil Health RCPP)
- E. Voucher payment for Hyde Park Holsteins Contract# DWP-26 in the amount of \$1,000.00 for U of M Nitrogen Fertilizer recommendation for Corn – Final.
(Funding source – FY24-FY25 DWP Karst (TKR))

- F. Voucher payment for Contract# 79-2-31 in the amount of \$4,730.00 for 340 Cover Crops. Payment 1 of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- G. Voucher payment for Kevin Petersen Contract# 25-SHD-16 in the amount of \$3,000.00 die 340 Cover Crops. Payment 1 of 1-year contract – Final.
(Funding source – FY25 Soil Health Delivery)
- H. Voucher payment for Contract# 79-2-32 in the amount of \$4,530.00 for 340 Cover Crops. Payment 1 of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
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- J. Voucher payment for Mike Graner Contract# 23-CWF-WIC-4 in the amount of \$20,749.02 for Practice 528 Prescribed Grazing.
(Funding source – FY23 West Indian Creek Watershed Restoration and Protection)
- K. Voucher payment for Contract# 79-25RCPP-12 in the amount of \$5,000.00 for 340 Cover Crops. Payment 1 of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- L. Voucher payment for Benjamin Klein for Contract# 25-SHD-8 in the amount of \$1,475.00 for 340 Cover Crops. Payment 1 of 1-year contract.
(Funding source -FY25 Soil Health Delivery)
- M. Voucher payment for Eric Klein for Contract# 25-SHD-9 in the amount of \$1,000.00 doe 340 Cover Crops. Payment 1 of 1-year contract.
(Funding source – FY25 Soil Health Delivery)
- N. Voucher payment for Roger Walkes for Contract# 2025WinLaC-WC-004 in the amount of \$6,000.00 for 340 Cover Crops. Payment 1 of a 3-year contract.
(Funding sources – FY23 WinLaC Watershed based funds \$857.00 and FY25 WinLaC Watershed based funds \$5,143.00)
- O. Voucher payment for Rachel Walkes for Contract# 2025WinLaC-WC-005 in the amount of \$6,000.00 for 340 Cover Crops. Payment 1 of a 3-year contract.
(Funding source – FY25 WinLac)

VI. SECRETARY’S REPORT – Board Action

- A. November 20, 2025, Meeting Minutes

VII. TREASURER’S REPORT – Board Action

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

The full spreadsheet was sent to the board in advance

VIII. PAYMENT OF MONTHLY BILLS

- A. Monthly Bills in the amount of \$115,050.06 - **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. Natural Resources Technician Report– Katelyn Abts –
- F. Soil Health/Nutrient Management Tech Report – Deanna Pomije – In the packet
- G. Conservation Planning & Outreach Technician – Ella Jurgerson – In the packet
- H. BWSR Report – Dave Copeland
- I. Other agencies –

X. OLD BUSINESS

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

XI. NEW BUSINESS

- A. Approve June E. Ratz Trust Amendment# 3 to Contract# 24-CC-5 changing the Install by date to 5/15/2025 from 12/31/2025 – **Board Action**
- B. Approve Katie M. Jacobson, CPA Engagement Letter for Auditing 2025 Financial Statements. The quote is on last page of Engagement Letter. The fee will be in the \$5,500 to \$7,500 range- (2024 was \$5,583.79) - **Board Action and Signature**
- C. Set Meeting Dates/Times for 2026 – **Board Action**
- D. Approve Jary Holst Amendment# 2 to Contract# 2025WinLaC-Wab-001 to change the Install by date to 10/31/2026 from 11/30/2025 – **Board Action**
- E. December RCPP Batching – **Board Action**
- F. Watershed Based Continuous CRP Incentives – **Board Action**
 - i. WAGZ
 - A. Richard Olson Contract# 2024-WAGZ-WC-CRP2, \$500.00 and Voucher Watershed
 - B. Julie Damman Contract# 2024-WAGZ-Wc-CRP9, \$250.00 and Voucher payment for the \$250.00
 - C. Kenneth Moyer Contract# 2024-WAGZ-WC-CRP10, \$500.00 and Voucher payment for the \$500.00
 - D. Kenneth Moyer Contract# 2024-WAGZ-WC-CRP11, \$500.00 and Voucher payment for the \$500.00.
 - E. Kenneth Moyer Contract# 2024-WAGZ-WC-CRP12, \$500.00 and Voucher payment for the \$500.00
 - F. Dale Wobbe Contract# 2024-WAGZ-WC-CRP11, \$250.00 and Voucher payment for the \$250.0
 - G. Dale Wobbe Contract# 2024-WAGZ-WC-CRP13, \$250.00 and Voucher payment of the \$250.00.
 - ii. WinLaC
 - A. William Hager Contract# 2025WinLaC-Wab-CRP6, \$1,000.00 and Voucher payment for the \$1,000.00/
 - B. Ann Meurer Contract# 2025WinLaC-Wab-CRP1, \$1,000.00 and Voucher payment for the \$1,000.00.
 - C. Mary Tentis Contract# 2025WinLaC-Wav-CRP7, \$1,000.00 and Voucher payment for the \$1,000.00

- iii. Approve payments for any eligible contracts before the end of the year.
Information will be provided. – **Board Action**

iv. **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

Upcoming Events:

- i. Thursday, December 25, 2025, Christmas Day – Office Closed
- ii. Thursday, January 1, 2026, New Year’s Day – Office Closed
- iii. January 1, 2026, Paid Leave Law goes into effect.
- iv. Monday, January 19, 2026, Martin Luther King Jr. Day-Office Closed

v. **Motion to Recess Regular Meeting and go in to Closed Session – Board Action**

vi. **Closed Session – Board Action**

A. **Personnel Review**

- i. Katelyn Abts
- ii. Deanna Pomije
- iii. Ella Jurgerson
- iv. Sue Cerwinske

- B. District Manager – Terri Peters personnel review and discussion.
- C. Adoptions of 2026 Wage Scale

vii. **Motion to Reopen Regular Meeting – Board Action**

viii. **Approval of the following – Board Action**

- A. Adoption of 2026 Wage Scale
- B. Approve the Employee Evaluations
- C. Approve 2026 salary recommendations

ix. **Adjourn – Board Action**

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PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 26-CC-1	Other state or non-State funds? ☐ YES ☒ No	Amendment ☐ Board Meeting Date(s):	Canceled ☐ Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Nathan & Tina Schumacher	Address 37475 Co Rd 3	City/State Lake City, MN	Zip Code 55041
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Gillford Twp	Township No: 110	Range No.: 13	Section No. 18	1/4,1/4 NE, SW
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Contract Information

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

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:

NRCS 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 7/30/26, 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 50.%, or state and non-state sources that when combined are in excess of 50.% 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 12-8-25	Land Occupier 
Date	Landowner, if different from applicant
	Address, if different from applicant information

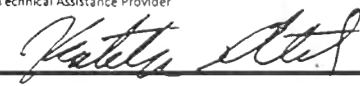
Conservation Practice

The primary practice for which cost-share is requested is: 612 Tree/Shrub Establishment

Eligible Component Standards & Names 612 Tree/Shrub Establishment	Engineered Practice: ☐ YES ☐ NO	Total Project Cost Estimate \$133.95
	Ecological Practice: ☒ YES ☐ 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 12/8/25	Technical Assistance Provider 
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Pre-Construction Cover

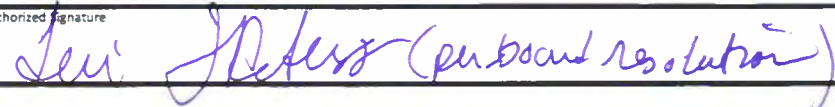
Is allowed when temporary cover is necessary for the future installation of structural conservation practices. A flat rate payment of up to \$150 per acre, not to exceed 10 acres, is allowed as part of a state cost-share contract for the installation of structural practice(s).

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

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed 50.0% 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
\$133.95	Conservation Contracts	2026

Date 12/18/25	Authorized Signature  (per board resolution)	Total Amount Authorized \$133.95
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Kurt Schnell**
Address: **65131 County Rd 68**
City, State, Zip: **Lake City, MN**
Contract No.: **2024WAGZ-WC-16**

55041

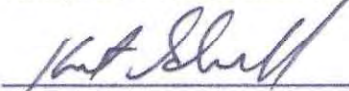
Total Amount Authorized: **\$7,110.00**
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
Cover Crop (340)	79	acres	\$45.00	\$3,555.00

PAYMENT REQUEST:

\$3,555.00

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


Payee Signature

11-25-25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$3,555.00
C. Total Amount Authorized:	\$7,110.00
D. Total previous partial payments:	\$3,555.00
E. Amount available (C - D)	\$3,555.00

Amount Approved for This Voucher:

\$3,555.00

(cannot exceed Total Amount Authorized)

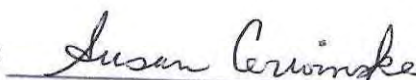
Technical Certification

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

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

12/8/25
Date

12/8/2025
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2024WAGZ-WC-16	Other state or non-state funds? ☐ YES ☒ NO	Amendment ☐ Board Meeting Date(s):	Canceled ☐ Board Meeting Date(s):
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Kurt Schnell	Address 65131 County Rd 68	City/State Lake City, MN	Zip code 55041
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

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

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

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

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 11/1/204, 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 9-30-20	Land Occupier 
Date	Landowner, if different from applicant
	Address, if different from applicant information

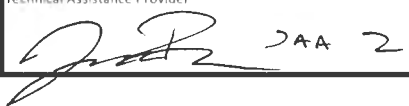
Conservation Practice

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

Eligible Component Standard & Name 340 Cover Crop	Engineered Practice: ☐ YES ☒ NO	Total Project Cost Estimate \$7,110.00
	Ecological Practice: ☒ YES ☐ NO	

Technical Assessment and Cost Estimate

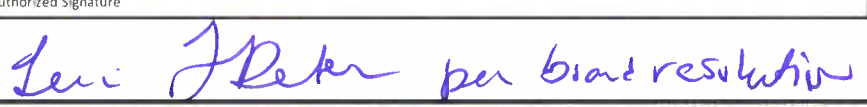
I have the appropriate technical expertise and have reviewed the site where the above-listed practice is to be installed and find it is needed and that the estimated quantities and costs are practical and reasonable.

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

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

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

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

PAYEE AND COST INFORMATION

Name: Huneke Dairy Inc / Paul Huneke
Address: 25409 Co 16 Blvd
City, State, Zip: Goodhue, MN 25409
Contract No.: 25-SHD-15

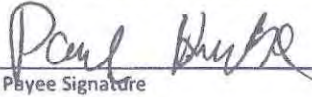
Total Amount Authorized: \$4,500.00
(from contract)

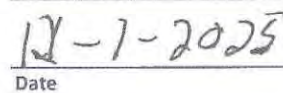
Practice	Quantity	Unit	Unit Rate	Total
Single-Species Cover Crop (340)	97.30 100.000	Acres	\$45.00	\$4,500.00 \$4,378.50
	EJ 12-2-2025			EJ 12-2-25

PAYMENT REQUEST: ~~\$4,500.00~~
\$4,378.50
ASG 12-8-25

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

10/29/25


Payee Signature


Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Final
B. Payment amount requested: ~~\$4,500.00~~ \$4,378.50
C. Total Amount Authorized: \$4,500.00
D. Total previous partial payments: EJ 12-2-25
E. Amount available (C - D) \$4,500.00

Amount Approved for This Voucher: ~~\$4,500.00~~
(cannot exceed Total Amount Authorized) \$4,378.50 EJ 12-2-25

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

12/8/25
Date

12/8/2025
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Amendment	Canceled
Wabasha SWCD	25-SHD-15	Date(s):	Date(s):

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

Applicant

Land Occupier Name	Address	City/State	Zip code
Huneke Dairy Inc / Paul Huneke	25409 Co 16 Blvd	Goodhue, MN	55027

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

Conservation Practice Location

Township Name:	Township No:	Range No.:	Section No.	1/4, 1/4
Chester	110	14	1, 5, 12	SE 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 standard 340 - 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 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
\$4,500	Soil Health Delivery	2025

Date	Land Occupier
9-29-2025	Huneke Dairy Inc. By Paul Huneke
Date	Landowner, if different from applicant
	Address, if different from applicant information

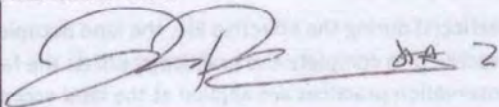
Conservation Practice

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

Date	Technical Assistance Provider
10-9-2025	 J.A. 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: \$45 Acre				On 100 Acres	Single Species Cover Crop	For 2025	Tracts 1832, 1833, 2407
Approval Date 10-9-2025		Authorized Signature  per board resolution				Total Amount Authorized \$4,500.00	





FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Paul Kruger Enterprises LLC

Address: 68948 209th Ave

City, State, Zip: Elgin, MN 55932

Contract No.: 25-SHD-13

Total Amount Authorized:
(from contract)

\$2,620.00

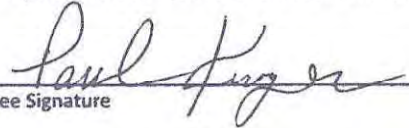
Practice	Quantity	Unit	Unit Rate	Total
Single-Species Cover Crop (340)	65.500	Acres	\$40.00	\$2,620.00

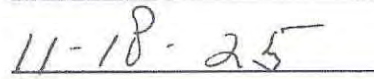
PAYMENT REQUEST:

\$2,620.00

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

10/30/2025

X 
Payee Signature


Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$2,620.00
C. Total Amount Authorized:	\$2,620.00
D. Total previous partial payments:	
E. Amount available (C - D)	\$2,620.00

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

\$2,620.00

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.


