

FLAT RATE CONSERVATION PRACTICE ASSISTANCE CONTRACT

General Information

Organization South St. Louis SWCD	Contract Number P25-0810 -1	Amendment <input type="checkbox"/> Date(s):	Canceled <input type="checkbox"/> Date:
--------------------------------------	--------------------------------	--	--

*If contract amended, attach amendment form(s) to this contract.

Applicant

Land Occupier Name City of Duluth	Address 1601 Enger Tower Road	City/State Duluth MN	Zip code 55806
--------------------------------------	----------------------------------	-------------------------	-------------------

* If a group contract, this must be filed and signed by the group spokesperson as designated in the group agreement and the group agreement attached to this form.

Conservation Practice Location

Township Name City of Duluth	Township 50	Range 17	Section 33	1/4,1/4
---------------------------------	----------------	-------------	---------------	---------

Contract Information

I (we), the undersigned, do hereby request assistance to help defray the cost of completing the following practice(s) listed on the second page of this contract. It is understood that:

1. The land occupier is responsible for ensuring that the conservation objectives are met and the effective life, a **minimum of 10 years**, is achieved.
2. Should the land occupier fail to complete or maintain the practice(s) during the effective life, the land occupier is liable to the organization for up to **100%** of the amount of financial assistance received to complete the practice(s) unless the failure was caused by reasons beyond the land occupier's control or if conservation practices are applied at the land occupier's expense that provide equivalent protection of the soil and water resources.
3. If title to this land is transferred to another party before expiration of the aforementioned effective life, it shall be the responsibility of the landowner who signed this contract to advise the new owner that this contract is in force and to notify other parties to the contract of the transfer.
4. Practice(s) must be planned and installed in accordance with technical standards and specifications of the: **South St. Louis SWCD.**
5. Increases in the practice(s) units or cost must be approved by the organization through amendment of this contract as a condition to increase the payments.
6. This contract, when approved by the organization, will remain in effect unless canceled or amended by mutual agreement.
7. The South St. Louis SWCD will act as fiscal agent with respect to these funds and make any and all payments to contractors directly. Funds will be used to complete the Buckingham Creek Restoration Project that has previously been designed and permitted.
8. The relationship between City of Duluth and South St. Louis SWCD is further detailed by the most current License Agreement approved by both parties.

Applicant Signatures

The land occupier's signature indicates agreement to:

1. Grant the organization's representative(s) access to the parcel(s) where the conservation practice(s) will be located.
2. Have all required legal land rights, including but not limited to: access and authority to both construct and maintain the conservation practice(s) agreed upon in this contract for the effective life of the practice(s).
3. SWCD or contractors will obtain any permits required in conjunction with the completion of the practice(s) prior to starting work on the practice(s).

4. Be responsible for the operation and maintenance of conservation practice(s) applied under this program.

Date	Land Occupier
Date	Landowner, if different from applicant Address, if different from applicant information:

Conservation Practice

The primary practice for which assistance is requested is Stream Restoration

Practice standard(s) or eligible component(s) Stream Restoration	Units
---	-------

Amount Authorized for Financial Assistance

The organization has authorized the following for financial assistance: total not to exceed a rate of \$190,000.

Approval Date May 21, 2025	Authorized Signature	Total Amount Authorized \$ 190,000.00
----------------------------------	----------------------	--

CITY OF DULUTH

By: _____
Mayor

Attest:

By: _____
City Clerk

Date: _____

Countersigned:

City Auditor

Approved as to Form:

City Attorney

SOUTH ST. LOUIS SWCD

By: _____

Its: _____