



## Olmsted County SWCD Haying & Grazing 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 Haying & Grazing 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. Research has shown that management practices like converting traditional row cropland acres to haying and grazing can be effective in reducing nitrogen leaching to groundwater. To be eligible for cost-share under this program, haying and grazing acres must be new acres or acres removed from row crop production.

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.

### Haying & Grazing Program Policy:

The Operator Agrees:

1. To convert row cropland acres to haying and grazing acres on the Operator’s farm.
  - a) Acres must be removed from row cropland
  - b) Payment rate options as provided in Table 1 below.
  - c) Program enrollment acreage limit is 150 acres.
  - d) Maximum payment is \$11,250 for new hay acres and a maximum payment of \$15,000 for new grazing acres.
  - e) The annual max payment cap is \$15,750 between all three program options.

**Table 1 Haying and Grazing Payment Options**

New Hay Acres (per acre)	New Grazing Acres
\$75.00/acre	\$100.00/acre

2. For new hay acres, eligible acres are determined by subtracting the maximum hay acres certified within the last three years with FSA from the operator’s proposed 2023 hay acres. *(For example: 2020 = 50 acres, 2021 = 55 acres, 2022 = 60 acres and 2023 = 100 acres. Eligibility for cost share will be (100 acres – 60 acres) or 40 acres in 2023.)*
3. Acres must be set aside for grazing from May 15<sup>th</sup> – September 1<sup>st</sup>.
4. To complete an application form determining program eligibility and total acreage enrolled in the Haying and Grazing program.
5. All commercial seed purchased by the Operator for the 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.
6. 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.
7. 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 forage and grazing crops.

8. The forage crop and/or grazing land 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 crop. Operator waives any and all liability against the County and Olmsted SWCD in the event the 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 Haying & Grazing Program as follows below. Farm operator is defined by FSA as the person who runs the farm, making day-to-day management decisions:

1. The Operator shall submit the following to the Olmsted SWCD office with [the online certification form](#) after first cutting or once forage is established for grazing:
  - a. Photo showing the new hay acres
  - b. If enrolled in the "Grazing Acres", a photo of fencing or grazing livestock.
  - c. Planting date
  - d. Planting rate
  - e. Planting method
  - f. Mapped location utilizing online mapping tool
2. New haying or grazing acres may only be certified once. If a grazing cover crop mix is utilized for grazing acres, those acres can only be certified once within the calendar year. The same acres cannot be used for the multi-species enrollment option under the Olmsted County Cover Crop Program. Maximum program limits for acres and payments are determined by the sum of certified acres within the calendar year.
3. The Operator shall keep the following on file and available if requested:
  - 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
  - c. Invoices for purchased fencing materials
4. Give permission to Olmsted County FSA office to release all FSA-578 documentation including FSA certified maps to Olmsted County which will be used to verify acres farmed.
5. If the Operator has questions regarding cover crop eligibility for payment, the Olmsted SWCD staff should be contacted prior to enrollment.
6. 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 crop enrolled in the 2023 Olmsted County Haying & Grazing 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 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 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 haying and grazing cost-share program.

**AGREED AND ACCEPTED:**

**Operator**

By: \_\_\_\_\_

Date: \_\_\_\_\_

**Olmsted SWCD**

By: \_\_\_\_\_

Date: \_\_\_\_\_