**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 - $10.00  Certification 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?* | Yes  No |
| 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](mailto:phc@eealliance.org). |  |

**Habitat Description**

|  |  |
| --- | --- |
| Choose the option that best describes your habitat. | Backyard  Apartment/ Rooftop Garden  Workplace  Farm  Schoolyard  Community Garden/ Park  Place of Worship |
| Approximate size of the property |  |
| Units of measure | Square feet  Acres |
| Approximate percentage of this property dedicated to pollinators |  |
| Best description of the location | Urban  Suburban  Rural |
| 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](mailto: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? | Yes  Or leave unchecked |
| Number of Plants (minimum of 2) |  |
| Milkweed Species 2 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Number of Plants (minimum of 2) |  |
| Host Plant 1 |  |
| Species of butterfly 1 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Host Plant 2 |  |
| Species of butterfly 2 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Host Plant 3 |  |
| Species of butterfly 3 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Host Plant 4 |  |
| Species of butterfly 4 |  |
| Is this native to your state or region? | Yes  Or 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? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 2 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 3 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 4 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 5 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 6 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 7 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 8 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 9 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 10 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 11 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |
| Nectar Plant 12 |  |
| Is this native to your state or region? | Yes  Or leave unchecked |
| Bloom Period | Spring  Summer  Fall |

|  |  |
| --- | --- |
| Check all of the types of pollinators for which you are providing food. **You must check at least five.** | Bats  Bees (includes native, honey, bumble, etc.)  Butterflies  Flies  Hummingbirds  Moths  Wasps  Other (please specify) |

**Other Habitat Components**

|  |  |
| --- | --- |
| You must provide an appropriate water source for butterflies.  Water Source: | Damp area of soil or sand  Dish of damp soil or sand  Other (please specify) |
| You must provide a basking area for butterflies, i.e., a place to rest in direct rays of the sun.  Basking Area: | Rocks  Logs  Other (please specify) |
| You must provide shelter for pollinators, a place where they can find protection from weather, predators and human activity.  Shelter: | Dense shrubs  Log piles  Evergreens  Brush piles  Other (please specify) |
| Places to raise young (for native bee species) | Sunny areas of bare soil/ sand  Standing dead trees, snags, or logs  Hollow stems (naturally occurring or man-made)  “Untidy areas” with leaf litter  Other (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 insects  Use drip or soaker hoses, instead of an overhead sprinkler  Use a rain barrel or other means of capturing/utilizing rainwater to irrigate plants  Direct downspouts and gutters to drain onto the lawn, plant beds, or containment areas  Water plants no more than once week, if necessary  Maintain a layer of organic mulch over tree roots, shrubs and plant beds  Replace problem-prone plants with low maintenance  native species  Xeriscape (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 erosion  Reduce or eliminate lawn areas  Eliminate chemical fertilizers and use natural fertilizers, such as compost and manure  Sweep grass clippings, fertilizer, and soil from driveway onto lawn. Remove trash from street gutters  Other (please specify) |