

# SOIL AND WATER RESOURCE MANAGEMENT PROGRAM (SWRM)

**Intro: Website**

**Sec. 1: DATCP Grant Allocation**

**Sec. 2: Staffing Reimbursement**

**Sec. 3: Landowner Cost-share Contracts**

**Sec. 4: Cost-Share Reimbursements**

**Sec. 5: Nutrient Management Projects**



# SOIL AND WATER RESOURCE MANAGEMENT PROGRAM (SWRM) WEB RESOURCES

SWRM Grant Resources

Calendar

Policies/Procedures

Forms

Examples

Non-DATCP resources

Allocation / Application



[https://datcp.wi.gov/Pages/Programs\\_Services/SWRMGrantResources.aspx](https://datcp.wi.gov/Pages/Programs_Services/SWRMGrantResources.aspx)



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# SECTION I JOINT GRANT ALLOCATION



# DATCP/DNR JOINT ALLOCATION PLAN

DATCP and DNR jointly release RFP at end of January

Applications due April 15

Allocation Plan prepared April-July

Preliminary Allocation Plan to LWCB in August or October

30 day comment period

Final Allocation Plan to LWCB in October or December

DATCP/DNR Secretaries sign the Joint Allocation Plan

Contracts signed



# STAFFING GRANTS

First position: May only claim conservationist, technician or engineer.  
Person must spend over 95% performing qualifying conservation (SWRM) work

Statutory Goal (s. 92.14)(6)(b)

- ✓ 100% of 1<sup>st</sup> position
- ✓ 70% of 2<sup>nd</sup> position
- ✓ 50% of 3<sup>rd</sup> and subsequent positions



# STAFFING GRANT POLICIES

## Prerequisites for eligibility:

- Approved Land and Water Resource Management Plan (approved for 10 years)
- Current annual workplan
- Annual report covering the previous year's activities

Staffing grants can pay for permanent staff, LTEs, independent contractors and support costs (up to 10% of total grant)

Tier one award: \$75,000 or actual costs of the 1<sup>st</sup> position, whichever is more

- Must work at least 95% on qualifying conservation activities
- Cannot count positions vacant more than a year

Tier two award: Actual costs, prorated by time not spent on conservation activities



# STRUCTURAL – COST-SHARE GRANTS

Percentage of funds awarded according to these criteria

\$10,000 base (20%)

3-year cumulative under-spending percentage (16%)

Ag Census land in farms by acres (32%)

3-year cumulative spent on cost-shared practices (32%)

**DATCP will score counties using data in its possession**





# SEG FUNDS - COST-SHARE



50% of SEG cost-share allocation should be used for nutrient management planning.

Remaining 50% can be used for cropping practices such as cover crops or no-till.

With DATCP pre-approval, up to 50% of SEG cost-share funds can be used for structural practices in support of implementing a nutrient management plan.





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# SECTION 2

## STAFFING GRANT REIMBURSEMENT





Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Agricultural Resources and Conservation  
 Soil and Water Resources  
 PO Box 8911  
 Madison, WI 53708-8911

**Download form**  
**File only one request**

E-mail the signed Excel file to:  
[datcpswr@wisconsin.gov](mailto:datcpswr@wisconsin.gov)

**Grant Staff & Support**

(Section 92.14, Wis. Stats.; s. ATCP 50.32(7), Wis. Admin. Code)

COUNTY

PERIOD  mm/dd/yyyy

TO  mm/dd/yyyy

**STAFFING ITEMS:**

POSITION NO.	SALARY, FRINGE BENEFITS, & CONTRACTED SERVICES (\$)	TIME ON CONSERVATION ACTIVITIES (%)	REIMB. RATE %	REQUESTED AMOUNT	DATCP APPROVED REIMB. AMOUNT
			100%	\$0.00	
			70%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
			50%	\$0.00	
<b>SUBTOTAL STAFFING ITEMS</b>				\$0.00	\$ -

**SUPPORT ITEMS:**

ELIGIBLE SUPPORT CATEGORIES	REIMB. RATE %	ELIGIBLE COSTS INCURRED (\$)	REQUESTED AMOUNT	DATCP-APPROVED REIMB. AMOUNT
STAFF & LCC Training	100%		\$0.00	
Office Supplies, Maps, Plats, Printing, Postage, Educational Materials, Newsletters	100%		\$0.00	
Mileage at the state rate	100%		\$0.00	
Computer Equipment, Software, Printers, and Related Devices	100%		\$0.00	
Proportionate Share of Audits	100%		\$0.00	
Other Approved Costs	100%		\$0.00	
<b>SUBTOTAL SUPPORT ITEMS</b>			\$0.00	\$ -

