



Natural Resources Conservation Service

U.S. DEPARTMENT OF AGRICULTURE

Soil Health Improvement and Planning Project

PROJECT CHECKLIST & NOTES

CLIENT INFO

Name: _____

Address: _____

City, State, Zip: _____

Phone: Email:

PROJECT CHECKLIST

- | | |
|--|--|
| <input type="checkbox"/> Conservation assistance notes | <input type="checkbox"/> Soils map (optional) |
| <input type="checkbox"/> Application | <input type="checkbox"/> Soils inventory report (optional) |
| <input type="checkbox"/> Plan map | <input type="checkbox"/> Added to spreadsheet & Tracker |
| <input type="checkbox"/> Conservation plan | <input type="checkbox"/> Receipts |
| <input type="checkbox"/> Contract | <input type="checkbox"/> Hardcopies to Cindy |
| <input type="checkbox"/> Cost-share worksheet | <input type="checkbox"/> Payments received |
| <input type="checkbox"/> W9 form | <input type="checkbox"/> Pictures in Tracker |

PROJECT CHECKLIST & NOTES (P2)

Soil Health Improvement and Planning Project

CONTRACT (P1)

PURPOSE

This agreement is made and entered into between the South Dakota Soil Health Coalition (SDSHC) (Project Partner and Sponsor) and the undersigned participant for the purpose of receiving cost-share funds for the implementation of conservation practices listed in the attached Conservation Plan and the maintenance and operation of said conservation practices.

TERMS (P1)

The terms of this agreement will be for _____ year(s), beginning _____ and ending _____. It is mutually agreed that in the event the planned conservation practices are not properly implemented or maintained, the undersigned participant agrees to repay the Project Sponsor for payments received and liquidated damages of 25% of the total amount of cost-share payments disbursed.

This contract may be terminated only upon written consent by all parties. The Project Sponsor will not be responsible for labor and materials purchased by the undersigned participant in the event this contract is terminated and said conservation practices are not implemented.

This contract can be modified by mutual agreement between the Project Sponsor and the undersigned participant if the installed practice fails or deteriorates because of conditions beyond the control of the participant, if the installed practice causes adverse impacts to significant cultural or environmental resources identified prior to or during the practices installation, or if another practice will achieve at least the same level of environmental benefits.

The Project Sponsor shall be contacted before any changes or modifications any changes or modifications to this contract are initiated. A modified contract will be sent to all participating parties who will have 10 days to approve or reject such changes. Signed revised contracts will be sent to all parties involved.

This contract is governed by and shall be construed in accordance with the laws of the State of South Dakota.

At the end of the term, the practices and developments placed on the land will become the property of the participant(s).

CLIENT INFO

Name:

Address:

City, State, Zip:

Phone: Email:

Legal description(s) of land in project area:

Site-Specific
Agreement Number:

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R-
T-

CONTRACT (P2)

The undersigned participant enters into this contract with the Project Sponsor to implement specific conservation practices as set forth in the Conservation Plan on the fields and tracts identified on the plan map. In consideration for the implementation of said practices, the Soil Health Improvement and Planning Project will make cost-share payments to the undersigned participant in the amount(s) described on the attached Cost-Share Worksheet.

The undersigned participant agrees to complete and implement all practices listed on the attached Conservation Plan and plan map in accordance with all standards, specifications and other cost-share partner agreements.

Cost-share funds are not to be dispersed to the undersigned participant until all conservation practices listed on the Conservation Plan have been implemented and field checked by Project personnel.

Conservation practices implemented by this contract shall be maintained by the participant as noted in the Conservation Plan. The undersigned participant must provide to the Project Sponsor copies of receipts and invoices for all labor and materials used to implement each practice being cost-shared through the Soil Health Improvement and Planning Project and records of all in-kind contributions for match purposes.

Cost for implemented for implemented practices are from the Natural Resources Conservation Service's South Dakota Programs Cost List and/or Conservation Commission Cost Docket. Itemized costs are found on the attached Cost-share Worksheet. If actual costs are less than the itemized cost, the cost-share will be based on the actual costs incurred by the undersigned participant.

