

## School IPM Great Start Award

The U.S. Environmental Protection Agency's (EPA) *School Integrated Pest Management (IPM) Great Start Award* is presented to school districts that have made a commitment to implement an effective Integrated Pest Management program and that have taken the first steps towards implementing IPM. The Great Start Award is one of five levels of IPM awards, which the EPA presents to school districts or individuals. To find out which level of recognition is the best fit for your district, visit [\[insert website\]](#).

### Recipients of the *School IPM* Great Start Award will receive:

- A "Great Start in School IPM" certificate signed by an EPA official;
- Recognition on EPA's web site – [\[insert web site\]](#);
- Access to topical webinars, trainings, events and recognition and mentoring opportunities;
- Regular e-mail updates aimed at advancing your school IPM program.

### Eligibility

For a school district to receive the **Great Start Award**, the district must:

- Comply with all state laws;
- Only allow pesticides to be applied by a certified pesticide applicator;
- Have a designated IPM Coordinator that is receiving regular IPM training;
- Have a written IPM Policy;
- Complete a self-assessment using an IPM checklist which addresses the pest-conducive conditions and pest problems present in the district.

### How to Apply

Interested candidates should complete the attached **application** and submit the application by e-mail, U.S. Mail, facsimile or special delivery services (Federal Express, United Parcel Services, etc.).

E-mail:

ATTN: [\[insert email\]](#)

Facsimile:

ATTN: [\[insert facsimile\]](#)

U.S. Mail (or Special Delivery):

ATTN: [\[inset mailing address\]](#)

**Paperwork Reduction Action Notice:** The public reporting and record keeping burden for this collection is estimated to average about 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the

**OMB Control #: 2070-0200**  
**Expiration Date: MM/DD/YYYY**

collection of information. This is a voluntary collection. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. The OMB Control Number of this collection is 2070-0200. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Director, Collection Strategies Division (Mail Code 2822T), U.S. Environmental Protection Agency, Washington, DC 20460. Include the OMB control number in any correspondence, but do not submit the form or report to this address. The form should be submitted in accordance with the instructions for the form.

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

Applications for the Great Start Award are accepted **year-round** on a non-competitive basis. For specific questions, contact the *School IPM* Awards Coordinator at [**insert contact information**].

**Form #: 9600-009**

### Guidance for Completing the Great Start Application

Clarification of the terms used in the attached application, guidance about how to get started with IPM in your school district, and an IPM self-assessment checklist can be found at [[insert website](#)].

## 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?

**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?

**Policy:** Does your district have a written IPM Policy? A sample IPM Policy can be found at [\[insert link\]](#). **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.**

**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.

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## School IPM Leadership Award

The U.S. Environmental Protection Agency's (EPA) *School Integrated Pest Management (IPM) Leadership Award* is presented to schools and/or school districts who make a senior-level commitment to establish and maintain sustainable IPM programs. The Leadership Award is one of five levels of IPM awards, which the EPA presents to school districts or individuals. To find out which level of recognition is the best fit for your district, visit [\[insert website\]](#).

Recipients of the School IPM Leadership Award will receive:

- A "Leadership in School IPM" certificate signed by an EPA official;
- Recognition on EPA's Web site – [\[insert website\]](#);
- Access to topical web conference calls, training, events, and recognition and mentoring opportunities; and
- Regular e-mail updates aimed at advancing your school IPM program.

## Eligibility

For a school district to receive the National Leadership Award, the district must:

- Meet all requirements of the Great Start Award, including compliance with all relevant state laws;
- Form an Environmental Health/IPM Committee;
- Provide IPM education for Custodial, Maintenance, Groundskeeper, Kitchen, and Health staff members;
- Have a written IPM Plan in place;
- Conduct monthly inspections including insect and rodent monitoring stations;
- Provide pesticide use records and monitoring records;
- Store pesticides properly and notify the public when they are used;
- Maintain trash areas and keep dumpsters at least 50 feet from any school facility;
- Use door sweeps;
- Manage vegetation near buildings.

## How to Apply

Interested candidates should complete the *School IPM* National Leadership Award **application** and submit by e-mail, U.S. Mail, facsimile or special delivery services (Federal Express, United Parcel Services, etc.). Applications for the Leadership Award are accepted **year-round** on a non-competitive basis. For specific questions, contact [\[insert contact information\]](#).

**Paperwork Reduction Action Notice:** The public reporting and record keeping burden for this collection is estimated to average about 38 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is a voluntary collection. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. The OMB Control Number of this collection is 2070-0200. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Director, Collection Strategies Division (Mail Code 2822T), U.S. Environmental Protection Agency, Washington, DC 20460. Include the OMB control number in any correspondence, but do not submit the form or report to this address. The form should be submitted in accordance with the instructions for the form.

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

All applications may be submitted by e-mail, facsimile, U.S. Mail, or special delivery 2 services (Federal Express, United Parcel Services, etc.).

E-mail:

ATTN: [insert email]

Facsimile:

ATTN: [insert facsimile]

U.S. Mail (or Special Delivery):

ATTN: [insert mailing address]

Guidance for Completing the Leadership Application

Clarification of the terms used in the attached application can be found at [insert website].

School or 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 about your application, if necessary.*

**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(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                                                                                                                  |  |
| <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 |  |
|-----------------------------------------------------------------------------------------------------------|--|

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: [insert website]).

**Environmental Health/IPM Committee:** Please describe the structure, membership, responsibilities, and activities of your school district's Environmental Health/IPM Committee.

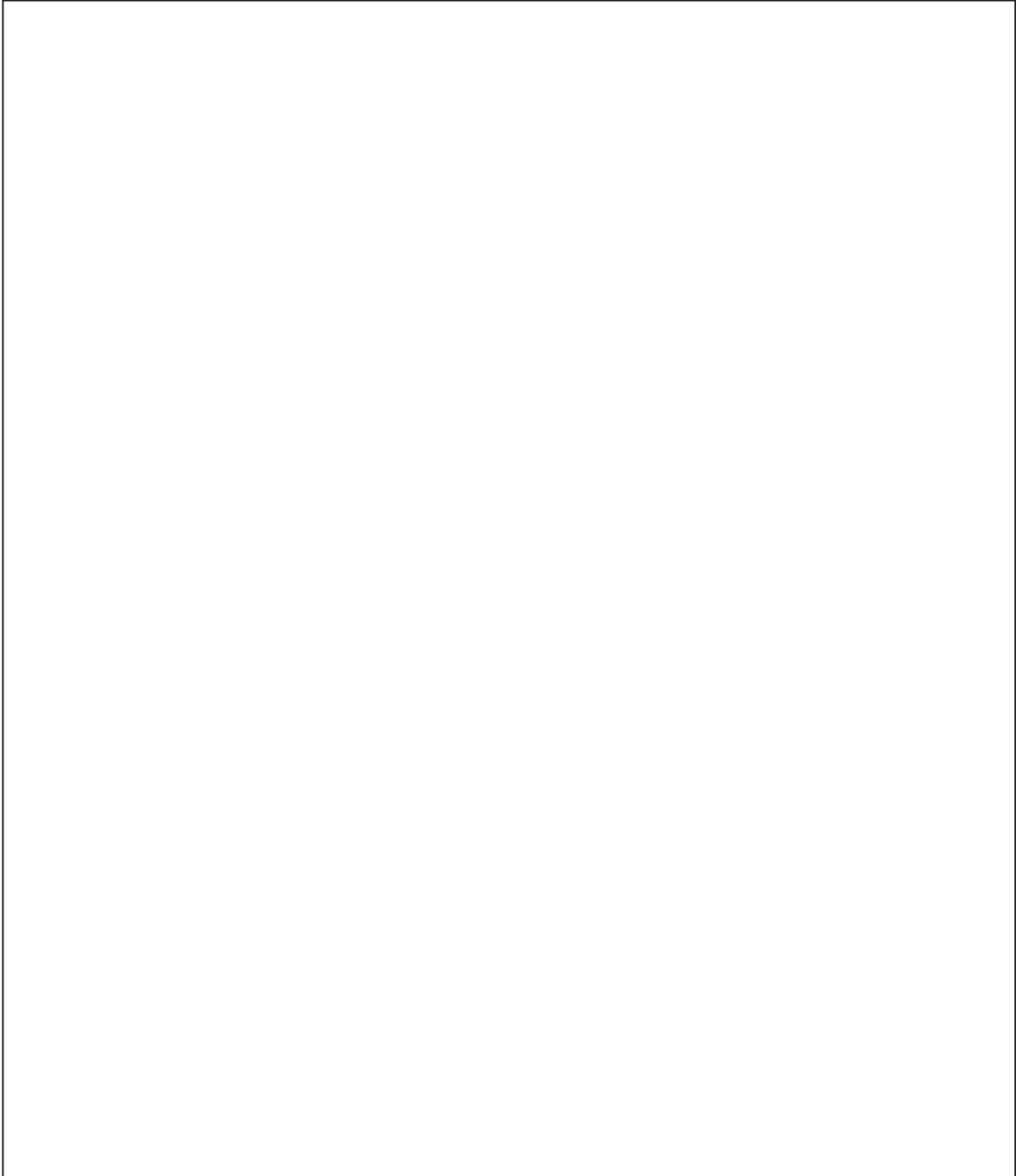
A large, empty rectangular box with a thin black border, intended for the user to provide details about their school district's Environmental Health/IPM Committee. The box occupies most of the page's vertical space below the instruction.

**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.**

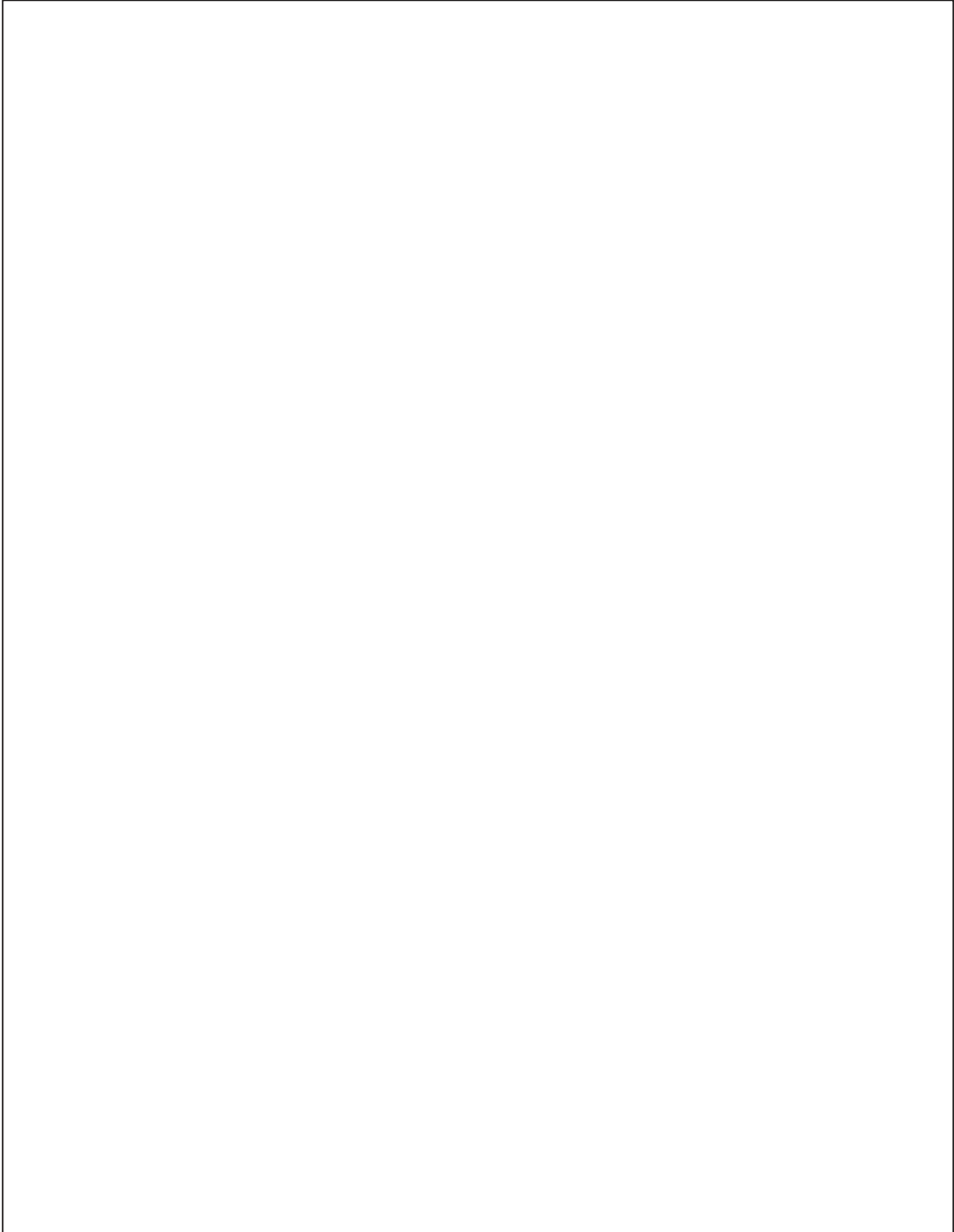
A large, empty rectangular box with a thin black border, intended for the applicant to provide details about IPM education and attach any supporting documents.