To request reimbursement, the county, through its authorized representative, must check the box indicating agreement with the terms of this request, type the person's name and official title, and date the request. This method of completing the form constitutes an electronic signature and has the same force and effect, pursuant to Chapter 137 of the Wisconsin Statutes, as a non-electronic signature. By signing and submitting this form, the authorized representative certifies that the county (1) has fully paid the costs for which the county seeks reimbursement, (2) has listed costs that are eligible for reimbursement under ch. ATCP 50 and the grant contract, (3) has met the match requirement in s. ATCP 50.32(7)(c)4 for each position other than its 100% funded position, and (4) is in possession of financial documentation to support its reimbursement request. As terms of this submission, the county agrees it will maintain supporting documentation as required by s. ATCP 50.22.

I agree on behalf of the above-referenced county to the terms of this reimbursement request.

NAME OF COUNTY REPRESENTATIVE

TITLE OF COUNTY REPRESENTATIVE

DATE  mm/dd/yyyy

<b>TOTAL REIMBURSEMENT REQUEST:</b>	\$ -	\$ -
<b>TOTAL APPROVED AMOUNT:</b>	\$ -	\$ -
<b>TOTAL STAFF &amp; SUPPORT FUNDS:</b>		
<b>REMAINING FUNDS AVAILABLE:</b>	\$ -	\$ -

DATCP USE ONLY

DATE RECEIVED: mm/dd/yyyy

STATUS:



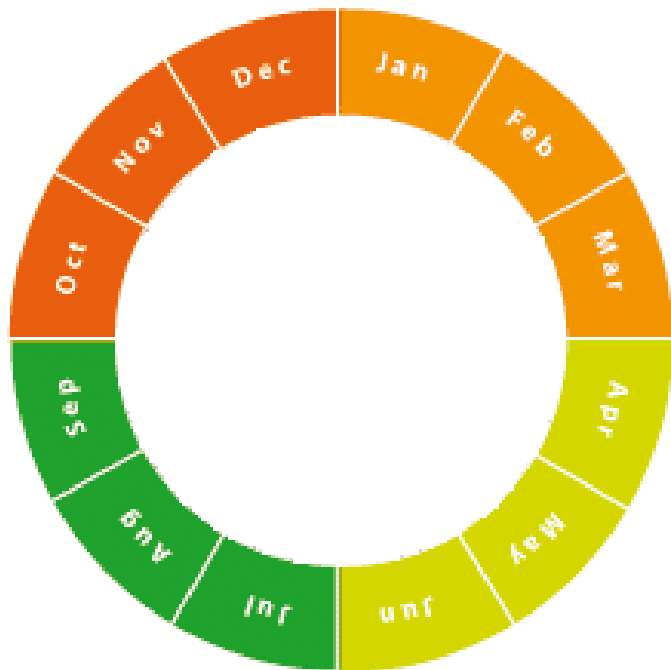
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# SECTION 3

## LANDOWNER CONTRACTS AND CHANGE ORDERS



# ONE YEAR CYCLE FOR COST-SHARE PROJECTS



Sign cost-share contracts in the year funds are awarded

- May sign cost-share contracts with landowners beginning January 1 of a grant cycle

Complete by Dec. 31 (must incur all costs) or extend incomplete projects

Counties pay landowner for completed projects by Jan. 31 of the next year

Request reimbursement no later than Feb. 15 of the next year



# INELIGIBLE PRACTICES AND COSTS



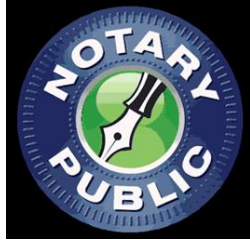
- Required as part of a CAFO permit.
- Excludes streambank protection
- Heavy use area protection as a separate practice
- Must be cost-shared as a component of another practice.
- State or local permit fees





# SIGNATORY REQUIREMENTS

When does a signature need to be notarized?