Technical Assistance Provider
Amanda Gentry - JAA 3
Winona County SWCD


Administrative Sign-off

12/8/25

Date

12/8/2025

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Amendment	Canceled
Wabasha SWCD	25-SHD-13	Date(s):	Date(s):

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

Applicant

Land Occupier Name	Address	City/State	Zip code
Paul Kruger Enterprises LLC	68948 209th Ave	Wabasha, MN	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:	Township No:	Range No.:	Section No.	1/4, 1/4
Pepin S 26, 34, 35	111	11	26, 34, 35	NW 1/4 S35

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 Crops 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 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
\$2,620	Soil Health Delivery

Date 9-9-25	Land Occupier Paul Kruger
Date	Landowner, if different from applicant
Address, if different from applicant information	

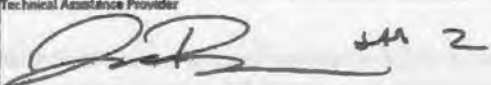
Conservation Practice

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

Practice standard(s) or eligible component	Units
Cover Crops (340)	65.5 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 9/17/2025	Technical Assistance Provider 
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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:	\$40/ Acre Rate	2025 Contract Length	Single Species Cover Crop
	Tract 5189	65.5 acres	

Approval Date 10/7/2025	Authorized Signature Jeri Helms per board resolution	\$2,620.00
		Total Amount Authorized



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-2-27

Total Amount Authorized:
(from contract)

\$3,360.00

Practice	Quantity	Unit	Unit Rate	Total
Single-Species Cover Crop (340)	67.200	Acres	\$50.00	\$3,360.00

PAYMENT REQUEST:

\$3,360.00

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

10/30/2025

Payee Signature

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$3,360.00

C. Total Amount Authorized:

\$3,360.00

D. Total previous partial payments:

E. Amount available (C - D)

\$3,360.00

Amount Approved for This Voucher:

\$3,360.00

(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

Susan Cerwinke

12/8/25

Date

12/9/2025

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Amendment	Canceled
Wabasha SWCD	79-2-27	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 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 Crops 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 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.

[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	Units
Cover Crops (340)	67.2 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
9/17/2025	[Signature] Jan 2

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	2025 Contract Length	Single Species Cover Crop
	Tract 5188	67.2 acres	

Approval Date	Authorized Signature	\$3,360.00
9/17/2025	[Signature] per board resolution	Total Amount Authorized





FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: **Hyde Park Holsteins**

Address: **35129 Hwy 60**

City, State, Zip: **Zumbro Falls**

55991

Contract No.: **DWP-26**

Total Amount Authorized:

\$2,000.00

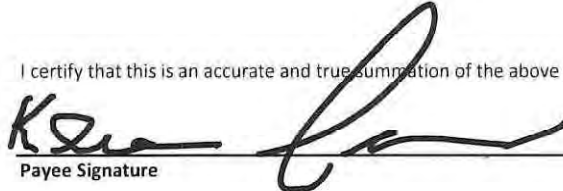
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
University of Minnesota Nitrogen Fertilizer Recommendations for Corn - Pre-Plant N	100	acres	\$10.00	\$1,000.00

PAYMENT REQUEST:

\$1,000.00

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


Payee Signature

12-11-25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$1,000.00

C. Total Amount Authorized:

\$2,000.00

D. Total previous partial payments:

\$1,000.00

E. Amount available (C - D)

\$1,000.00

FR24-FR25 DWP
Karst (TKR)

Amount Approved for This Voucher:

\$1,000.00

(cannot exceed Total Amount Authorized)

Technical Certification

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


Technical Assistance Provider

Date

12-12-2025

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

12/15/2025

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: DWP-26	Other state or non-state funds? ☐ YES ☒ NO	Amendment ☐ Board Meeting Date(s):	Canceled ☐ Board Meeting Date(s):
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* If a contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Hyde Park Holsteins	Address 35129 Hwy 60	City/State Zumbro Falls	Zip code 55991
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* If a group contract, this must be 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: Hyde Park	Township No: 109	Range No.: 13	Section No. 4	1/4,1/4 NE 1/4
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Contract Information

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

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

University of Minnesota Nitrogen Fertilizer Recommendation for Corn

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 11/30/24, 11/30/25, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

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

Date 3-18-24	Land Occupier 
Date 4-22-24	Landowner, if different from applicant 
Address, if different from applicant information: 34486 Co Rd 72 Lumbro Falls MN 55991	

Conservation Practice

The primary practice for which cost-share is requested is

University of Minnesota Nitrogen Recommendations for Corn

Eligible Component Standard & Name University of Minnesota Nitrogen Recommendations for Corn - Pre-Plant N	Engineered Practice: ☐ YES ☒ NO Ecological Practice: ☒ YES ☐ NO	Total Project Cost Estimate \$2,000.00
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Technical Assessment and Cost Estimate

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

Date	Technical Assistance Provider JENNA RASMUSSEN (Affiliate) Digitally signed by JENNA RASMUSSEN (Affiliate) Date: 2024.04.25 07:51:09 -05'00'
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$10/acre

Amount	Program Name	Fiscal Year
\$2,000.00	Drinking Water Protection in the Karst Region	2024

Date	Authorized Signature	Total Amount Authorized
		\$2,000.00

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-2-31

Total Amount Authorized:
(from contract)

\$20,000.00

Practice	Quantity	Unit	Unit Rate	Total
Single Species Cover Crop (340)	94.6	Acres	\$50.00	\$4,730

PAYMENT REQUEST: \$4,730

on: 10-27-2025

11/20/25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Partial
B. Payment amount requested: \$4,730.00
C. Total Amount Authorized: \$20,000.00
D. Total previous partial payments:
E. Amount available (C - D): \$20,000.00

Amount Approved for This Voucher: \$4,730.00
(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

Administrative Certification

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

Administrative Sign-off

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Amendment ☐	Canceled ☐
Wabasha SWCD	79-2-31	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 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 Crop (34) 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 12/1/2028, 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.

[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	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
9-29-2015	[Signature] SAA 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: Single Species Cover Crop \$50/ Acre T-889, T-861, T-4465	2025-2028

Approval Date	Authorized Signature	Total Amount Authorized
10/7/2025	[Signature] per board resolution	\$20,000.00







FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Kevin Petersen
Address: 13826 622ND ST
City, State, Zip: Kellogg, MN 55945
Contract No.: 25-SHD-16

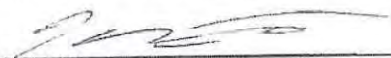
Total Amount Authorized: \$3,000.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
Single -Species Cover Crop (340)	60	Acres	\$50.00	\$3,000.00

PAYMENT REQUEST: \$3,000.00

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

10-27-2025


Payee Signature

11-23-25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Final
B. Payment amount requested: \$3,000.00
C. Total Amount Authorized: \$3,000.00
D. Total previous partial payments:
E. Amount available (C - D): \$3,000.00

Amount Approved for This Voucher: \$3,000.00
(cannot exceed Total Amount Authorized)

Technical Certification

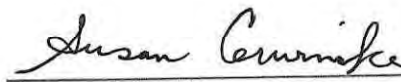
I certify that an inspection has been performed and that the items identified under the Practice Information section of this form have been completed and are in accordance with the requested practice standards and specifications.


Technical Assistance Provider

12-15-2025
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

12/15/2025
Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 25-SHD-16	Amendment ☐ Date(s):	Canceled ☐ Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Kevin Petersen	Address 13826 622ND ST	City/State Kellogg, MN	Zip code 55945
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Greenfield	Township No.: 110	Range No.: 9	Section No. 31	1/4 1/4 N 1/2 NW 1/4 & SW 1/4
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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) 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. 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. Not accept any other federal or state funds for this practice.

Date Land Occupier

Date 10/23/25	Landowner, if different from applicant: 
	Address, if different from applicant information: 13826 622nd St, Kellogg, MN 55945

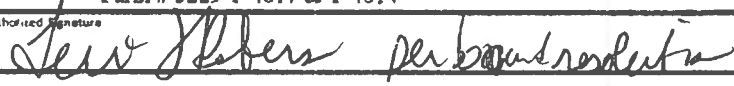
Conservation Practice

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

Practice standard(s) or eligible component	Units
Cover Crop (340)	60 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 9/30/2025 8:11 AM CDT	Technical Assistance Provider Signed by: 
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: Single Species Cover Crop on 60 Acres at \$50/ Acre 2025 Farm # 5229 T-4617 & T-4614	
Approval Date 10/23/2025	Authorized Signature:  Total Amount Authorized \$3,000.00







FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: [REDACTED]
Address: [REDACTED]
City, State, Zip: [REDACTED]
Contract No.: 79-2-32

Total Amount Authorized: \$18,120.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
Single-Species Cover Crop (340)	90.600	Acres	\$50.00	\$4,530.00

PAYMENT REQUEST: \$4,530.00

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

[REDACTED]

12-5-25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Partial
B. Payment amount requested: \$4,530.00
C. Total Amount Authorized: \$18,120.00
D. Total previous partial payments:
E. Amount available (C - D) \$18,120.00

Amount Approved for This Voucher: \$4,530.00
(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.

[Signature]
Technical Assistance Provider

Date

12-15-2025

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

12/15/2025

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT**General Information**

Organization: Wabasha SWCD	Contract Number: 79-2-32	Amendment ☐ Date(s):	Canceled ☐ Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

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

* 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
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[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:

Cover Crop (340) 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 12/1/2028, 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: [Redacted] Landowner, if different from applicant: [Redacted]

Address, if different from applicant information: [Redacted]

Conservation Practice

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

Practice standard(s) or eligible component	Units
Cover Crop (340)	90.6 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	Technical Assistance Provider	
9/30/2025 8:04 AM CDT	Signed by: Jenna Rasmussen	
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: Single Species Cover Crop On 90.6 Acres 2025-2028 at \$50 an Acre		
Farm # 4832 Tract 88		
Approval Date	Authorized Signature	Total Amount Authorized
10/17/2024	Jenna Rasmussen per board resolution	\$18,120.00





FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name:

Address:

City, State, Zip:

Contract No.: 79-2-36

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

Practice	Quantity	Unit	Unit Rate	Total
Single-Species Cover Crop (340)	96.000	Acres	\$50.00	\$4,800.00

PAYMENT REQUEST: \$4,800.00

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

10-30-2025

Payee Signature

Date

12-12-25

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):

Final

B. Payment amount requested:

\$4,800.00

C. Total Amount Authorized:

\$4,800.00

D. Total previous partial payments:

E. Amount available (C - D)

\$4,800.00

Amount Approved for This Voucher:

\$4,800.00

(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

Susan Grwinski

12/15/25

Date

12/16/2025

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 79-2-36	Amendment ☐ Date(s):	Canceled ☐ Date(s):
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* 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

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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
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. 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.

[Redacted]	
Date	Landowner, if different from applicant
	Address, if different from applicant information:

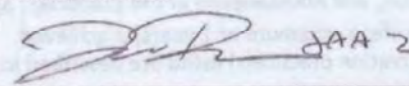
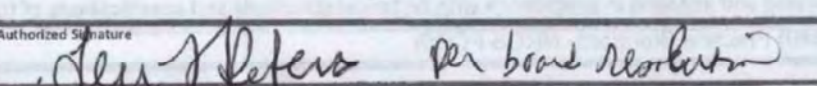
Conservation Practice

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

Practice standard(s) or eligible component	Units
Cover Crop (340)	96 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 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: 50	
This Contract Entails: Single Species Cover Crop at \$50 an Acre for 2025 on 96 Acres T-4944, T-834, T-833	
Approval Date 10-9-2025	Authorized Signature  per board resolution
Total Amount Authorized \$4,800.00	





Wabasha Soil and Water Conservation District
Regular Board Meeting
December 18, 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. Nathan & Tina Schumacher Contract# 26-CC-1 in the amount of \$133.95 for Practice 612 Tree/Shrub Establishment.
(Funding source – FY26 Conservation Contracts)

ii. Contract Amendments

A.

iii. Vouchers

- A. Voucher payment for Kurt Schnell Contract# 2024WAGZ-WC-16 in the amount of \$3,555.00. Payment two of a two-year contract for Cover Crops-Final.
(Funding source – FY24-FY25 WAGZ)
- B. Voucher payment for Huneke Dairy Inc/Paul Huneke Contract# 25-SHD-15 in the amount of \$4,378.50. Payment 1 of a 1-year contract for Cover Crops – Final.
(Funding source – FY25 Soil Health Delivery)
- C. Voucher payment for Paul Kruger Enterprises LLC Contract# 25-SHD-13 in the amount of \$2,620.00. Payment 1 of a 1-year contract for Cover Crops – Final.
(Funding source – FY25 Soil Health Delivery)
- D. Voucher payment for Contract# 79-2-27 in the amount of \$3,360.00 for 340 Cover Crops. Payment 1 of 1-year contract – Final.
(Funding source – FY25-FY28 Soil Health RCPP)
- E. Voucher payment for Hyde Park Holsteins Contract# DWP-26 in the amount of \$1,000.00 for U of M Nitrogen Fertilizer recommendation for Corn – Final.
(Funding source – FY24-FY25 DWP Karst (TKR))

