



# **SWRM Grant Program Topics**

- Intro: Working Manual & Paperless Submissions**
- Sec. 1: 2018 DATCP Grant Application**
- Sec. 2: Staffing Reimbursement**
- Sec. 3: Landowner Cost-share Contracts**
- Sec. 4: Cost-Share Reimbursements**
- Sec. 5: Nutrient Management Projects**

# SWRM Working Manual

- Download and use the **most current forms**
  - Staffing Reimbursement Form
  - C/S Contract Change Order
  - Cost-Share Reallocation for Discharges
- Review the **most current documents**
  - ATCP 50 Changes in NM Standards and Cost-Sharing
  - Continuing Compliance Guidance



# Electronic signing and emailing

## Electronically sign and submit

- DATCP portion of annual grant application
- Grant contract
- Staffing reimbursement request
- Change order (if required)

## Sign printout, scan, electronically submit, and retain original

- Cost-share contract
- Cost-share reimbursement request
- Cost-share transfer or reallocation request

Email to: [datcpswrm@wisconsin.gov](mailto:datcpswrm@wisconsin.gov)



# Section 1

## Joint Grant Application

Forms Discussed in this Section:

- Grant Application

# Staffing Grant Application



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

Funding levels:

First position at 100%

Second position at 70%

Third position at 50% (no funding anticipated)

# SEG Grant Application Awards

DATCP will use internal data to award up to 100 points for NM applications



- FPP Tax Credit - Up to 15 points based on number of farmers claiming a FPP tax credit
- NM Checklists - Up to 60 points based on number of NM checklists submitted to DATCP
- AEAs - Up to 10 points for one or more AEAs
- Positive spending - Up to 15 points based on the spending or committing at least 80% of its previous year SEG funds

# Bond Grant Application



- Percentage of funds awarded according to these criteria
  - \$10,000 base (20%)
  - 3-year cumulative under-spending percentage (50%)
  - Ag Census land in farms by acres (20%)
  - 3-year cumulative spent on cost-shared practices (10%)
- DATCP will score counties using data in its possession

# Section 2

## Staffing Grant Reimbursements

Forms Discussed in this Section:

- Staffing Grant Reimbursement



# Staffing grant reimbursement

ARM-LWR-297 (Rev. April 2015)



Wisconsin  
Department of  
Agriculture,  
Soil and Water  
Conservation  
PO Box 89  
Madison, WI 53708

**Download form  
File only one request**

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

**Grant Staff &**

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

COUNTY

REIMBURSEMENT REQUEST FOR THE PERIOD

TO

**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	
			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

<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:   
STATUS:

# Staffing grant reimbursement

ARM-LWR-297 (Rev. April 2015)



Wisconsin Department of Agriculture, Trade and Consumer Protection  
Agricultural Resource Management Division  
Soil and Water Resource Management Program (SWRM)  
PO Box 8911  
Madison, WI 53708-8911

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

## Grant Staff & Support Reimbursement Form

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

COUNTY

### STAFFING ITEMS:

POSITION NO.	SALARY, FRINGE BENEFITS, & CONTRACTED SERVICES (\$)	TIME ON CONSERVATION ACTIVITIES (%)	RE

Other Approved Costs only include costs for

- Economic hardship determinations
- Cultural resource checks
- Endangered species checks

Sign electronically by typing name in signature block

Devices				
Proportionate Share of Audits	100%		\$0.00	
Other Approved Costs	100%		\$0.00	
<b>SUBTOTAL SUPPORT ITEMS</b>			\$0.00	\$ -

50.32(7)(c) for each position other than its 100% funded position, and (4) is in possession of sufficient 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

<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:

# Must provide match to obtain staffing reimbursement

Use these sources to meet match requirement for second and subsequent positions

- county levy
- permit fees
- private grants
- federal grants
- State funds other than under chs. 92, 281 and 283, Stats.



# Section 3

## Landowner Contracts

### Forms Discussed in this Section

- Landowner Contract
- Exhibit A-1 Form (Form 260)
- Change Order Form
- Verification Status Data Sheet

# One year cycle for cost-share projects



- Sign cost-share contracts in the year funds are awarded
  - May sign before grant contract signed with DATCP
- 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 CAFO permit.
  - Excludes streambank protection
- Heavy use area protection as a separate practice
  - Must be cost-shared as a component
- State or local permit fees

# Signatory Requirements

## When does a signature need to be notarized?

- Landowner UNLESS grant recipient receives a nutrient management payment.
- Spouse only if contract is recorded.
- For nutrient management cost-sharing (SEG), notarize grant recipients signature.