- Cost-share contract is recorded at the register of deeds for any reason, the signatures should be notarized.
- Contract includes an agreement or easement involving interest in land, and payment is made for land out of production or CREP-equivalent

Landowners must sign first page of cost-share agreement. Spouse must sign if landowner is married.

Use Exhibit A-I for additional signatures

- Multiple landowners
- Grant recipient/operator is receiving payment





**Cost-Share Contract Change Order**

(Section 92.14, Wis. Stats.; s. ATCP 50.40, Wis. Admin. Code)

Use this form to document changes to a cost-share contract for cost-sharing and the unit of measure. Enter the numbers in columns H and I to be recorded. If the amount is zero, enter 0.00.

Pull down ensures correct practice code and unit of measure

ed below. This also should be used to track cumulative changes made in cost-change orders and enter the numbers under columns F and G, and then complete ,000, s. ATCP 50.40 (14) requires that the cost-share contract and this form be approval of the project.

**Change Order Number**

COUNTY		COST-SHARE CONTRACT NUMBER			LANDOWNER		AGENT'S			
A	B	C	D	E	F	G	H	I	J	K
Practice Name and Code	Unit of Measurement	Practice Status (Modified, Deleted, New)	Original DATCP Cost-Share Amount	Original Quantity in Units	1st Change Order Change in DATCP Cost-Sharing	1st Change Order Change in Units	2nd Change Order Change in DATCP Cost-Sharing	2nd Change Order Change in Units	Adjusted Cost-Sharing (original + changes)	Adjusted Unit Amount (original + changes)
50.73 Grade stabilization structures	Number	Modified	\$ 14,105.00	1.00	\$ 1,053.89	0.00			\$ 15,158.89	1.00
	#N/A								\$ -	0.00
	#N/A								\$ -	0.00
	#N/A								\$ -	0.00
	#N/A								\$ -	0.00
<b>Total Adjustments to Cost-Sharing</b>									<b>\$ 15,158.89</b>	

Enter zero if no change in units  
In this case, do not enter 1

By electronically signing and dating this form, the county, through its authorized representative, certifies that the information provided in this form is a complete and accurate record of changes to the above-referenced cost-share contract, that each landowner or cost-share recipient who signed the cost-share contract has consented to the changes documented on this form, and that each landowner or cost-share recipient has received a copy of this form documenting the changes in cost-sharing and units installed. The county further agrees to retain this and other records required under s. ATCP 50.34 (7), and provide DATCP electronic copies of these records if requested.

NAME OF COUNTY REPRESENTATIVE  
\_\_\_\_\_

TITLE OF COUNTY REPRESENTATIVE  
\_\_\_\_\_

DATE  
mm/dd/yyyy

Personal information you provide may be used for purposes other than that for which it was originally collected. sec. 15.04 (1)(m), Wis. Stats.



### Cost-Share Contract Change Order

(Section 92.14, Wis. Stats.; s. ATCP 50.40, Wis. Admin. Code)

Use this form to document each change order, which becomes part of the cost-share contract listed below. This also should be used to track cumulative changes made in cost-sharing and the units cost-shared. If more than two changes orders are prepared, combine prior change orders and enter the numbers under columns F and G, and then complete columns H and I to reflect the most current change order. If the amount in column J exceeds \$14,000, s. ATCP 50.40 (14) requires that the cost-share contract and this form be reviewed and approved by the DATCP's written approval of the project.

Use negative numbers to correctly capture a reduction in cost-sharing and units

					LANDOWNER'S NAME				COST-SHARE RECIPIENT'S NAME	
					F	G	H	I	J	K
					1st Change Order Change in DATCP Cost-Sharing	1st Change Order Change in Units	2nd Change Order Change in DATCP Cost-Sharing	2nd Change Order Change in Units	Adjusted Cost-Sharing (original + changes)	Adjusted Unit Amount (original + changes)
Practice Name and Code	Unit of Measurement	Practice Status (Modified, Deleted, New)	Original DATCP Cost-Share Amount	Original Quantity in Units						
50.78 Nutrient management (2005 NRCS Standard)	Acres	Modified	\$ 1,400.00	175.00	\$ (696.00)	-87.00			\$ 704.00	88.00
	#N/A								\$ -	0.00
	#N/A								\$ -	0.00
	#N/A								\$ -	0.00
	#N/A								\$ -	0.00
<b>Total Adjustments to Cost-Sharing</b>									\$	704.00

Automatically calculates adjusted cost-share amount and units

By electronically signing and dating this form, the county, through its authorized representative, certifies that the information provided in this form is a complete and accurate record of changes to the above-referenced cost-share contract, that each landowner or cost-share recipient who signed the cost-share contract has consented to the changes documented on this form, and that each landowner or cost-share recipient has received a copy of this form documenting the changes in cost-sharing and units installed. The county further agrees to retain this and other records required under s. ATCP 50.34 (7), and provide DATCP electronic copies of these records if requested.