- F. Voucher payment for Contract# 79-2-31 in the amount of \$4,730.00 for 340 Cover Crops. Payment 1 of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- G. Voucher payment for Kevin Petersen Contract# 25-SHD-16 in the amount of \$3,000.00 die 340 Cover Crops. Payment 1 of 1-year contract – Final.
(Funding source – FY25 Soil Health Delivery)
- H. Voucher payment for Contract# 79-2-32 in the amount of \$4,530.00 for 340 Cover Crops. Payment 1 of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- I. Voucher payment for Contract# 79-2-36 in the amount of \$4,800.00 for 340 Cover Crops. Payment 1 of 1-year contract – Final.
(Funding source – FY25-FY28 Soil Health RCPP)
- J. Voucher payment for Mike Graner Contract# 23-CWF-WIC-4 in the amount of \$20,749.02 for Practice 528 Prescribed Grazing.
(Funding source – FY23 West Indian Creek Watershed Restoration and Protection)
- K. Voucher payment for Contract# 79-25RCPP-12 in the amount of \$5,000.00 for 340 Cover Crops. Payment 1 of 4-year contract.
(Funding source – FY25-FY28 Soil Health RCPP)
- L. Voucher payment for Benjamin Klein for Contract# 25-SHD-8 in the amount of \$1,475.00 for 340 Cover Crops. Payment 1 of 1-year contract.
(Funding source -FY25 Soil Health Delivery)
- M. Voucher payment for Eric Klein for Contract# 25-SHD-9 in the amount of \$1,000.00 doe 340 Cover Crops. Payment 1 of 1-year contract.
(Funding source – FY25 Soil Health Delivery)
- N. Voucher payment for Roger Walkes for Contract# 2025WinLaC-WC-004 in the amount of \$6,000.00 for 340 Cover Crops. Payment 1 of a 3-year contract.
(Funding sources – FY23 WinLaC Watershed based funds \$857.00 and FY25 WinLaC Watershed based funds \$5,143.00)
- O. Voucher payment for Rachel Walkes for Contract# 2025WinLaC-WC-005 in the amount of \$6,000.00 for 340 Cover Crops. Payment 1 of a 3-year contract.
(Funding source – FY25 WinLac)

VI. SECRETARY’S REPORT – Board Action

- A. November 20, 2025, Meeting Minutes

VII. TREASURER’S REPORT – Board Action

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

The full spreadsheet was sent to the board in advance

VIII. PAYMENT OF MONTHLY BILLS

- A. Monthly Bills in the amount of \$115,050.06 - **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. Natural Resources Technician Report– Katelyn Abts –
- F. Soil Health/Nutrient Management Tech Report – Deanna Pomije – In the packet
- G. Conservation Planning & Outreach Technician – Ella Jurgerson – In the packet
- H. BWSR Report – Dave Copeland
- I. Other agencies –

X. OLD BUSINESS

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

XI. NEW BUSINESS

- A. Approve June E. Ratz Trust Amendment# 3 to Contract# 24-CC-5 changing the Install by date to 5/15/2025 from 12/31/2025 – **Board Action**
- B. Approve Katie M. Jacobson, CPA Engagement Letter for Auditing 2025 Financial Statements. The quote is on last page of Engagement Letter. The fee will be in the \$5,500 to \$7,500 range- (2024 was \$5,583.79) - **Board Action and Signature**
- C. Set Meeting Dates/Times for 2026 – **Board Action**
- D. Approve Jary Holst Amendment# 2 to Contract# 2025WinLaC-Wab-001 to change the Install by date to 10/31/2026 from 11/30/2025 – **Board Action**
- E. December RCPP Batching – **Board Action**
- F. Watershed Based Continuous CRP Incentives – **Board Action**
 - i. WAGZ
 - A. Richard Olson Contract# 2024-WAGZ-WC-CRP2, \$500.00 and Voucher Watershed
 - B. Julie Damman Contract# 2024-WAGZ-Wc-CRP9, \$250.00 and Voucher payment for the \$250.00
 - C. Kenneth Moyer Contract# 2024-WAGZ-WC-CRP10, \$500.00 and Voucher payment for the \$500.00
 - D. Kenneth Moyer Contract# 2024-WAGZ-WC-CRP11, \$500.00 and Voucher payment for the \$500.00.
 - E. Kenneth Moyer Contract# 2024-WAGZ-WC-CRP12, \$500.00 and Voucher payment for the \$500.00
 - F. Dale Wobbe Contract# 2024-WAGZ-WC-CRP11, \$250.00 and Voucher payment for the \$250.0
 - G. Dale Wobbe Contract# 2024-WAGZ-WC-CRP13, \$250.00 and Voucher payment of the \$250.00.
 - ii. WinLaC
 - A. William Hager Contract# 2025WinLaC-Wab-CRP6, \$1,000.00 and Voucher payment for the \$1,000.00/
 - B. Ann Meurer Contract# 2025WinLaC-Wab-CRP1, \$1,000.00 and Voucher payment for the \$1,000.00.
 - C. Mary Tentis Contract# 2025WinLaC-Wav-CRP7, \$1,000.00 and Voucher payment for the \$1,000.00

- iii. Approve payments for any eligible contracts before the end of the year.
Information will be provided. – **Board Action**

iv. **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

Upcoming Events:

- i. Thursday, December 25, 2025, Christmas Day – Office Closed
- ii. Thursday, January 1, 2026, New Year’s Day – Office Closed
- iii. January 1, 2026, Paid Leave Law goes into effect.
- iv. Monday, January 19, 2026, Martin Luther King Jr. Day-Office Closed

v. **Motion to Recess Regular Meeting and go in to Closed Session – Board Action**

vi. **Closed Session – Board Action**

A. **Personnel Review**

- i. Katelyn Abts
- ii. Deanna Pomije
- iii. Ella Jurgerson
- iv. Sue Cerwinske

- B. District Manager – Terri Peters personnel review and discussion.
- C. Adoptions of 2026 Wage Scale

vii. **Motion to Reopen Regular Meeting – Board Action**

viii. **Approval of the following – Board Action**

- A. Adoption of 2026 Wage Scale
- B. Approve the Employee Evaluations
- C. Approve 2026 salary recommendations

ix. **Adjourn – Board Action**

PERCENT BASED - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Mike Graner Contract No.: 23-CWF-WIC-4

Address: 19087 635th St

City, State, Zip: Kellogg MN

Total Amount Authorized: \$27,259.98 % Approved: 90% (state) 90% (state & non-state)

(from contract)

Item	Quantity	Unit	Unit Price	Cost
Electrical- Thompson-Ward Electric INC	1	total	\$4,578.55	\$4,578.55
Concrete Pads- LC Concrete LLC	1	total	\$24,600.00	\$24,600.00
Fence Install - Wheat Trail Fence LLC	1	total	\$42,820.07	\$42,820.07
Well- Peterson Well Drilling Inc.	1	total	\$38,596.90	\$38,596.90
Fence Removal- Michael Graner	1	total	\$12,750.00	\$12,750.00
				\$0.00
				\$0.00
PROJECT COST:				\$123,345.52

PAYMENT AND CERTIFICATION INFORMATION

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

B. Total cost of practice to date: \$123,345.52

C. Eligible amount (total cost x % approved): \$27,259.98 (state) \$111,010.97 (state & non-state)

D. Total other state payment amount: \$0.00

E. Total non-state payment amount: \$90,261.95

F. Total previous partial payments: \$0.00

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

H. Maximum payment amount: \$20,749.02

Pre-Con.Cover Ac.	Rate/Ac.

Amount Approved for This Voucher:

\$20,749.02

(cannot exceed Total Amount Authorized)

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

Mike Graner

Payee Signature

12/16/2025

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 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 as-built can be used as the technical certification on the "Voucher and Certification"

DEAN THOMAS
Technical Assistance Provider
(Affiliate)

Digitally signed by DEAN THOMAS (Affiliate)

Date: 2025.12.16
10:46:17 -06'00'

Date

Susan Grwinski
Administrative Sign-off

12/16/2025

Date

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 23-CWF-WIC-4	Other state or non-State funds? ☒ YES ☐ No	Amendment ☐ Board Meeting Date(s):	Canceled ☐ Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Mike Graner	Address 19087 635th St	City/State Kellogg MN	Zip Code 55945
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* If a group contract this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form

Conservation Practice Location

Township Name: Highland	Township No: 109	Range No.: 11	Section No. 6	1/4,1/4 SW
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Contract Information

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

1. The land occupier is responsible for full establishment, operation, and maintenance of all 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:

USDA-NRCS Field Office Technical Guide Practice Standards

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 5-15-2024	and Occupier 
Date	Landowner, if different from applicant
	Address, if different from applicant information

Conservation Practice

The primary practice for which cost-share is requested is: **528 - Prescribed Grazing**

Eligible Component Standard & Name 500 - Obstruction Removal, 382 - Fence, 642 - Water Well, 533 - Pumping Plant, 516 - Livestock Pipeline, 614 Watering Facility, 561 - Heavy Use Area Protection	Engineered Practice: ☒ YES ☐ NO	Total Project Cost Estimate \$154,617.75
	Ecological Practice: ☒ YES ☐ 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 5/10/2024	Technical Assistance Provider DEAN THOMAS (Affiliate)	Digitally signed by DEAN THOMAS (Affiliate) Date: 2024.05.10 13:05:56 -05'00'
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Pre-Construction Cover

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

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

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed 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
\$27,259.98	2023 West Indian Creek Watershed Restoration and Protection	2023

Date May 23, 2024	Authorized Signature 	Total Amount Authorized \$27,259.98
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Completed Document Audit Report

Completed with SignWell.com

Title: Mike Graner Payment Voucher- PDF

Document ID: 53a1d1f2-182f-4943-8db4-3351602c65cf

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

Files

Mike Graner Payment Voucher- PDF.pdf - 1 Page

Dec 16, 2025 15:37:10 UTC

Activity

 Ella Jurgerson	created the document (jurgerson.ella@gmail.com)	Dec 16, 2025 15:37:30 UTC
IP: 2600:129e:2f23:64:f8d6:74c0:9a9d:d53d		
 Ella Jurgerson	sent the document to michael.graner@poet.com	Dec 16, 2025 15:38:38 UTC
 Mike Graner	first viewed document (michael.graner@poet.com)	Dec 16, 2025 15:43:03 UTC
IP: 66.128.178.204		
 Mike Graner	signed the document (michael.graner@poet.com)	Dec 16, 2025 15:43:44 UTC
IP: 66.128.178.204		

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:
(cannot exceed Total Amount Authorized)

\$5,000.00

Technical Certification

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

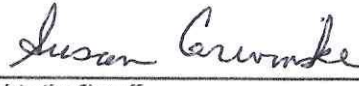

Technical Assistance Provider

Date

11/17/2025

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

12/16/2025

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 79-25RCPP-12	Amendment ☐ Date(s):	Canceled ☐ Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name [REDACTED]	Address [REDACTED]	City/State [REDACTED]	Zip code [REDACTED]
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: [REDACTED]	Township No: [REDACTED]	Range No.: [REDACTED]	Section No.: [REDACTED]	1/4, 1/4 [REDACTED]
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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 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	
Landowner, if different from applicant	
Address, if different from applicant information	

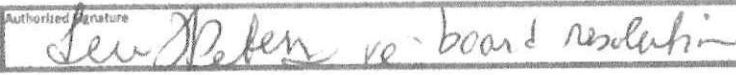
Conservation Practice

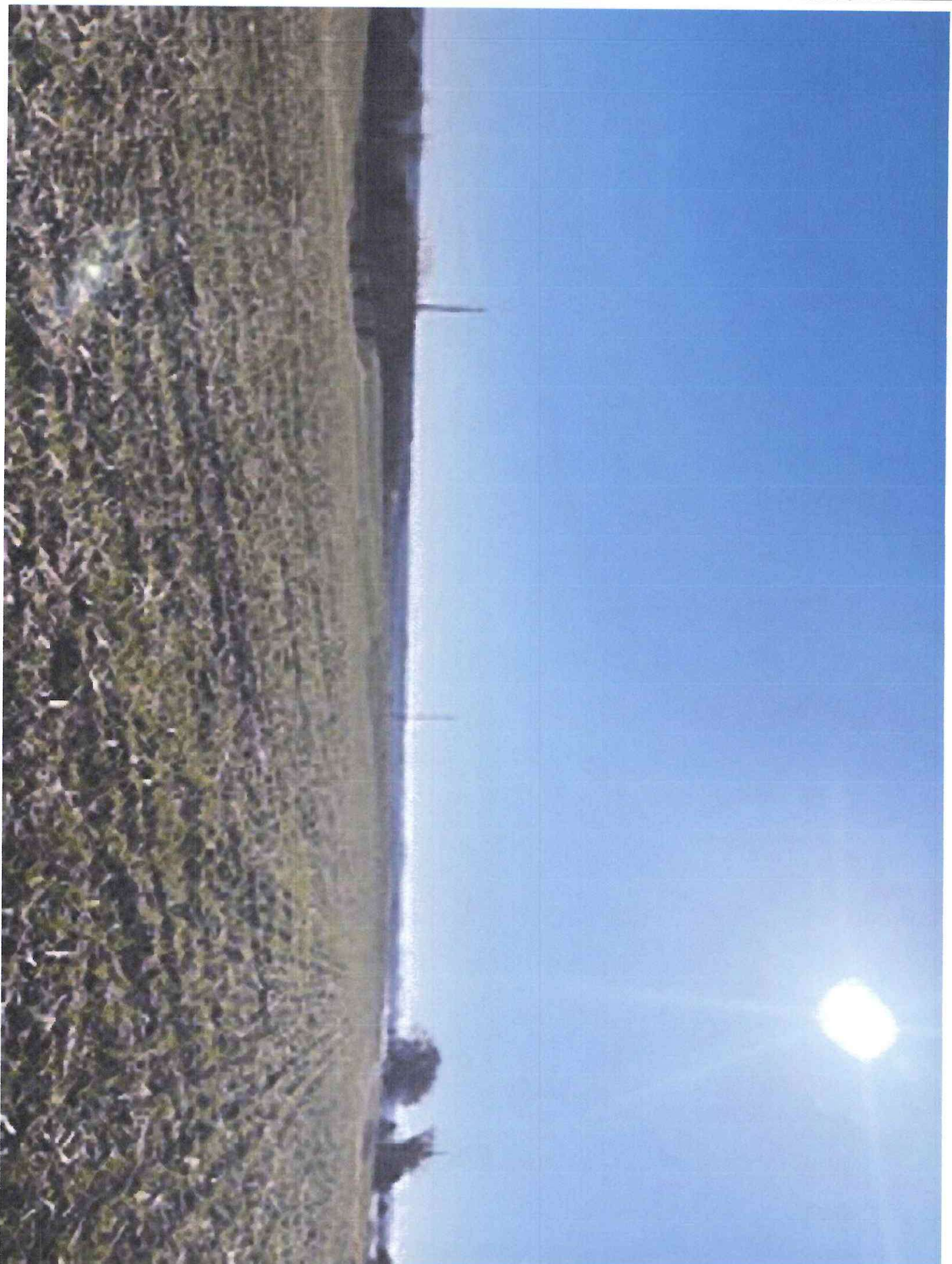
The primary practice for which assistance is requested is **Cover Crop (340)**

