

PLANTING PLAN
FOR
FIELD PLANTINGS AND CONSERVATION FIELD TRIALS

PLANTING NUMBER (PLANT MATERIALS SPECIALIST ASSIGNS) _____
COOPERATOR _____ FIELD OFFICE _____
STATE _____ COUNTY _____ MLRA _____ ACRES _____
PURPOSE _____
SOIL _____ TEXTURE _____ DRAIN.CLASS _____
SLOPE _____ ASPECT _____ ELEVATION _____
GPS COORDINATES _____
PROPOSED PLANTING DATES _____

	COMMON NAME	CULTIVAR NAME	ACCESSION NUMBER	PLANTING RATE	LBS/NO NEEDED	TO BE SUPPLIED BY
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____	_____

ATTACH ADDITIONAL PAGE IF NEEDED FOR MORE SPECIES/CULTIVARS ACCESSIONS

SITE HISTORY PREVIOUS TWO YEARS:

20. _____
20. _____

PLANTING PREP NEEDED: _____ WHEN/WHO _____
_____ WHEN/WHO _____
_____ WHEN/WHO _____

PLANTING METHOD TO BE USED: _____ WHO _____

MATERIALS NEEDED:	RATE/ACRE:	WHO?:
LIME _____	_____	_____
FERTILIZER _____	_____	_____
HERBICIDE _____	_____	_____
MULCH _____	_____	_____
OTHER _____	_____	_____

POST PLANTING CULTURAL MEASURES NEEDED: _____ WHO? _____
_____ WHO? _____
_____ WHO? _____

DOES COOPERATOR UNDERSTAND PURPOSE OF PLANTING? (Y/N)_____

DOES COOPERATOR UNDERSTAND (AND HAVE THE RESOURCES FOR) CULTURAL PRACTICES NEEDED?_____WHAT CANNOT BE PROVIDED BY COOPERATOR?

DOES THE SITE HAVE VISIBILITY FROM PUBLIC ROADS? _____
DOES IT HAVE VEHICLE ACCESS LIMITATIONS? _____

TO BE GRAZED OR HARVESTED BY COOPERATOR? (Y/N)_____ WHEN? _____
HOW? _____

IS SITE SEPARATED BY FENCE? _____

DOES COOPERATOR AGREE TO ALLOW NRCS/DISTRICT ACCESS FOR DATA COLLECTION AND DEMONSTRATIONS? _____ LIMITATIONS? _____

DOES COOPERATOR NEED ASSISTANCE WITH PLANTING? _____
WILL NRCS/DISTRICT PERSONNEL ASSIST WITH PLANTING? _____
WILL FOLLOWUP ASSISTANCE BE PROVIDED? _____

COMMENTS: _____

SUBMITTED BY: _____ USDA-NRCS DATE _____

COOPERATOR _____ DATE _____

APPROVED (SCD) _____ DATE _____

ACCEPTED (PM COMMITTEE) _____ DATE _____

APPROVED (PMS) _____ DATE _____