



# Lewis & Clark Pollinator Initiative

## Cooperator Interest Form

Fill out and submit to:

chris@lewisandclarkcd.org

OR

790 Colleen Street, Helena MT 59601

Name: \_\_\_\_\_ Physical Address: \_\_\_\_\_

Email: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Seed Mix Preference Native Conservation

Backyard Mix

Property Requested Plot Size  
Size (Acres): \_\_\_\_\_ (Max 2,500 sq ft): \_\_\_\_\_

Describe Current Site Conditions (bare ground, soil quality, forested, grasses, weeds, etc):

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- |   |     |    |
|---|-----|----|
| Are there noxious weeds or other existing vegetation (including grass) present?     | Yes | No |
| Is your property adjacent to any agricultural field(s)?                             | Yes | No |
| Is irrigation available on site?  | Yes | No |
| Are you willing to commit to site preparation requirements?                         | Yes | No |
| Are you willing to commit to long-term maintenance?                                 | Yes | No |
| Will you help LCCD with self-monitoring efforts (periodic photos and plot surveys)? | Yes | No |

*Do not fill out below this line. For office use only.*

### Seed Release Form

Name: \_\_\_\_\_ Planned Seeding Date: \_\_\_\_\_

Address: \_\_\_\_\_

Plot Size (sq ft): \_\_\_\_\_ Seed Provided (grams): \_\_\_\_\_

Site Prep Recommendations: \_\_\_\_\_

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I understand that this planting is for research and demonstration purposes and agree to participate in the establishment, maintenance, and evaluation of this planting. I agree to allow LCCD to monitor this pollinator garden trial to determine species success and insect activity.

Cooperator Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_