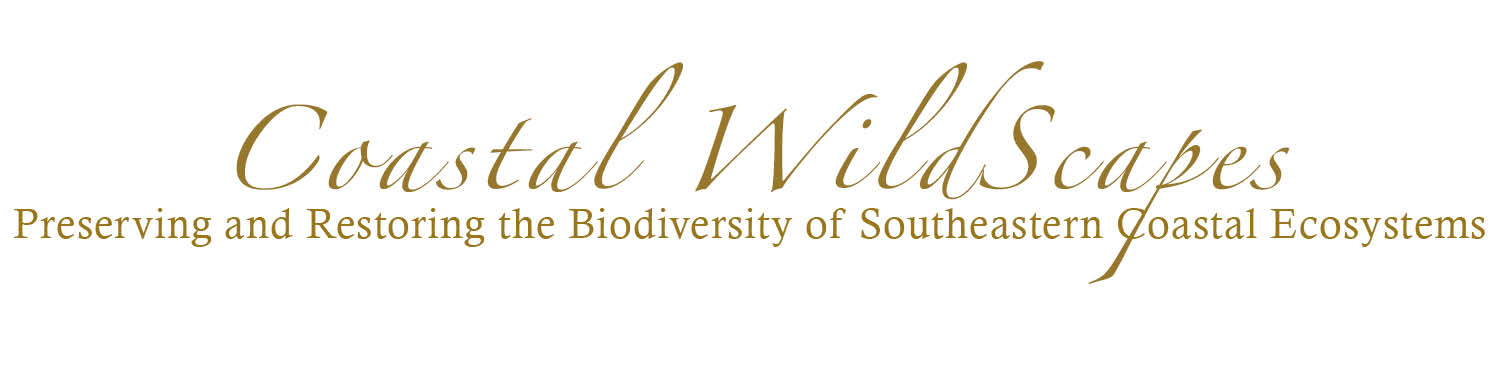
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**Pollinator Habitat Grant Application**

**Letter of Intent due: May 30th, 2017 Grant Application due: June 30th, 2017**

**Requirements**

**Participant Information: Date: ­­­­­­­­­­­­­­­­­­­­­­­****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| Name of School/Organization/Business |  |
| Affiliation with School/Organization/Business | **□** Principal/Director/Owner  □ Employee  □ Volunteer |
| Physical Address of Property for Pollinator Habitat |  |
| City/State/County/Zip |  |
| Telephone |  |
| Email Address |  |
| Mailing Address (if different ) |  |
| City/State/Zip |  |
| School/Organization/Business Designation | **□** Public  □ Private non-profit |
| Type of School/Organization/Business | **□** Day Care Facility  □ Educational, Experimental or Non-Profit Farm  □ Library  **□** Nature Center  □ Community Garden  □ Park – City, County, State, Federal  **□** Place of Worship  □ Commercial  □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Agreement**

|  |  |
| --- | --- |
| *I agree to the terms and conditions of the grant guidelines.* |  |
| *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 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 confirm that all of the information in this application is true and accurate to the best of my knowledge.* |  |
| *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 February 30th, 2018.* |  |

**1. Coastal Habitat Assessment**

1. **Landscape Description:**
2. In what type of area is your property?

Urban

Suburban

Rural

1. What is the square footage of the site designated for the pollinator habitat?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check if you using the following suggested habitat plan.

*By choosing the suggested habitat plan, you must incorporate ALL of the design elements and plants into your project.*

If not, please submit your own habitat design with your application. Your habitat design must include and designate the following:

-plant placement, species, and quantity of each species

-plants that are pre-existing in the habitat space

1. **Native Plant Assessment:**

Host Plants

You must provide host plants for five additional pollinator species such as bees, butterflies, moths, other insects, or birds. List the Common or Scientific name of the plant, denote whether it is a native to Georgia, and list the Common or Scientific name of the species that uses it as a host. Make sure that the pollinators are found along the coast. Pollinators can be native or non-native species (such as honeybees).

Host Plant Native to GA? Pollinator Species

Ex: Butterflyweed (*Asclepias tuberosa)*  yes Monarch (*Danaus plexipus*)

|  |  |  |  |
| --- | --- | --- | --- |
|  | Host Plant | Native to GA? | Pollinator Species |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

Nectar Plants

Nectar plants must be available as food for pollinators during Spring, Summer and Fall. List the Common name and the Scientific names of four plants in your planned habitat that bloom in each of these three seasons and denote whether they are native to Georgia. You must include four species for each of the three seasons. Some plants may bloom in more than one season and can be counted in all seasons in which they provide nectar.

Plant Species Native to GA?

