Common Milkweed Seed Request Form



1) General Proj	ect Information					
Project Name			Requested By			
Address/City			State/Zip			
Project Location	County:	Lat/Long:	Project Contact			
Is this project for: Environmental						
Other	Conservation Reserve Program	Wetland Quali Reserve Incen Program Progr	tives For Wile	dlife Stewardship		
Have you received assistance from:						
ОРНІ:	ODNR:	NRCS: USFWS-PF	W: PF/	QF: NWTF:		
Acres of Milkweed Seed Requested			Date Submitted	Requested Receive Date:		

To be completed by OPHI Steering Committee						
Request Status		Review Date		Assigned Partner		
Comments						

2) Stakeholder Information (Optional)					
Organization	Contact How will the organization benefit from this request?				

3) Project Scope

Project Description:			

While these seeds are free we ask that you <u>please consider donating to a small amount</u> to cover the cost of shipping and regular costs associated with the seed cleaning process.

Please us this address if you wish to send this application and/or a donation by mail:

Ohio Pollinator Habitat Initiative c/o Ella George P.O. Box 8. Monroe Falls, OH 44262

Email contact: ohiopollinator@gmail.com