Landowners must sign first page. Spouse must sign if landowner is married.

Use an Exhibit A1 when there are multiple landowners OR a grant recipient / operator receiving payment.

# Change Order Form



Use this form to document change order, which becomes part of the cost-share contract listed below. This should be used to track cumulative changes to the cost-share contract. For each change order, the county must document the date of the change order, the change order number, the date the change order was prepared, the units cost-shared, if more than two change orders are prepared, combine prior change orders and enter the numbers under columns F and G. The change order must be signed by the county representative and the landowner or cost-share recipient. If the change order is for a cost-share amount greater than \$14,000, s. ATCP 50.40 (14) requires that the cost-share contract be approved in writing by the landowner or cost-share recipient. The change order must be approved in writing by the county representative and the landowner or cost-share recipient. The change order must be approved in writing by the county representative and the landowner or cost-share recipient.

**Pull down ensures correct practice code and unit of measure**

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

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

**No landowner signatures, replaced by county certification**

By electronically signing and dating this form, the county, through its authorized representative, certifies that the information provided in this form is a true and correct record of changes to the above-referenced cost-share contract, that each landowner or cost-share recipient who signed the cost-share contract has signed and dated this form, and that each landowner or cost-share recipient has received a copy of this form documenting the changes in cost-sharing and 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



### 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 recorded. If the amount in column I exceeds \$50,000, s. ATCP 50.40(8) requires DATCP's written approval of the project.

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

Change Order	OWNER'S NAME					COST-SHARE RECIPIENT NAME				
	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 Amount (original + changes)
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>									\$	70

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.

# Section 4

## County Reimbursements and Project Extensions

Forms Discussed in this Section:

- Cost-Share Reimbursement Form
- Extension Request Form

# Submit reimbursement requests electronically

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

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

**GENERAL INFORMATION**

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

**Soil and Water Resource Management Program**

**DATCP 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 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 Wis 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 firm performance standard by inserting code that best characterizes NR 151 compliance: 00 (no standard applies), 02 (Sheet, rill and wind erosion), 03 (Tillage Setback), 04 (Phosphorous Index), 05 (Manure storage facilities), 055 (Process Wastewater Handling), 06 (Clean water diversions), 07 (Nutrient management), 08 (Manure management prohibitions), 09 (Roads), 10 (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 50.85-roof runoff systems, ATCP 50.88-streambank or shoreline protection, ATCP 50.885-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  
Information you provide may be used for purposes other than that for which it was originally collected (sec. 15.04 (1) (m), Wis. Stats.).

- 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)

# Recording

2012-382

**RESOURCE MANAGEMENT**  
M  
Sec. 92.14, Wis. Stats.

**SHARE CONTRACT**  
Approval required for  
re amounts over \$50,000

entered into by and between  
ervation Committee, and landowners(s)  
and 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  
nd 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  
ch capacity if the landowner is a corporation,  
nited partnership, or limited liability company.

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

Parcel Identification Number  
016.0365.0000

2-1-2012  
DATE  
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)

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

Lisa K Trumble  
PRINT NAME  
in  
8-15 (is permanent)  
Trumble  
REPRESENTATIVE  
DATE  
2-7-2012  
LISA K. TRUMBLE

Notary Seal: ROGER J. LANGE, Notary Public, State of Wisconsin

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

# Reimbursement Request Form

Section 92.14, Wis. Stats.

Reimbursement Request Form - Account 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 (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	CHANGE ORDER AMOUNT(S) (enter + or -)	DEDUCT PARTIAL PAYMENTS RECEIVED FROM DATCP	COST-SHARE PAYMENT FROM DATCP##
50.88 Streambank Prot.	08	BR12	3,000	2,000		3,000
	00					

- Must have independent WQ benefits
- Cannot amount to more than 90% of the total cost-share

TOTAL REIMBURSEMENT REQUEST

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
GRANT RECIPIENT NAME (Only if different than landowner)	

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	CHANGE ORDER AMOUNT(S) (enter + or -)	DEDUCT PARTIAL PAYMENTS RECEIVED FROM DATCP	COST-SHARE PAYMENT FROM DATCP##
50.88 Streambank	00	BR12	1,000	2,000	1,000	2,000
	00					

