Harford County Pollinator Gardens Trail Application





☐ I will choose older cultivars and limit newer introductions.



CONTACT INFORMATION

All fields are required Name of Site Manager or Business				
	(s)			
	of Site or ss			
Street (I	location of garden)			
City	State Zip			
E-mail _	Daytime Phone			
MINIMUM CRITERIA FOR PARTICIPATION				
 □ Use plants, trees and shrubs at least half of which should be native to Harford County (see Suggested Seasonal Native Plant Information for Harford County). □ Please use plant labels (50%-75% must be labeled) or QR codes to direct visitors to more plant information. Labeling plants is one way that PGT gardens help the public learn about native plants. □ Agree to an initial visit and maintenance inspections twice annually. □ Include plants with flowers that bloom during the spring, summer and fall. □ Display the Harford County Pollinator Gardens Trail sign to designate your garden as an official site. 				
GA	RDEN REQUIREMENTS			
Commitment to Plant Diversity				
	sity of plant material is essential to provide both nectar and pollen to support a healthy ecosystem. f the five agreements must be met to be considered for being a site on the PGT.			
	I will use non-invasive plants that provide pollen and nectar sources from early spring to late fall. I will provide a diversity of plants, flower shapes and flower sizes.			

 ☐ I will incorporate pollinator friendly native plants into the garden. ☐ I will place plants in masses (three or more) to attract pollinators. 			
RECOMMENDED CONSERVATION PRACTICES			
The conservation practices listed below are highly recommended.			
PLANTS Remove invasive pest plants. http://mda.maryland.gov/plants-pests/Pages/maryland_invasive_plants_prevention_and_control.aspx Reduce or eliminate lawn areas. MULCHING/SHELTER			
 □ Compost yard and food waste. □ Use natural soil amendments (such as compost or well-aged manure). □ Maintain a layer of organic mulch over tree roots, shrubs and plant beds. □ Plant groundcovers or use mulch on thinly vegetated areas to decrease erosion. □ Leave garden clean up until spring (bees and other beneficial insects can nest in ornamental grasses, plant stems, etc.). 			
CHEMICALS/PESTICIDES □ Avoid chemical pesticides, herbicides, or insecticides where possible. □ Control pests naturally by encouraging beneficial insects. □ If pesticides are necessary, use those that are pollinator friendly. WATER/IRRIGATION □ 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 only when necessary. 			
INFORMATION ABOUT YOUR GARDEN			
Provide a brief description for publication purposes (five sentences maximum). If you filling out this form as a har copy, feel free to provide additional information about your garden on a separate sheet of paper. Photos are encouraged			
Garden size (approximate acres, square feet or number of containers)			
Estimate how much of your garden is planted with native pollinator-friendly plants:%			
Hours garden is accessible to the public			
Please describe where parking is available			

When is the best time to visit to view the garden(s)/meadow(s) in bloom or se April May June July August September October Other, please list	e foliage (please check all that apply):
Which option best describes your garden? Community Garden Business Place of Worship State or Local Park Other, please explain SUBMITTING YOUR APPLICATION	
There is no cost to apply for/join the PGT program. However, you must read By entering your full name below, you indicate that you agree with the following information provided above is true and that I will strive to use pollinator friend I understand that in order to have my pollinator garden approved for the Polling Master Gardeners must inspect and approve the site. If approved, I give perhophotographed and used for promotional materials that encourage use of the I permission for the property and garden to be visited and photographed by the County Master Gardeners Program will have no control over their usage.	ng statement: I certify that all the ly practices in my garden. nator Gardens Trail, the Harford County mission for the garden to be Pollinator Gardens Trail. I also give
Site Manager or Business Owner(s) Signature	Date
Please mail completed Harford County Pollinator Gardens Trail application to Pollinator Gardens Trail of Harford County, Harford County Agricultural Centes Street, MD 21154 or email application to Harfmg@gmail.com , ATTN:PGT. If request a paper copy or call (410) 638-3255.	er, 3525 Conowingo Road, Ste.700
T	

The University of Maryland, College of Agriculture and Natural Resources programs, activities, and facilities are available to all without regard to race, color, sex, gender identity or expression, sexual orientation, marital status, age, national origin, political affiliation, physical or mental disability, religion, protected veteran status, genetic information, personal appearance, or any other legally protected class.

Application adapted, with permission, from source: Bjorklund, N., Ph.d., Frogge, M.J., Cue, K., and Evans, S. Nebraska Pollinator Habitat Assessment. https://extension.unl.edu/statewide/douglas-sarpy/nebraska-pollinator-habitat-certification/.