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 8-28-2015	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 9/16/2015	Authorized Signature  re-board resolution
Total Amount Authorized \$20,000.00	



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Benjamin J. Klein
Address: 27079 Co Rd 25
City, State, Zip: Elgin MN 55932
Contract No.: 25-SHD-8

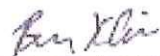
Total Amount Authorized: \$2,200.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
Single-Species Cover Crop (340)	29.500	Acres	\$50.00	\$1,475.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

PAYMENT REQUEST: \$1,475.00

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

10/31/2025



Payee Signature

11/21/25

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final):	Final
B. Payment amount requested:	\$1,475.00
C. Total Amount Authorized:	\$2,200.00
D. Total previous partial payments:	\$0.00
E. Amount available (C - D)	\$2,200.00

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

\$1,475.00

Technical Certification

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



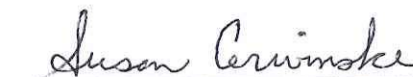
Technical Assistance Provider

Date

12-16-2025

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

12/16/2025

Cover Crop Certification Worksheet

Name: Benjamin Klum Program: 25-SHD-8
 Address: 27079 Co Rd 25 Elgin, MN Contract Item #: 20.5
 Site location: 25-34-34-24 Township: 198 Range: 12 Acres Planted: 20.5
 Section: 25

Instructions: Document producer's actual cover crop planting information below. Attach or include photos of the cover crop to the Job Sheet.

Species	Total Pounds Planted	% Germ	% Purity	Total pLS # Planted	pLS lb/ac	% of full Rate	Seeds/ sqft	Practice Check Out Conditions	
Wheat, Winter	1700	90.0%	99.5%	1522.35	51.6051	103%	13.46	Site Preparation: disc ripped	
								Fertility Used: NA	
								Date Planted: 10/31/2025	
								Planting Depth: 1" inches	
								Planting Method: Incorporated	
								Weed Control (chemical/mechanical): Mechanical	
								Termination Method: Mechanical	
								Cover Crop Height at Termination:	NA inches
				Totals:	51.6051	103%	13.46		
				Irrigated:	No				

Notes and Comments:
Note: T-52 Fids (4, 7, 41, 43, 35, 13, 14)

Producer Signature: Ben Klum Date: 11/21/25

I certify that the above information does not meet NRCS specifications for design and installation.

Conservationist Signature: [Signature] Date: 12-16-2025
JAA

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Amendment	Canceled
Wabasha SWCD	25-SHD-8	Date(s):	Date(s):

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

Applicant

Land Occupier Name	Address	City/State	Zip code
Benjamin J. Klein	27079 Co Rd 25	Elgin, MN	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:	Township No:	Range No.:	Section No.	1/4, 1/4
Elgin	108	12	25	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:

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 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 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
\$2,200	Soil Health Delivery	2025

Date 9/18/25	Land Occupier <i>Ben Koni</i>
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)	44 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 9/23/2025	Technical Assistance Provider <i>[Signature]</i> #42
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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 44 Acres	Single Species Cover Crop	For 2025	Tract # 52
Approval Date 10/8/2025	Authorized Signature <i>Levi Leden per board resolution</i>	Total Amount Authorized	\$2,200.00		



T 52 fld. 4 Ben Klein W. wheat drilled after disc ripped corn harvest, planted 10/31/25



T52 fld. 41

FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Klein Eric & Lisa JV
Address: 27079 Co Rd 25
City, State, Zip: Elgin MN 55932
Contract No.: 25-SHD-9

Total Amount Authorized: \$1,000.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
Single-Species Cover Crop (340)	20.000	Acres	\$50.00	\$1,000.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00

PAYMENT REQUEST: \$1,000.00

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

10/31/2025

Payee Signature

Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Final
B. Payment amount requested: \$1,000.00
C. Total Amount Authorized: \$1,000.00
D. Total previous partial payments: \$0.00
E. Amount available (C - D): \$1,000.00

Amount Approved for This Voucher: \$1,000.00
(cannot exceed Total Amount Authorized)

Technical Certification

I certify that an inspection has been performed and 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

Cover Crop Certification Worksheet

Name: Erols Lisa Klein JV Program: Contract #: 25-SHO-9
 Address: 27079 Co Rd 25 Elgin MN 56032 Contract Item #:
 Soil location: T3779 Rds. 1, 2, part 25 Acres Planted: 20.0
 Section: 24 Township: 108 Range: 12

Instructions: Document producer's actual cover crop planting information below. Attach or include photos of the cover crop to this Job Sheet.

Species	Total Pounds Planted	% Germ	% Purity	Total PLS # Planted	PLS lb/ac	% of full Rate	Seeds/ sqft	Practice Check Out Conditions
Wheat Winter	1200	85.0%	99.5%	1014.9	50.745	101%	13.23	Site Preparation: <u>no till drill</u>
								Fertility Used: <u>NA</u>
								Date Planted: <u>10/31/2015</u>
								Planting Depth: <u>1"</u> inches
								Planting Method: <u>Incorporated</u>
								Weed Control (chemical/mechanical): <u>Mechanical</u>
								Termination Method: <u>Mechanical</u>
								Cover Crop Height at Termination: <u>NA</u> inches
Totals: 50.745 101% 13.23								
Irrigated: <u>No</u>								

Notes and Comments:

Erols
Producer Signature

11/19/25
Date

I certify that the above information does / does not meet NRCS specifications for design and installation.

[Signature]
Conservationist Signature

12-16-2015
Date

2
JAA

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization:	Contract Number:	Amendment	Canceled
Wabasha SWCD	25-SHD-9	Date(s):	Date(s):

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

Applicant

Land Occupier Name	Address	City/State	Zip code
Klein Eric & Lisa JV	27079 Co Rd 25	Elgin, MN	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:	Township No:	Range No.:	Section No.	1/4, 1/4
Elgin	108	12	24	SE 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:

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 12/1/2025, 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 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
\$1,000	Soil Health Delivery	2025

Date	Land Occupier
9-19-25	Eric + Lisa Klein
Date	Landowner, if different from applicant
	Address, if different from applicant information

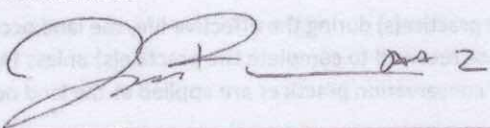
Conservation Practice

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

Practice standard(s) or eligible component	Units
Cover Crop (340)	20 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	
10-9-2025		
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 20 Acres Single Species Cover Crop For 2025 Tract # 3779		
Approval Date	Authorized Signature	Total Amount Authorized
10-9-2025	Jeri Peters per board resolution	\$1,000.00



T-3779 fld 1 Eric Klein





Drilled: a. rye, radish, turnip

Roger Walkes 2025



Nov 28, 2025 1:02:52 PM
52043 Wabasha County Road 4
Plainview



Broadcast: w. rye, w. camelina



FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Roger Walkes
Address: 25089 Co Rd 25
City, State, Zip: Plainview MN 55964
Contract No.: 2025WINLaC-WC-004 Total Amount Authorized: \$18,000.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
Multi-species Cover Crops	100	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.

* Roger Walkes
Payee Signature

12-9-25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Partial
B. Payment amount requested: \$6,000.00
C. Total Amount Authorized: \$18,000.00
D. Total previous partial payments:
E. Amount available (C - D) \$18,000.00

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

Technical Certification

I certify that an inspection has been performed and 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.

Signed by:

Jenna Rasmussen
8EED766CB0E944C...

Technical Assistance Provider

12/17/2025 | 11:10 AM CST

Date

Administrative Certification

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

Susan Cerniske

Administrative Sign-off

12/17/2025

Date

Cover Crop Certification Worksheet

Name: Roger Walkes Program: _____
Address: 25089 Co Rd 25 Plainview MN 55964 Contract #: 2025 WINLaC-Wab004
Site location: T-2922 flds. 3, 4 Contract Item #: _____
Section: 29 Township: 108 Range: 11 Acres Planted: 12.5

Instructions: Document producer's actual cover crop planting information below. Attach or include photos of the cover crop to this Job Sheet.

Species	Total Pounds Planted	% Germ	% Purity	Total PLS # Planted	PLS lb/ac	% of full Rate	Seeds/sqft	Practice Check Out Conditions
Ryegrass, Annual	96.6566	85.0%	99.7%	81.91164	6.55293	44%	28.62	Site Preparation:
Ryegrass, Annual	51.136	85.0%	99.9%	43.42213	3.47377	23%	15.17	none
Radish	17.144	85.0%	99.9%	14.55783	1.16463	29%	0.91	Fertility Used:
Radish	22.267	85.0%	99.3%	18.79446	1.50356	38%	1.17	NA
Turnip	0.29559	85.0%	99.8%	0.250749	0.02006	2%	0.09	
-								Date Planted: <u>9/25/2025</u>
-								Planting Depth: <u>0.5</u> inches
-								Planting Method: <u>Incorporated</u>
-								Weed Control (chemical/mechanical):
-								Chemical
-								Termination Method:
-								Herbicide
-								Cover Crop Height at Termination:
-								NA Inches
				Totals:	12.7149	136%	45.97	
				Irrigated:	No			

Notes and Comments:
Planted mix at 15#/ acre

* Roger Walkes
Producer Signature

12-9-25
Date

I certify that the above information does / does not meet NRCS specifications for design and installation.

Jenna Rasmussen
Conservationist Signature

12/17/2025 | 11:10 AM CST
Date

2
JAA

Cover Crop Certification Worksheet

Name: Roger Walkes Program: WINLaC
Address: 25089 Co Rd 25 Plainview MN 55964 Contract #: 2025 WINLaC-Wab004
Site location: T-158 TMS-3, 6, 12-14, 17 Contract Item #: 93.9
Section: 19 Township: 108 Range: 11 Acres Planted: 93.9

Instructions: Document producer's actual cover crop planting information below. Attach or include photos of the cover crop to this Job Sheet.

Species	Total Pounds Planted	% Germ	% Purity	Total PLS # Planted	PLS lb/ac	% of full Rate	Seeds/sqft	Practice Check Out Conditions
Rye, Winter Cereal	5408.6	87.0%	99.4%	4678.661	49.8266	60%	20.77	Site Preparation:
Camelina, Winter	197.2	96.0%	98.5%	186.4723	1.98535	40%	18.23	corn stalks chopped
-								Fertility Used:
-								NA
-								Date Planted: 10/29/2025
-								Planting Depth: 0 inches
-								Planting Method: Non-Incorporated
-								Weed Control (chemical/mechanical):
-								Chemical
-								Termination Method:
-								Herbicide
-								Cover Crop Height at Termination:
-								NA inches
Totals:					51.812	100%	39.00	
Irrigated:					No			

Notes and Comments:
57.6 #/acre of rye & 2.1 #/acre of camelina planted

* Roger Walkes 12-9-25
Producer Signature Date

I certify that the above information does / does not meet NRCS specifications for design and installation.

Signed by: Jenna Rasmussen 12/17/2025 | 11:10 AM CST
Conservationist Signature Date

2

JAA

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 2025WINL C- WC-004	Other state or non-state funds? ☐ YES ☒ NO	Amendment Board Meeting Date(s):	Canceled Board Meeting Date(s):
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* If contract is amended, attach amendment form(A) to this contract.

Applicant

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

Conservation Practice Location

Township Name: Plainview	Township No: 108	Range No.: 11	Section No.: 29	1/4, 1/4 NW 1/4
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Contract Information

1. (we), the undersigned, do hereby request cost share assistance to help defray the cost of installing the following practice(s) listed on 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.

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

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 12/1/27, 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 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 9-15-25	Land Occupier Roger Nalkes
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 in Tracts 2922, 158, 3030, for 3-year (2025-27) using multiple species at a \$60 / acre rate.