In the event status of lands covered by this contract changes, maintenance of cost-shared practices must be continued as specified by this contract with the new owner or operator. It is the responsibility of the signed participant to notify the new landowner or operator of this contract and the signed Project Sponsor and Partner of landowner or operator changes.

IN WITNESS WHEREOF, the Project Sponsor (South Dakota Soil Health Coalition) and the undersigned participant have set their hands effective on the day and year first written.

PROJECT SPONSOR

The Project Sponsor has approved this contract and all plans, devices, and payments.

SDSHC

Date

PROJECT PARTNER

The South Dakota Soil Health Coalition Board of Directors have approved this contract and have recorded such in the legal minutes of the Coalition.

SDSHC Board of Directors

Date

PROJECT PARTICIPANT

The below signed participant duly swears he or she is the legal owner or operator of the land described on the attached plan map and can produce legal documentation and landowner agreements to prove ownership or permission to legally operate said property.

Participant

Date

Soil Health Improvement and Planning Project

CONSERVATION PLAN

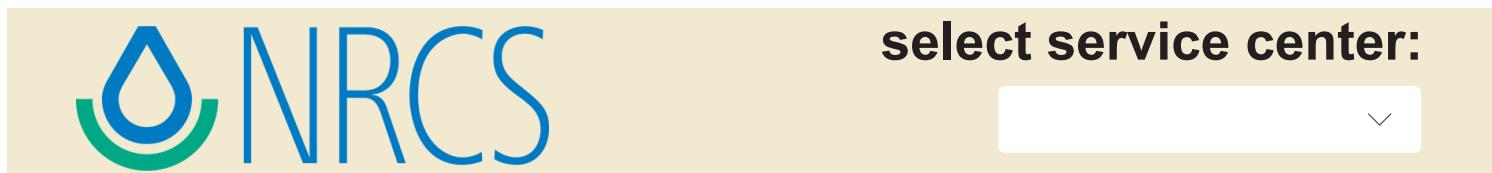
CLIENT INFO

Name:

Address:

City, State, Zip:

Phone: Email:



LAND INFO

Farm:	<input type="text"/>				
Tract:	<input type="text"/>				

APPLIED PRACTICES

- Please select all practices that will be/have been implemented.
- | | |
|--|---|
| <input type="checkbox"/> Cover crop planting | <input type="checkbox"/> Pollinator habitat |
| <input type="checkbox"/> Forage/Biomass planting | <input type="checkbox"/> Tank |
| <input type="checkbox"/> Grass planting (tame) | <input type="checkbox"/> Rural water hookup |
| <input type="checkbox"/> Grass planting (native mix) | <input type="checkbox"/> Well development |
| <input type="checkbox"/> Grass planting (native/forbs mix) | <input type="checkbox"/> Fence (electric) |
| <input type="checkbox"/> Pipeline (above ground) | <input type="checkbox"/> Fence (permanent) |
| <input type="checkbox"/> Pipeline (below ground) | <input type="checkbox"/> Temporary fence |
| <input type="checkbox"/> Reduced tillage/No-till | <input type="checkbox"/> Crop rotation |
| <input type="checkbox"/> Grazing management (cropland) | <input type="checkbox"/> Grazing management (pasture) |

select conservation practice:

Total:

Total:

Notes for special circumstances:

select conservation practice:

Total:

Total:

Notes for special circumstances:

select conservation practice:

Total:

Total:

Notes for special circumstances:

select conservation practice:

Total:

Total:

Notes for special circumstances:

select conservation practice:

Total:

Total:

Notes for special circumstances:

select conservation practice:

Total:

Total:

Notes for special circumstances:



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COST-SHARE WORKSHEET

Estimated
Participant Total:

Estimated Total Reimbursement:

Estimated
Project Total:

Producer:

DANR:

U.S. Fish and Wildlife Service:

South Dakota Game, Fish, and Parks:

Ducks Unlimited:

U.S. Department of Agriculture (NRCS):

U.S. Department of Agriculture (NRCS):

Other Funds:

Final Total Cost from Receipts:

Notes

Project Total:

Cost-share Total: