

## Tier 1 Great Start Award Application

### School System/District Information

Please provide all of the information requested in the table below. Note: If the contact person for this application is not in school during the summer break, please provide additional contact information (e.g., cell phone, alternate contacts) to allow EPA to contact you if necessary about your application.

**The application is a fill-in form, which will allow you to type your answers directly into the form, save what you have filled in on your computer, and submit it electronically via e-mail.**

<b>IPM Coordinator Contact Information</b>	
School System/District Name:	
Name of IPM Coordinator	
Title	
Department	
Address	
City, State, Zip Code	
Telephone	
Fax Number	
E-mail Address	
<b>School System/District Profile</b>	
Total Number of Students	
Total Number of Staff	
Total Number of Facilities in Your System/District (e.g., 45 schools, 5 educational support buildings)	
Age Range of All System/District Facilities (e.g., 5-90 years old)	
Total Square Footage (ft <sup>2</sup> ) of All System/District Facilities (e.g., 1.5 million ft <sup>2</sup> )	
Total School District Budget	
Number of School Facilities in Your School System/District Participating in the <i>School IPM</i> Program	

## School System/District Information Statement of Compliance with State Law

I certify that \_\_\_\_\_ School District is in compliance with the laws of the State of \_\_\_\_\_, including the laws that pertain to pest management and pesticide application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

### Your District's Integrated Pest Management Program

**Coordinator:** Who is your district's Integrated Pest Management Coordinator? When did this person become the IPM coordinator? What is the role the IPM coordinator in managing pests and pest-conducive conditions in your district? (limit narrative to 500 characters)

**Education:** Does your district's IPM Coordinator receive at least eight (8) hours of training per year in Integrated Pest Management techniques? How or where does the coordinator receive this training? (limit narrative to 500 characters)

**Policy:** Does your district have a written IPM Policy? A sample IPM Policy can be found at <https://www.epa.gov/managing-pests-schools/ipm-schools-model-pesticide-safety-and-ipm-guidance-policy-school-districts>. **Please attach a copy of the written IPM policy to this application.**

**Self-Assessment:** Have you completed a self-assessment using an IPM checklist for some or all of the facilities in your district? An example of a self-assessment checklist can be found at [\[insert link\]](#). For what portion of the facilities in your district has an IPM self-assessment been completed? Your application will be evaluated on whether you have completed a self-assessment for at least some of the schools in your district, not on the findings of the self-assessment. **Please attach a copy of the completed checklist/s to this application.** (limit narrative 500 characters)

**Certified Applicator:** Are all pesticide applications in your district performed by a certified applicator? **Please attach proof of certification to this application.**

**Narrative:** Please use the space below to detail any aspects of your district's Integrated Pest Management program which you have not mentioned anywhere else in this application. (limit narrative 500 characters)