Eligible Component Standard & Name	Engineered Practice: ☐ YES ☐ NO	Total Project Cost Estimate \$18,000.00
	Ecological Practice: ☐ YES ☐ NO	

Technical Assessment and Cost Estimate

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

Date 9-23-2025	Technical Assistance Provider  AA 2
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Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$60.00

Amount	Program Name	Fiscal Year
\$857.00	WINLaC watershed based funds	FY2023
\$11,143.00	WINLaC watershed based funds	FY2025
\$6,000.00	Soil Health Delivery	FY2025

Date 9-23-2025	Authorized Signature  Per board resolution	Total Amount Authorized \$18,000.00
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FLAT RATE - VOUCHER AND PRACTICE CERTIFICATION FORM

PAYEE AND COST INFORMATION

Name: Rachel Walkes
Address: 25089 Co Rd 25
City, State, Zip: Plainview MN 55964
Contract No.: 2025WINLaC-WC-005 Total Amount Authorized: \$18,000.00
(from contract)

Practice	Quantity	Unit	Unit Rate	Total
Multi-species Cover crops	100	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.

Rachel Walkes
Payee Signature

12-9-25
Date

PAYMENT AND CERTIFICATION INFORMATION

A. Type of request (partial or final): Partial
B. Payment amount requested: \$6,000.00
C. Total Amount Authorized: \$18,000.00
D. Total previous partial payments:
E. Amount available (C - D) \$18,000.00

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

Technical Certification

I certify that an inspection has been performed and 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.

Signed by:

Jenna Rasmussen
8EFD766CB0E944C

Technical Assistance Provider

12/17/2025 | 2:27 PM CST

Date

Administrative Certification

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

Susan Gunkle

Administrative Sign-off

12/17/2025

Date

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2025WINLAC-WC-QDS	Other state or non-state funds? ☐ YES ☒ NO	Amendment ☐ Board Meeting Date(s):	Canceled ☒ Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

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

Conservation Practice Location

Township Name: Plainview	Township No. 108	Range No. 1	Section No. 20	1/4, 1/4 NE 1/4
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Contract Information

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

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

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract 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 12/1/27, 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
9-15-25	Rachel Wilber
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 in Tract 3031, for 3-year (2025-27) using multiple species at a \$60 / acre rate.

Eligible Component Standard & Name <u>340 - Cover Crops</u>	Engineered Practice: ☐ YES ☒ NO	Total Project Cost Estimate \$18,000.00
	Ecological Practice: ☒ YES ☐ NO	

Technical Assessment and Cost Estimate

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

Date	Technical Assistance Provider
9-23-2025	<i>[Signature]</i> JAMZ

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed a rate of: \$60.00

Amount	Program Name	Fiscal Year
\$6,357.00	WINLaC watershed based funds	FY2025
\$4,344.17	Conservation Contracts	FY2025
\$7,298.83	Soil Health Delivery	FY2025

Date	Authorized Signature	Total Amount Authorized
9-23-2025	<i>[Signature]</i> per board resolution	\$18,000.00



Drilled: a. rye, radish, turnip

Rachel Walkes 2025



Nov 28, 2025 1:41:55 PM
30 South Wabasha Street
Plainview



Broadcast: w. rye, w. camelina



**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

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

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

Staff Present: Terri Peters, District Manager

Others Present: Bob Walkers, County Commissioner, Sheila Harmes, Winona County Water Planner, Whitewater Watershed Project Coordinator, Frank Klennert, Citizen

II. PLEDGE ALLEGIANCE

III. AGENDA

Motioned by Klennert and seconded by Ross to approve the Agenda with Consent Agenda additions. Under Vouchers, add BB for DKKA LLC \$9,108.34 and Under Grants, add Grant Agreement for RCPP for October \$120,000.00 and Payment of Monthly Bills add the amount \$133,856.41.

Affirmative: Ross, Klennert, Knudsen, Zabel

Opposed: None

Motion Carried

IV. PUBLIC COMMENTS

Comments limited to 5 minutes per speaker

V. CONSENT AGENDA -Board Action

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

i. 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

Motioned by Klennert and seconded by Ross to approve the Consent Agenda – Contracts.

Affirmative: Ross, Klennert, Knudsen, Zabel

Opposed: None

Motion Carried

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)

- B. Grant Agreement for RCPP for October - \$120,000.00.

Dave Copeland discussed RCPP.

Motioned by Klennert and seconded by Ross to approve the Consent Agenda – Contract Amendments.

Affirmative: Ross, Klennert, Knudsen, Zabel

Opposed: None

Motion Carried

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 Contact# 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)

Motioned by Klennert and seconded by Ross to approve the Consent Agenda – Vouchers.

Affirmative: Ross, Klennert, Knudsen, Zabel

Opposed: None

Motion Carried

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)

Motioned by Klennert and seconded by Ross to approve the Consent Agenda – Grants.

Affirmative: Ross, Klennert, Knudsen, Zabel

Opposed: None

Motion Carried

VI. SECRETARY'S REPORT – Board Action

A. October 23, 2025, Meeting Minutes

Motioned by Klennert and seconded by Ross to approve the

Secretary's Report – which was sent out previously to meeting for approval.

Affirmative: Ross, Klennert, Knudsen, Zabel

Opposed: None

Motion Carried

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

Terri went over all the reports thoroughly. Also had an Actual vs Budget Profit & Loss Statement.

Motioned by Klennert and seconded by Knudsen to approve the Treasurer's Report with the understanding it will be final approval by the auditor.

Affirmative: Ross, Klennert, Knudsen, Zabel

Opposed: None

Motion Carried

VIII. PAYMENT OF MONTHLY BILLS

A. Monthly Bills in the amount of \$133,856.41 - **Board Action**

Motioned by Klennert and seconded by Ross to approve the Payment of the Monthly Bills in the amount of \$133,856.41. Checks signed by Klennert and Ross.

Affirmative: Ross, Klennert, Knudsen, Zabel

Opposed: None

Motion Carried

IX. DISTRICT REPORTS

A. Chair Report – Lynn Zabel

B. County Commissioner – Bob Walkes

3 of 5 labor contracts are settled.

Making some minor tweaks on the 2026 Budget.

Truth in taxation notices for property tax payable 2026 will be sent out in the near future.

C. District Manager Report – Terri Peters

WinLaC and WAGZ policy committee meetings in November.

Working on HR benefits and paid leave.

Started year-end reporting and have submitted several reports.

Working on budget format and planning our budget for next year.

Year end reporting for NFWF progress. Working with Darrin Thompson at Wabasha Count on SSTS grant and suggested we all meet with Dave (BWSR) to discuss requirements for spending funds and reporting.

D. NRCS Report – Christina Taylor – No report, just getting caught up.

E. District Technician Report- Matt Kempinger – In the packet

F. Natural Resources Technician Report– Katelyn Abts – In the packet

G. Soil Health/Nutrient Management Tech Report – Deanna Pomije – In the packet

H. Conservation Planning & Outreach Technician – Ella Jurgerson – In the packet

I. BWSR Report – Dave Copeland

- ***Conversations with Sheila Harmes and Winona County staff Ross Dunsmoor about a BWSR Well Sealing grant that the Whitewater Watershed JPB has, and what options there may be for the grant should the JPB cease to exist.***
- ***Shared with the Board that Terri has applied for and will receive a third Soil Health RCPP grant in the amount of \$120,000.00***
- ***Informed the Board that BWSR has put out a Request for Proposals (RFP) for a Manure/Nutrient Management grant – Total funds available is \$807,500. The Area 7 TSA plans to submit an application to support additional feedlot work in the SE, possibly include projects in Wabasha County. The RFP opened November 13th and will close December 16th. We anticipate the grant awards to be made public sometime in February, with the grants being sent to successful applicants in March.***

J. Other agencies – Sheila Harmes, Winona County Water Planner, Whitewater Watershed Project Coordinator

Regarding the Whitewater JPB:

- ***Concerning County budgets – Olmsted County decided to not fund the Whitewater JPB for 2026. This will be discussed at the next Whitewater meeting (November 25, 2025)***
- ***BWSR OK'd an amendment for the Whitewater Well Sealing grant (Until December 2026). This will be considered at next meeting.***
- ***Sheila Harmes announced retirement as of December 31, 2025.***

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**
Motioned by Klennert and seconded by Ross to approve Canceling RCPP Contracts due to funded through SHD Funds or canceled for personal reasons.
Affirmative: Ross, Klennert, Knudsen, Zabel
Opposed: None
Motion Carried
- 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**
Motioned by Klennert and seconded by Ross to approve the 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"
Affirmative: Ross, Klennert, Knudsen, Zabel
Opposed: None
Motion Carried
- 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**
Motioned by Klennert and seconded by Ross to 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.
Affirmative: Ross, Klennert, Knudsen, Zabel
Opposed: None
Motion Carried
- 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**
Motioned by Klennert and seconded by Ross to approve Daniel Miller Amendment# 1 to Contract# 2025WinLaC-Wab002 to change the installation date to 10/31/2026 from 11/30/2025.
Affirmative: Ross, Klennert, Knudsen, Zabel
Opposed: None
Motion Carried
- E. Approve 2025 Soil Health RCPP November Ranking/Batching– **Board Action**
Motioned by Klennert and seconded by Ross to approve 2025 Soil Health RCPP November Ranking/Batching.
Affirmative: Ross, Klennert, Knudsen, Zabel
Opposed: None
Motion Carried

- F. Raffle Donations for Convention – **Discussion**
Let Terri or Sue know by tomorrow if you have any donations available.
- G. Schedule Staff reviews with Personnel Committee-**Discussion**
Staff reviews scheduled for Monday, December 8 at 1:30 pm.
- 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)
Motioned by Klennert and seconded by Ross to approve Jary Holst Amendment# 1 to Contract# 2025WinLaC-Wab-001 to change installed by date to 12/31/2025 from 11/30/2025.
Affirmative: Ross, Klennert, Knudsen, Zabel
Opposed: None
Motion Carried

XII. Board Reports

- A. Whitewater JPB – Lynn
Dag, Lynn and Dave reviewed the WinLaC meeting.
Sheila also added to the discussion about the meeting.
- 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**
Motioned by Klennert and seconded to Recess Regular Meeting and go into Closed Session.
Affirmative: Ross, Klennert, Knudsen, Zabel
Opposed: None
Motion Carried

- XV. Closed Session – Board Action**
HR discussion.

- XVI. Motion to Reopen Regular Meeting – Board Action**
Motioned by Klennert and seconded by Ross to close the Closed Session and reopen the Regular Meeting.
Affirmative: Ross, Klennert, Knudsen, Zabel
Opposed: None
Motion Carried

XVII. Approval of the following – Board Action

HR Discussed.

Accepted Matt's resignation and approve him working as he is able through December and use his annual leave to fill in hours. Allow Matt to remain on district healthcare insurance through December as part of the agreement with the same district/employee ratio of premium payments.

Motioned by Klennert and seconded by Ross to approve Matt's resignation and Terri's decision on December insurance payment.

Affirmative: Ross, Klennert, Knudsen, Zabel

Opposed: None

Motion Carried

XVIII. Adjourn – Board Action

Motioned by Klennert and seconded by Ross to adjourn the meeting at 11:05 am.

Affirmative: Ross, Klennert, Knudsen, Zabel

Opposed: None

Moton Carried

Respectively Submitted By:

Seth Tentis, Secretary

Wabasha Soil and Water Conservation District

Balance Sheet

As of November 30, 2025

	Nov 30, 25
ASSETS	
Current Assets	
Checking/Savings	
Money Market- Bank of Alma	205,159.65
Money Market WNB Financial	7,484.21
Peoples State Bank Money Market	337,974.10
Petty Cash	80.07
WNB Financial	24,621.20
Total Checking/Savings	575,319.23
Accounts Receivable	
11000 · Accounts Receivable	19,212.57
Total Accounts Receivable	19,212.57
Other Current Assets	
12000 · Undeposited Funds	4,094.57
Total Other Current Assets	4,094.57
Total Current Assets	598,626.37
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	712,813.13
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Other Current Liabilities	
Compensated Absences Payable	27,036.08
Deferred Revenue	
FY23 Capacity	2,671.00
FY23 CWF - WIC	29,368.03
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
FY26 Conservation Contracts	36,380.00
FY26 Conservation Delivery	39,238.00
FY26 Easement Delivery (RIM)	1,650.00
Total Deferred Revenue	543,219.40
Deposit on Tree Sales	2,968.42
25500 · Sales Tax Payable	240.74

9:16 AM

12/09/25

Accrual Basis

Wabasha Soil and Water Conservation District

Balance Sheet

As of November 30, 2025

	Nov 30, 25
Total Other Current Liabilities	573,464.64
Total Current Liabilities	573,464.64
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	658,871.51
Equity	
Fund Balance- Unrestricted	196,013.31
Investment in Capital Assets	28,779.89
32000 - Owners Equity	115,417.00
Net Income	-286,268.58
Total Equity	53,941.62
TOTAL LIABILITIES & EQUITY	712,813.13

Wabasha Soil and Water Conservation District
Profit & Loss
November 2025

	Nov 25
Ordinary Income/Expense	
Income	
Charges for Services	
Plat Book Sales	35.00
Tree Sales	121.63
Truax No-Till Drill Rental	438.00
Wetlands	400.00
Total Charges for Services	994.63
Intergovernmental Revenues	
Local / General Funds	
County Regular Allocation	633.04
SWCD Projects Fund	64,046.01
Total Local / General Funds	64,679.05
State	
FY23 SE Landscape - MN DNR	950.00
FY24-FY25 WAGZ	4,811.60
FY24 Nutrient Management Staff	8,172.73
FY25 Well Inventory -MDH	682.00
MAWQCP	5,002.16
Total State	19,618.49
Total Intergovernmental Revenues	84,297.54
MCIT Yearly Dividend	234.00
Total Income	85,526.17
Gross Profit	85,526.17
Expense	
District Operations	
Other Services and Charges	
Advertising Expense	173.67
Building Rent	1,650.00
Conferences and Conventions	1,550.00
Education and Information	3,746.00
Employee Education and Training	25.00
Employee Expenses	16.25
Employee Mileage	137.90
Fees and Dues	128.84
Internet Expense	105.04
Postage	78.00
Professional Expenses	
Audit Fees	5,583.79
Total Professional Expenses	5,583.79
Vehicle Expenses	
Chevrolet Silverado Vehicle Exp	123.39
Hyundia Tucson Vehicle Expense	34.96
Total Vehicle Expenses	158.35
Total Other Services and Charges	13,352.84
Personnel Services	
Employee Salary Permanent	30,881.63
Employer Health Insur (Opt Out)	1,366.30
Employer HSA contributions	625.00
Employer Life and Health	
66000 · Payroll Expenses	60.00
Employer Life and Health - Other	7,805.90
Total Employer Life and Health	7,865.90

Wabasha Soil and Water Conservation District
Profit & Loss
November 2025

	Nov 25
Employer Share FICA	1,769.68
Employer Share Medicare	413.88
Employer Share PERA	2,316.12
MSRS (457b) Match Contribution	0.00
Total Personnel Services	45,238.51
Supplies	
Office Supplies	100.23
Total Supplies	100.23
Total District Operations	58,691.58
Project Expenditures	
Federal	
FY25 TTT LSR Project - MN DNR	8,025.00
Total Federal	8,025.00
State	
FY23 Capacity	176.00
FY23 CWF - WIC	11,508.89
FY23 Soil Health-Cost Share	2,460.00
FY24-FY25 WAGZ	16,688.34
FY24 WinLaC WRAPS Proj-MPCA	399.98
FY25-FY28 Soil Health RCPP	51,047.00
FY25 BWSR Soil Health Delivery	12,702.00
FY25 Conservation Contracts	1.00
MAWQCP Administration	9,658.73
Total State	104,641.94
Total Project Expenditures	112,666.94
Total Expense	171,358.52
Net Ordinary Income	-85,832.35
Other Income/Expense	
Other Income	
Interest Income	
Interest Earnings MM's	968.29
Total Interest Income	968.29
Total Other Income	968.29
Net Other Income	968.29
Net Income	-84,864.06

Report to the Wabasha SWCD Board – **Dec. 18, 2025**

Deanna Pomije, Soil Health Nutrient Management Specialist

Nutrient Management Work:

- The Comprehensive Nutrient Management Plan (CNMP) 390 acres for Ted & Colby Mehrkens for EQIP, collaborating with Kate Bruss, TSA and reviewer Aaron Janz, NRCS. Made final edits on the field specific nutrient budgets and uploaded files for NRCS review, 11/13. NRCS reviewing final plan. I plan to also complete a Manure Management Plan for them as required by MPCA & their annual 2026 manure management plan.
- First meeting with the Borgschatz in the Elgin DWSMA, may be interested in assistance with compiling their MMP for MPCA.
- Certified the nitrogen management practices for Seiwert's farm under multiple contracts with us and Fillmore County, 420 acres completed. Practices included fertilizer products to inhibit N nitrification, prevent ammonium volatilization, apply split N or use U of MN approved N-rates.

Soil Health Work:

Cover Crops:

Continuing to gather details for cover crop certification and payments. 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. The winter snow came early this year and is hindering cover crop viewing in the field, still proceeding. Also uploading RCPP eligibility/design/payment files to BWSR for our grant compliance.

RCPP Soil Health Funding:

- Cover Crop By the Numbers, 2025:
 - July – Sept. RCPP batching - 25 applications
 - **1555** acres of cover crops
 - 17 contracts are multiple years
 - 9 contracts for multiple species
 - 100 acres of no-till
 - 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: 4,554 acres

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
 - **Dec. RCPP batching for 2026** – 2 applications, cover crops & no-till
 - 2 contracts are multiple years
- 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).

Outreach & Meetings:

Attended the MASWCD Convention early Dec. and the conservation awards banquet presentation with our award winners, Alan and Betsy Jostock. Attended employee training sessions on outreach, seeking job approval authority, middle adopters statistics, soil health tour and the Clean Water Council's work. Also saw the keynote speaker on how to make SWCD's more welcoming. Networked with conservation vendors, other organization's booths and partners.

MDA Grant in-person meeting in Preston 12/9 to review progress and collaborate on work. This was a great meeting to continue progress in collaboration. May plan to seek out assistance from the private sector for review on nutrient management work as Amanda and I proceed through our first few plans. This may be sub-contract with a SWCD. Also planning for an annual outreach event. May plan to collaborate with Winona to invite select livestock producers in for a training session on the new MPCA manure management planning online software. Will plan to send out another postcard to the targeted livestock producers to continue to spread the word of my availability for nutrient management assistance.

Coffee 'n Conservation, coordinate with Ella:

Next gathering is planned for Mon. Dec. 29 @ 6:30 pm at BJ's – Topic: Year in Review, Successes and Lessons Learned

- 7 producers attended our Nov. 19 gathering, great conversation mostly around cover crops, also tillage and nutrient management
- 28 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 review, call producers for attendance

December Board Report

Ella Jurgerson- Conservation Planning and Outreach Technician

Soil Health

-Continue work on cover crops, mostly certifying cover crops, I finished my last certification on 12/12 and all the producers I have worked with this fall are all paid. Many of those producers and I talked about plans for next year, and I have made a list of producers to call late this winter to discuss their plans for cover crops and acreage.

-I have started to sign people up for cover crops for 2026 and beyond

-worked on a new no-till contract, this will be the first one I have done since starting in July, I have also had others call me with interest in no-till and will be following up with those producers soon.

WCA

-with Matt leaving I have now taken on WCA so have been working with Matt to get up to speed on what he had going on.

Engineering Projects

-worked with Matt to get up to speed on the projects he was working on and status of his work on all of those projects. For some projects Matt will continue work on with the TSA. Matt helped me submit request for assistance (RFA's) to the TSA so Matt can continue working on them in his new position. While some of those projects will be provided technical assistance by Matt or other TSA staff, I will still need to do the contract/payment side on those contracts still, so I worked on a bit of that for some of those projects.

Outreach

-I worked on outreach for this month's coffee and conservation. I sent out mass emails and text, as well as promoting it over phone or in person at site visits.

-starting to work on newsletter for Jan/Feb

Contract Amendment Form

Organization: Wabasha SWCD	Contract Number: 24-CC-5	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Amendment Number: 3 </td> <td style="width: 50%; vertical-align: top;"> Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐ </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> Board Meeting Date: 11/20/2025 </td> </tr> </table>	Amendment Number: 3	Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐	Board Meeting Date: 11/20/2025	
Amendment Number: 3	Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐					
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: _____ Original Contract Install Date: 12/31/25

Amended Contract Install Date (If applicable): 5/15/2026

Original Total Amount Authorized: \$423.00 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 contraction expiration date has been changed from 12/31/25 to 5/15/26.

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 11/20/25	Land Occupier <i>Aune & Ratz</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 11/20/25	Technical Assistance Provider <i>Kathleen</i>
--	--

Organizational Approval

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

***Attach this form to the Conservation Practice Assistance Contract**

FLAT RATE BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: 24-CC-5	Other state or non-state funds? ☐ YES ☒ NO	Amendment ☐ Board Meeting Date(s):	Canceled ☐ Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name June E Ratz Trust	Address 57571 130th Ave	City/State Altura, MN	Zip code 55910
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name: Minneiska	Township No 109	Range No.: 9	Section No 29	1/4, 1/4 SW, SW
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Contract Information

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

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

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

Brush Management 314

5. Increases in the practice units or cost must be approved by the organization board through amendment of this contract as a condition to increase the cost-share payments.
6. This contract, when approved by the organization board or council, will remain in effect unless canceled or amended by mutual agreement, except where installations of practices covered by this contract have not been installed by 3/31/25, this contract will be automatically terminated on that date.
7. Reimbursement requests must be supported by a completed voucher.

Applicant Signatures

The land occupier's signature indicates agreement to:

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

Date 10/3	Land Occupier Anne E. Ratz
Date	Landowner, if different from applicant
	Address, if different from applicant inform

Conservation Practice

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

Eligible Component Standard & Name Brush Management 314	Engineered Practice ☐ YES ☒ NO	Total Project Cost Estimate \$423.00
	Ecological Practice ☒ YES ☐ NO	

Technical Assessment and Cost Estimate

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

Date 10/15/24	Technical Assistance Provider Katelyn
------------------	--

Amount Authorized for Financial Assistance

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

Amount	Program Name	Fiscal Year
\$432.00	State Cost Share	2024

Date Oct 24, 2024	Authorized Signature Lynn Zabel	Total Amount Authorized \$423.00
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Contract Amendment Form

Organization: Wabasha SWCD	Contract Number: 24-CC-5	Amendment Number: 2	Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐
		Board Meeting Date: 7/24/2025	

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: _____ Original Contract Install Date: 7/31/25

Amended Contract Install Date (If applicable): 12/31/2025

Original Total Amount Authorized: \$423.00 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 contraction expiration date has been changed from 7/31/25 to 12/31/25.

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: 7/24/25	Land Occupier 
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: 7/24/25	Technical Assistance Provider 
-------------------------	--

Organizational Approval

Date: 7/24/25	Authorized Signature 
-------------------------	---

*Attach this form to the Conservation Practice Assistance Contract

Contract Amendment Form

Organization: Wabasha SWCD	Contract Number: 24-CC-5	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Amendment Number: 1 </td> <td style="width: 50%; vertical-align: top;"> Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐ </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> Board Meeting Date: 2/27/2025 </td> </tr> </table>	Amendment Number: 1	Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐	Board Meeting Date: 2/27/2025	
Amendment Number: 1	Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐					
Board Meeting Date: 2/27/2025						

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: _____ Original Contract Install Date: 3/31/25

Amended Contract Install Date (If applicable): 7/31/2025

Original Total Amount Authorized: \$423.00 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 contraction expiration date has been changed from 3/31/25 to 7/31/25.

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 2/24/25	Land Occupier
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 2/24/25	Technical Assistance Provider
---	--

Organizational Approval

Date Feb 27-2025	Authorized Signature
---	---------------------------------

*Attach this form to the Conservation Practice Assistance Contract

KATIE M. JACOBSON, CPA

Katie M. Jacobson, CPA
Kimberly Eisfeld - Snr. Mgr.
Brandon Winter, CPA - Staff Acct.
Christine Thompson - Staff Acct.
Melanie Steinle - Staff Acct.

Licensed CPA Firm

2330 26th Street
Slayton, MN 56172

Telephone: (507) 836-8564
Fax: (507) 836-8566

November 26, 2025

Wabasha Soil and Water Conservation District
611 Broadway Ave., Suite 10
Wabasha, MN 55981

We are pleased to confirm our understanding of the services we are to provide Wabasha Soil and Water Conservation District for the year ended December 31, 2025.

Audit Scope and Objectives

We will audit the financial statements of the governmental activities and the major fund, and the disclosures, which collectively comprise the basic financial statements of Wabasha Soil and Water Conservation District as of and for the year ended December 31, 2025. Accounting standards generally accepted in the United States of America (GAAP) provide for certain required supplementary information (RSI), such as management's discussion and analysis (MD&A), to supplement Wabasha Soil and Water Conservation District's basic financial statements. Such information, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. As part of our engagement, we will apply certain limited procedures to Wabasha Soil and Water Conservation District's RSI in accordance with auditing standards generally accepted in the United States of America (GAAS). These limited procedures will consist of inquiries of management regarding the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We will not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance. The following RSI is required by U.S. generally accepted accounting principles (GAAP) and will be subjected to certain limited procedures, but will not be audited:

- 1) Management's Discussion and Analysis
- 2) Budgetary Comparison Schedule – General Fund
- 3) Schedule of District's Pension Contributions
- 4) Schedule of District's and Non-Employer Proportionate Share of Net Pension Liability
- 5) Notes to the Required Supplementary Information

We have also been engaged to report on supplementary information other than RSI that accompanies Wabasha Soil and Water Conservation District's financial statements. We will subject the following supplementary information to the auditing procedures applied in our audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS, and we will provide an opinion on it in relation to the financial statements as a whole in a report combined with our auditor's report on the financial statements.

- 1) General Fund Schedules of Revenues, Expenditures, and Changes in Fund Balance

In connection with our audit of the basic financial statements, we will read the following other information and consider whether a material inconsistency exists between the other information and the basic financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

- 1) Organizational Information

The objectives of our audit are to obtain reasonable assurance as to whether the financial statements as a whole are free from material misstatement, whether due to fraud or error; issue an auditor's report that includes our opinion about whether your financial statements are fairly presented, in all material respects, in conformity with GAAP; and to report on the fairness of the supplementary information referred to in the second paragraph when considered in relation to the financial statements as a whole. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material

misstatement when it exists. Misstatements, including omissions, can arise from fraud or error and are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement of a reasonable user made based on the financial statements.

Auditor's Responsibilities for the Audit of the Financial Statements

We will conduct our audit in accordance with GAAS and will include tests of your accounting records and other procedures we consider necessary to enable us to express such opinions. As part of an audit in accordance with GAAS, we exercise professional judgment and maintain professional skepticism throughout the audit.

