

## Tier 2 Leadership Award Application

### School/School District Contact Information

Please provide all of the information requested in the table below. If you are submitting this application on behalf of an organization, please provide the organization's information rather than your own unless indicated otherwise.

**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.**

IPM Coordinator Contact Information	
School System/District Name	
Name(s) of IPM Coordinator and IPM Team Members (if necessary, please include an additional sheet listing all IPM Team members)	
Title	
Department	
Address	
City, State, Zip Code	
Telephone	
Fax Number	
E-mail Address	
School System/District Profile	
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	

Please review the statements in each section and check all boxes that apply to your school or school district IPM 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

Great Start Award: Has your district previously received the Great Start Award? If so, please state when your district received the award. If not, please briefly explain how your district meets the requirements of the Great Start award (information on the Great Start award can be found on the same website as the information for the Leadership award:

<https://www.epa.gov/managing-pests-schools/school-ipm-awards-program>. (limit narrative to 500 characters)

**Environmental Health/IPM Committee:** Please describe the structure, membership, responsibilities, and activities of your school district's Environmental Health/IPM Committee. (limit narrative to 500 characters)

**Staff Education:** Please discuss the IPM education your district provides for Custodial, Maintenance, Groundskeeper, Kitchen, and Health staff members. Make sure to note the frequency, duration, and structure of this education. **If you have any documents used in this process, please attach them to this application.** (limit narrative to 500 characters)

IPM Plan: Does your district have a written IPM Policy? A sample IPM Plan 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 your school district's IPM Plan to this application.**

**Inspections:** Does your district conduct monthly inspections including the use of insect and rodent monitoring stations? Please explain your district's process for carrying out these inspections. **If you have any documents relevant for this item, such as a sample inspection form, please attach them to this application.** (limit narrative to 500 characters)

**Pesticide Use and Monitoring Records:** Does your district keep records of pesticide use and of the results of its monthly inspections? Please describe your district's process for keeping these records and, if your district does so, reviewing and taking action based on the records. **Please attach a copy of a pesticide use record used by your district to this application (can be a sample form or an actually used form).** (limit narrative to 500 characters)

**Pesticide Notification and Storage:** Does your district follow the recommended procedures for pesticide use notification and pesticide storage? Please describe how your district notifies the public of pesticide use and how pesticides are stored in your district. **If you have any supporting documentation, such as a sample notification letter or posting, or photos of your pesticide storage area, please attach it to this application.**

(limit narrative to 500 characters)

**Trash Areas and Dumpsters:** Does your district meet the requirements for proper maintenance, sanitation, and placement of trash areas and dumpsters? **If you would like to provide photos of trash areas and dumpsters in your district, please attach them to this application.** (limit narrative to 500 characters)

**Door Sweeps:** Has your district installed door sweeps on exterior doors and are the door sweeps of proper quality? Please mention, if available, the brand of the door sweeps your district uses. (limit narrative to 500 characters)

**Vegetation near Buildings:** What is your district's policy regarding vegetation near buildings? Does your district meet the given requirements for visibility between structures and vegetation? (limit narrative to 500 characters)



**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 to 500 characters)