



Olmsted County SWCD Cover Crop Program Requirements

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

Program Cost Share Payment Cap is \$15,750/year. Cost share payment cap is calculated based on all enrollment options and acres. Operators will need to enroll each year for the program.

Cover Crop Policy:

Operator Agrees:

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

Table 1 Cover Crop Payment Options

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

2. To complete an application form determining program eligibility and total acreage enrolled in the Cover Crop program.
3. All commercial seed purchased by the operator for cover crop seeding shall be tested and properly labeled in accordance with State of Minnesota Seed Law and Regulations. All seed shall be free of prohibited noxious weed seed. Seed tags must be retained by the operator and include the following information: seed type, state of origin, test date, germination, and noxious weed count



and purity results.

4. If an operator elects to use bin run seed, a representative sample must be submitted to a certified lab for a certified germination test. Test result documentation must be retained for possible spot check by Olmsted SWCD staff or contracted employees.
5. Operators will use professionally accepted seeding dates and rates from sources such as Midwest Cover Crops Council guides, MN Natural Resources Conservation Service (NRCS) cover crop standard, U of M Extension, or Purdue Extension when developing seeding and termination plans for cover crops.
6. To establish the cover crop, the operator or hired contractor shall use one of the following approved planting methods to seed the cover crop.
 - a. **Drilled Seeding:** uses a seed drill to plant a cover crop following a cash crop.
 - b. **Broadcasting with Shallow Incorporation:** broadcast seeding followed by tillage or other approved methods to ensure seed to soil contact. (Ex: Vertical Tillage, Light Disking or Field Cultivating)
 - c. **Broadcast without Incorporation:** broadcast seeding without tillage or disturbance following seeding.
 - d. **Aerial or Interseeding:** seeding into a standing crop (such as corn or soybeans).
 - e. **Frost Seeding:** broadcasting cover crop in mid to late February through late March during active freeze / thaw cycles
7. Cover crop shall be properly maintained by the operator for the duration of this cover crop Agreement. Olmsted County and Olmsted SWCD are not responsible for the planting or maintenance of the cover crop. Operator waives any and all liability against the County and Olmsted SWCD in the event the cover crop fails to germinate or grow once planted sufficient to meet the program requirements or is destroyed due to any cause which is beyond the control of the County and Olmsted SWCD.
8. Grazing or "green chopping" for livestock forage is allowed after the crop is established and the height is certified by utilizing the certification survey.
9. To achieve the multi-species enhancement option, the cover crop must include at least 5 species, including 1 cool season grass.

Certifying Compliance

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

1. Acres enrolled meet minimum height standard of 12 inches across the field to be eligible for cost share payment.
2. Within 7 days after termination of the cover crop the operator shall certify via the [online certification form](#) to Olmsted SWCD that the cover crop has met minimum termination height.
3. Operator shall submit the following information to the Olmsted SWCD office with the online certification survey within 7 days after cover crop termination:
 - a. Photo following the instructions and illustrating the cover crop height and larger field view.
 - b. Planting date
 - c. Planting rate
 - d. Planting method
 - e. Mapped location utilizing online mapping tool



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

General Requirements of the Program

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

1. I grant the Olmsted SWCD's representative(s) access to the parcel(s) for spot checks to verify program guidelines have been followed including establishment height, and total acres enrolled.
 - a. Operator agrees after review by Olmsted SWCD office if it is determined that an operator has failed to provide required documentations as provided above, then Olmsted SWCD will hold the payment until such time that the documentation can be provided.
 - b. Operator agrees that if, as a result of a spot-check, the Olmsted SWCD determines an operator has submitted false, misleading, or inaccurate information on the operator's Certification form, or if the cover crop does not meet program requirements, all cover crop agreements for that applicant are null and void and shall be cancelled by the Administrator and any claim for payment denied.
 - c. An operator whose Program compensation request has been denied has the right to appeal that decision to the Manager of the Olmsted County Soil and Water Conservation District or his/her designee. Any appeal must be filed with the Olmsted SWCD along with an appeal fee of \$100 within 7 days of the date of the written notice or denial of the decision becomes final. The operator must provide a written appeal letter explaining why the operator believes the denial to be in error as well as any supporting documentation. The Manager will arrange for an in person visit to operator's field where the cover crop in dispute has been planted. The operator shall be present for the visit to answer any questions pertinent to the appeal.

The Manager shall render a written decision on the appeal within 30 days after the in-person field visit and provide a copy to operator. All appeal decisions by the Manager are final. If the operator's appeal is granted, then the Olmsted SWCD Office shall process payment to operator within 14 calendar days of the decision. If the operator's appeal is denied, no program payment



shall be made to operator and the operator may also be placed on probation for one year. During probation, the operator shall be ineligible to participate in any Olmsted County or Olmsted County SWCD Program.

2. I agree that I will meet and maintain compliance with State of Minnesota Groundwater Protection Rule in Chapter 1573 of the Minnesota Rules, including restrictions of nitrogen fertilizer in the fall or on frozen ground (as restricted by geographic area in the Rule) and nutrient management requirements throughout the life of the contract.
3. I agree to follow Minnesota Rule Section 7020 for proper manure application.
4. I have read, understand, and agree with policies set forth in the preceding agreement regarding establishing and maintaining the cover crop enrolled in the 2022 Olmsted County Cover Crop program.
5. I agree to attend within the contract year, at least one educational cover crop or soil health event such as a field day, annual conference session, farminar (online webinar), or shared learning call, hosted by a local SWCD, MN Soil Health Coalition, Land Stewardship Partnership Soil Builders Network, University of Minnesota Extension, or other approved organization and provide verification of attendance at the event.
6. I understand this document may be executed in multiple counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. Signatures, including those provided by electronic means, may include, by way of example and not of limitation, DocuSign, Adobe, PDF, and sent by electronic mail, or via an electronic signature program, shall be deemed to be original.
7. I understand that payment for acres designated as “enhancement management options” is based on submitting verification details and subject to in-field evaluation. If they do not meet those criteria, they will not be eligible for additional incentive payment.
8. I understand that I cannot participate in any other publicly funded cover crop cost share programs on a county, state, or federal level, such as: Federal Farm Bill Cost-share programs, Agricultural Water Quality Certification Program, or other State of Minnesota Cost-share programs, or local county/SWCD programs on the same cover crop acres contracted in this program.
9. I understand that a Form 1099 will be sent to the operator from Olmsted County following contract payment for the cover crop program.

AGREED AND ACCEPTED:

Operator

By: _____

Date: _____

Olmsted SWCD

By: _____

Date: _____