**IPM Plan:** Does your district have a written IPM Policy? A sample IPM Plan can be found at [\[insert link\]](#). **Please attach a copy of your school district's IPM Plan to this application.**

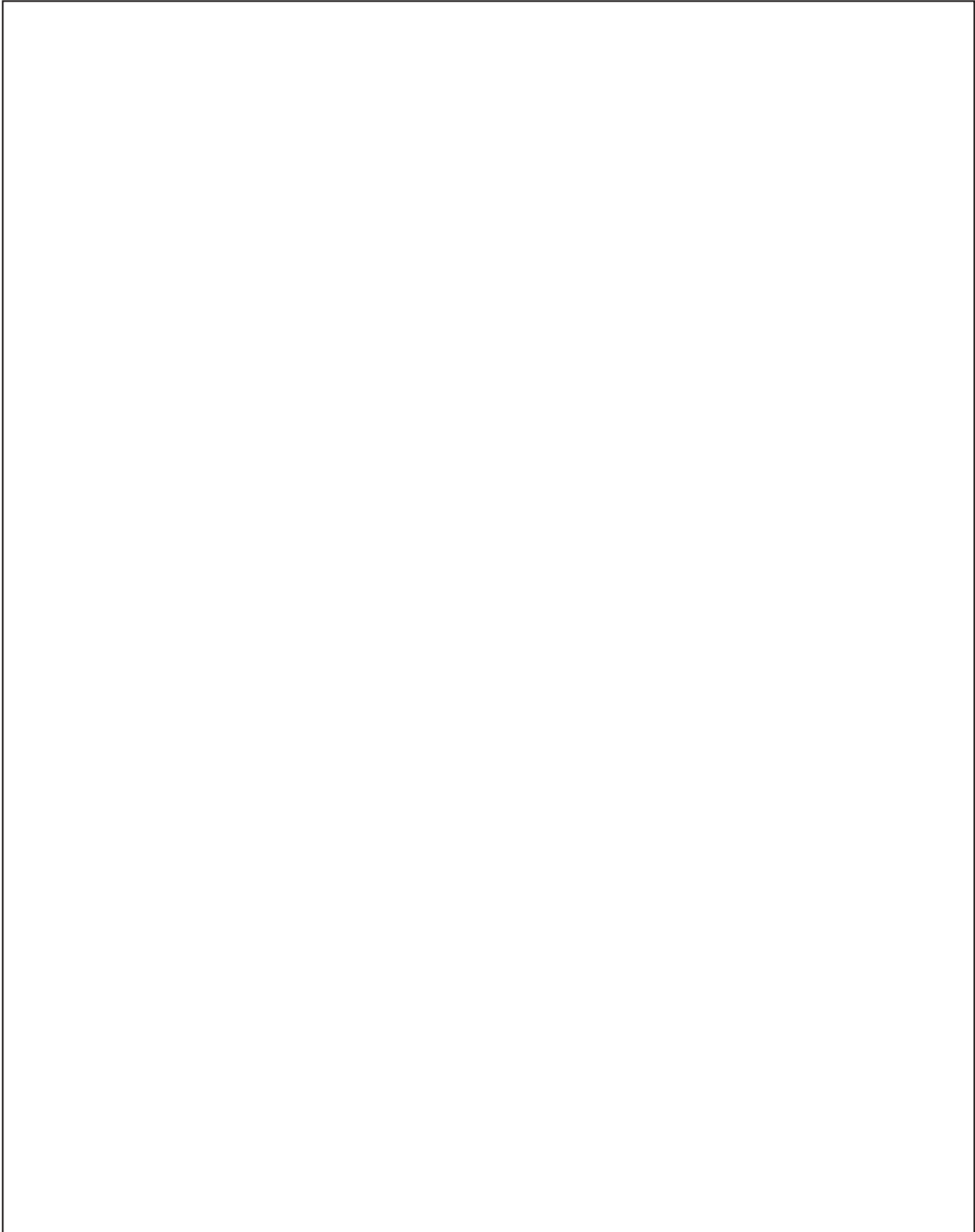
**Inspections:** Does your district conduct monthly inspections including the use of insect and rodent monitoring stations? Please explain your district's process for carrying out these inspections. **If you have any documents relevant for this item, such as a sample inspection form, please attach them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



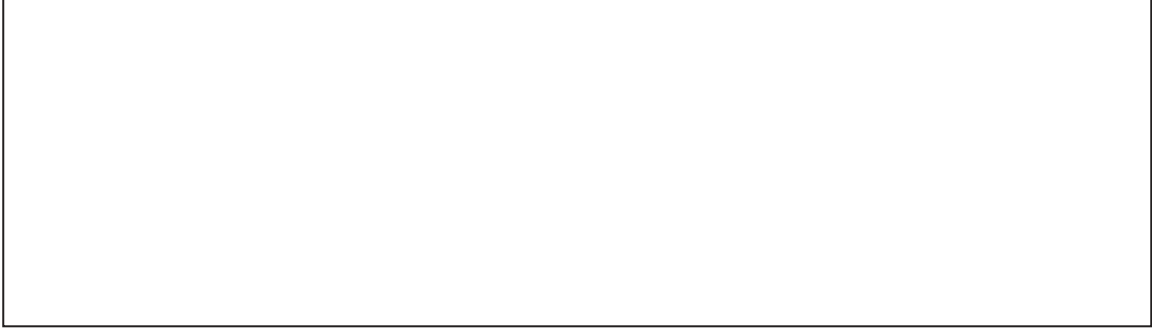
**Pesticide Use and Monitoring Records:** Does your district keep records of pesticide use and of the results of its monthly inspections? Please describe your district's process for keeping these records and, if your district does so, reviewing and taking action based on the records. **Please attach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



**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.**



**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.**



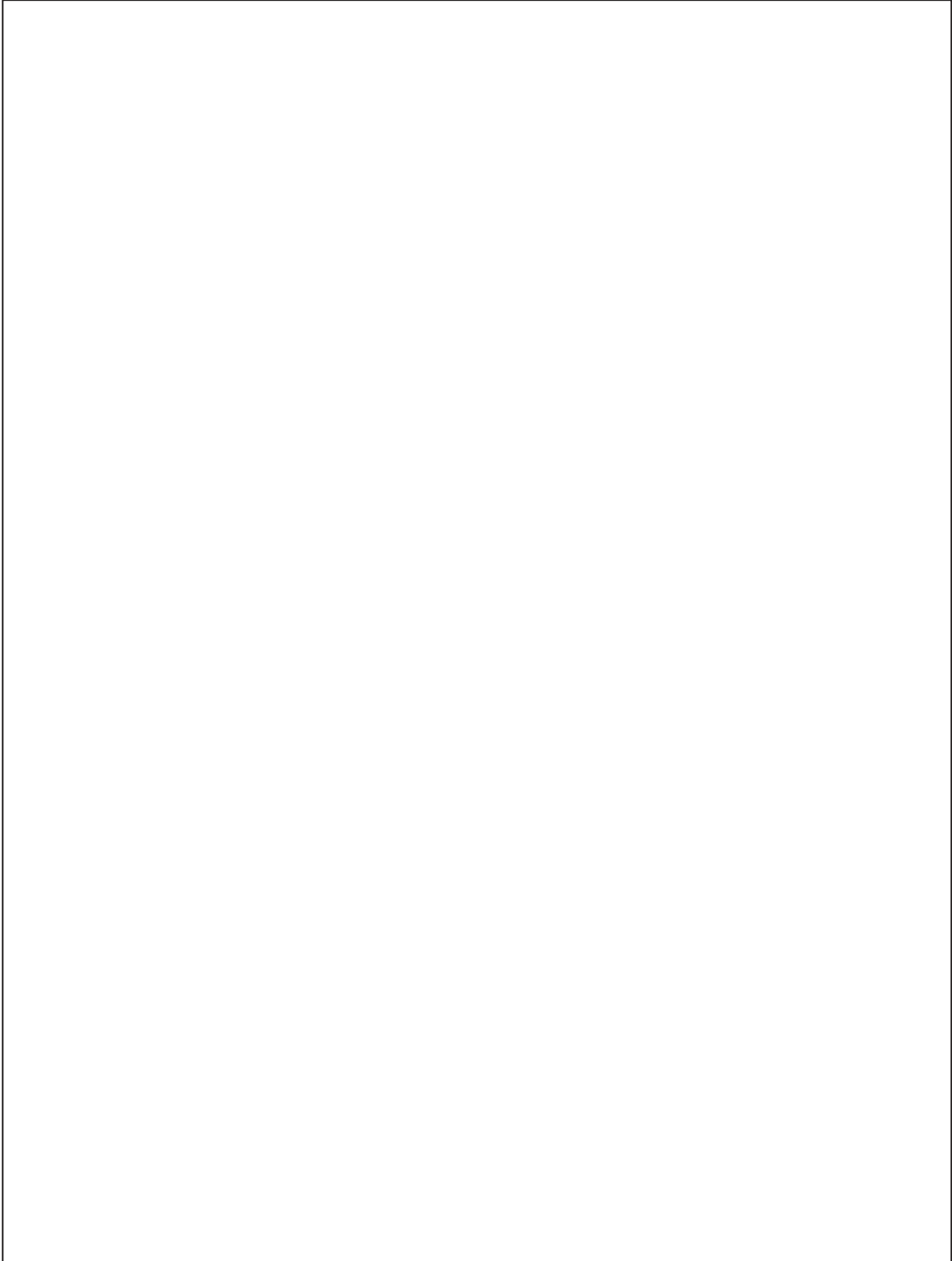
**Door Sweeps:** Has your district installed door sweeps on exterior doors and are the door sweeps of proper quality? Please mention, if available, the brand of the door sweeps your district uses.



**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?



**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.

A large, empty rectangular box with a thin black border, intended for the user to provide a narrative about their district's Integrated Pest Management program. The box occupies most of the page's vertical space below the instruction.



## School IPM Excellence Award

The U.S. Environmental Protection Agency's (EPA) *School Integrated Pest Management (IPM) Excellence Award* is presented to school districts that have implemented exemplary IPM programs. The Excellence Award is one of five levels of IPM awards, which the EPA presents to school districts or individuals. To find out which level of recognition is the best fit for your district, visit [\[insert website\]](#).

### Recipients of the School IPM Excellence Award will receive:

- An "Excellence in School IPM" certificate signed by an EPA official;
- Recognition on EPA's Web site – [\[insert website\]](#);
- Access to topical web conference calls, training, events, and recognition and mentoring opportunities; and
- Regular e-mail updates aimed at advancing your school IPM program.

### Eligibility

For a school district to receive the Excellence Award, the district must:

- Meet all of the requirements of the Leadership Award, including compliance with all relevant state laws;
- Prove that the Environmental Health Committee, Pest Management Professional & school administration follow the IPM Plan proactively;
- Update the IPM plan annually;
- Provide IPM education and award certificates to all staff including teachers and coaches;
- Conduct full quarterly inspections;
- Keep detailed maintenance and pest complaint records;
- Follow guidelines for pesticide selection and application;
- Exercise proper sanitation including: proper food storage, clean and sanitary; kitchens and clutter-free classrooms and buildings;
- Keep structures free of gaps, holes and other pest entry points;
- Maintain the cleanliness of building exteriors.

**Paperwork Reduction Action Notice:** The public reporting and record keeping burden for this collection is estimated to average about 22 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is a voluntary collection. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. The OMB Control Number of this collection is 2070-0200. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Director, Collection Strategies Division (Mail Code 2822T), U.S. Environmental Protection Agency, Washington, DC 20460. Include the OMB control number in any correspondence, but do not submit the form or report to this address. The form should be submitted in accordance with the instructions for the form.

Instructions

Interested candidates should complete the attached **application** and submit the application by e-mail, U.S. Mail, facsimile or special delivery services (Federal Express, United Parcel Services, etc.).

E-mail:

ATTN: [insert email]

Facsimile:

ATTN: [insert facsimile]

U.S. Mail (or Special Delivery):

ATTN: [inset mailing address]

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

Applications for the Excellence Award are should be submitted by **November 1st**. Awardees will be selected by the following January. For specific questions, contact the *School IPM Awards Coordinator* at [**insert contact information**].

[Guidance for Completing the Excellence Application](#)

Clarification of the terms used in the attached application can be found at [**insert website**].

