**OFFLINE TEMPLATE**

Monarchs Across Georgia can only accept grant 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 [online Pollinator Habitat Grant application form](https://eeag.memberclicks.net/index.php?option=com_mc&view=mc&mcid=form_263557) and submitted online by November 15, 2019.

**Applicant’s Information**

*Please provide an e-mail and phone number at which you can be reached during any month of the year.*

|  |  |
| --- | --- |
| First Name: |  |
| Last Name:  |  |
| Phone: |  |
| Email: |  |
| Affiliation with School/ Organization/ Business | * Principal/ Director/ Owner
* Employee
* Volunteer
 |

**Agreement**

|  |  |
| --- | --- |
| *I agree to the* [*terms and conditions*](http://www.eealliance.org/pollinator-habitat-grant) *of the grant guidelines.* | I agree. |
| *I certify that the appropriate authorizing agent, i.e., school principal, facility director, or business owner is aware of and supports the proposed project in this application, agreeing to the terms and conditions of the grant guidelines.* | I certify. |
| *I certify that if the project is structural or consists of improvements that require permission or approval from the School Board, Federal, State or local authorities, we will comply with all applicable policies and obtain all required permits or approvals.* | I certify. |
| *I confirm that all of the information in this application is true and accurate to the best of my knowledge.* | I confirm. |
| *I confirm that if funded, all grant monies will be expended, all project components will be completed, and all required documentation including the final report will be submitted by June 15, 2020.* | I confirm. |

Please complete the appropriate section below.

**School Information**

|  |  |
| --- | --- |
| School Name: |  |
| Principal’s Name: |  |
| Address: |  |
| City: |  |
| Zip: |  |
| Phone: |  |
| Fax: |  |
| Grades: |  |
| Type: | * Public
* Private non-profit
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Is the address provided the location of the project? | * Yes
* No
 |
| If not, please provide the address here. (Street, City, State, Zip) |  |

**OR**

**Organization/ Business Information**

|  |  |
| --- | --- |
| Organization/ Business Name: |  |
| Owner’s Name: |  |
| Address: |  |
| City: |  |
| Zip: |  |
| Phone: |  |
| Fax: |  |
| Type of Organization/ Business: | * Day Care Facility
* Farm
* Library
* Nature Center
* Nursing Home
* Park – City, County, State, Federal
* Place of Worship
* Plant Nursery or Garden Center
* Senior Citizen Center
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Status | * For profit
* Non-profit 501(c)3
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| Is the address provided the location of the project? | * Yes
* No
 |
| If not, please provide the address here. (Street, City, State, Zip) |  |

**Project Description**

|  |  |
| --- | --- |
| Title: |  |
| Brief summary of the proposed project (500 words or less) |  |

**Pollinator Habitat Design**

|  |  |
| --- | --- |
| What is the square footage of the space designated for the pollinator habitat?  |  |
| Check one of the following if you are choosing to use one of the suggested habitat plans ([plant placement plans A & B](https://eeag.memberclicks.net/assets/Documents/MAG/Habitat/sample%20pollinator%20gardens.pdf) and [plant species list](http://www.eealliance.org/assets/Documents/MAG/sample%20pollinator%20garden%20plant%20list.pdf)). By choosing one of these plans you must incorporate all of the design elements and plants into your project.  Be sure that this is evident in your budget. | * Plan A (rectangular bed)
* Plan B (corner or triangular-shaped bed)
 |
| **OR** |
| Submit your own habitat design by e-mailing it to phc@eealliance.org. Be sure to put MAG Grant and your organization’s name in the Subject line of the e-mail.**Your habitat design must include and designate:*** plant placement, species, and quantity of each species (which are donations and which are to be purchased)
* plants that are pre-existing in the habitat space

 |
| Your design must include all of the components to qualify for the Monarchs Across Georgia [**Pollinator Habitat Certification**](http://www.eealliance.org/pollinator-habitat-certification-program).**Host Plants**Besides two different species of milkweed for Monarchs (minimum two plants of each species), you must provide host plants for 5 additional butterfly species. List the Scientific name of the plant, denote whether it is a native to Georgia, 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 and is found in your area! [Butterflies and Moths of North America](https://www.butterfliesandmoths.org/) is a great resource for butterflies and moths host plants.**Nectar Plants**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. 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. Don't forget to include host plants that may provide nectar for pollinators, especially milkweed! **Other Habitat Components** Appropriate water source for butterflies. Basking area for butterflies, i.e., a place to rest in direct rays of the sun. Shelter for pollinators, a place where they can find protection from weather, predators and human activity.Places to raise young (for native bees)**Conservation Practices *(check all you will provide)***You must practice at least 9 of following 15 conservation practices. |

|  |  |  |
| --- | --- | --- |
| **Host Plants**Example: *Passiflora incarnata* | **Native** **To GA?**Yes | **Butterfly Species**Gulf Fritillary |
| 1. *Asclepias \_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  | Number of plants (min.2) |
| 2*. Asclepias \_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  | Number of plants (min. 2) |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |

**Nectar Plants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Spring Bloomer** | **Native to GA?** | **Summer Bloomer**Example*: Asclepias tuberosa* | **Native to GA?**Yes |
| 1. |  | 1. |  |
| 2. |  | 2. |  |
| 3. |  | 3. |  |
| 4. |  | 4. |  |

|  |  |
| --- | --- |
| **Fall Bloomer** | **Native to GA?** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

* Damp area of soil or sand
* Dish of damp soil or sand
* Other (please specify) ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Rocks
* Logs
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Dense shrubs
* Log piles
* Evergreens
* Brush piles
* Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Removal of invasive pest plants
* Compost yard and food waste
* Use natural soil amendments (such as compost or well-aged manure) and eliminate chemical fertilizers
* 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
* 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
* Use groundcovers or mulch on thinly vegetated areas to decrease erosion
* Reduce or eliminate lawn areas
* Sweep grass clippings back onto lawn
* Other (please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

**Educational Component**

|  |  |
| --- | --- |
| Who is your audience? |  |
| How many people do you expect to utilize the project? |  |
| What are your objectives? (What do you plan for your audience to learn about pollinators and their habitats?) |  |
| How will you accomplish your objectives? (brochures, signage, presentations, lessons/ activities/ games) |  |
| How will you measure the level of success in meeting your objectives? (It is important that you can actually measure success with test scores, survey results, participation numbers, etc.) |  |
| What will you do to promote Monarchs Across Georgia’s Pollinator Habitat Certification program? |  |

**Team Members, Partnerships and Sustainability**

|  |  |
| --- | --- |
| List the team members at your school, organization or business who will be involved in this project and describe their roles. |  |
| List your project partners (outside organizations or individuals) and describe their roles. |  |
| How will this project be sustained going forward (maintenance, funding, alternate leadership or plans, etc.)?  |  |
| What will you do to ensure that this project continues after you may no longer be involved? |  |

**Timeline of Tasks**

*Assume that grant funds will become available by January 15, 2020. A Final Report will be due by June 15, 2020.*

*Create a timeline breaking down your project into specific tasks and assigning the responsibility to a specific person or group.*  ***Remember that all funds must be expended and all project components must be completed and included in the Final Report.*** *In other words, no activity in the proposal can extend beyond the date of the Final Report.*

**Download the** [Timeline Application Spreadsheet](https://www.eealliance.org/assets/Documents/MAG/Grants2019-20/timeline_application_spreadsheet_2019-2020.xlsx) **and fill in the appropriate dates, tasks and responsible parties. Be sure to include your name as the applicant and the name of your organization at the top of each page. Save your document and then e-mail it to** **phc@eealliance.org****. Be sure to put MAG Grant and your organization’s name in the Subject line of the e-mail.**

**Budget**

*Items not allowed by this grant: stipends, salaries, or payments to teachers, grant applicants or contractors; travel expenses; food or beverages; T-shirts or other “swag” items; memorials or monuments; items used solely for beautification; insecticides; and milkweeds not native to Georgia.*

*Professional development expenses are limited to $150.00.*

*On page one of the spreadsheet, list the quantities and specifics (for example, #2- quart Asclepias sp., #4– 2 cu. ft. bags soil conditioner, etc.) and the estimated costs in the appropriate categories (Instructional Materials, Signage & Brochures, Professional Development, Hardscape & Irrigation Supplies, Plants & Seeds, or Soil, Amendments & Mulch). These will be cross-checked against your submitted design plans.* ***Costs may not exceed $300.00.***

*On the second page of the spreadsheet, list the estimated value of any items that will be donated and any volunteer hours of labor or technical expertise that have been promised by partners or team members. There is no limit on the value of donations or volunteer hours.*

**Download the** [Budget Application Spreadsheet](https://www.eealliance.org/assets/Documents/MAG/Grants2019-20/budget_application_spreadsheet_2019-2020.xlsx) **and fill in the items and estimated costs in the appropriate categories. Be sure to include your name as the applicant and the name of your organization at the top of each page. Save your document and then e-mail it to** **phc@eealliance.org****. Be sure to put MAG Grant and your organization’s name in the Subject line of the e-mail.**