We will evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management. We will also evaluate the overall presentation of the financial statements, including the disclosures, and determine whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation. We will plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether from (1) errors, (2) fraudulent financial reporting, (3) misappropriation of assets, or (4) violations of laws or governmental regulations that are attributable to the government or to acts by management or employees acting on behalf of the government.

Because of the inherent limitations of an audit, combined with the inherent limitations of internal control, and because we will not perform a detailed examination of all transactions, there is an unavoidable risk that material misstatements may not be detected by us, even though the audit is properly planned and performed in accordance with GAAS. In addition, an audit is not designed to detect immaterial misstatements or violations of laws or governmental regulations that do not have a direct and material effect on the financial statements. However, we will inform the appropriate level of management of any material errors, fraudulent financial reporting, or misappropriation of assets that comes to our attention. We will also inform the appropriate level of management of any violations of laws or governmental regulations that comes to our attention, unless clearly inconsequential. Our responsibility as auditors is limited to the period covered by our audit and does not extend to any later periods for which we are not engaged as auditors.

We will also conclude, based on the audit evidence obtained, whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for a reasonable period of time.

Our procedures will include tests of documentary evidence supporting the transactions recorded in the accounts, tests of the physical existence of inventories, and direct confirmation of receivables and certain other assets and liabilities by correspondence with selected customers, creditors, and financial institutions. We may request written representations from your attorneys as part of the engagement, and they may bill you for responding to this inquiry.

We may from time to time and depending on the circumstances, use third-party service providers in serving your account. We may share confidential information about you with these service providers but remain committed to maintaining the confidentiality and security of your information. Accordingly, we maintain internal policies, procedures, and safeguards to protect the confidentiality of your personal information. In addition, we will secure confidentiality agreements with all service providers to maintain the confidentiality of your information and we will take reasonable precautions to determine that they have appropriate procedures in place to prevent the unauthorized release of your confidential information to others. In the event that we are unable to secure an appropriate confidentiality agreement, you will be asked to provide your consent prior to the sharing of your confidential information with the third-party service provider. Furthermore, we will remain responsible for the work provided by any such third-party service providers.

Our audit of the financial statements does not relieve you of your responsibilities.

Audit Procedures—Internal Control

We will obtain an understanding of the government and its environment, including the system of internal control, sufficient to identify and assess the risks of material misstatement of the financial statements, whether due to error or fraud, and to design and perform audit procedures responsive to those risks and obtain evidence that is sufficient and appropriate to provide a basis for our opinions. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentation, or the override of internal control. An audit is not designed to provide assurance on internal control or to identify deficiencies in internal control. Accordingly, we will express no such opinion. However, during the audit, we will communicate to management and those charged with governance internal control related matters that are required to be communicated under AICPA professional standards.

We have identified the following significant risks of material misstatement as part of our audit planning.

According to GAAS, significant risks include management override of controls, and GAAS presumes that revenue recognition is a significant risk. Accordingly, we have considered these as significant risks.

Audit Procedures—Compliance

As part of obtaining reasonable assurance about whether the financial statements are free of material misstatement, we will perform tests of Wabasha Soil and Water Conservation District's compliance with the provisions of applicable laws, regulations, contracts, and agreements. However, the objective of our audit will not be to provide an opinion on overall compliance, and we will not express such an opinion.

Responsibilities of Management for the Financial Statements

Our audit will be conducted on the basis that you acknowledge and understand your responsibility for designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error, including monitoring ongoing activities; for the selection and application of accounting principles; and for the preparation and fair presentation of the financial statements in conformity with accounting principles generally accepted in the United States of America with the oversight of those charged with governance.

Management is responsible for making drafts of the financial statements, all financial records, and related information available to us; for the accuracy and completeness of that information (including information from outside of the general and subsidiary ledgers); and for the evaluation of whether there are any conditions or events, considered in the aggregate, that raise substantial doubt about the government's ability to continue as a going concern for the 12 months after the financial statements date or shortly thereafter (for example, within an additional three months if currently known). You are also responsible for providing us with (1) access to all information of which you are aware that is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, identification of all related parties and all related-party relationships and transactions, and other matters; (2) additional information that we may request for the purpose of the audit; and (3) unrestricted access to persons within the government from whom we determine it necessary to obtain audit evidence. At the conclusion of our audit, we will require certain written representations from you about the financial statements and related matters.

Your responsibilities include adjusting the financial statements to correct material misstatements and confirming to us in the management representation letter that the effects of any uncorrected misstatements aggregated by us during the current engagement and pertaining to the latest period presented are immaterial, both individually and in the aggregate, to the financial statements of each opinion unit taken as a whole.

You are responsible for the design and implementation of programs and controls to prevent and detect fraud, and for informing us about all known or suspected fraud affecting the government involving (1) management, (2) employees who have significant roles in internal control, and (3) others where the fraud could have a material effect on the financial statements. Your responsibilities include informing us of your knowledge of any allegations of fraud or suspected fraud affecting the government received in communications from employees, former employees, grantors, regulators, or others. In addition, you are responsible for identifying and ensuring that the government complies with applicable laws and regulations.

You are responsible for the preparation of the supplementary information in conformity with accounting principles generally accepted in the United States of America. You agree to include our report on the supplementary information in any document that contains, and indicates that we have reported on, the supplementary information. You also agree to include the audited financial statements with any presentation of the supplementary information that includes our report thereon. Your responsibilities include acknowledging to us in the representation letter that (1) you are responsible for the presentation of the supplementary information in accordance with GAAP; (2) you believe the supplementary information, including its form and content, is fairly presented in accordance with GAAP; (3) the methods of measurement or presentation have not changed from those used in the prior period (or, if they have changed, the reasons for such changes); and (4) you have disclosed to us any significant assumptions or interpretations underlying the measurement or presentation of the supplementary information.

Other Services

We will also assist in preparing the financial statements and related notes, as well as the Annual Financial Reporting Form, of Wabasha Soil and Water Conservation District in conformity with accounting principles generally accepted in the United States of America based on information provided by you.

We will perform the services in accordance with applicable professional standards. The other services are limited to the financial statement and state reporting form services previously defined. We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

You agree to assume all management responsibilities for the financial statement preparation services and any other nonattest services we provide; oversee the services by designating an individual, preferably from senior management,

with suitable skill, knowledge, or experience; evaluate the adequacy and results of the services; and accept responsibility for them.

Engagement Administration, Fees, and Other

We understand that your employees will prepare all cash, accounts receivable, or other confirmations we request and will locate any documents selected by us for testing.

The audit documentation for this engagement is the property of Katie M. Jacobson, CPA and constitutes confidential information. However, subject to applicable laws and regulations, audit documentation and appropriate individuals will be made available upon request and in a timely manner to the Office of the State Auditor or its designee, a federal agency providing direct or indirect funding, or the U.S. Governmental Accountability Office for the purpose of a quality review of the audit, to resolve audit findings, or to carry out oversight responsibilities. We will notify you of any such request. If requested, access to such audit documentation will be provided under the supervision of Katie M. Jacobson's personnel. Furthermore, upon request, we may provide copies of selected audit documentation to the aforementioned parties or its designee. These parties may intend or decide to distribute the copies or information contained therein to others, including other governmental agencies.

Katie Jacobson is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it. We expect to begin our audit on approximately September 1, 2026 and to issue our reports no later than October 31, 2026.

Our fee for these services will be at our discounted governmental hourly rates plus out-of-pocket costs (such as report reproduction, word processing, postage, travel, copies, telephone, etc.) which we estimate to range between \$5,500 to \$7,500 (pending travel costs if necessary). Our standard hourly rates vary according to the degree of responsibility involved and the experience level of the personnel assigned to your audit. Bills for services will be due when rendered. The above fee is based on anticipated cooperation from your personnel and the assumption that unexpected circumstances will not be encountered during the audit. If significant additional time is necessary, we will discuss it with you and arrive at a new fee estimate before we incur the additional costs.

Reporting

We will issue a written report upon completion of our audit of Wabasha Soil and Water Conservation District's financial statements. Our report will be addressed to the board of Wabasha Soil and Water Conservation District. Circumstances may arise in which our report may differ from its expected form and content based on the results of our audit. Depending on the nature of these circumstances, it may be necessary for us to modify our opinions, add a separate section, or add emphasis-of-matter or other-matter paragraph to our auditor's report, or if necessary, withdraw from this engagement. If our opinions are other than unmodified, we will discuss the reasons with you in advance. If, for any reason, we are unable to complete the audit or are unable to form or have not formed opinions, we may decline to express opinions or issues reports, or we may withdraw from this engagement.

We appreciate the opportunity to be of service to Wabasha Soil and Water Conservation District and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Very truly yours,

Katie M Jacobson, CPA

Katie M. Jacobson, CPA

RESPONSE:

This letter correctly sets forth the understanding of Wabasha Soil and Water Conservation District.

By: _____

Title: _____

Date: _____

2026 TENTATIVE MEETING DATES ON THE FOURTH THURSDAY OF THE MONTH – WITH EXCEPTION OF THURSDAYS THAT CONFLICT WITH A HOLIDAY

TIME: 8:15 AM

JANUARY 22, 2026

FEBRUARY 26, 2026

MARCH 26, 2026

APRIL 23, 2026

MAY 28, 2026

JUNE 25, 2026

JULY 23, 2026

AUGUST 27, 2026

SEPTEMBER 24, 2026

OCTOBER 22, 2026

NOVEMBER 19, 2026 - (NOVEMBER 26, 2026 - Thanksgiving Day)

DECEMBER 17, 2026 - (DECEMBER 24, 2026 - Christmas Eve)

Contract Amendment Form

Organization: Wabasha SWCD	Contract Number: 2025WinLaC-Wab-001	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Amendment Number: 2 </td> <td style="width: 50%; vertical-align: top;"> Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐ </td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> Board Meeting Date: 12/18/2025 </td> </tr> </table>	Amendment Number: 2	Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐	Board Meeting Date: 12/18/2025	
Amendment Number: 2	Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐					
Board Meeting Date: 12/18/2025						

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: \$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: *

This is the 2nd amendment to this contract. The 1st amendment extended the install date by 1 month from 11-30-2025 to 12-31-2025. This amendment further extends the install date to 10-31-2026.

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 affect on the date of the last signature hereto.

Date 12-12-25	Land Occupier 
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 11/26/2025	Technical Assistance Provider 	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"
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Organizational Approval

Date	Authorized Signature
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*Attach this form to the Conservation Practice Assistance Contract

Contract Amendment Form

Organization: Wabasha SWCD	Contract Number: 2025 Winc-Wab-001	Amendment Number: 1	Amendment Type Date ☒ Amount ☐ Land Occupier ☐ Practice ☐ Other ☐
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): 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 11-19-25	Land Occupier Joy Hober
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 11-19-25	Technical Assistance Provider Matthew Kempinger	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"
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Organizational Approval

Date Nov 20, 2025	Authorized Signature Lynn Zabel
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*Attach this form to the Conservation Practice Assistance Contract

PERCENT BASED CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization: Wabasha SWCD	Contract Number: MK 7-24-25 2025WinLaC-Wab-001 2025WinC-Wab-001	Other state or non-State funds? ☒ YES ☐ No	Amendment ☐ Board Meeting Date(s):	Canceled ☐ Board Meeting Date(s):
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*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Jary Holst	Address 20514 590TH ST	City/State Kellogg, MN	Zip Code 55945
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form

Conservation Practice Location

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

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

1. The land occupier is responsible for full establishment, operation, and maintenance of all practices and upland treatment criteria applied under this program to ensure that the conservation objective of the practice is met and the effective life, a minimum of 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>Jay H. Davis</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 ☒ YES ☐ NO	Total Project Cost Estimate \$33,750.15
	Ecological Practice ☒ YES ☐ 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>	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
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Pre-Construction Cover

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

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

Amount Authorized for Financial Assistance

The organization board or council has authorized the following for financial assistance, total not to exceed 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
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	Soil Health RCPP 2025 Ranking / Batching					12/18/2025	
Contract #	Total Ranking Points	Practice (code)	Funding Request	Acres	Contracted Years	Rate	Comments
	0						
79-3-14	5	Reduced Tillage - no-till (329)	\$6,000	100	3	\$20	
79-3-33	25	Cover Crops (340)	\$15,000	100	3	\$50	

Pending contract signatures, technical sign-off and eligibility reviews

Board Chair Signature

Notes on Approval:

Date

INCENTIVE CONSERVATION ACTIVITY REIMBURSEMENT CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2024-WAGZ-WC-CRP2	Amendment ☐ Date(s):	Canceled ☐ Date:
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Richard Olson	Address 57419 N Co Rd 8	City/State Plainview, MN	Zip code 55964
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Contract Information

I (we), the undersigned, do hereby request financial reimbursement to assist with the implementation of the following conservation activity(s) listed in section 1. It is understood that:

1. By entering into this contract, both parties, acknowledge and agree to the rules, regulations, land description, scope and duration, set forth under (a) _____ (Supporting Contract Number) (copy attached as Exhibit A) which is, in effect, the terms of this contract, OR, (b) the conservation activity(s) described below:

Description of the purpose, location, duration and outcomes that will be achieved as a result of this contract:

Contract Number: 11376

Sign-up Type: SAFE – MN Forty Pheasant Habitat SAFE

T111, R11, Sec 25, Tract 604, Field 14, 16, 17, Acres 14.38

Contract Period: 10-01-2025 to 09-30-2035

2. This contract will expire 12/31/25, according to exhibit A or the described conservation activity(s).
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. A change in ownership shall not change the terms of this contract.
5. The contract, and terms of the contract, shall be in effect for the period of the contract.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation activity(s) will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the activity(s).
3. Be responsible for the operation and maintenance prepared for applicable practice(s) by a technical assistance provider or the operation and maintenance that was prepared under the requirements of a supporting contract (exhibit A) for the conservation activities applied under this contract.
4. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this activity(s).