Ex: Butterflyweed (*Asclepias tuberosa*) yes

|  |  |  |
| --- | --- | --- |
|  | Spring Blooming | Native to GA? |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

|  |  |  |
| --- | --- | --- |
|  | Summer Blooming | Native to GA? |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

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

**2. Coastal Habitat Requirements (minimum of one in each section)**

**A. Provide and Maintain Critical Habitat Elements**

1. Food Source

*Native plants are the best food source for wildlife because they provide just the right size food at the right time with the right nutrition.*

a) Native Plant Foods

­­­­­­  Pollen

Nectar

b) Supplemental Feeders

Hummingbird Feeder

2. Water Source

*A clean water source is a must for drinking.*

Puddling Area (saucer with moist sand)

Bird Bath

3. Natural and Artificial Nesting Sites

*Maintain natural and artificial nesting sites to support habitats.*

Butterfly Structures

Bee Houses

4. Natural Cover Areas

*Wildlife needs cover which provides nesting areas, shelter from weather and escape from predators.*

Ground Cover/Leaf Fall

Bramble Patch

Evergreens

Dense Shrubs/Thickets

Brush Piles

Log Piles

Perches

Undisturbed Areas

Bare Ground

5. Sustainable Gardening Practices

*We recommend using sustainable conservation gardening practices to protect and conserve our natural resources.*

Organic Practices

Compost

Use organic fertilizers or natural sources of nutrients (i.e. bone meal) to encourage

natural pest control.

Enhancement of Biodiversity

Removal of invasive pest plants

Reduce or eliminate turfgrass

Plant the right plant in the right place

Replace problem-prone plants with low-maintenance native species

**Conservation of Water**

Mulch with natural soil amendments around tree roots, shrubs, and plant beds

Irrigate with drip/soaker hose (instead of an overhead sprinkler)

Water plants only when necessary once established

Use a rain barrel to capture and utilize rainwater

Xeriscape (requires little or no irrigation)

**Protection of Water Quality**

Eliminate chemical fertilizers

Avoid chemical pesticides (herbicides, insecticides, fungicides)

Use Integrated Pest Management (IPM), pest control that utilizes cultural, physical or mechanical, and biological methods with chemical methods as a last resort.

Use groundcovers or mulch on thinly vegetated areas to decrease erosion

**3. Educational Component**

|  |  |
| --- | --- |
| Who is your audience? |  |
| How many people do you expect to educate? |  |
| What are your educational objectives? (What do you plan for your audience to learn about pollinators and their habitats?) |  |
| What methods will you use to educate your audience? (e.g. brochures, signage, presentations, lessons/activities/games…) |  |
| How will you measure the level of success in meeting your educational objectives? (It is important that you can actually measure success with test scores, survey results, participation numbers, etc.) | *Ex: Try a short quiz with a reward at the end. Every “passing” grade is counted as a success.* |
| What will you do to promote Coastal WildScapes’ Pollinator Habitat Certification program? |  |

**Team Members, Partnerships and Sustainability**

|  |  |
| --- | --- |
| List the team members at your organization 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, successive leadership or plans, etc.)? |  |
| What will you do to ensure that this project continues after you may no longer be involved? |  |
| All organizations funded with U.S. Fish & Wildlife Service monies will be asked to sign a sub-agreement that contains a 10-year sustainability clause. | |

**Timeline of Tasks**

*Grant funds will become available by August 30th, 2017. A Final Report will be due by February 30th, 2018. 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.*

**Budget and Matching Funds**

*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. List the description (including quantities and specifics), the estimated cost and any matching funds. These will be cross-checked against your submitted design plans.* ***Costs may not exceed $1000.00.*** *List the estimated value of any items that will be donated There is no limit on the value of donations.*

**4. Budget and Matching Funds**

|  |  |  |  |
| --- | --- | --- | --- |
| **Itemized Costs** | **Description** | **Total Cost**  **($)** | **Matching Funds ($)** |
| **Educational Materials** |  |  |  |
|  |  |  |  |
| **Signage** |  |  |  |
|  |  |  |  |
| **Plants** |  |  |  |
|  |  |  |  |
| **Soil Amendments** |  |  |  |
|  |  |  |  |
| **Mulch** |  |  |  |
|  |  |  |  |
| **Hardscape** |  |  |  |
|  |  |  |  |
| **Irrigation** |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |



**NEXT STEPS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Partner** | **What was provided?** | **Total # of Hours** | **Value of Donation ($)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

Submit your application including your design plan (if you are not using the suggested habitat plan) as a PDF via email at: [info@coastalwildscapes.org](mailto:info@coastalwildscapes.org).

If you are a recipient of one of the five pollinator habitat grants, you will automatically receive a Coastal WildScapes’ coastal habitat certificate and a signature Coastal WildScapes bird house for your pollinator habitat.

**For internal use only:**

**Date Certified:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Certification Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certifying Coastal WildScapes’ Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

