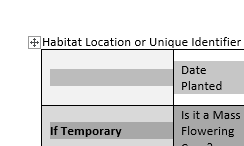
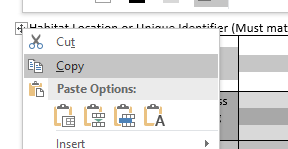
**This document contains copies of all tables used in the Bee Better Certified Plan Template. A completed Bee Better Certified Farm Plan must be submitted for application.**

Version 1.5 (September 2022)

**How to copy tables into your BBCP:**



Right click on the arrow cross in the upper left-hand corner of the table.



Click Copy



Place cursor where you want to add the table and right click. Paste “Keep Source Formatting”

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| **Table 1. PARCEL INFORMATION** | | | |
| **Parcel location name or code**: | **Parcel address (Street, City, Zip) or GPS coordinates:** | **County Assessor’s parcel number, Section/ Township/ Range, or other legal description:** | **Date parcel was bought, lease began, or became your responsibility:**  D  M  Y**\_\_\_\_\_\_** | |
| **Crop(s) grown:** | **Crop(s) bloom time:** | **Crops(s) harvest time:** | |
| **Crop acreage:** | **Permanent habitat acreage:** | **Temporary habitat acreage:** | |
| **Parcel location name or code**: | **Parcel address (Street, City, Zip) or GPS coordinates:** | **Legal description:** | **Date:**  D  M  Y**\_\_\_\_\_\_** | |
| **Crop(s) grown:** | **Crop(s) bloom time:** | **Crops(s) harvest time:** | |
| **Crop acreage:** | **Permanent habitat acreage:** | **Temporary habitat acreage:** | |
| **Parcel location name or code**: | **Parcel address (Street, City, Zip) or GPS coordinates:** | **Legal description:** | **Date:**  D  M  Y**\_\_\_\_\_\_** | |
| **Crop(s) grown:** | **Crop(s) bloom time:** | **Crops(s) harvest time:** | |
| **Crop acreage:** | **Permanent habitat acreage:** | **Temporary habitat acreage:** | |
| **Parcel location name or code**: | **Parcel address (Street, City, Zip) or GPS coordinates:** | **Legal description:** | **Date:**  D  M  Y**\_\_\_\_\_\_** | |
| **Crop(s) grown:** | **Crop(s) bloom time:** | **Crops(s) harvest time:** | |
| **Crop acreage:** | **Permanent habitat acreage:** | **Temporary habitat acreage:** | |
| **Parcel location name or code**: | **Parcel address (Street, City, Zip) or GPS coordinates:** | **Legal description:** | **Date:**  D  M  Y**\_\_\_\_\_\_** | |
| **Crop(s) grown:** | **Crop(s) bloom time:** | **Crops(s) harvest time:** | |
| **Crop acreage:** | **Permanent habitat acreage:** | **Temporary habitat acreage:** | |
| **Parcel location name or code**: | **Parcel address (Street, City, Zip) or GPS coordinates:** | **Legal description:** | **Date:**  D  M  Y**\_\_\_\_\_\_** | |
| **Crop(s) grown:** | **Crop(s) bloom time:** | **Crops(s) harvest time:** | |
| **Crop acreage:** | **Permanent habitat acreage:** | **Temporary habitat acreage:** | |
| **Parcel location name or code**: | **Parcel address (Street, City, Zip) or GPS coordinates:** | **Legal description:** | **Date:**  D  M  Y**\_\_\_\_\_\_** | |
| **Crop(s) grown:** | **Crop(s) bloom time:** | **Crops(s) harvest time:** | |
| **Crop acreage:** | **Permanent habitat acreage:** | **Temporary habitat acreage:** | |

