



Connecting People,
Pollinators and Places

Bee City School/Campus Application Form

(School/College/University/Educational Institution)

(Province/Territory)

A) School Information:

School/College/University/Educational Institution_____

Address_____

City/First Nation_____ Province/Territory_____

Postal Code_____ Phone_____

B) Applicant Information:

Name_____ Position_____

Email_____ Phone_____

C) Becoming a Bee School/Campus

Briefly summarize why your school/campus/educational institution should become a Bee City School/Campus (add/remove lines as needed).

D) Commitments and Actions

In order to enhance the understanding of the students and staff about the vital role that pollinators play and what each of us can do to sustain them, the applicant agrees to meet the following commitments required of all Bee City Schools/Campuses:

1. **Adopt this Bee City Canada Resolution.**
2. **Create a Bee City Working Group**, the team which will be responsible for the Bee City program at your school/campus. We recommend a committee of at least two teachers/instructors and two students as well as parent(s) and caretaking/facilities staff, when possible. Expand table to add more rows, as needed.

Name	Role	Email address

3. **Develop a Pollinator Habitat Action Plan:** Outline any initiatives which aim to improve, maintain or create new habitat for pollinators. Examples could include planting a locally native pollinator garden at your school or in the local community. Describe your plans for habitat and include a plant list, if possible.

E) Other Requirements

1. Publicly acknowledge receiving your Bee City designation through your website, social media and by displaying Bee City Canada signage in a prominent location.
2. Annually apply to renew your Bee City designation. A renewal application will be sent to you.

F) Resolution and Signature

WHEREAS the goal of Bee City Canada is to promote healthy, sustainable habitats and communities for pollinators;

THAT bees and other pollinators around the globe have experienced dramatic declines due to land fragmentation, habitat loss, use of pesticides, industrialized agriculture, climate change and the spread of pests and diseases, with serious implications for the future health of flora and fauna; and

THAT schools, colleges, universities and learning institutions have the opportunity to take actions to support pollinators by creating healthy habitats within their grounds and the broader community; and

THAT supporting pollinators fosters environmental awareness and sustainability, and increases interactions and engagement among school/campus community stewards; and

THAT staff be authorized to submit the Bee City Canada Application to designate (school/college/university/learning institution) as a Bee City School/Campus; and

NOW, THEREFORE, BE IT RESOLVED:

THAT (school/college/university/learning institution) accepts the designation and commits to the standards of the Bee City Canada Program.

Read, approved and adopted this

_____ day of _____, 20_____.

Signature of Principal/President/Official: _____

Please print Principal/President/Official's name: _____

Submitted by: _____ **Date:** _____

G) Requested Attachments

With your completed application, please provide:

1. Your school/college/university/institution logo (in png format) and usage guidelines.
2. (optional) One or more photos representing your school/college/university/institution for use on the Bee City Canada website and social media platforms.

Send your completed application to: applications@beecitycanada.org.