Woodland Stewardship Plan: PIDs #: 02.007.1200, 1301, 1300, 02.006.1001
City/County: Cambridge, Isanti
6.5.3.2
Geographic Management Zone: Princeton-Cambridge
Landowner: David Nelles
Acres: 136





Project Status:

Initiated: 9/16/2026

Contract approved:

Completed:

Funding:

Watershed and Forest Restoration: What a Match!

$300 cost-share

Cooperators:

LCCMR (funding source)

BWSR (grant holder)

Private Consultant:

TBD

Watershed:

Rum River Watershed

Project Summary:

This project will provide cost-share for a Woodland Stewardship Plan for David Nelles. His property falls in Isanti County, within the Rum River Watershed. He is in the Princeton-Cambridge GMZ. His properties are largely forested.

Woodland Stewardship Plan (WSP) Cost-Share Contract

PURPOSE: To create a contract between the Mille Lacs Soil and Water Conservation District (SWCD) and the landowner(s) for Woodland Stewardship Plan (WSP) cost-share assistance.

General Information (to be filled in by the MLSWCD):

Organization	Contract Number	Amendment Date(s):	Canceled Date:
Mille Lacs SWCD	P23-2942-WSP-30		

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

Landowner Information:

David Nelles	763-496-8006	Email: klrdave650@icloud.com
4545 313th Ave NW	City/State: Cambridge. MN	Zip: 55008
WSP Parcel Number(s): 02.007.1200, 02.007.1301, 02.007.1300, 02.006.1001		WSP County: Isanti

Approval and Reimbursement Process

1. A signed application must be received from the landowner before any work begins.
2. Mille Lacs SWCD staff will submit the signed application to the Mille Lacs SWCD Board for review.
3. If approved, the contract will be signed by Mille Lacs SWCD, and plan writing may commence.
4. Upon completion of the Woodland Stewardship Plan, the landowner or consultant must submit:
   a. A copy of the final plan; and
   b. A copy of the paid invoice to Mille Lacs SWCD.
5. Mille Lacs SWCD staff will bring the reimbursement request to the Board for final confirmation.
6. Upon Board confirmation, reimbursement will be issued to the eligible party.

Contract Information

I, the undersigned, do hereby request financial reimbursement to assist with the creation of a Woodland Stewardship Plan (WSP). It is understood that:

1. The Woodland Stewardship Plan (WSP) must cover land located within the Rum River Watershed.
2. The plan writer selected by the landowner must:
   a. Be a certified plan writer with the Minnesota Department of Natural Resources (DNR); and
   b. Hold current professional registration.
3. In addition to standard WSP content, plans shall emphasize:
   a. Land protection opportunities, such as enrollment in the Sustainable Forest Incentives Act (SFIA) and Reinvest in Minnesota (RIM) Easements; and
   b. Reforestation and tree planting potential and opportunities.
4. The landowner or consultant must provide:
   a. A final copy of the Woodland Stewardship Plan; and
   b. A copy of the paid invoice for plan development.
5. Cost-share shall be provided as a flat-rate reimbursement of $300, not to exceed the actual cost of the Woodland Stewardship Plan.
6. This contract is not in effect until the date of the final authorized signature. Any costs incurred prior to the contract's effective date will not be reimbursed.
7. It is the responsibility of the landowner to convey all necessary and accurate information to their selected plan writer.
8. This contract shall expire upon completion of reimbursement by the SWCD.

Landowner Signature

MILLE LACS SOIL & WATER CONSERVATION DISTRICT

Woodland Stewardship Plan (WSP) Cost-Share Contract

The landowner's signature indicates agreement to;

1. The contract information as outlined above, and;

2. The organization's representative conferring with the plan writer on plan's details, as necessary.

Date	Landowner
9-16-26	[signature]

SWCD Board Signature:

The organization has authorized financial assistance in an amount **not to exceed $300 for one Woodland Stewardship Plan and not to exceed the actual cost of the plan**.

I certify that I have reviewed this contract and all supporting documentation and that, to the best of my knowledge and belief, the information provided is accurate and in compliance with the terms of this contract.

Approval Date	Authorized Signature	Total Amount Approved: **$ 300**