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| **Table 2.1. TEMPORARY HABITAT** | | | | | |
| **Temporary Habitat Location/Unique Identifier (must match the map legend and BBCP Plant List):** | **Date Planted:** | **Number of Acres:** | **Does it contain native species?** | **Is the temporary habitat planted within crop production boundaries?** | **Is the temporary habitat a mass-flowering, pollinator-attracting crop?** |
|  |  |  | **Yes  No** | **Yes- identify crop:**  **No** | **Yes- identify crop:**  **No** |
|  |  |  | **Yes  No** | **Yes- identify crop:**  **No** | **Yes- identify crop:**  **No** |
|  |  |  | **Yes  No** | **Yes- identify crop:**  **No** | **Yes- identify crop:**  **No** |
|  |  |  | **Yes  No** | **Yes- identify crop:**  **No** | **Yes- identify crop:**  **No** |
|  |  |  | **Yes  No** | **Yes- identify crop:**  **No** | **Yes- identify crop:**  **No** |

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| **Table 2.2 PERMANENT HABITAT \_\_\_\_ of \_\_\_\_** | | | | | | | | | | | | | | | | |
| **Habitat Location or Unique Identifier (must match the map legend and Plant List):** | | | | |  | | | | | | | | **Acres:** |  | | |
| How many miles from the nearest certified crop field? | | | | |  | | Which is the nearest certified crop field? (must match parcel location name or code in Section 1) | | | | | |  | | | |
| **Date Planted:** | | | |  | | | **Habitat area is:**  Remnant/Mature  New | | | | | | | | | |
| **Buffers and Boundaries of this Permanent Habitat Location:** | | | | | | | | | | | | | | | | |
| Type of Adjoining Land Use: | N |  | | | | | Width and description of buffer: | | N |  | | | | | |
| E |  | | | | | E |  | | | | | |
| S |  | | | | | S |  | | | | | |
| W |  | | | | | W |  | | | | | |
| Type of Pesticide Application on Adjoining Land: | N |  | | | | | Spatial buffers only/no vegetative buffers are used for this habitat area  One or more vegetative buffers are in use for this habitat area and I confirm the following:  The vegetative buffers are designed to maximize drift capture, including ensuring optimal airflow.  The vegetative buffers utilized on my property are comprised of densely planted, small-needled evergreen species. See Appendix P.  The vegetative buffers utilized are designed to grow above spray release height. | | | | | | | | | |
| E |  | | | | |
| S |  | | | | |
| W |  | | | | |
| **Plant Species and Bloom of this Permanent Habitat Location:** | | | | | | | | | | | | | | | | |
| Number of native plant species present: | | |  | | | Number of non-native plant species present: |  | | | | Total number of plant species present: | | | |  | |
| Percentage of native species: | | | | |  | | Percentage pithy-stemmed or nest cell material species: | | | | |  | | | | |
| Total Abundance of Blooming Species: *(Abundant, Common, or Sparse)* | | | | Early |  | | Number of species blooming: | Early | | | |  | | | | |
| Mid |  | | Mid | | | |  | | | | |
| Late |  | | Late | | | |  | | | | |

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| **Table 2.3. NITROGUANIDINE NEONICOTINOIDS** | | | |
| **Year** | **Habitat Location or Unique Identifier (must match the map legend and Plant List):** | **Material Information** | |
| **Nitroguanidine Neonicotinoid Name/ Manufacturer.** | **Date Materials Applied** |
| Current year:  20\_\_ |  |  |  |
| Previous year:  20\_\_ |  |  |  |
| 2 years ago:  20\_\_ |  |  |  |

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| **Table 2.5. TOTAL HABITAT ACREAGE** | | | | | |
| **Total Production Acreage** | | **Permanent habitat** | | **Temporary habitat** | |
| Total production acreage of farm to be certified (not including any habitat) |  | Total acreage of permanent habitat (not including temporary or cropped acreage) |  | Total acreage of temporary habitat |  |
| Total acreage certified (including all permanent habitat and temporary habitat outside of certified crop fields) | | |  | | |