## 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 Program</i>      |  |

## 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

**IPM STAR:** If your school district currently has certification through the IPM STAR program, it is eligible to receive the Excellence Award automatically. **If your district is IPM STAR-certified, please attach documentation that confirms this certification to this application.**

**Leadership Award:** Has your school district previously received the Leadership Award? If so, please state when your district received this award. If not, please affirm that your district meets the criteria to receive the Leadership Award. The requirements of the Leadership Award are available at this website: [insert website]. The IPM Plan is an especially important component of the Leadership Award criteria and is also necessary to meet the criteria of the Excellence Award. **Please attach your district's written IPM Plan to this application.**

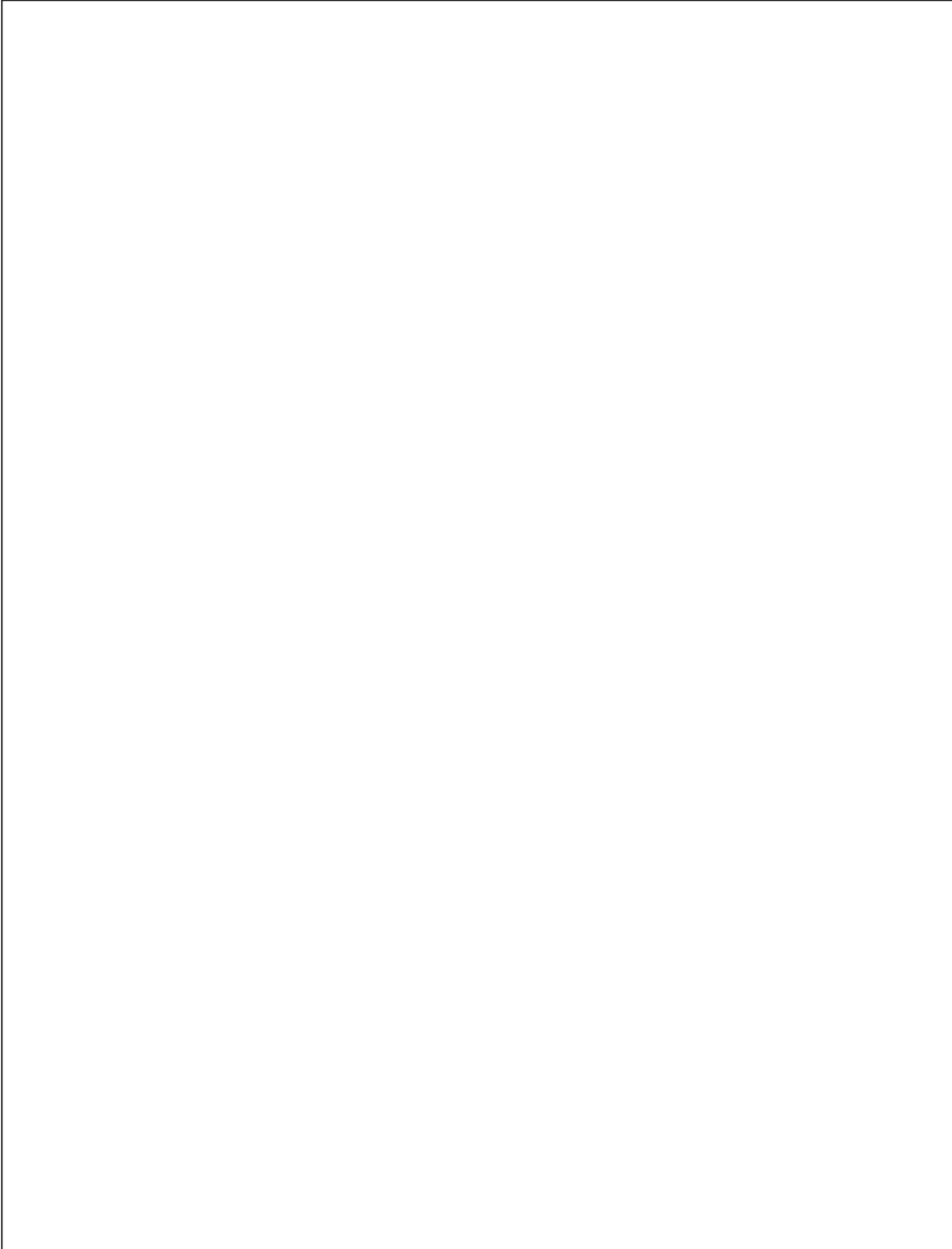
Coordination of IPM Plan, Committee, Administration, and Pest Management

**Professional:** To qualify for the Excellence Award, a district must not only have an IPM Plan and Environmental Health/IPM Committee but also demonstrate that the Plan is being implemented and that the Committee is involved with the decisions of the district's administration and pest management professionals. Please describe how your district's pest management professional works with your district's IPM Plan and how the Environmental Health/IPM Committee interacts with district administration and pest management professionals.

**IPM Plan Updates:** To be successful, an IPM Plan must be adaptive to changing conditions and needs. The IPM Plan must be updated annually to meet the criteria of the Excellence Award; please describe the process by which your district updates its IPM Plan. Who is responsible for updating the plan? What factors are considered?



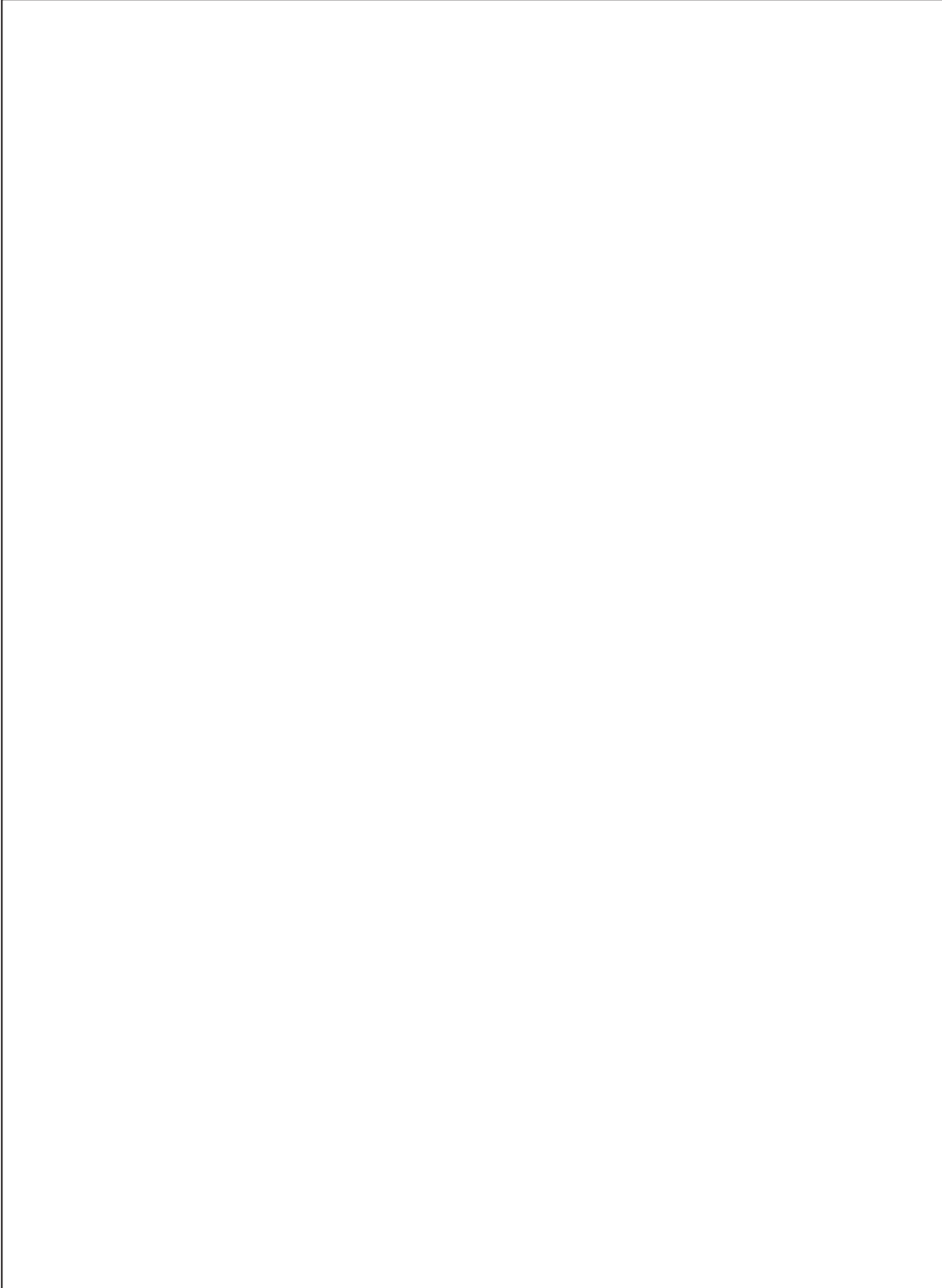
**Staff Education:** The Excellence Award requires that all staff, including teachers, coaches, and administrative staff, receive IPM education and certificates (see application guide for specific requirements). Please describe the education your district provides to staff. **If you have documents used for IPM education, such as lesson plans or training modules, please attach it to this application.**



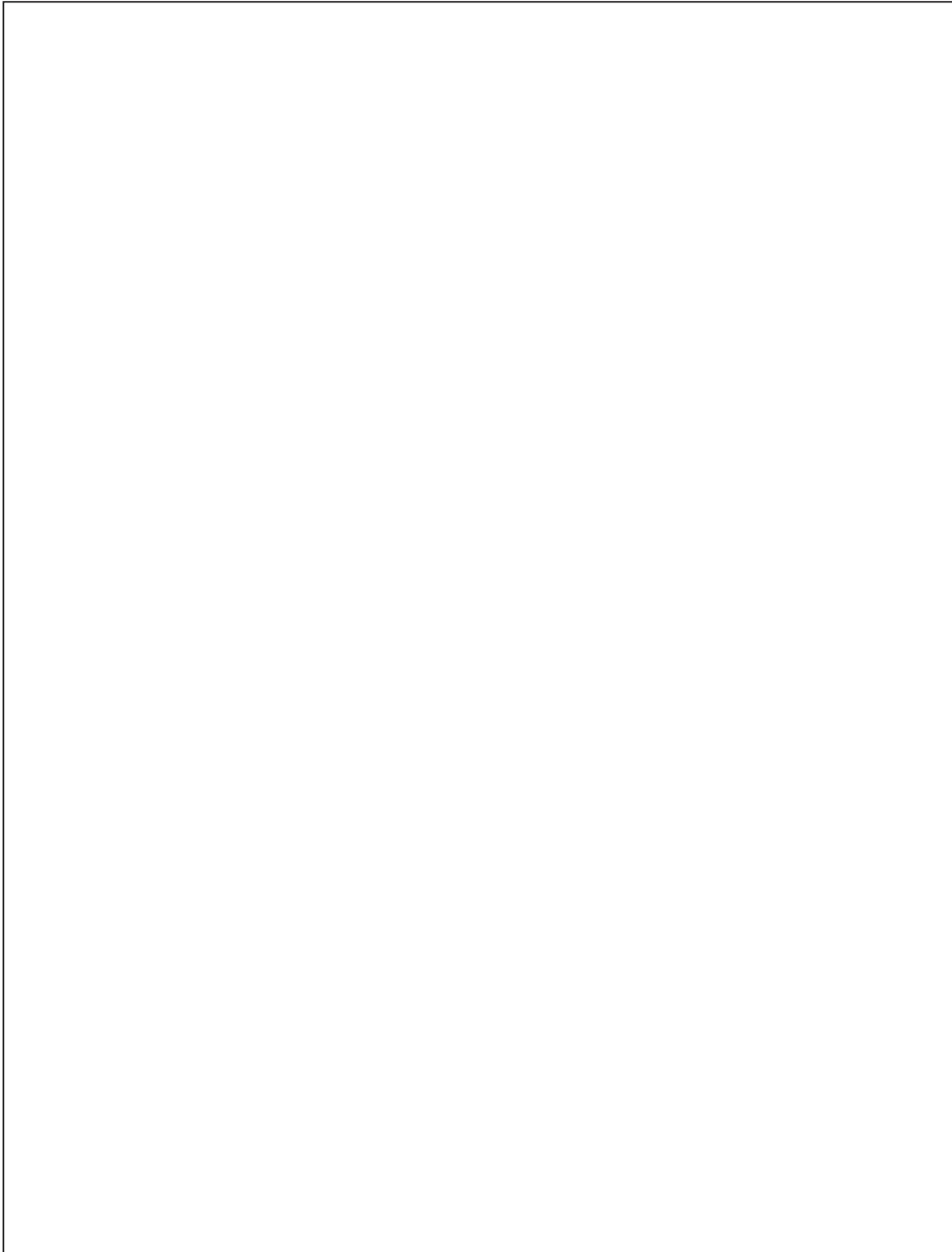
**Full Quarterly Inspections:** In addition to the monthly monitoring inspections required at the Leadership Award level, the Excellence Award requires that your district conduct full inspections on a quarterly basis. These full inspections should be conducted by the IPM Coordinator and at least one other member of the Committee, accompanied by the district's pest management professional if the district contracts services from a pest management professional. Please describe the process used in these inspections. **If you have any documents used for these inspections, please attach them to this application.**



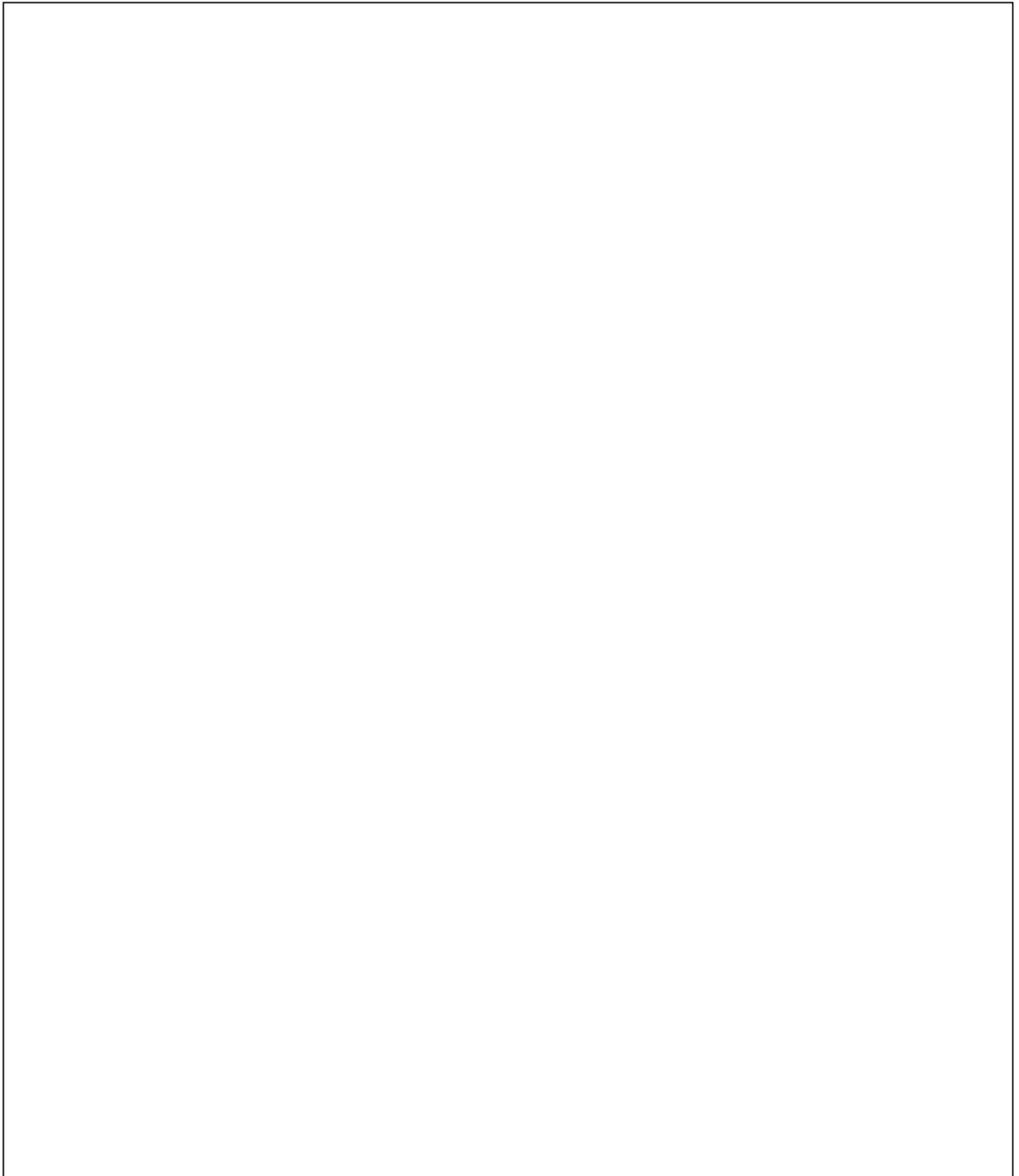
**Pest Sighting and Maintenance Records:** Please describe how your school monitors and records pest sightings and pest-related maintenance issues. **Please attach the forms used for pest sightings and maintenance requests to this application.**



**Pesticide Selection and Application:** Please describe your district's process for determining when and how to use pesticides, which pesticides your district uses, and how frequently your district uses those pesticides. This includes any pesticides used by outside contractors. **If you have a document explaining your district's pesticide selection and application protocol, please attach it to this application.**



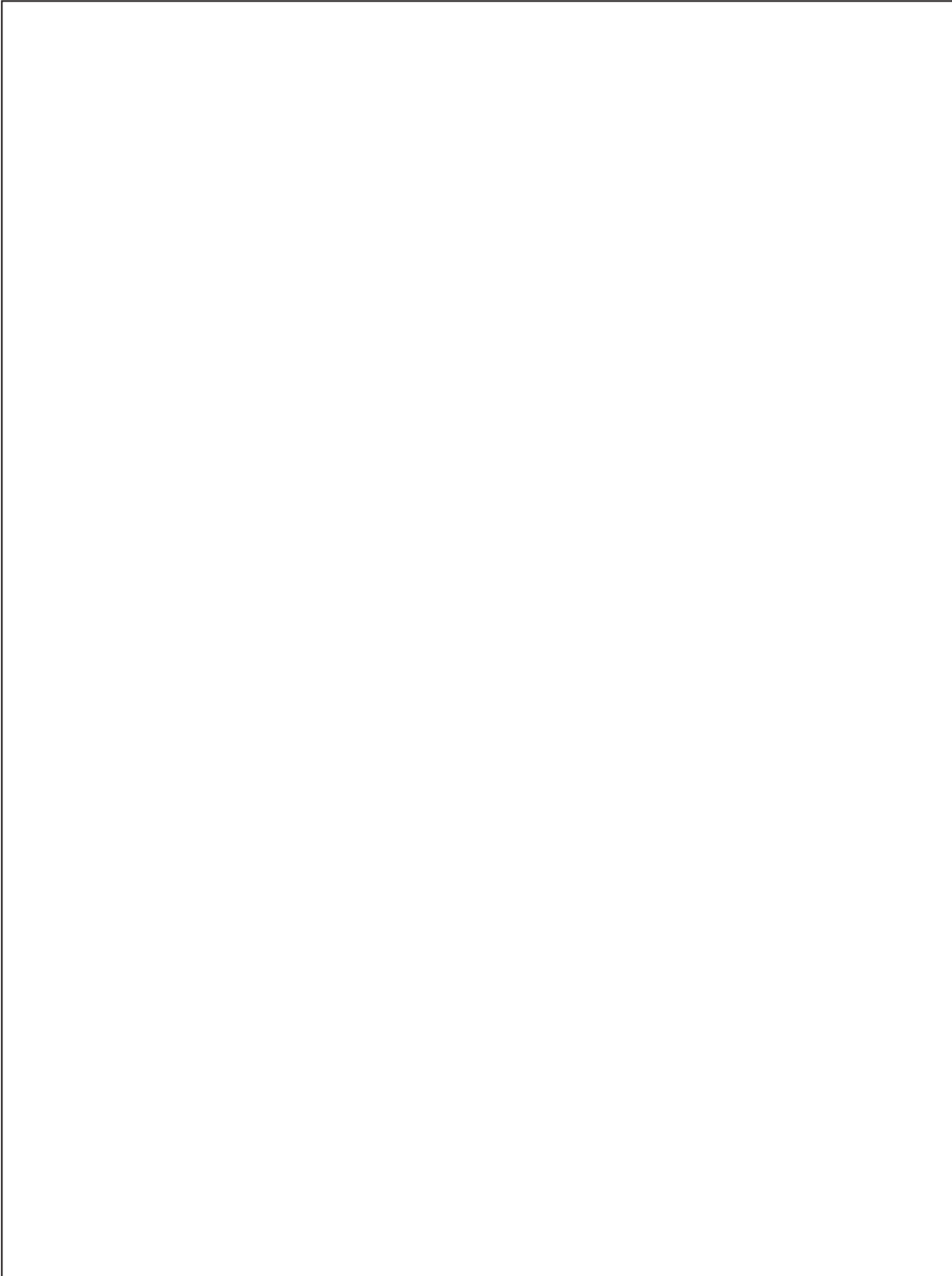
**Food Storage, Kitchen Sanitation, and Interior Clutter:** How does your district control food storage, sanitation, and clutter so as to minimize pest-conducive conditions inside school buildings? **It is advised that you submit a filled-in checklist (of the same type used in the Great Start Award application) to verify your district's control of these factors. In addition, please attach to this application any other documents that might be helpful in establishing your district's sanitation policies and conditions.**



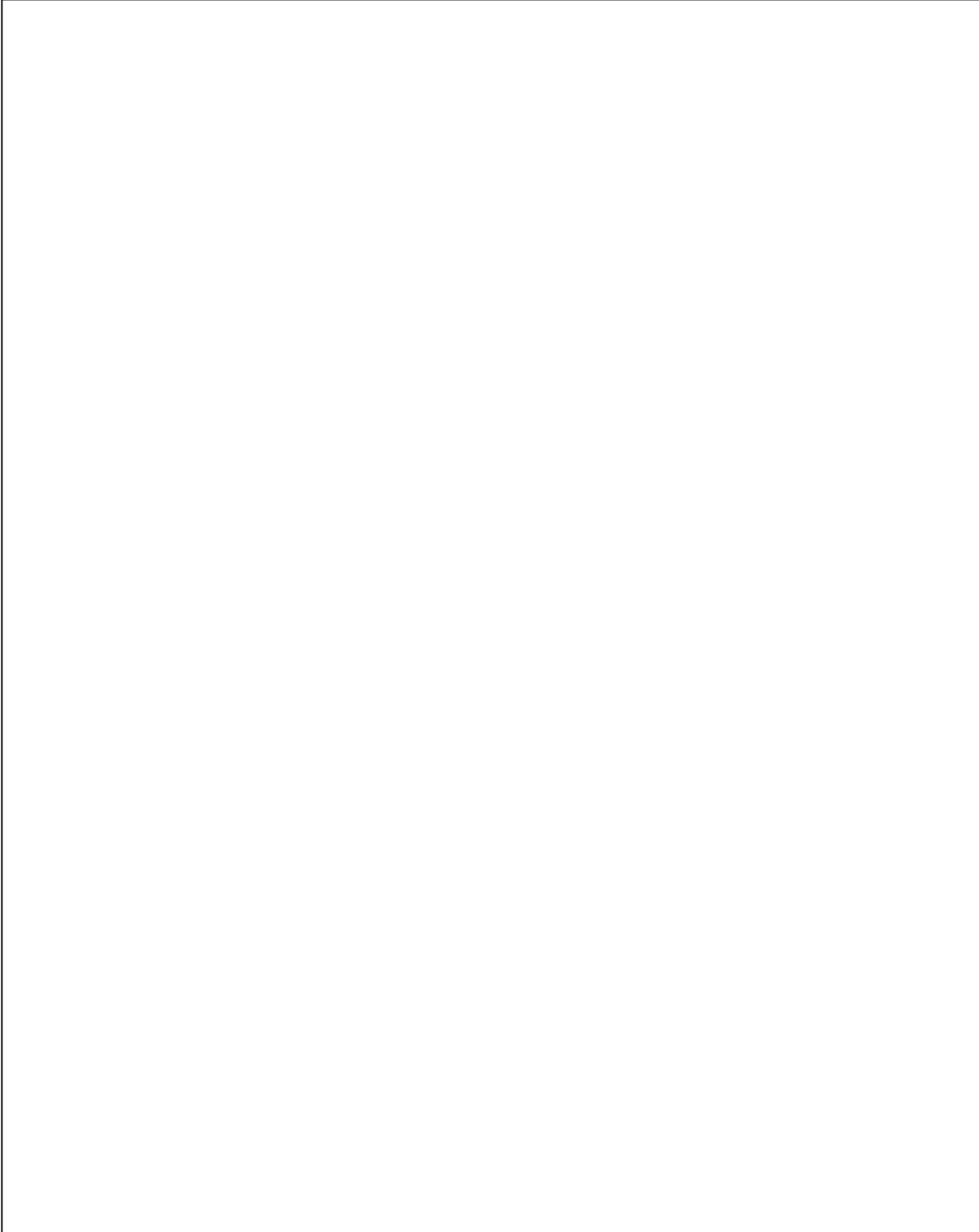
**Entry Points:** Please verify that your district's structures are free of gaps, holes, and other entry points for pests. These are primarily on the exterior of buildings, although interior gaps should be addressed as well. Please explain the process by which your district monitors for entry points and addresses them when they are identified. **It is recommended that you submit a filled-in checklist (as in the previous requirement) to verify your district's control of structural entry points.**



**Exterior Clutter and Harborage:** Please verify that your district controls clutter and harborage on school grounds. Explain how your district monitors for clutter and harborage and how it addresses it when it is identified. **Again, it is recommended that you submit a filled-in checklist to support your 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.

