



Conservation Activity Plan – Pollinator Habitat Enhancement Plan

Practice Activity Code – 146

Land Owner Name(s) _____

Owner Mailing Address _____

City _____ State _____ Zip _____

Owner Phone Number(s) _____

Owner Email(s) _____

FSA Farm and Tract Numbers (*if applicable*): _____

GPS coordinates (*optional*): _____

Total ownership acreage: _____ Total acreage covered by this plan: _____

Do you reside on the property? _____

Plan Author _____

Plan Author Mailing Address _____

City _____ State _____ Zip _____

Plan Author Phone Number _____

Email _____

Technical Service Provider ID # _____

Plan Author Signature _____

Date of Original Plan Completion _____ Revision date(s) _____

Please note: Informal updates to the plan can be made with handwritten notes. Be sure to include a date and initial these notes throughout the management plan. This template should be used in association with the landowner and your local NRCS field office. States may modify this national template to meet local needs and conditions. Detailed instructions on how to correctly complete the template to develop a Pollinator Habitat Management plan that will meet Natural Resources Conservation Service (NRCS) program requirements are included.

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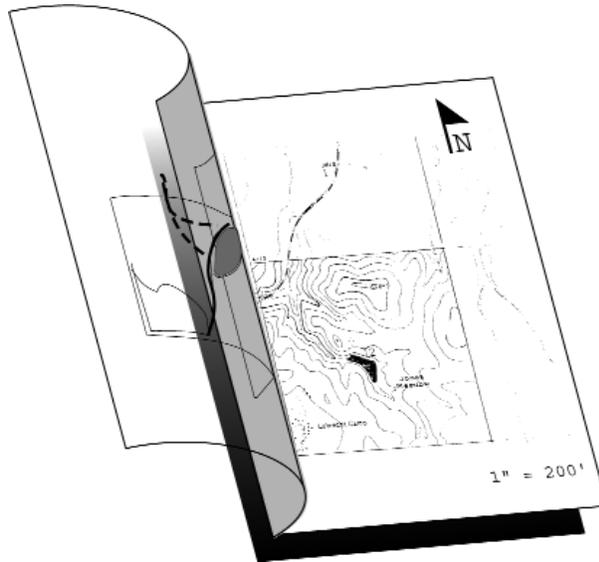
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Chapter 1 Background and Site Information

Location Map (road map) insert here.



Documentation of Existing Practices/History

Resource Inventory

Pollinator Resource Concerns

Air, Water and Soils Protection - What goals do you have, or what steps will you take to conserve, protect and enhance the soil, water air, plants and animals resources for wildlife?

Air Quality

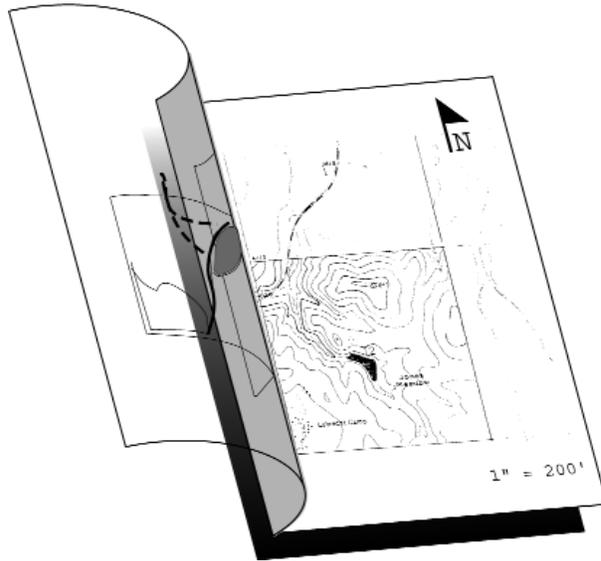
Water, Wetlands and Riparian Protection

Soil Protection

Plants, Animals, and other Cultural Features

Chapter 3 Existing Habitat Condition

Insert - Pollinator Habitat Assessment



State and Federal Threatened or Endangered Species - plants or animals

Invasive Plants and Animals

Chapter 4 Management Recommendations

This section recommends conservation practices and affected biological resources then lists the treatments in the Management Activity Schedule. Complete the Activity Schedule and label the areas of management on the map if using this plan as part of an incentive program application.

For each resource element below, consider:

1. *What treatments/monitoring/protection is planned?*
2. *When will you implement treatments (season, year), follow-up activities, etc?*
3. *Where will the management take place?*
4. *Do you have applicable permits, professional assistance, and applications for the incentive program?*

Management Objectives

Management Recommendations of Cropland Resources

Management Recommendations of Forest Resources

Signatures and Approvals

Landowner

I have reviewed this plan and believe the management recommendations will help me meet my goals and objectives for my property. I agree to follow this plan to ensure the sustainability of my management.

Landowner

Date

NRCS Incentive Programs

I certify that this Pollinator Management Plan meets the requirements of the USDA Environmental Quality Incentives (EQIP) Program and/or the Quality Criteria for forest activity plans in Section III of the USDA NRCS Field Office Technical Guide.

Technical Service Provider

Number

Date

District Conservationist

Date

Chapter 5 Pollinator Job Sheets

Insert - MN Biology Job Sheet #16 "Native Habitat Development for Pollinators"

Insert - MN Biology Job Sheet #17 "Pollinator Habitat Management"

