TRIBAL PESTICIDE PROGRAM COUNCIL

POLLINATOR PROTECTION WORK GROUP

Pollinator Protection Needs Assessment

Pollinators are diverse and can be bees, bats, flies, wasps, hornets, moths, birds, butterflies, slugs, beetles, etc. Basically, any insect or animal that has a plant it relies upon and can move pollen from one plant to another.

The following questions are to ascertain what needs you may have for your community regarding understanding pollinators and how the TPPC can provide assistance. Some of them are yes/no, but others ask for specific information. Please try to be as thorough and concise as possible. Your participation is truly appreciated.

1. **What concerns does your community have related to pollinators? Choose all that apply.**
   - ☐ Insect stings (bees/hornets/wasps)
   - ☐ Structural damage (carpenter bees)
   - ☐ Pesticide exposures
   - ☐ Identification information of the various pollinators
   - ☐ Habitat destruction, if checked, please describe the type of destruction: _____
   - ☐ Habitat restoration, if checked, please describe restoration work being referenced: _____
   - ☐ Loss of native food plants. If checked, when do you/your community last remember seeing these plants? ☐ 2000's ☐ 1990's ☐ 1980's ☐ 1970's ☐ 1960's ☐ 1950's ☐ Earlier, please estimate date _____.
   - ☐ Loss of important non-food plants used for ceremony, medicine, etc. If checked, when do you/your community last remember seeing these plants? ☐ 2000's ☐ 1990's ☐ 1980's ☐ 1970's ☐ 1960's ☐ 1950's ☐ Earlier, please estimate date _____.
   - ☐ Endangered/imperiled pollinator species/locally extinct species. If checked, can you name the pollinator? _____. When was the last time you remember seeing it? ☐ 2000's ☐ 1990's ☐ 1980's ☐ 1970's ☐ 1960's ☐ 1950's ☐ Earlier, please estimate date _____.
   - ☐ Vegetation treatments. If checked, can you provide what type of vegetation treatments? ☐ conversion of lands ☐ timber harvest treatments ☐ Other Please specify _____.
   - ☐ Seed collection of pollinator plants
   - ☐ Propagation of potential pollinator plants. Such as making them pest resistant? ☐ Yes ☐ No ☐ Other _____

- ☐ Handling/Preparation of seeds of potential pollinator plants. Such as seed coating with pesticides? ☐ Yes ☐ No ☐ Other _____
- ☐ Other concerns not noted? _____
  _____

2. **What topics would you like the TPPC to provide training and/or materials on? Check all that apply.**
   - ☐ Different types of pollinators and/or pollinator guides
   - ☐ Plants for pollinator gardens
   - ☐ Safety guide for plants and interactions, i.e. poisonous v non-poisonous
   - ☐ Pesticides to use around pollinators. ☐ Organic ☐ Approved
   - ☐ Alternatives to pesticides
   - ☐ Management Methods (i.e. "pull" plantings, bio-control agents, birds, bats, wasps, flower flies, etc.
   - ☐ Burning regimes (i.e. Tribally prescribed fire)
   - ☐ Education materials ☐ Youth ☐ Schools ☐ Homes ☐ Other
   - ☐ Webinars, please specify if possible: _____
   - ☐ Other (please describe) _____

3. **What is the most effective delivery method for training and materials?**
   - ☐ Webinars
   - ☐ Available web/phone applications for identifying pollinators (such as iNaturalist, Merlin Bird, Picture This)
   - ☐ Communication support ☐ listserv (email/mailing list) ☐ social media ☐ On-site vegetation treatments (sustainable neighborhood) ☐ Other
   - ☐ In person training

4. **What does you/your community have in place regarding local pollinators? Check all that apply.**

   - ☐ Master Gardener/Chapter in the Community ☐ Yes ☐ No ☐ Not Sure
   - ☐ Local beekeeper association in the Community? ☐ Yes ☐ No ☐ Not Sure
   - ☐ Community pollinator program in place? ☐ Yes or ☐ No ☐ Not Sure
   - ☐ Commercial honeybees
   - ☐ Managed non-honeybees (like non-native alfalfa leaf cutter bees)?
   - ☐ Manage native bees (like Alkali bees, Mason bees, bumble bees)?
   - ☐ Pollinator education in schools
   - ☐ Pollinator gardens.
   - ☐ Other designated pollinator areas, specify _____
   - ☐ If not, are you interested in building a program? ☐ Yes ☐ No

5. **What are your resource obstacles? Check all that apply.**
   - ☐ Resources: ☐ People ☐ Funding ☐ Space
   - ☐ Knowledge/Education (on habitat needs)
   - ☐ Time
   - ☐ Technical assistance
   - ☐ Access
   - ☐ Other _____

6. **Other topics not mentioned. Please specify.**

   _____

   _____

Optional - Location (choose one): ☐ State _____ ☐ Tribe _____
☐ EPA Region _____

Thank you for your time. The feedback we receive can help the Tribal Pesticide Program better serve its Tribal Communities.