A large, empty rectangular box with a thin black border, intended for the user to provide a narrative about their district's Integrated Pest Management program. The box is currently blank.

## School IPM Sustained Excellence Award

The U.S. Environmental Protection Agency's (EPA) *School Integrated Pest Management (IPM) Sustained Excellence Award* is presented to school districts that have been given the Excellence Award in the past and that have demonstrated the continued success and sustainability of their IPM programs. The Sustained Excellence Award is one of five levels of IPM awards, which the EPA presents to school districts or individuals. To find out which level of recognition is the best fit for your district, visit [\[insert website\]](#).

Recipients of the *School IPM Sustained Excellence Award* will receive:

- A "Sustained Excellence in School IPM" certificate signed by an EPA official;
- Recognition on EPA's web site – [\[insert web site\]](#);
- Access to topical webinars, trainings, events and recognition and mentoring opportunities;
- Regular e-mail updates aimed at advancing your school IPM program.

### Eligibility

For a school district to receive the Sustained Excellence Award, the district must:

- Have received the Excellence Award at least two years prior to applying for the Sustained Excellence award;
- Presently meet all requirements for receiving the Excellence award;
- Provide documentation of its method for making its IPM program sustainable;
- Provide documentation of the results its IPM program has achieved;
- Demonstrate how it has communicated about its IPM program both internally and externally.

### How to Apply

Interested candidates should complete the attached **application** and submit the application by e-mail, U.S. Mail, facsimile or special delivery services (Federal Express, United Parcel Services, etc.).

#### E-mail:

ATTN: [\[insert email\]](#)

#### Facsimile:

ATTN: [\[insert facsimile\]](#)

#### U.S. Mail (or Special Delivery):

ATTN: [\[insert mailing address\]](#)

**Paperwork Reduction Action Notice:** The public reporting and record keeping burden for this collection is estimated to average about 31 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is a voluntary collection. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. The OMB Control Number of this collection is 2070-0200. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Director, Collection Strategies Division (Mail Code 2822T), U.S. Environmental Protection Agency, Washington, DC 20460. Include the OMB control number in any correspondence, but do not submit the form or report to this address. The form should be submitted in accordance with the instructions for the form.

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

Applications for the Sustained Excellence Award for a given year should be submitted by November 1st. Awardees will be selected by the following January. For specific questions, contact the *School IPM* Awards Coordinator at [insert contact information].



[Guidance for Completing the Sustained Excellence Application](#)

Clarification of the terms used in the attached application, guidance about how to get started with IPM in your school district, and an IPM self-assessment checklist can be found at [\[insert website\]](#).

**School or 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.*

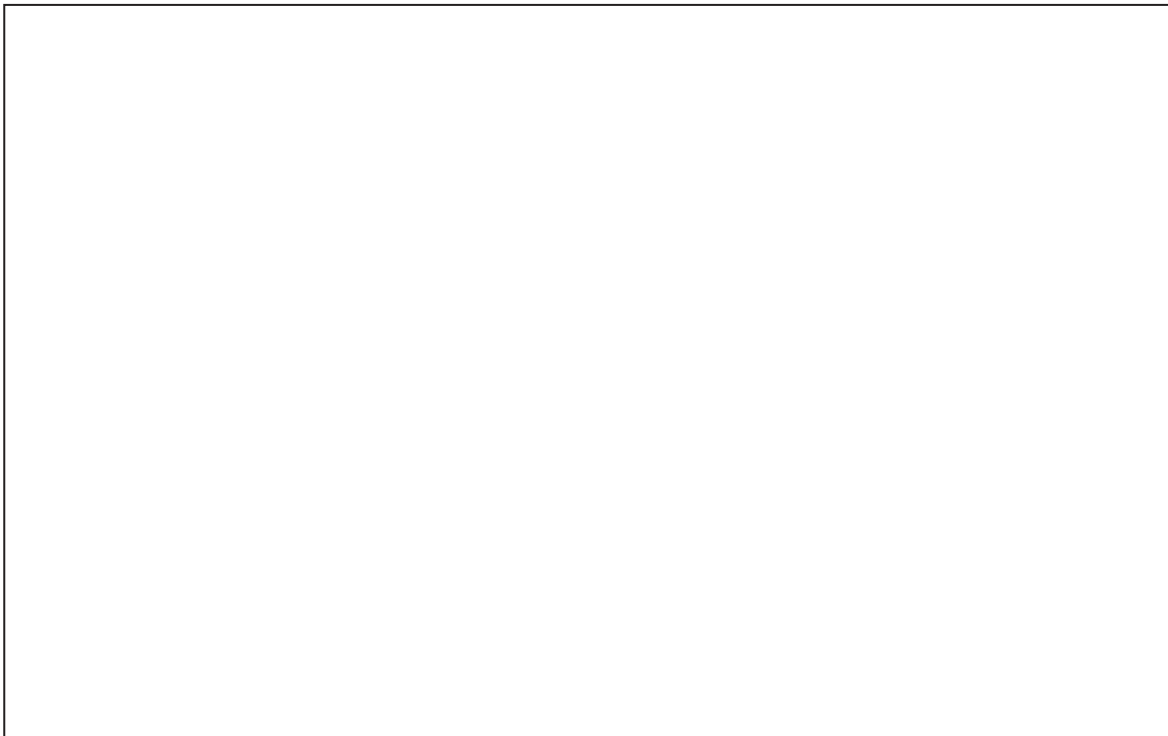
**The application is a fill-in form, which will allow you to type your answers directly into the form, save what you have filled in on your computer, and submit it electronically via e-mail.**

| <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      |  |



**IPM STAR:** If your school district currently has certification through the IPM STAR program, it automatically meets the criteria of the Excellence Award (it still must demonstrate that it meets the additional criteria required by the Sustained Excellence Award, though). **If your district is IPM STAR-certified, please attach documentation that confirms this certification to this application.**

**Leadership Award:** Please affirm that your district meets the criteria to receive the Leadership Award. The requirements of the Leadership Award are available at this website: [insert website]. The IPM Plan is an especially important component of the Leadership Award criteria and is also necessary to meet the criteria of the Excellence Award. **Please attach your district's written IPM Plan to this application.**



Coordination of IPM Plan, Committee, Administration, and Pest Management


**Professional:** To qualify for the Sustained Excellence Award, a district must not only have an IPM Plan and Environmental Health/IPM Committee but also demonstrate that the Plan is being implemented and that the Committee is involved with the decisions of the district's administration and pest management professionals. Please describe how your district's pest management professional works with your district's IPM Plan and how the Environmental Health/IPM Committee interacts with district administration and pest management professionals.

**IPM Plan Updates:** To be successful, an IPM Plan must be adaptive to changing conditions and needs. The IPM Plan must be updated annually to meet the criteria of the Sustained Excellence Award; please describe the process by which your district updates its IPM Plan. Who is responsible for updating the plan? What factors are considered?


**Staff Education:** The Sustained Excellence Award requires that all staff, including teachers, coaches, and administrative staff, receive IPM education and certificates (see application guide for specific requirements). Please describe the education your district provides to staff. **If you have documents used for IPM education, such as lesson plans or training modules, please attach it to this application.**



**Full Quarterly Inspections:** In addition to the monthly monitoring inspections required at the Leadership Award level, the Sustained Excellence Award requires that your district conduct full inspections on a quarterly basis. These full inspections should be conducted by the IPM Coordinator and at least one other member of the Committee, accompanied by the district's pest management professional if the district contracts services from a pest management professional. Please describe the process used in these inspections. **If you have any documents used for these inspections, please attach them to this application.**

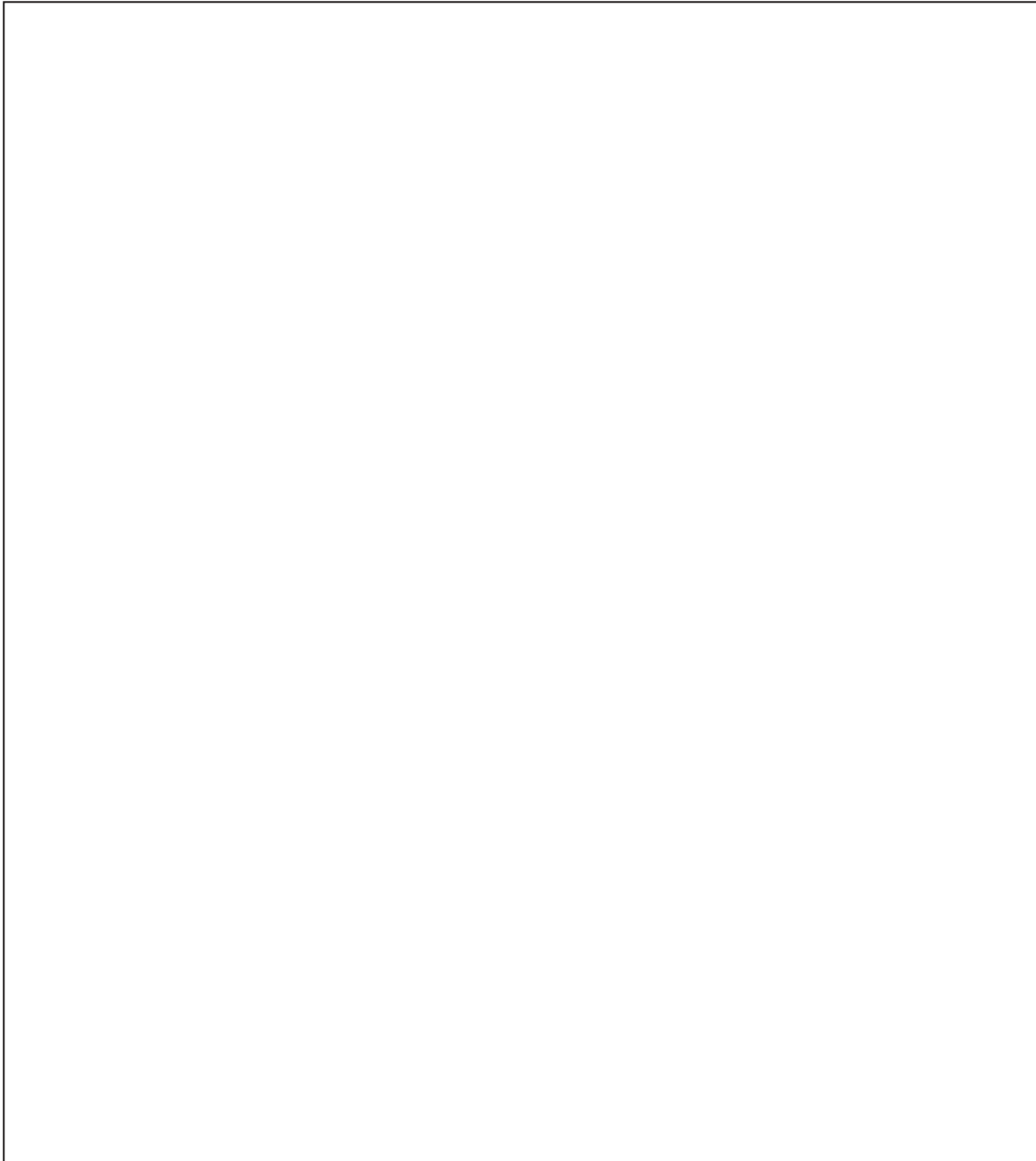


**Pest Sighting and Maintenance Records:** Please describe how your school monitors and records pest sightings and pest-related maintenance issues. **Please attach the forms used for pest sightings and maintenance requests to this application.**






**Pesticide Selection and Application:** Please describe your district's process for determining when and how to use pesticides, which pesticides your district uses, and how frequently your district uses those pesticides. This includes any pesticides used by outside contractors. **If you have a document explaining your district's pesticide selection and application protocol, please attach it to this application.**