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# SECTION 4

## COST-SHARE REIMBURSEMENTS AND PROJECT EXTENSIONS



# EMAIL REIMBURSEMENT REQUESTS

- Complete and convert to PDFs
- Organize submission with reimbursement request form first, certification documentation next, cost-share contract last
- Send to [datcpswrm@wisconsin.gov](mailto:datcpswrm@wisconsin.gov)

ARM-LWR-112 (Rev. Feb. 2014)  
Wisconsin Dept. of Agriculture, Trade and Consumer Protection  
Agricultural Resource Management Division  
2811 Agriculture Drive, PO Box 8911  
Madison WI 53708-8911  
Phone: (608) 224-4648 or (608) 224-4610

NRCS United States Department of Agriculture  
Natural Resources Conservation Service

WISCONSIN STANDARD  
DRAWING NO. WI-001 5/12

CONSTRUCTION

PRACTICE 580-Streambank and  
LANDOWNER Bot  
ADDRESS

**Soil and Water Resource Management Program**

**Certification and Cost-Share Reimbursement Request Form**  
Section 92.14, Wis. Stats.

**GENERAL INFORMATION**

COUNTY \_\_\_\_\_  
COST SHARE CONTRACT # \_\_\_\_\_  
LANDOWNER /GRANT RECIPIENT \_\_\_\_\_  
PROJECT ADDRESS \_\_\_\_\_

**DATE RECEIVED:**  
Use to certify practices and request partial or final reimbursements. Provide DATCP electronic copies of cost-share contracts, addenda, NM checklists (Appendix C), calculation sheets and other required documentation.

FINAL PAYMENT [check only if all practice components of this project have been properly installed]  
 PARTIAL PAYMENT [check only if installed practice components provide independent conservation benefits, see ACTP 50.40(12)]

Check applicable location of the cost-share project  
 Land owned by a local governmental unit, as defined by ATCP 50.01(17), subject to 50% cap in ATCP 50.42(1)(d)  
 Farm land

COST-SHARED PRACTICE DESCRIPTION (Practices should be listed exactly as shown on cost-share contract with appropriate reference to ATCP 50 provisions)	NR 151 Code	WATER-SHED CODE (Refer to WS Code table)	ORIGINAL DATCP COST-SHARE AMOUNT	CHANGE ORDER AMOUNT(S) (enter + or -)	DEDUCT PARTIAL PAYMENTS RECEIVED FROM DATCP	COST-SHARE PAYMENT FROM DATCP#
	00					
	00					
	00					
	00					
	00					

# Indicate if cost-shared practice achieves compliance with farm performance standard by inserting code that best characterizes NR 151 compliance: 00 (no standard applies), 02 (Sheet, till and wind erosion), 03 (Tillage Setback), 04 (Phosphorus Index), 05 (Manure storage facilities), 055 (Process Wastewater Handling), 06 (Clean water diversions), 07 (Nutrient management), 08 (Manure management prohibitions)  
Note: A 50% maximum cost-share rate applies to the following practices if no NR 151 code is associated with the practice: ATCP 50.65-access roads, ATCP 50.83-roof runoff systems, ATCP 50.88-streambank or shoreline protection, ATCP 50.88S-stream crossing, ATCP 50.98-wetland development or restoration.  
## Calculate payment by combining original cost-share amount with any change order amounts, and then deducting any partial payments already received.

**TOTAL REIMBURSEMENT REQUEST:** \_\_\_\_\_

**\*\*REQUIRED CERTIFICATION OF COUNTY APPROVAL OF CONTRACT CHANGES\*\***  
The county (1) has completed form (ARM-LWR-166), or has other written documentation, to approve changes affecting the terms or amount of the cost-share grant, (2) has obtained the landowner's consent to these changes (in writing when required by ARM-LWR-166), and (3) will maintain documentation related to county approval as required by s. ATCP 50.34 (7).