If form has default NR 151 code of “00,” then 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)

ance:
ess
nd
i

**CHECK APPLICABLE LOCATION OF THE COST-SHARE PROJECT**

**GRANT RECIPIENT NAME (Only if different than landowner)**

- Land owned by a local governmental unit, as defined by ATCP 50.01(17), subject to 50% cap in ATCP 50.42(1)(dr)
- Farm land
- Other

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	CHANGE ORDER AMOUNT(S) (enter + or -)	DEDUCT PARTIAL PAYMENTS RECEIVED FROM DATCP	COST-SHARE PAYMENT FROM DATCP###
50.88 Streambank	08	BR12	1,000	2,000	1,000	2,000
	00					

**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)

**COMPETE CERTIFICATIONS AND VERIFICATION ON SECOND PAGE**

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.).

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



**NR 151 Code**

**Compliance Achieved through Practice Installation**

- 02 Control soil erosion (sheet, rill and wind) to meet tolerable soil loss (T) calculated by RUSLE 2 (now includes pastures)
- 03 Tillage setback of 5 to 20 feet
- 04 Phosphorous Index

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

...ose manure storage facilities to prevent manure overflows and leaks.  
 ...arge to waters of the State  
 ...edlots, manure storage areas and barnyard areas within a water quality  
 ...r in conformance with a nutrient management plan to control nutrient runoff into  
 ...storage facilities.  
 ...cks within the Water Quality Management Area.  
 ...lots and manure storage facilities.  
 ...estock to waters of the state that prevents maintenance of adequate sod or self-

**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><u>Practice</u></b>	<b><u>NR 151 Code Options</u></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><u>Practice</u></b>	<b><u>NR 151 Code Options</u></b>
Critical Are Stabilization (50.69)	02
Riparian Buffer (50.83)	08

# Project extension requests

By December 31<sup>st</sup>

- Sign contract with landowner
- Electronically submit requests to DATCP
  - Provide contract and changes orders
  - Late filing (through Feb. 15) for extension requests for good cause (staff absence, destroyed records)
  - If in doubt, submit request for all unfinished projects

Soil & Water Resource Management Program WI Dept. of Agriculture, Trade & Consumer Protection P O Box 8911 Madison, WI -53708-8911							
FORM TO REQUEST EXTENSION OF 2008 SOIL & WATER RESOURCE MANAGEMENT GRANT PROJECTS							
Funding Source		LWRM Project Description (attach copy of signed CSA)			Reason for Ext.*	Amount of Extension Requested (Enter exact amount, do not round)	Amount of Extension Requested (Enter exact amount, do not round)
SEG	Bond	Cost-Share Agreement Number	Name of Cost-share Recipient	SEG		BOND	
	X	2008-1	Smith	A	\$500.00		
	X	2008-4	Olson	A	\$1,000.00		
X		2008-2	Jones	B		\$500.00	
X		2008-3	Davidson	B		\$1,500.00	
<b>TOTAL</b>					<b>\$1,500.00</b>	<b>\$2,000.00</b>	
* Indicate A, B, or C in this column, according to the following justifications for each project extension requested:							
A. Unfavorable weather conditions							
B. Unavailability of contractors							
C. Extenuating circumstances (Attach letter describing the circumstance and justifying the request)							
I certify that the information provided on this form is accurate:							
AAA							
County Name			Signature of LCC Chair or County Board Chair or County Executive				
Mail signed, completed form and attachments by December 31, 2008, to: Kris Modaff, Resource Planning Section, DATCP, PO Box 8911, Madison, WI 53708-8911 When complete, please also e-mail a copy of this spreadsheet file to: kris.modaff@wisconsin.gov Questions about this spreadsheet? Call Dilip Patel at 608-224-4610 or Kris Modaff at 608-224-4611.							

# Section 5

## Nutrient Management Projects

### Documents Discussed in this Section:

- Nutrient Management Checklist Plan
- Guidelines for Notice of Compliance Requirements

# Sign separate contracts

- 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-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.

Recording Area  
Agency Name & Return Address

Parcel Identification Number

LANDOWNER REPRESENTATIVE

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.

