



Gallatin Pollinator Initiative Cooperator Interest Form

Fill out and submit to:
Elizabeth@gallatincd.org OR
120 S 5th St, Suite B104, PO Box 569
Manhattan, MT 59741

Name: _____ Address: _____

Email: _____ Phone: _____

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

Which seed mix are you interested in? (circle or highlight) Native Mix Conservation Mix

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

Do you have a site preparation method in mind? If yes, please describe:

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

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

Seed Release Form

Name: _____ Pollinator Mix Type: _____

Plot Size (sq ft): _____ Amt Seed Provided: _____ Seeding Date: _____

Site Prep Recommendations: _____

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 GCD to monitor this pollinator garden trial to determine species success and insect activity.

Cooperator Signature: _____ Date: _____