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| **Table 2.5. ACREAGE** | | |
| **Temporary habitat** | | |
| 1.Total temporary habitat acreage not within crop production boundaries: | 2.Total temporary habitat within crop production boundaries: | 3.Total temporary habitat acreage that is mass flowering crops: |
| **Total habitat percentages** | | |
| 4.Total crop production acreage of farm for certification: | | |
| 5.Total acreage of temporary habitat (add boxes 1,2 and 3 together): | 6.Percentage of production acreage in temporary habitat: | |
| 7.Total acreage of permanent habitat: | 8.Percentage of production acreage in permanent habitat: | |
| 9.Total percentage of production acreage in habitat: | | |
| **Total certified acreage** | | |
| 10.Actual acreage area for certification\* (add boxes 1,4 and 7 together): | | |

*\*Actual acreage area for certification does not include temporary habitat acreage that is mass flowering crops or located within crop production boundaries, since that area is already accounted for in the production acreage area.*

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| **Table 5.1. PEST OR DISEASES** | |
| **Crop(s) affected:** | **Pest or disease:** |
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| **Table 5.2. MONITORING PROTOCOLS** | | |
| **Pest(s) or disease(s):** | **Monitoring Protocols:** | **Method of Record Keeping:** |
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| **Table 5.3 NON-PESTICIDE PEST MANAGEMENT PRACTICES** | | | | |
| **Additional Preventive Practices (Physical, Cultural, Mechanical, or Biological)** | | | | |
| **Practice** | **Currently used?** | **Description of how practice *is* applied (where/when) including area affected (acres)** | **Target Pest(s)/Disease(s)** | **Description of how the practices *will be* applied (when/where) if not already** |
| Conservation cover (in perennial crop systems, maintain permanent ground covers of native grasses and forbs for weed control and natural enemy refuge) |  |  |  |  |
| Beetle banks (establish bunch grasses to promote predatory ground beetles) |  |  |  |  |
| Companion planting (plant species next to one another that enhance one another’s growth and protect on another from pests) |  |  |  |  |
| Intercropping (with crops that are attractive or useful to beneficial insects) |  |  |  |  |
| Timing of planting or harvest to avoid pest damage (including choice of crop maturity date)\* |  |  |  |  |
| Physical barriers (e.g., floating row covers, fruit bagging) |  |  |  |  |
| Mechanical pest removal (e.g., hand picking, vacuuming, or pure water sprays to remove pests) |  |  |  |  |
| Cultural practices to improve air flow (e.g., plant spacing, row orientation, pruning) \* |  |  |  |  |
| Trap cropping (note that flowering trap crops are not permitted to be sprayed during bloom) |  |  |  |  |
| Crop rotation \* |  |  |  |  |
| Use of resistant varieties (for insect pest and disease control)†\* |  |  |  |  |
| Use of cover crops, green manures, and composts (for improved soil fertility) |  |  |  |  |
| Mating disruption (including use of pheromone traps for pest reduction) |  |  |  |  |
| Mulching, hand weeding, mechanical weeding, or grazing (for weed control) |  |  |  |  |
| Mulching plant material (for disease control) \* |  |  |  |  |
| Sanitation – removal of debris/infested plant material \* |  |  |  |  |
| Sanitation - equipment \* |  |  |  |  |
| Eliminate alternate hosts or sites for pests and disease \* |  |  |  |  |
| Soil solarization (for nematodes, soil borne diseases, or weed seeds) |  |  |  |  |
| Strip cropping (to disrupt pest movement) |  |  |  |  |
| Late water (cranberries) \* |  |  |  |  |
| Other (please describe) |  |  |  |  |
| **Additional Preventive Practices (Physical, Cultural, Mechanical, or Biological)** |  |  |  |  |

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| **Table 6.1. PESTICIDE JUSTIFICATION THRESHOLDS** | | | | |
| **Crop(s) affected** | **Pest or disease** | **Action threshold (e.g. # eggs/plant)** | **Threshold source (example: State Extension)** | **Monitoring Time of Year and Frequency (e.g. daily, weekly, etc.)** |
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