



Olmsted County SWCD Alternative Crop & Small Grains Program Requirements

Applicant (Operator) 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 Alternative Crop and Small Grains Program. The purpose of this program is to reduce the leaching of excess crop nutrients into groundwater, to immobilize unused nitrogen from the rooting zone, and to reduce erosion. Only certain small grains and alternative crops are effective at reducing nitrogen loading below the rooting zone. Please reference Attachment A for a list of alternative crops eligible for cost-share under this program.

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.

Alternative Crop and Small Grains Policy:

The Operator Agrees:

1. To plant an alternative crop or small grains (species list as provided in Attachment A) on the Operator’s farm.
 - a. No fall tillage is allowed on the legume if planted after the alternative crop.
 - b. 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 \$15,000)
 - c. Program enrollment acreage limit is 150 acres.
 - d. Maximum payment is \$11,250 for the base payment option with an enhancement option increasing the maximum cost share payment to \$15,000.
 - e. The annual max payment cap is \$15,750 between all three program options.

Table 1 Alternative Crop/Small Grains Operator Payment Options

Base Payment for Alternative Crops or Small Grains (per acre)	Management Option 1: Alternative Crop followed by a legume (used as credit for next crop) (additional payment/acre)
\$75.00/acre	\$25.00/acre

*max \$100.00/acre

2. To complete an application form determining program eligibility and total acreage enrolled in the Alternative Crop/Small Grains program.
3. All commercial seed purchased by the Operator for the alternative crop or legume cover crop 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, University of Minnesota Extension, or Purdue Extension when developing seeding and termination plans for cover crops.

6. To establish the legume cover crop under Management Option 1, the Operator or hired contractor shall use one of the following approved planting methods to ensure good seed to soil contact by using the best planting method possible:
 - a. **Drilled Seeding:** uses a seed drill to plant the 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. **Interseeding:** seeding into a standing crop.
 - e. **Frost Seeding:** broadcasting cover crop in mid to late March through early April during the active freeze/thaw cycle.
7. The crop shall be properly maintained by the Operator for the duration of this 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.

Certifying Compliance

The Operator agrees to certify compliance with the Alternative Crop/Small Grains Program as follows:

1. At least two weeks prior or two weeks after harvest of the alternative crop, the Operator shall certify via the [online certification form](#) to the Olmsted SWCD that the crop has met the minimum requirements and submit photo documentation and total acres grown as described below.
2. The Operator shall submit the following to the Olmsted SWCD office with the online certification form:
 - a. Photo(s) of the harvested crop and/or scale or delivery ticket
 - b. Photo(s) of the legume cover crop if enrolled under Management Option 1
 - c. Planting date
 - d. Planting rate
 - e. Planting method
 - f. Mapped location utilizing online mapping tool
3. The legume cover crop seeding under Management Option 1 may only be certified once and those same acres may not be certified through Olmsted County's Cover Crop Program. Certification may take place within the seeding year if legume cover crop meets applicable standards. Maximum program limits for acres and payments are determined by the sum of certification acres within the calendar year.
4. The Operator shall keep the following on file and available if requested for five years:
 - a. Seed tags for purchased seed and seed tests for bin run seed. The seed tags need to be signed by the Operator and any seed tests not in the Operator's name shall also be signed.
 - b. Invoices for purchased seed
5. 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.

6. If the Operator has questions regarding eligibility for payment, the Olmsted SWCD staff should be contacted.
7. 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:

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 crop does not meet program requirements, all 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 alternative crop enrolled in the 2023 Olmsted County Alternative 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, U of M 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 alternative crop or cover crop cost share programs, such as: Federal Farm Bill Cost-share programs, Agricultural Water Quality Certification Program or other State of Minnesota Cost-share programs, Practical Farmer’s of Iowa (PFI), 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 alternative crops and small grains cost share program.

AGREED AND ACCEPTED:

Operator

By: _____

Date: _____

Olmsted SWCD

By: _____

Date: _____



Attachment A: Approved List of Alternative Crops

- Barley
- Blueberries
- Buckwheat
- Canary grass
- Cool Season Grass Production
- Flax
- Grapes
- Hairy Vetch
- Hop
- Kernza
- Millet
- Oats
- Pennycress
- Perennial Fruit Trees with grass understory
- Perennial Nut Trees with grass understory
- Raspberries
- Rye
- Silflower
- Sorghum (Milo)
- Summer Annual Grains
- Triticale
- Winter Camalina
- Woody Perennials

*** others, subject to approval by SWCD staff.
Please contact staff ahead of enrolling acres in this program.