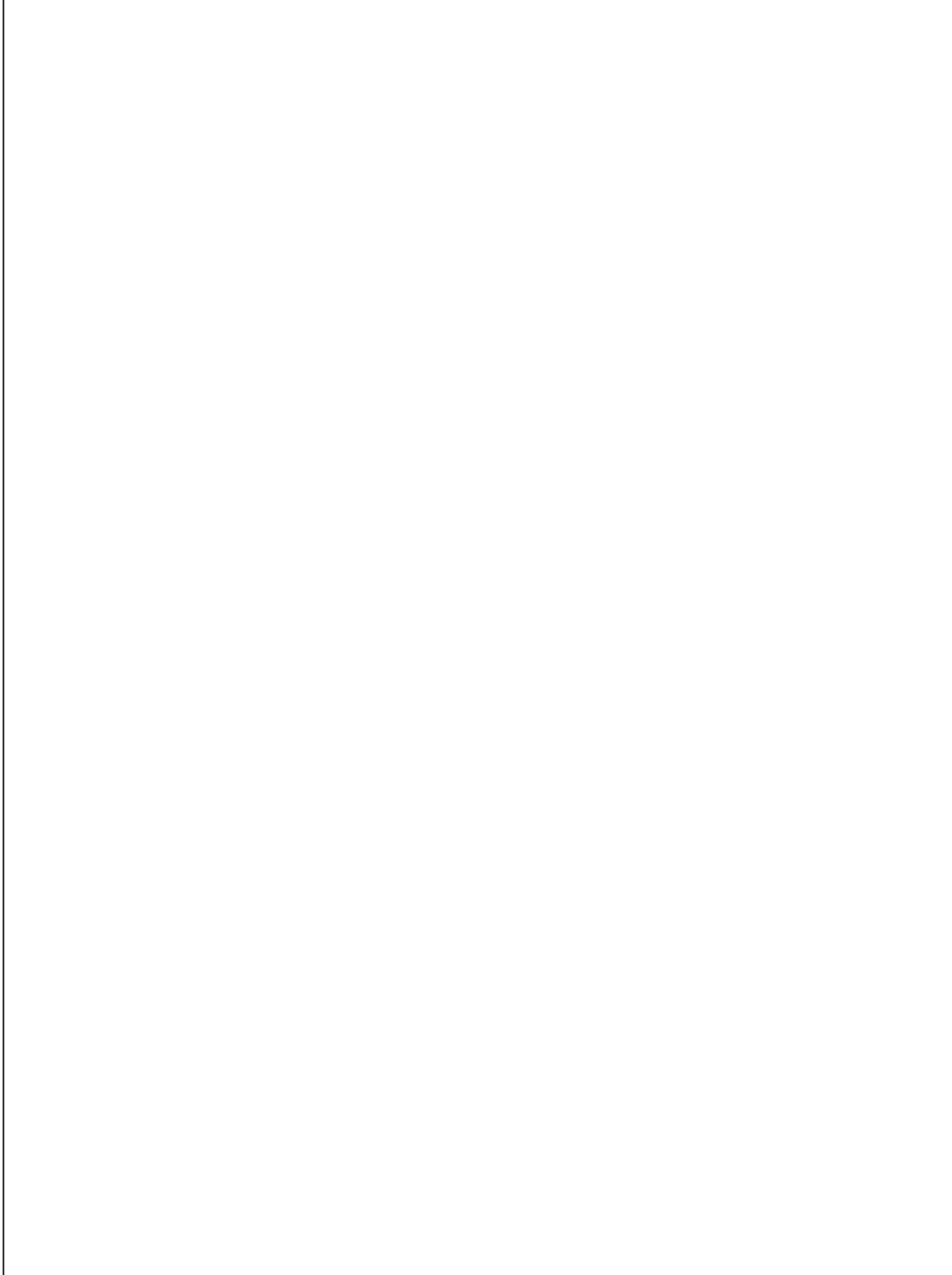
Food Storage, Kitchen Sanitation, and Interior Clutter: How does your district control food storage, sanitation, and clutter so as to minimize pest-conducive conditions inside school buildings? **It is advised that you submit a filled-in checklist (of the same type used in the Great Start Award application) to verify your district's control of these factors. In addition, please attach to this application any other documents that might be helpful in establishing your district's sanitation policies and conditions.**

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**Entry Points:** Please verify that your district's structures are free of gaps, holes, and other entry points for pests. These are primarily on the exterior of buildings, although interior gaps should be addressed as well. Please explain the process by which your district monitors for entry points and addresses them when they are identified. **It is recommended that you submit a filled-in checklist (as in the previous requirement) to verify your district's control of structural entry points.**



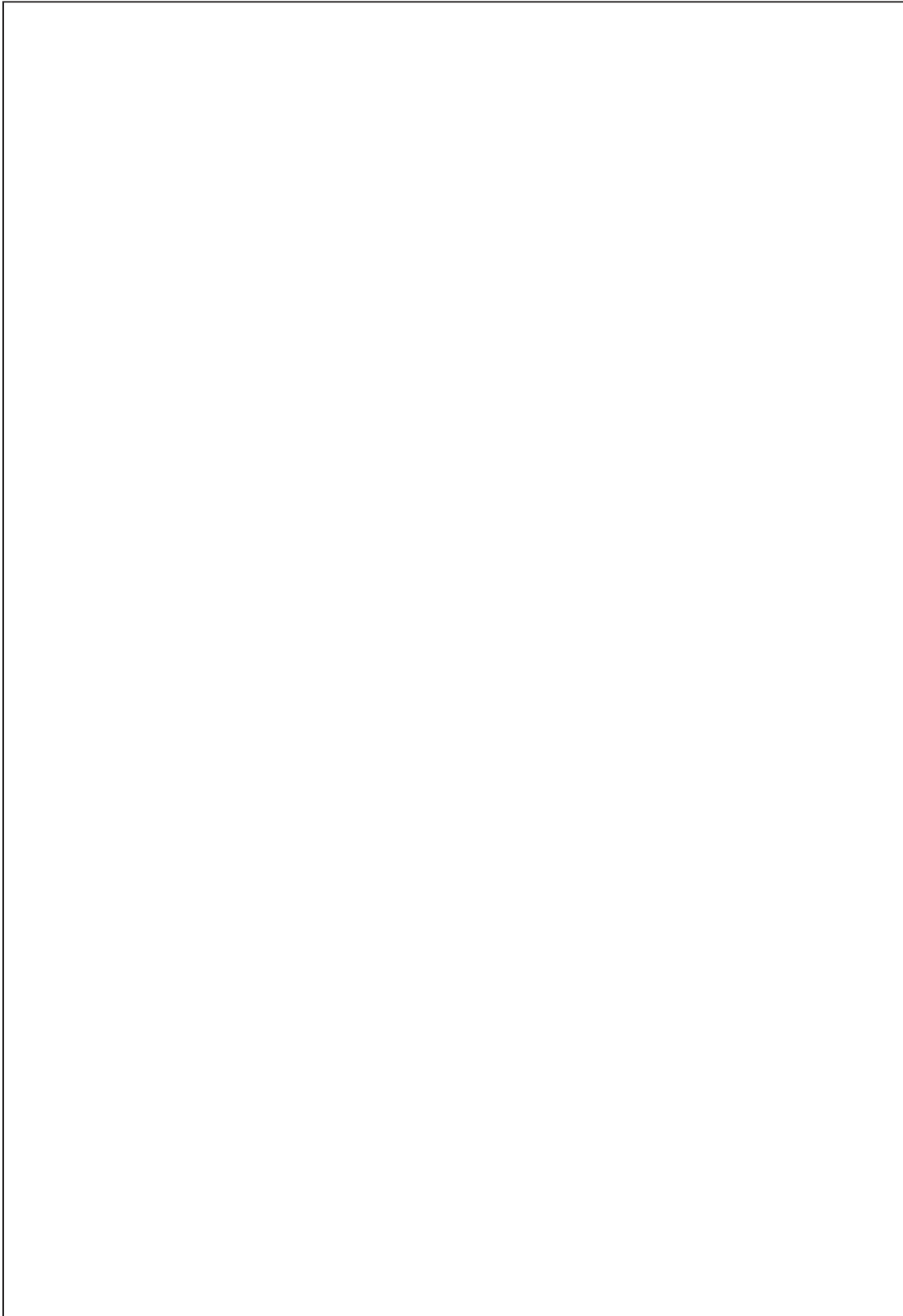
Exterior Clutter and Harborage: Please verify that your district controls clutter and harborage on school grounds. Explain how your district monitors for clutter and harborage and how it addresses it when it is identified. **Again, it is recommended that you submit a filled-in checklist to support your application.**

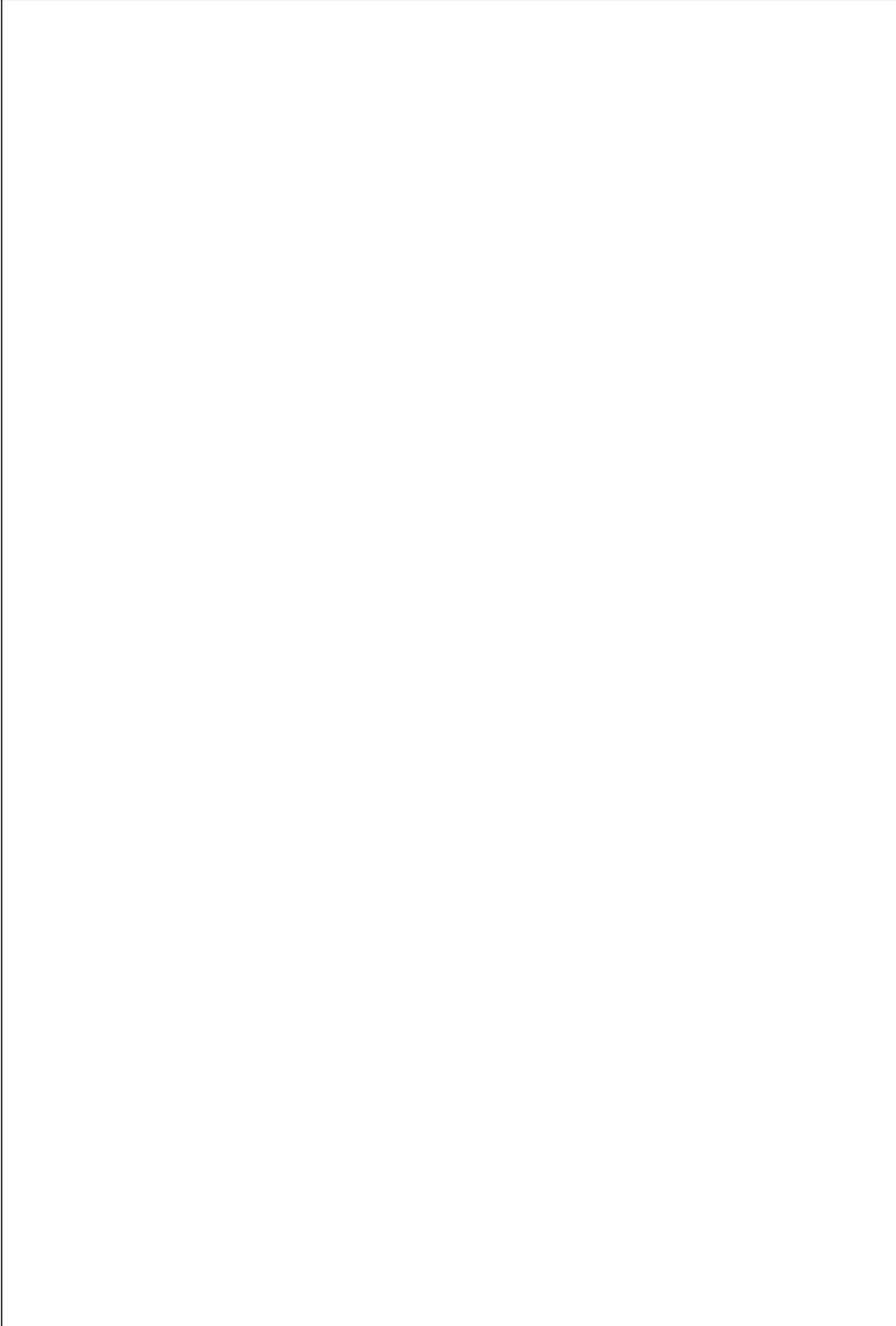


**Program Sustainability:** Please describe your school district’s strategy and efforts to make its School IPM program sustainable. **If you have a written sustainability plan, please attach it to this application.**

Questions to consider:

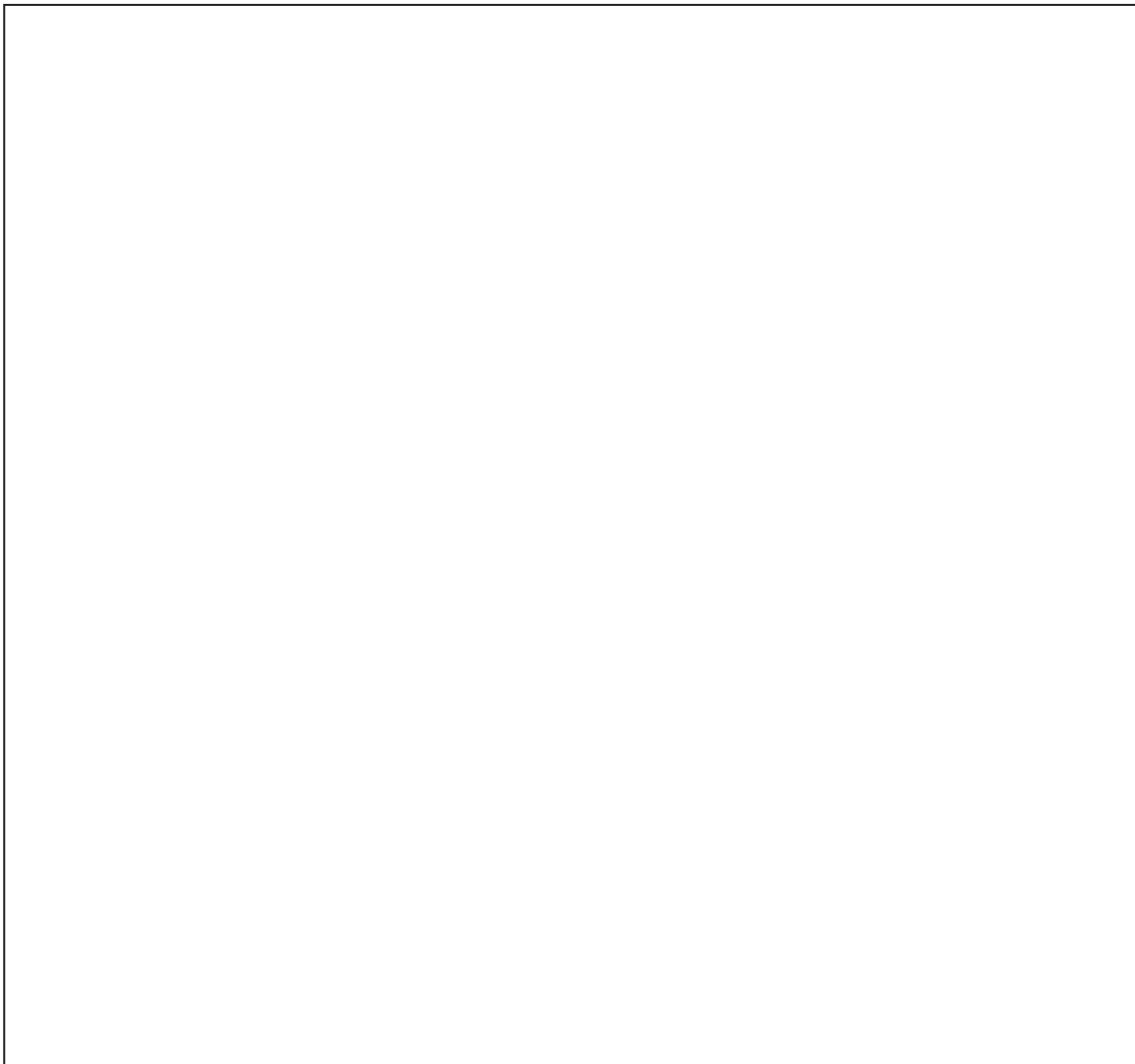
- Since winning the Excellence Award, what steps have you taken to put in place policies or procedures that ensure your IPM plan will be sustained on a long-term basis?
- How has the role of your IPM Coordinator/IPM Team changed over time? How have you ensured the continued buy-in from team members, decision-makers, staff, and the community over the years? How do you keep staff and others up-to-date on your program and changes in policies or procedures related to IPM?
- What steps have you taken to ensure that your IPM program maintains top-level administrative support? For example, how do you engage new system administrators about IPM issues and your IPM program? How have you used administrators as advocates for your IPM program?
- What obstacles have you encountered in advancing and sustaining your IPM program? What steps have you taken to address these obstacles? How has receiving a National Excellence Award helped you to advance your program and address challenges?
- How do you maintain awareness of and support for your IPM program now that it is established (and may be “old news”)? How has receiving a National Excellence Award helped you to raise and sustain program awareness?



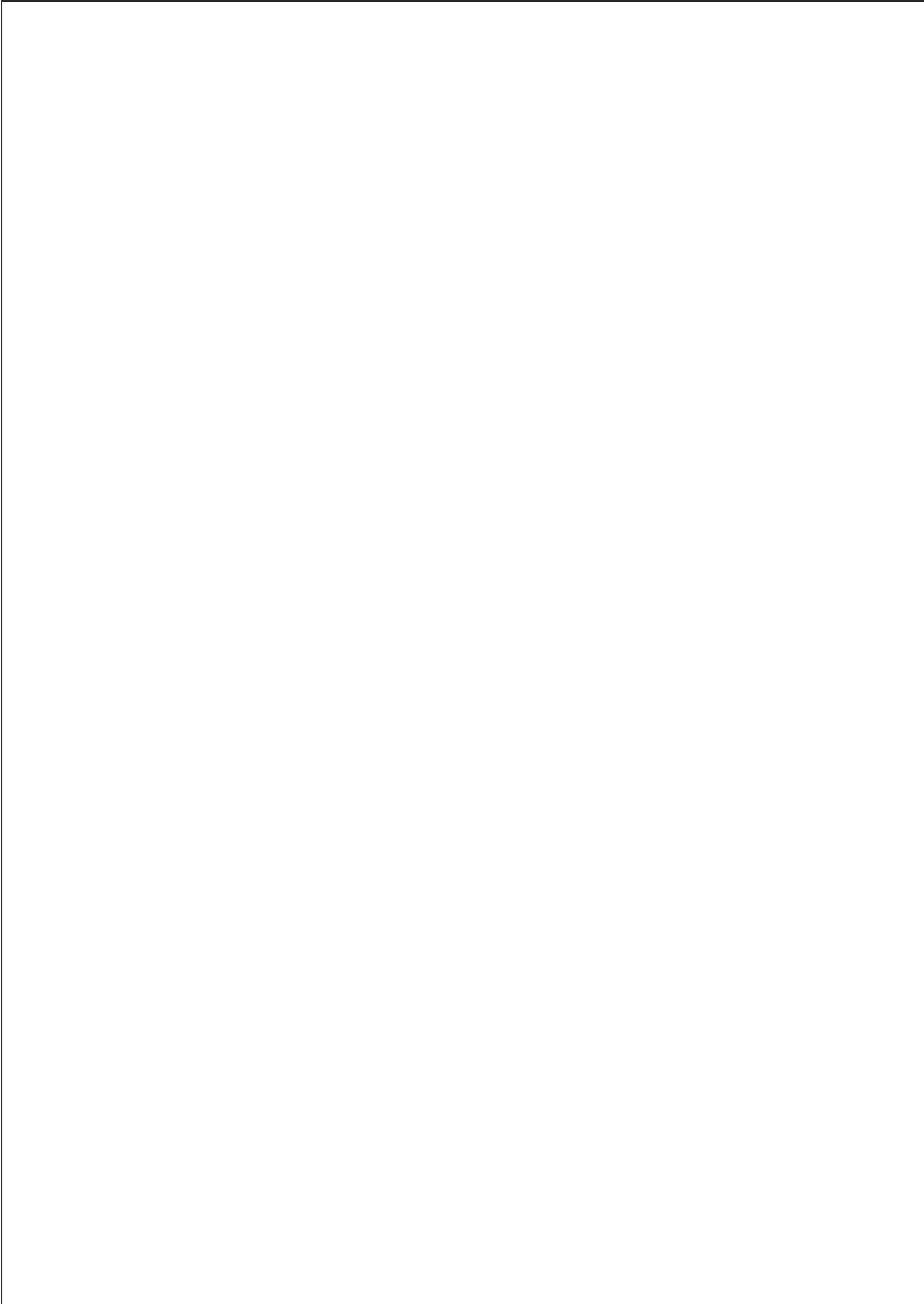


**Program Results:** Please provide documentation of the results your district has achieved using its School IPM program. Note that there are no quantitative requirements for success here; the intention in asking for documented results is to ensure that results are being collected. Possible items to document can include pest sightings, pesticide application changes, missed school days, asthma incidents, financial benefits, or any other quantities that can indicate IPM progress. **Please attach your documented results to this application.**

**Program Communication:** An effective communications strategy (both internal to the school system and external to the broader community) is a critical component of an effective, sustainable IPM program. In this section, describe how you communicate to your school community your IPM program's goals, outcomes, and improvements, paying particular attention to how your communications have changed as your program has matured. It is also important to describe how you have used effective communications to ensure continued support for your program and whether you have provided assistance to other school systems seeking to improve their IPM. **If you have a written communication plan, please attach it 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.

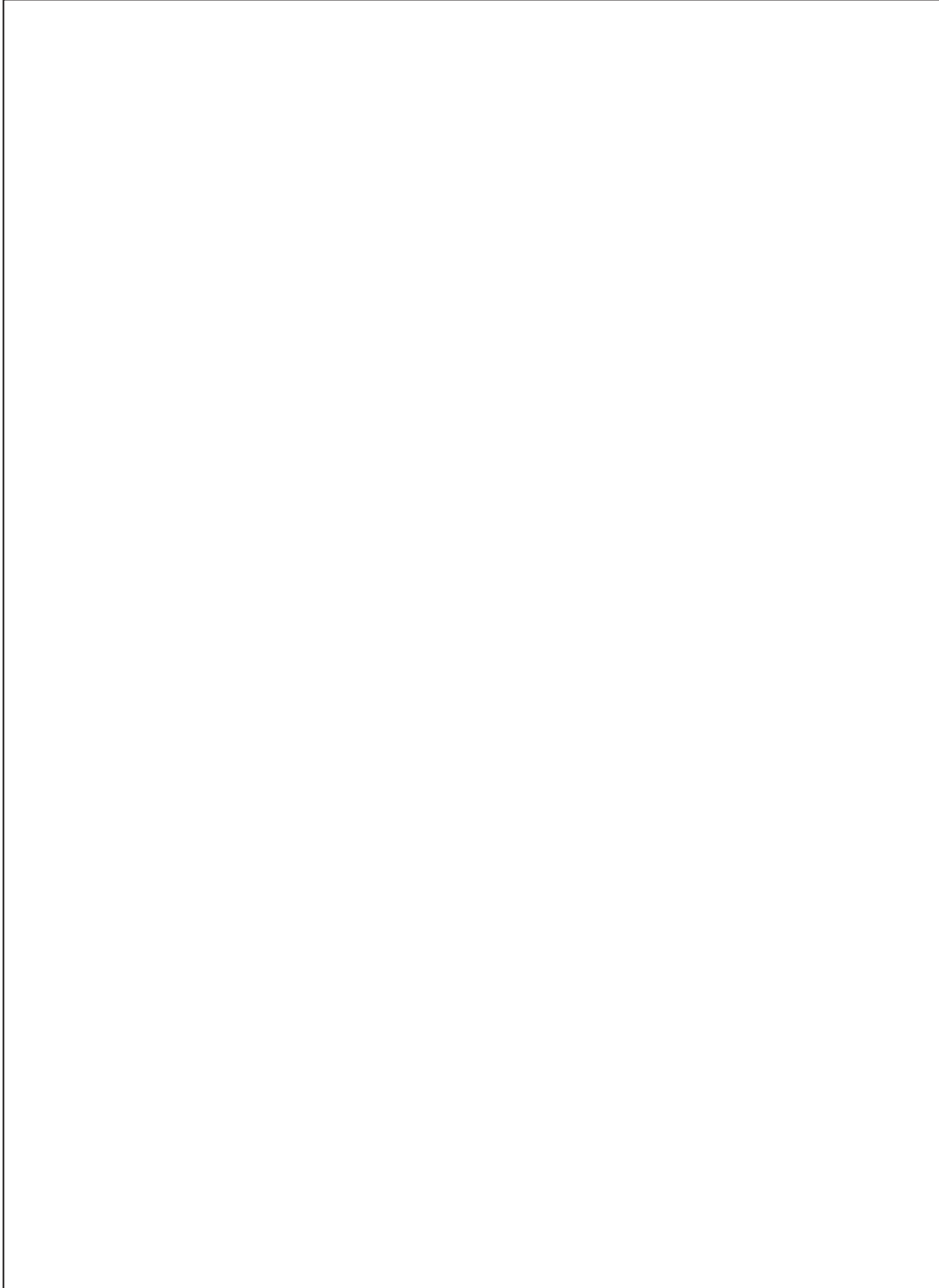
A large, empty rectangular box with a thin black border, intended for the user to provide a narrative about their district's Integrated Pest Management program.