INCENTIVE CONSERVATION ACTIVITY REIMBURSEMENT CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2024-WAGZ-WC-CRP9	Amendment ☐ Date(s):	Canceled ☐ Date:
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Julie Dammann	Address 64914 Co Rd 68	City/State Lake City MN	Zip code 55041
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Contract Information

I (we), the undersigned, do hereby request financial reimbursement to assist with the implementation of the following conservation activity(s) listed in section 1. It is understood that:

1. By entering into this contract, both parties, acknowledge and agree to the rules, regulations, land description, scope and duration, set forth under (a) _____ (Supporting Contract Number) (copy attached as Exhibit A) which is, in effect, the terms of this contract, OR, (b) the conservation activity(s) described below:

Description of the purpose, location, duration and outcomes that will be achieved as a result of this contract:

Contract Number: 11368

Sign-up Type: SAFE – MN Back Forty Pheasant Habitat SAFE

T110, R14, Sec 23, Tract 3513, Field 8, Acres 34.20

Contract Period: 10-01-2025 to 09-30-2035

2. This contract will expire 12/31/25, according to exhibit A or the described conservation activity(s).
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. A change in ownership shall not change the terms of this contract.
5. The contract, and terms of the contract, shall be in effect for the period of the contract.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation activity(s) will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the activity(s).
3. Be responsible for the operation and maintenance prepared for applicable practice(s) by a technical assistance provider or the operation and maintenance that was prepared under the requirements of a supporting contract (exhibit A) for the conservation activities applied under this contract.
4. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this activity(s).

INCENTIVE CONSERVATION ACTIVITY REIMBURSEMENT CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2024-WAGZ-WC-CRP10	Amendment ☐ Date(s):	Canceled ☐ Date:
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Kenneth Moyer	Address 36974 598th St	City/State Zumbro Falls MN	Zip code 55991
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Contract Information

I (we), the undersigned, do hereby request financial reimbursement to assist with the implementation of the following conservation activity(s) listed in section 1. It is understood that:

1. By entering into this contract, both parties, acknowledge and agree to the rules, regulations, land description, scope and duration, set forth under (a) _____ (Supporting Contract Number) (copy attached as Exhibit A) which is, in effect, the terms of this contract, OR, (b) the conservation activity(s) described below:

Description of the purpose, location, duration and outcomes that will be achieved as a result of this contract:

Contract Number: 11365

Sign-up Type: SAFE – MN Back Forty Pheasant Habitat SAFE

T109, R13, Sec 7, Tract 5116, Field 24, Acres 10

Contract Period: 11-01-2025 to 09-30-2036

2. This contract will expire 12/31/25, according to exhibit A or the described conservation activity(s).
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. A change in ownership shall not change the terms of this contract.
5. The contract, and terms of the contract, shall be in effect for the period of the contract.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation activity(s) will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the activity(s).
3. Be responsible for the operation and maintenance prepared for applicable practice(s) by a technical assistance provider or the operation and maintenance that was prepared under the requirements of a supporting contract (exhibit A) for the conservation activities applied under this contract.
4. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this activity(s).

INCENTIVE CONSERVATION ACTIVITY REIMBURSEMENT CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2024-WAGZ-WC-CRP11	Amendment ☐	Canceled ☐
Date(s):		Date:	

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

Applicant

Land Occupier Name Kenneth Moyer	Address 36974 598th St	City/State Zumbro Falls MN	Zip code 55991
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Contract Information

I (we), the undersigned, do hereby request financial reimbursement to assist with the implementation of the following conservation activity(s) listed in section 1. It is understood that:

1. By entering into this contract, both parties, acknowledge and agree to the rules, regulations, land description, scope and duration, set forth under (a) _____ (Supporting Contract Number) (copy attached as Exhibit A) which is, in effect, the terms of this contract, OR, (b) the conservation activity(s) described below:

Description of the purpose, location, duration and outcomes that will be achieved as a result of this contract:

Contract Number: 11366

Sign-up Type: HEL Minnesota

T109, R13, Sec 7, Tract 5116, Field 3, 5, 6, Acres 6

Contract Period: 11-01-2025 to 09-30-2036

2. This contract will expire 12/31/25, according to exhibit A or the described conservation activity(s).
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. A change in ownership shall not change the terms of this contract.
5. The contract, and terms of the contract, shall be in effect for the period of the contract.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation activity(s) will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the activity(s).
3. Be responsible for the operation and maintenance prepared for applicable practice(s) by a technical assistance provider or the operation and maintenance that was prepared under the requirements of a supporting contract (exhibit A) for the conservation activities applied under this contract.
4. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this activity(s).

INCENTIVE CONSERVATION ACTIVITY REIMBURSEMENT CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2024-WAGZ-WC-CRP12	Amendment ☐	Canceled ☐
Date(s):		Date:	

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

Applicant

Land Occupier Name Kenneth Moyer	Address 36974 598th St	City/State Zumbro Falls MN	Zip code 55991
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Contract Information

I (we), the undersigned, do hereby request financial reimbursement to assist with the implementation of the following conservation activity(s) listed in section 1. It is understood that:

1. By entering into this contract, both parties, acknowledge and agree to the rules, regulations, land description, scope and duration, set forth under (a) _____ (Supporting Contract Number) (copy attached as Exhibit A) which is, in effect, the terms of this contract, OR, (b) the conservation activity(s) described below:

Description of the purpose, location, duration and outcomes that will be achieved as a result of this contract:

Contract Number: 11367

Sign-up Type: HEL Minnesota

T109, R13, Sec 7, Tract 5116, Field 8, 14, 15, Acres 8.2

Contract Period: 11-01-2025 to 09-30-2040

2. This contract will expire 12/31/25, according to exhibit A or the described conservation activity(s).
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. A change in ownership shall not change the terms of this contract.
5. The contract, and terms of the contract, shall be in effect for the period of the contract.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation activity(s) will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the activity(s).
3. Be responsible for the operation and maintenance prepared for applicable practice(s) by a technical assistance provider or the operation and maintenance that was prepared under the requirements of a supporting contract (exhibit A) for the conservation activities applied under this contract.
4. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this activity(s).

INCENTIVE CONSERVATION ACTIVITY REIMBURSEMENT CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2024-WAGZ-WC-CRP11	Amendment ☐ Date(s):	Canceled ☐ Date:
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Dale Wobbe	Address 70137 264th Ave	City/State Lake City, MN	Zip code 55041
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Contract Information

I (we), the undersigned, do hereby request financial reimbursement to assist with the implementation of the following conservation activity(s) listed in section 1. It is understood that:

1. By entering into this contract, both parties, acknowledge and agree to the rules, regulations, land description, scope and duration, set forth under (a) _____ (Supporting Contract Number) (copy attached as Exhibit A) which is, in effect, the terms of this contract, OR, (b) the conservation activity(s) described below:

Description of the purpose, location, duration and outcomes that will be achieved as a result of this contract:

Contract Number: 11380

Sign-up Type: HEL Minnesota

T111, R12, Sec 24, Tract 3297, Field 1, 11, 13, Acres 49.90

Contract Period: 10-01-2025 to 09-30-2035

2. This contract will expire 12/31/25, according to exhibit A or the described conservation activity(s).
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. A change in ownership shall not change the terms of this contract.
5. The contract, and terms of the contract, shall be in effect for the period of the contract.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation activity(s) will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the activity(s).
3. Be responsible for the operation and maintenance prepared for applicable practice(s) by a technical assistance provider or the operation and maintenance that was prepared under the requirements of a supporting contract (exhibit A) for the conservation activities applied under this contract.
4. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this activity(s).

INCENTIVE CONSERVATION ACTIVITY REIMBURSEMENT CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2024-WAGZ-WC-CRP13	Amendment ☐ Date(s):	Canceled ☐ Date:
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name Dale Wobbe	Address 70137 264th Ave	City/State Lake City, MN	Zip code 55041
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Contract Information

I (we), the undersigned, do hereby request financial reimbursement to assist with the implementation of the following conservation activity(s) listed in section 1. It is understood that:

1. By entering into this contract, both parties, acknowledge and agree to the rules, regulations, land description, scope and duration, set forth under (a) _____ (Supporting Contract Number) (copy attached as Exhibit A) which is, in effect, the terms of this contract, OR, (b) the conservation activity(s) described below:

Description of the purpose, location, duration and outcomes that will be achieved as a result of this contract:

Contract Number: 11381

Sign-up Type: HEL Minnesota

T111, R12, Sec 23, Tract 1616, Field 12, 21, 23, Acres 20

Contract Period: 10-01-2025 to 09-30-2035

2. This contract will expire 12/31/25, according to exhibit A or the described conservation activity(s).
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. A change in ownership shall not change the terms of this contract.
5. The contract, and terms of the contract, shall be in effect for the period of the contract.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation activity(s) will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the activity(s).
3. Be responsible for the operation and maintenance prepared for applicable practice(s) by a technical assistance provider or the operation and maintenance that was prepared under the requirements of a supporting contract (exhibit A) for the conservation activities applied under this contract.
4. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this activity(s).

INCENTIVE CONSERVATION ACTIVITY REIMBURSEMENT CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2025WinLaC-Wab-CRP6	Amendment ☐ Date(s):	Canceled ☐ Date:
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* If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name William Hager	Address 233 W Winona Ave	City/State Kellogg, MN	Zip code 55945
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Contract Information

I (we), the undersigned, do hereby request financial reimbursement to assist with the implementation of the following conservation activity(s) listed in section 1. It is understood that:

1. By entering into this contract, both parties, acknowledge and agree to the rules, regulations, land description, scope and duration, set forth under (a) _____ (Supporting Contract Number) (copy attached as Exhibit A) which is, in effect, the terms of this contract, OR, (b) the conservation activity(s) described below:

Description of the purpose, location, duration and outcomes that will be achieved as a result of this contract:

Contract Number: 11387

Sign-up Type: SAFE- MN Back Forty Pheasant Habitat SAFE

T110, R10, Sec 31, Tract 5032, Field 105, 115, 116, Acres 18.18

Contract Period: 11-01-2025 to 09-30-2035

2. This contract will expire 12/31/25, according to exhibit A or the described conservation activity(s).
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. A change in ownership shall not change the terms of this contract.
5. The contract, and terms of the contract, shall be in effect for the period of the contract.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation activity(s) will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the activity(s).
3. Be responsible for the operation and maintenance prepared for applicable practice(s) by a technical assistance provider or the operation and maintenance that was prepared under the requirements of a supporting contract (exhibit A) for the conservation activities applied under this contract.
4. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this activity(s).

INCENTIVE CONSERVATION ACTIVITY REIMBURSEMENT CONTRACT

General Information

Organization Wabasha SWCD	Contract Number 2025WinLaC-Wab-CRP1	Amendment ☐	Canceled ☐
Date(s):		Date:	

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

Applicant

Land Occupier Name Skip Meurer	Address 20111 Co Rd 10	City/State Wabasha, MN	Zip code 55981
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* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Contract Information

I (we), the undersigned, do hereby request financial reimbursement to assist with the implementation of the following conservation activity(s) listed in section 1. It is understood that:

1. By entering into this contract, both parties, acknowledge and agree to the rules, regulations, land description, scope and duration, set forth under (a) _____ (Supporting Contract Number) (copy attached as Exhibit A) which is, in effect, the terms of this contract, OR, (b) the conservation activity(s) described below:

Description of the purpose, location, duration and outcomes that will be achieved as a result of this contract:

Contract Number: 11386

Sign-up Type: HEL Minnesota

T111, R11, Sec 25, Tract 5168, Field 2, 4, 5, Acres 14.9

Contract Period: 10-01-2025 to 09-30-2035

2. This contract will expire 12/31/25, according to exhibit A or the described conservation activity(s).
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. A change in ownership shall not change the terms of this contract.
5. The contract, and terms of the contract, shall be in effect for the period of the contract.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel where the conservation activity(s) will be located.
2. Obtain all permits required in conjunction with the installation and establishment of the activity(s).
3. Be responsible for the operation and maintenance prepared for applicable practice(s) by a technical assistance provider or the operation and maintenance that was prepared under the requirements of a supporting contract (exhibit A) for the conservation activities applied under this contract.
4. To provide copies of all forms and contracts pertinent to any other state or non-state programs that are contributing funds toward this activity(s).

Date <u>12-17-25</u>	Land Occupier <u>Mary Montes</u>
Date	Landowner, if different from applicant
Address, if different from applicant information	

The organization has authorized the following for financial assistance: total not to exceed a rate of \$1000/, OR total not to exceed percent of the total cost to complete the conservation activity.

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

Approval Date	Authorized Signature	Total Amount Approved \$ 1,000.00
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VOUCHER

Activity	Quantity	Unit	Unit Rate	Total
CCRP_CN11370_T832_CP38E-25	1	1	\$1,000.00	\$1,000.00

I certify that this is an accurate and true summation of the above activity(s), which was completed on: 10-01-2025


 Payee Signature

12-17-25
 Date

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

Date	Administrative Sign-off	Total Amount Approved for payment (not to exceed amount approved) \$ 1,000.00
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