Recording Area  
Agency Name & Return Address

Parcel Identification Number

LANDOWNER/REPRESENTATIVE PRINT OR TYPE NAME:	DATE	LANDOWNER/REPRESENTATIVE PRINT OR TYPE NAME:	DATE
State of Wisconsin ) ) ss. ____ County)		State of Wisconsin ) ) ss. ____ County)	
This instrument was acknowledged before me on _____ (date)		This instrument was acknowledged before me on _____ (date)	

ARM-LWR

# 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

# Securing continuing compliance

- Discuss with operator and landowner
- Record operator and landowner acknowledgement on contract
- Provide separate notice if maximum flat rate

2. To make all payments for which the landowner/grant recipient (hereinafter referred to as "landowner") is obligated under this contract, as specified in Section 3.
3. To provide the county with evidence of payment, as applicable, for services, supplies, and practices performed or installed pursuant to this contract. Proof of payment may be in the form of a statement or invoice, or receipts or cancelled checks with the related vendor contract. For services provided by the landowner, the landowner shall submit a detailed invoice or cost-estimate for those services.
4. To maintain the cost-shared practice for at least 10 years from the date of installation, except for these "soft practices: contour farming, cover and green manure crop, nutrient management, pest management, residue management, and strip-cropping. Soft practices must be maintained for each year cost-share funds are provided, as specified in Section 3. Extended maintenance periods apply if land is taken out of production for more than 10 years, as specified in Section 3.
5. To operate and maintain each cost-shared practice for the required maintenance period following the certification of installation or replace it with an equally effective practice. To refrain, during the maintenance period, from actions that may reduce a practice's effectiveness, or result in water quality problems. Where appropriate, the landowner agrees to follow an operation and maintenance plan. All nutrient management plans must comply with s. ATCP 50.04(3), Wis. Admin. Code.
6. To repay cost-share funds immediately, upon demand by the county, if the landowner fails to operate and maintain the cost-shared practice according to the contract. Repayment of grant funds shall not be required if a practice(s) is rendered ineffective during the required maintenance period due to circumstances beyond the control of the landowner.
7. To the recording of this contract, including the legal description of the subject property, with the deed to the subject property, if the cost-share contract amount is greater than \$14,000. This contract shall be recorded before the county makes any cost-share payment to the landowner. Upon recording, this contract constitutes a covenant running with the land described in Section 1B, and is binding on subsequent owners, heirs, executors, administrators, successors, trustees, and assigns, and users of the land for the period set forth in Section 3.
8. To comply with (i) the performance standards, prohibitions, conservation practices and technical standards under s. 281.16, Stats., (ii) plans approved under ss. 92.14, 92.15 (1985 Stats.), 92.10 and 281.65, Stats., and (iii) the practices necessary to meet the requirements of this contract, and to continue such compliance after the term of this contract, without further cost-sharing, if the landowner has received cost-sharing for compliance at least equal to the cost-sharing required under s. ATCP 50.08, Wis. Admin. Code. There is no requirement for continuing compliance for land that is taken out of production unless cost sharing is provided.
9. To acknowledge receipt, where applicable, of a notice provided by the county explaining continuing compliance requirements arising out of the installation of specific cost-shared practices. (Initial here \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.)
10. Not to discriminate against contractors because of age, race, religion, color, handicap, gender, physical condition, developmental disability, or national origin, in the performance of responsibilities under this contract.
11. To make any changes to this contract, including changes in project components and costs, according to the procedures set forth in Section 2.C.3.
12. To the county's right to stop work, or withhold cost-share grant funds, if it is found that the landowner, grant recipient, or construction contractor in their employ has violated ch. 92, Wis. Stats., ch. ATCP 50, Wis. Admin. Code, or has breached this contract.

COST-SHARE CONTRACT NO.: NMP-08-2016



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

**Attach correct checklist**

(DATCP approved)  
This contract is managed by Columbia County Gregory and Jill.  
The contract is completed by a representative.  
In consideration of this contract as...



ARM-LWR-112 (Rev. July 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  
**Certification and Cost-Share Reimbursement Request Form**  
Section 92.14, Wis. Stats.

*Soil and Water Resource Management Program*  
DATCP Received:

ARM-LWR-480.docx (REV. 10/12/16)



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				
<b>550</b>				
WAS THE PLAN WRITTEN IN SNAPPLUS?		If yes, which software version, if known?		
<input type="checkbox"/> YES <input type="checkbox"/> NO				
CHECK PLANNER'S				
<input type="checkbox"/> 1. NAICG-CBCC <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				

**N.M. Planner**

es and request partial or final  
TP electronic copies of cost  
M checklists (Appendix C).  
her required documentation  
  
components of this  
  
practice components  
TP 50.40(12)]  
  
ST-SHARE  
d by ATCP