TABLE FOR CONNECTOR AWARD FROM IPM INSTITUTE

| Respondent Paperwork Activity Category  | Description of Category (Specific task performed)                                                   | Job Title and Number of Employees Performing this Task | Average Time (in hours) Spent <u>by Each Employee</u> on this Task |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------|
| <i>Example: Gather information</i>      | <i>Request information from schools</i>                                                             | <i>IPM Coordinator, 1</i>                              | <i>1.5</i>                                                         |
| <i>Example: Gather information</i>      | <i>Gather requested information and submit to district</i>                                          | <i>Administrative assistant, 4</i>                     | <i>5.0</i>                                                         |
| <b>1. Read instructions</b>             | Read Application Guide and application for relevant Tier.                                           | <i>Project coordinator<br/>Director</i>                | <i>0.15<br/>0.15</i>                                               |
| <b>2. Plan activities</b>               | Plan gathering of information that will be submitted to EPA.                                        | <i>Project coordinator<br/>Director</i>                | <i>0.15<br/>0.15</i>                                               |
| <b>3. Gather information</b>            | Canvass / Contact personnel from schools within the district to gather information for application. | <i>Project coordinator<br/>Director</i>                | <i>2.0<br/>0.0</i>                                                 |
| <b>4. Compile and review</b>            | Assemble data, evaluate for accuracy, appropriateness, and completeness.                            | <i>Project coordinator<br/>Director</i>                | <i>6.0<br/>0.5</i>                                                 |
| <b>5. Complete and submit paperwork</b> | Complete all appropriate application documents and send to EPA.                                     | <i>Project coordinator<br/>Director</i>                | <i>4.0<br/>0.5</i>                                                 |
| <b>6. Store/Maintain data</b>           | File and maintain copies of materials submitted to EPA.                                             | <i>Project coordinator<br/>Director</i>                | <i>0.25<br/>0.0</i>                                                |

## School Integrated Pest Management Connector Award

The U.S. Environmental Protection Agency's (EPA) *School Integrated Pest Management (IPM) National Connector Award* is presented to individuals and organizations that have contributed to the adoption and use of IPM policies in school districts at the community, state, region, or national level. The Connector Award is one of five levels of IPM awards which the EPA presents to school districts or individuals. To find out which level of recognition is the best fit for your district, visit [\[insert website\]](#).

### Recipients of the *School IPM Connector Award* will receive:

- A "Connector for School IPM" certificate signed by an EPA official;
- Recognition on EPA's web site – [\[insert web site\]](#);
- Access to topical webinars, trainings, events and recognition and mentoring opportunities;
- Regular e-mail updates aimed at advancing your school IPM program.

### Eligibility

For an individual or organization to receive the Connector Award, the individual or organization must:

- Provide a detailed account of their actions contributing to school IPM, with documentation of efforts to assess the results of those actions;
- Describe how they communicated with relevant educational entities (schools, school districts, state boards of education, etc.) to facilitate their IPM efforts;
- Demonstrate how their efforts will result in sustainable changes;
- Provide documentation of an endorsement from at least one educational entity in order to verify the significance of their activities.

### How to Apply

Interested candidates should complete the attached **application** and submit the application by e-mail, U.S. Mail, facsimile or special delivery services (Federal Express, United Parcel Services, etc.).

#### E-mail:

ATTN: [\[insert email\]](#)

#### Facsimile:

ATTN: [\[insert facsimile\]](#)

#### U.S. Mail (or Special Delivery):

ATTN: [\[inset mailing address\]](#)

**Paperwork Reduction Action Notice:** The public reporting and record keeping burden for this collection is estimated to average about 14 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This is a voluntary collection. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB Control Number. The OMB Control Number of this collection is 2070-0200. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Director, Collection Strategies Division (Mail Code 2822T), U.S. Environmental Protection Agency, Washington, DC 20460. Include the OMS control number in any correspondence, but do not submit the form or report to this address. The form should be submitted in accordance with the instructions for the form.

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

Applications for the Connector Award for a given year should be submitted by November 1st. Awardees will be selected by the following January. For specific questions, contact the *SchoolIPM* Awards Coordinator at [insert contact information].

### Guidance for Completing the Connector Application

Clarification of the terms used in the attached application, guidance about how to get started with IPM in your school district, and an IPM self-assessment checklist can be found at [[insert website](#)].

## 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.

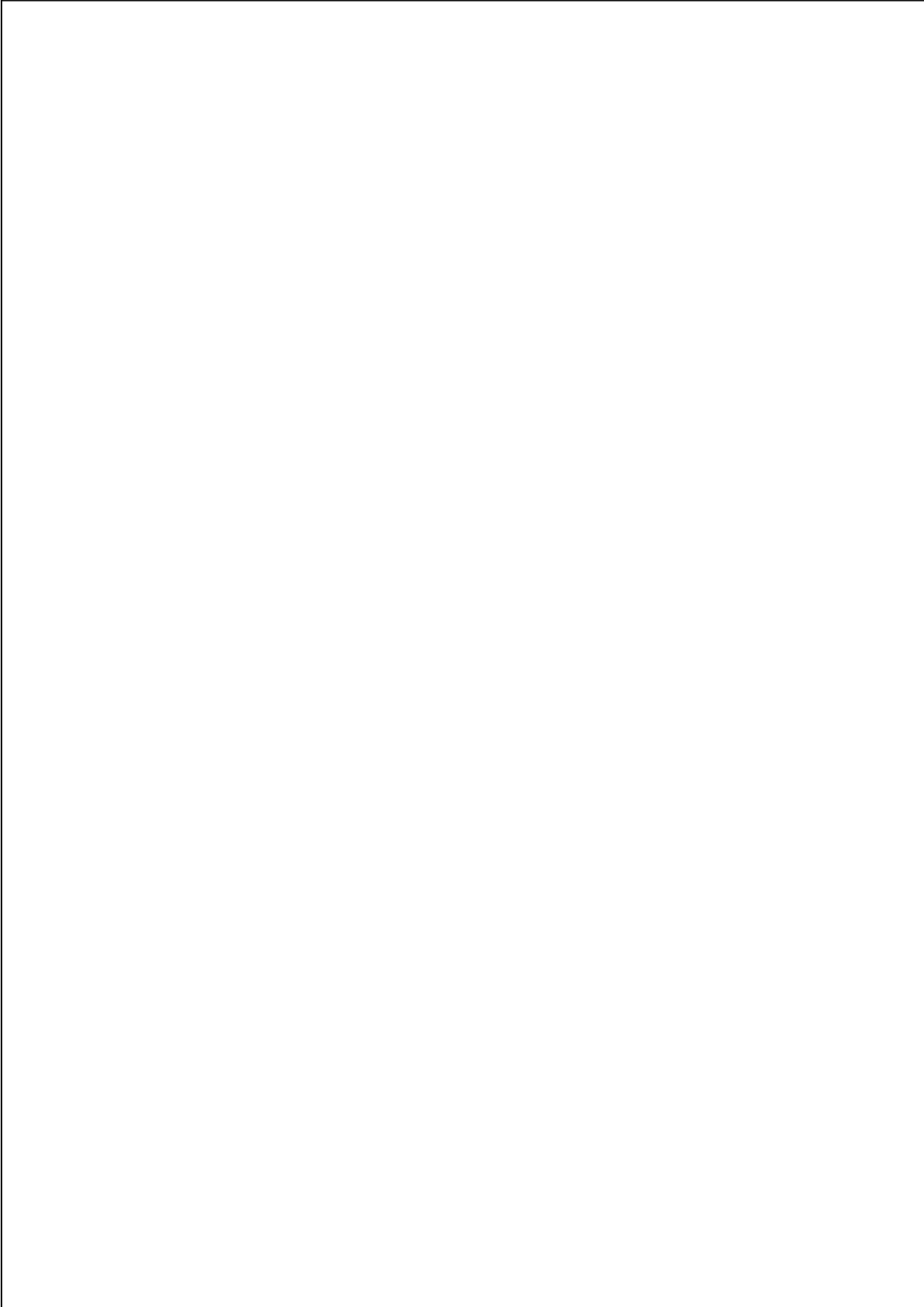
**The application is a fill-in form, which will allow you to type your answers directly into the form, save what you have filled in on your computer, and submit it electronically via e-mail.**

| <b>Contact Information</b>                                 |  |
|------------------------------------------------------------|--|
| Name (Individual or Organization)                          |  |
| Name of Key Contacts (if Organization)                     |  |
| Title                                                      |  |
| Department                                                 |  |
| Address                                                    |  |
| City, State, Zip Code                                      |  |
| Telephone                                                  |  |
| Fax Number                                                 |  |
| E-mail Address                                             |  |
| <b>Contact Information of Person Providing Endorsement</b> |  |
| Name                                                       |  |
| Title                                                      |  |
| Organization                                               |  |
| E-mail Address                                             |  |

## Your Contributions to School IPM

**IPM Actions:** Please provide a summary of your (or your organization's) efforts contributing to the adoption, implementation, and/or improvement of IPM practices in the educational setting.



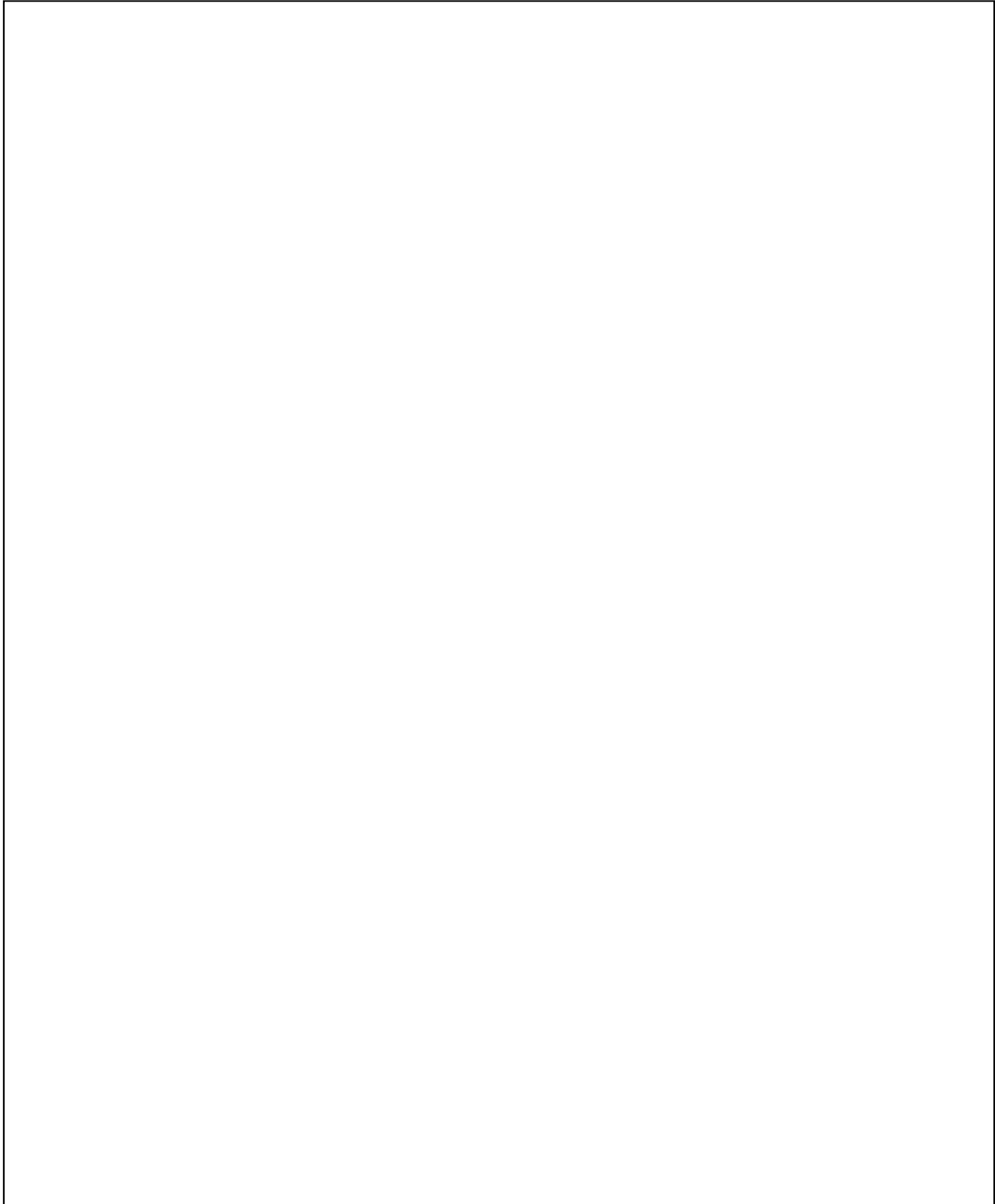


**Results:** Please describe how you or your organization measured the results of your efforts. Note that the nature of such results will vary widely depending on the nature of the actions taken.

**Please attach any relevant results to this application.**

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide details on how their organization measured the results of their efforts, as requested in the text above.

**Communication:** Please describe how you or your organization communicated with educational entities (schools, school districts, state boards of education, etc.) and other community members as part of your efforts toward advancing School IPM. **If you have a written communication plan, please attach it to this application.**

A large, empty rectangular box with a thin black border, intended for the applicant to provide details on their communication efforts with educational entities and community members.

**Sustainability:** Please describe how you or your organization has ensured or will ensure that the changes resulting from your efforts will be sustained in the future, or how you or your organization has maintained or will maintain your efforts in the future. **If you have a written sustainability plan, please attach it to this application.**

**Endorsement:** Please provide documentation of an endorsement from an educational entity involved with your efforts that verifies the significance of your IPM activities. This endorsement can come from any level of the educational system, but it should match the general level of your activities; if your work mostly was with individual schools or districts, an endorsement could come from a principal or superintendent, but if you worked on state policy issues, the endorsement should come from a state official or entity. The endorsement should be no more than one page single-spaced and should be placed on official letterhead. **Please attach your endorsement to this application.**