SIGNATURE OF COUNTY REPRESENTATIVE \_\_\_\_\_ TITLE OF COUNTY REPRESENTATIVE \_\_\_\_\_

SEE SECOND PAGE FOR CERTIFICATION  
Personal information you provide may be used for purposes other than that for which it was originally collected (sec. 15.04 (1) (m), Wis. Stats.).





2012-382

RESOURCE MANAGEMENT  
M Sec. 92.14, Wis. Stats.

SHARE CONTRACT  
P approval required for  
re amounts over \$50,000)

ntered into by and between  
nservation Committee, and landowners(s)  
nd grant recipient N/A. This contract is  
e date signed by the county representative.  
s and conditions herein, the parties agree to  
he following Sections 1, 2, and 3, and any  
d made a part hereof.  
y to notarize the spouse's signature unless  
d. However, the spouse must sign his or her  
ures must be notarized. If there are additional  
ipients, check here  and attach Exhibit A1.  
ach line not completed.  
thorized person(s) can sign in a representative  
ach capacity if the landowner is a corporation,  
nted partnership, or limited liability company.

8 0 0 5 6 7 6  
Tx:4003615

JOSEPH G. BOLL  
LAFAYETTE COUNTY, WI  
REGISTER OF DEEDS  
335387

12/14/2012 08:55 AM

RECORDING FEE: 30.00

PAGES: 5

Recording Area  
Agency Name & Return Address  
Lafayette County LCD  
1900 Edwin Johnson Drive  
Darlington, WI 53530

Parcel Identification Number  
016.0365.0000

2-1-2012  
ATIVE DATE  
eve Cernek

Shelia Cernek  
LANDOWNER/REPRESENTATIVE  
PRINT OR TYPE NAME: Shelia Cernek

2-1-2012  
DATE

State of Wisconsin )  
Lafayette County ) ss.

This instrument was acknowledged before me on N/A  
(date) (date)

by N/A  
(name of landowner or representative)

as N/A  
(representative's position or type of authority, if applicable)

for N/A  
(name of entity on behalf of whom instrument was executed, if applicable)

N/A SIGNATURE  
Notary Public, State of Wisconsin  
My commission expires N/A (is permanent).

Lisa K Trumble  
PRINT NAME

2-1-2012  
DATE

Lisa K Trumble  
REPRESENTATIVE  
LISA K. TRUMBLE

2-1-2012  
DATE

ROGER J. LANGE  
NOTARY

# RECORDING

Required if DATCP cost-sharing exceeds \$14,000 for structural practices

- Applies to change orders cost increases

Record after project is complete and before requesting payment from DATCP

May use DATCP funds to pay recording cost

- Include cost in the total project cost







# Certification and Cost-Share Reimbursement Request Form

Section 92.14, Wis. Stats.

Use to certify practices and request partial or final reimbursements. Provide DATCP electronic copies of cost-share contracts, addenda, NM checklists (Appendix C), calculation sheets and other required documentation

GENERAL INFORMATION	
COUNTY	<input type="checkbox"/> <b>FINAL PAYMENT</b> [check only if all practice components of this project have been properly installed] <input type="checkbox"/> <b>PARTIAL PAYMENT</b> [check only if installed practice components provide independent conservation benefits see ACTP 50.40(12)]
COST SHARE CONTRACT #	
LANDOWNER NAME	
<b>CHECK APPLICABLE LOCATION OF THE COST-SHARE PROJECT</b> <input type="checkbox"/> Land owned by a local governmental unit, as defined by ATCP 50.01(17), subject to 50% cap in ATCP 50.42(1)(dr) <input type="checkbox"/> Farm land <input type="checkbox"/> Other	

For partial payment, select proper payment

COST-SHARED PRACTICE DESCRIPTION <small>(Practices should be listed exactly as shown on cost-share contract with appropriate reference to ATCP 50 provision)</small>	NR 151 Code #	WATER-SHED CODE <small>(Refer to WS Code table)</small>	ORIGINAL DATCP COST-SHARE AMOUNT	CHANGE ORDER AMOUNT(S) <small>(enter + or -)</small>	DEDUCT PARTIAL PAYMENTS RECEIVED FROM DATCP	COST-SHARE PAYMENT FROM DATCP <sup>###</sup>
50.88 Streambank Prot	08	BR12	3,000	2,000		3,500
	00					

• Must have independent WQ benefits

	00					
	00					



# Certification and Cost-Share Reimbursement Request Form

Section 92.14, Wis. Stats.

