**OFFLINE TEMPLATE**

Monarchs Across Georgia can only accept Pollinator Habitat Certification applications online. This template is provided to assist in the completion of the online form. Responses may be composed and saved in this document then copied/pasted into the corresponding fields of the [web-based pollinator habit certification application form](https://eeag.memberclicks.net/index.php?option=com_mc&view=mc&mcid=form_235712) .

**Applicant’s Information**

|  |  |
| --- | --- |
| Applicant’s Email |  |
| First Name |  |
| Last Name |  |
| Phone |  |
| Organization/ School (if applicable) |  |
| Name(s) to appear on Certificate |  |
| Address of Pollinator Habitat |  |
| City |  |
| State |  |
| Zip |  |
| County |  |
| Mailing Address (if different) |  |
| City |  |
| State |  |
| Zip |  |

**Certification and Confirmation**

|  |  |
| --- | --- |
| Please select one option. | Certification only - $10.00Certification with sign - $38.00 |
| *I confirm that all of the information in this application is true and accurate to the best of my knowledge.* | I certify. |

**Publicity**

|  |  |
| --- | --- |
| *Would you like for a press release to be sent to your local newspaper?* | YesNo |
| Please provide the name of your local paper to which we should submit the press release. |  |
| Please provide the local newspaper’s e-mail address to which we should send the press release. |  |

**Photos and Habitat Designs**

|  |  |
| --- | --- |
| As the applicant for this certification, I am voluntarily giving the Environmental Education Alliance permission to use any photographs and/or habitat designs. I have obtained written permission from all individuals that are included in the photographs (and parental consent for those under the age of 18). | I agree to this photo release. |
| You must submit photos and/or habitat designs for verification. Please email 2-3 photos to phc@eealliance.org. |  |

**Habitat Description**

|  |  |
| --- | --- |
| Choose the option that best describes your habitat. | BackyardApartment/ Rooftop GardenWorkplaceFarmSchoolyardCommunity Garden/ ParkPlace of Worship |
| Approximate size of the property |  |
| Units of measure | Square feetAcres |
| Approximate percentage of this property dedicated to pollinators |  |
| Best description of the location | UrbanSuburbanRural |
| Briefly describe your project and how it benefits butterflies and other pollinators. |  |
| If you are an educational facility, briefly describe how your project is incorporated into the curriculum.If you are not an educational facility, please enter N/A in the box. |  |

*Some of our applicants have had trouble with this page of the form when using the Internet Explorer web browser. If you experience a problem with being able to scroll down to the bottom of this page, use your tab button to advance fields to the bottom. Using Shift-Tab will take you back up to the top of the page. IMPORTANT NOTE: Make sure you can scroll to the bottom of this page before you begin filling it out!*

*If you cannot click on the continue button at the bottom of the page, your entries will not be saved. If you are unable to complete this form for any reason please email* webmaster@eealliance.org *for assistance.*

**Habitat Components – Food**

Besides providing at least two species of milkweed for monarchs (two plant minimum for each species), you must provide host plants for 5 additional butterfly species. List the Scientific name of the plants, denote whether it is a native to Georgia (or in your state or region), and list the Common or Scientific name of the butterfly species that uses it as a host. Some plants may be host to more than one species of Lepidoptera. Be sure that the species that you list is a pollinator!

|  |  |
| --- | --- |
| Milkweed Species 1  |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Number of Plants (minimum of 2) |  |
| Milkweed Species 2 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Number of Plants (minimum of 2) |  |
| Host Plant 1 |  |
| Species of butterfly 1 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Host Plant 2 |  |
| Species of butterfly 2 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Host Plant 3 |  |
| Species of butterfly 3 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Host Plant 4 |  |
| Species of butterfly 4 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Host Plant 5 |  |
| Species of butterfly 5 |  |
| Is this native to your state or region? | Yes Or leave unchecked |
| Additional milkweeds species (and the number of plants) can be listed in this text box, using this format [A. tuberosa (3)]. |  |

Nectar plants must be available for pollinators during spring, summer and fall. List the Scientific names of 4 plants in your habitat that bloom in each of these three seasons and denote whether they are native to Georgia (or in your state or region). In other words, you must have 4 spring bloomers, 4 summer bloomers, and 4 fall bloomers.

Some plants may bloom in more than one season and can be counted in all seasons in which they provide nectar. **In order to select more than one bloom season for a plant, hold the ctrl key and click each appropriate bloom season.**

Don't forget to include host plants that may provide nectar for pollinators especially milkweed!

|  |  |
| --- | --- |
| Nectar Plant 1 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 2 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 3 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 4 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 5 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 6 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 7 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 8 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 9 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 10 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 11 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |
| Nectar Plant 12 |  |
| Is this native to your state or region? | YesOr leave unchecked |
| Bloom Period | Spring SummerFall |

|  |  |
| --- | --- |
| Check all of the types of pollinators for which you are providing food. **You must check at least five.** | BatsBees (includes native, honey, bumble, etc.)ButterfliesFliesHummingbirdsMothsWaspsOther (please specify)  |

**Other Habitat Components**

|  |  |
| --- | --- |
| You must provide an appropriate water source for butterflies. Water Source: | Damp area of soil or sandDish of damp soil or sandOther (please specify) |
| You must provide a basking area for butterflies, i.e., a place to rest in direct rays of the sun.Basking Area: | RocksLogsOther (please specify) |
| You must provide shelter for pollinators, a place where they can find protection from weather, predators and human activity.Shelter: | Dense shrubsLog pilesEvergreensBrush pilesOther (please specify) |
| Places to raise young (for native bee species) | Sunny areas of bare soil/ sandStanding dead trees, snags, or logsHollow stems (naturally occurring or man-made)“Untidy areas” with leaf litterOther (please specify) |

**Conservation Practices**

|  |  |
| --- | --- |
| You must practice at least 9 of the following 18 conservation practices for certification. **Please check all that apply.** | Removal of invasive pest plants Compost yard and food waste Use natural soil amendments (such as compost or well-aged manure) Mulching Avoid chemical pesticides, herbicides, or insecticides where possible Control pests naturally by encouraging beneficial insectsUse drip or soaker hoses, instead of an overhead sprinkler Use a rain barrel or other means of capturing/utilizing rainwater to irrigate plantsDirect downspouts and gutters to drain onto the lawn, plant beds, or containment areasWater plants no more than once week, if necessaryMaintain a layer of organic mulch over tree roots, shrubs and plant bedsReplace problem-prone plants with low maintenance native speciesXeriscape (A landscape technique which has reduced requirements for water by using native plants and shrubs or other drought tolerant plants) Plant groundcovers or use mulch on thinly vegetated areas to decrease erosionReduce or eliminate lawn areas Eliminate chemical fertilizers and use natural fertilizers, such as compost and manureSweep grass clippings, fertilizer, and soil from driveway onto lawn. Remove trash from street guttersOther (please specify) |