Use to certify practices and request partial or final reimbursements. Provide DATCP electronic copies of cost-share contracts, addenda, NM checklists (Appendix C), calculation sheets and other required documentation

## GENERAL INFORMATION

If form has default NR 151 code of "00," then a maximum of 50% cost-sharing for:

- Access roads (50.65)
- Roof runoff systems (50.85)
- Streambank and shoreline protection (50.88)
- Stream crossing (50.885)
- Wetlands (50.98)

		Code table)		(Check for )	FROM DATCP	DATCP##
50.88 Streambank Prot	00	BR12	3,000	2,000		3,500
	00					
	00					
	00					
	00					
	00					

this

ments

]

-SHARE  
MENT  
COM  
DATCP##



# Certification and Cost-Share Reimbursement Request Form

Section 92.14, Wis. Stats.

Use to certify practices and request partial or final reimbursements. Provide DATCP electronic copies of cost-share contracts, addenda, NM checklists (Appendix C), calculation sheets and other required documentation

GENERAL INFORMATION	
COUNTY	<input type="checkbox"/> FINAL PAYMENT project have been <input type="checkbox"/> PARTIAL PAYMENT provide independent <b>CHECK APPLICABLE PROJECT</b> <input type="checkbox"/> Land owned by a landowner (50.01(17), subject to <input checked="" type="checkbox"/> farm land <input type="checkbox"/> Other
COST SHARE CONTRACT #	
LANDOWNER NAME	
GRANT RECIPIENT NAME (Only if different than landowner)	

70% cost-sharing for these practices if farmland and NR 151 code provided:

- Access roads (50.65)
- Roof runoff systems (50.85)
- Streambank and shoreline protection (50.88)
- Stream crossing (50.885)
- Wetlands (50.98)

COST-SHARED PRACTICE DESCRIPTION (Practices should be listed exactly as shown on cost-share contract with appropriate reference to ATCP 50 provision)	NR 151 Code #	WATER-SHED CODE (Refer to WS Code table)	ORIGINAL DATCP COST SHARE AMOUNT			
50.88 Streambank Prot	08	BR12	3,000	2,000		3,500
	00					
	00					
	00					
	00					
	00					

# Guidance on selection NR 151 codes for 70% cost-sharing for select practices

- 03 Tillage setback of 5 to 20 feet
- 04 Phosphorous Index
- 05 Construct, maintain and close manure storage facilities to prevent manure overflows and leaks.
- 055 Process Wastewater discharge to waters of the State
- 06 Divert clean water from feedlots, manure storage areas and barnyard areas within a water quality management area.
- 07 Apply manure and fertilizer in conformance with a nutrient management plan to control nutrient runoff into water of the state.
- 08 No overflow from manure storage facilities.
- 08 No unconfined manure stacks within the Water Quality Management Area.
- 08 No direct runoff from feedlots and manure storage facilities.
- 08 No unlimited access of livestock to waters of the state that prevents maintenance of adequate sod or self-sustaining cover.

## Guidance on Compliance Determinations Involving Specific Practices

To receive 70% cost-sharing, the practices listed below must be associated with a NR 151 performance standard. If a NR 151 performance standard code is not assigned to the practice, then the project will only receive funding at a 50% cost-share rate. This table lists possible codes that might be associated with a particular practice to receive the higher cost-share rate.

<b>Practice</b>	<b>NR 151 Code Options</b>
Access Roads (50.65)	05, 08
Roof Runoff Systems (50.85)	05, 055, 06, 08
Stream Bank and Shoreline Protection (50.88)	03, 08
Stream Crossing (50.885)	02, 03, 08
Wetland Restoration (50.98)	02, 07

This table lists practices that may present challenges in linking with a performance standard. The second column suggests NR 151 performance standard codes that might be assigned to a practice.

<b>Practice</b>	<b>NR 151 Code Options</b>
Critical Are Stabilization (50.69)	02
Riparian Buffer (50.83)	08
Waterway Systems (50.96)	07
Well Decommission (50.97)	08





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# SECTION 5

# NUTRIENT MANAGEMENT CONTRACTS





COST-SHARE CONTRACT NO.:

**SOIL AND WATER RESOURCE MANAGEMENT GRANT PROGRAM**  
Sec. 92.14, Wis. Stats.

**COST-SHARE CONTRACT**  
(DATCP approval required for cost-share amounts over \$50,000)

This contract is made and entered into by and between \_\_\_\_\_ County Land Conservation Committee, and landowner(s) \_\_\_\_\_ and grant recipient \_\_\_\_\_. **This contract is complete and valid as of the date signed by the county representative.**

In consideration of the terms and conditions herein, the parties agree to this contract as set forth in the following Sections 1, 2, and 3, and any addenda that are annexed to this contract.

**NOTE 1:** It is **not** necessary to record this contract will be record own name. All other sign landowners or any grant recipient "not applicable" for Insert "not applicable" for  
**NOTE 2:** Only properly a capacity and must sign in a trust, estate, partnership, li

LANDOWNER/REPRESENTATIVE  
PRINT OR TYPE NAME: \_\_\_\_\_

State of Wisconsin )  
 ) ss.  
\_\_\_\_ County )

This instrument was acknowledged

by \_\_\_\_\_  
(name of landowner or representative)  
as \_\_\_\_\_  
(representative's position or type of authority, if applicable)  
for \_\_\_\_\_  
(name of entity on behalf of whom instrument was executed, if applicable)

SIGNATURE  
Notary Public, State of Wisconsin  
My commission expires \_\_\_\_\_

SIGNATURE OF COUNTY REPRESENTATIVE  
PRINT OR TYPE NAME: \_\_\_\_\_

State of Wisconsin )  
 ) ss.  
\_\_\_\_ County )

This instrument was acknowledged

as \_\_\_\_\_ of \_\_\_\_\_

SIGNATURE  
Notary Public, State of Wisconsin  
My commission expires \_\_\_\_\_

*This document was drafted by the Wisconsin Department of Agriculture, Trade and Consumer Protection.*

Personal information you provide may be used for purposes other than that for which it was originally collected (Sec. 15.04(1)(m), Wis. Stats.)

COST-SHARE CONTRACT NO.:

**SOIL AND WATER RESOURCE MANAGEMENT GRANT PROGRAM**  
Sec. 92.14, Wis. Stats.

**COST-SHARE CONTRACT**  
(DATCP approval required for cost-share amounts over \$50,000)

This contract is made and entered into by and between \_\_\_\_\_ County Land Conservation Committee, and landowner(s) \_\_\_\_\_ and grant recipient \_\_\_\_\_. **This contract is complete and valid as of the date signed by the county representative.**

In consideration of the terms and conditions herein, the parties agree to this contract as set forth in the following Sections 1, 2, and 3, and any addenda that are annexed and made a part hereof.

**NOTE 1:** It is **not** necessary to notarize the spouse's signature unless this contract will be recorded. However, the spouse must sign his or her own name. All other signatures must be notarized. If there are additional landowners or any grant recipients, check here  and attach Exhibit A1. Insert "not applicable" for each line not completed.

**NOTE 2:** Only properly authorized person(s) can sign in a representative capacity and must sign in such capacity if the landowner is a corporation, trust, estate, partnership, limited partnership, or limited liability company.

LANDOWNER/REPRESENTATIVE  
PRINT OR TYPE NAME: \_\_\_\_\_

DATE \_\_\_\_\_

State of Wisconsin )  
 ) ss.  
\_\_\_\_ County )

This instrument was acknowledged before me on \_\_\_\_\_ (date)

by \_\_\_\_\_  
(name of landowner or representative)  
as \_\_\_\_\_  
(representative's position or type of authority, if applicable)  
for \_\_\_\_\_  
(name of entity on behalf of whom instrument was executed, if applicable)

SIGNATURE  
Notary Public, State of Wisconsin  
My commission expires \_\_\_\_\_ (is permanent)

PRINT NAME \_\_\_\_\_

SIGNATURE OF COUNTY REPRESENTATIVE  
PRINT OR TYPE NAME: \_\_\_\_\_

DATE \_\_\_\_\_

State of Wisconsin )  
 ) ss.  
\_\_\_\_ County )

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

SIGNATURE  
Notary Public, State of Wisconsin  
My commission expires \_\_\_\_\_ (is permanent)

PRINT NAME \_\_\_\_\_

*This document was drafted by the Wisconsin Department of Agriculture, Trade and Consumer Protection.*  
Personal information you provide may be used for purposes other than that for which it was originally collected (Sec. 15.04(1)(m), Wis. Stats.)

Recording Area  
Agency Name & Return Address

Parcel Identification Number

# Identify all landowners who have land covered by the NM plan

# Sign a separate contract with each landowner

- Operator must sign Exhibit A1 for each contract

# COST-SHARING AND CONTINUING COMPLIANCE



No cost-sharing unless continuing compliance secured

All landowners must maintain NM compliance for as long as the land is farmed

- Not just for the four years of the contract









Wisconsin Department of Agriculture, Trade and Consumer Protection  
 Division of Agricultural Resource Management  
 Bureau of Land and Water Resources  
 PO Box 8911, Madison WI 53708-8911, Phone: 608-224-4605

Use this form to check nutrient management (NM) plans for compliance with the WI NRCS 2015-590 Standard.

## Nutrient Management Checklist Sec. 92.05(3)(k), Wis. Stats. ATCP 50.04(3) & 51 Wis. Admin. Codes

COUNTY	DATE PLAN SUBMITTED	GROWING SEASON YEAR PLAN IS WRITTEN FOR	(from harvest to harvest)	
TOWNSHIP: (T. N.)	RANGE: (R. E., W).	CHECK ONE: <input type="checkbox"/> Initial Plan or <input type="checkbox"/> Updated Plan		
NAME OF FARM OPERATOR RECEIVING NUTRIENT MANAGEMENT PLAN				BUSINESS PHONE ( ) -
STREET ADDRESS		CITY	STATE	ZIP
RELEVANT REASON THE PLAN WAS DEVELOPED: <input type="checkbox"/> Ordinance <input type="checkbox"/> NR 243 WPDES or NOD <input type="checkbox"/> DATCP-FP or cost share (cs) <input type="checkbox"/> DNR-cs <input type="checkbox"/> USDA-cs <input type="checkbox"/> Other				
CROPLAND ACRES (OWNED & RENTED)				
RENTED FARM(S) LANDOWNER NAME(S) AND ACREAGE: add sheet(s) if required				
WAS THE PLAN WRITTEN IN SNAPPLUS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, which software version, if known?	
CHECK PLANNER'S QUALIFICATION: <input type="checkbox"/> 1. NAICC-CPCC <input type="checkbox"/> 2. ASA-CCA <input type="checkbox"/> 3. SSSA-Soil Scientist <input type="checkbox"/> 4. DATCP approved training course <input type="checkbox"/> 5. Other approved by DATCP				
NAME OF QUALIFIED NUTRIENT MANAGEMENT PLANNER				BUSINESS PHONE ( ) -
STREET ADDRESS		CITY	STATE	ZIP

Use header sections to add comments. Mark NA in the shaded sections if no manure is applied.

<b>1. Does the plan include the following nutrient application requirements to protect surface and groundwater?</b>			
<i>If no manure is applied, check NA for 1c, 1.h., 1.i., 1.n., 1.o., 1.q., 1.s.</i>			
	Yes	No	NA
a. Determine field nutrient levels from soil samples analyzed by a DATCP certified laboratory.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. For fields or pastures with mechanical nutrient applications, determine field nutrient levels from soil samples collected within the last 4 years according to Std. 590 and UW Pub. A2809, <i>Soil Test Recommendations for Field, Vegetable and Fruit Crops</i> typically collecting 1 sample per 5 acres of 10 cores. Soil tests are not required on pastures that do not receive mechanical applications of nutrients if either of the following applies: 1. The pastures are stocked at an average stocking rate of one animal unit per acre or less at all times during the grazing season. 2. The pastures are stocked at an average stocking rate of more than one animal unit per acre during the grazing season, and a nutrient management plan for the pastures complies with 590 using an assumed soil test phosphorus level of 150 PPM and organic matter content of 6%.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. For livestock siting permit approval, the applicant must collect and analyze soil samples meeting the requirements above in 1. b., excluding pastures, within 12 months of approval and revise the nutrient management plan accordingly. Until then, either option below maybe used: 1. Assume soil test phosphorus levels are greater than 100 ppm soil test P. Or 2. Use preliminary estimates analyzed by a certified DATCP laboratory with soil samples representing > 5 ac/sample.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Identify all field's name, boundary, acres, and location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attach Nutrient Management checklist