

LSU Coastal Roots: Preparing for a Restoration Trip

Reserving the DATE for Your Restoration Trip

Restoration trip dates are reserved on a first-submitted, first reserved basis. Choice dates fill quickly. **Registration opens AUGUST 18, 2014.** To ensure fairness in this process, registration forms will not be accepted before this date. To reserve your date, *complete* page 2 of this document and email or fax it to Pam. She will confirm receipt of the form, contact your restoration partner to set the date, and then confirm the chosen date with you and your restoration partner. This process can take as long as two weeks – sometimes longer depending on Pam’s LSU responsibilities.

Start time

Restoration sites have been advised that schools will arrive at the site around 10 a.m. If your school day starts early and you want to arrive earlier than 10:00 a.m., please tell Dr. Blanchard so that the restoration site manager can be alerted. Planting takes about 2-2½ hours. You are welcome to contact the site manager to arrange additional time to tour the site, participate in an additional educational activity, and/or to have a picnic lunch at the site.

Permission Slips

Please use your normal school permission slip for field trips. You will retain these forms.

Photo Releases *New photo releases are required each year.*

Please include all signed photo releases (page 3) for your students in the **CR Restoration Planting Folder** that will be mailed to you and give it to Pam on the day of your restoration trip. Also complete the list of students NOT allowed to appear in photos on the Summary Sheet (page 4). Photo releases will be retained by LSU. Having your folder ready to hand to Pam with everything in it will facilitate the process of clearing photos for use in newspaper releases and on the CR website, newsletters, journal articles, and other related materials.

TIP: If you have more than one student that cannot be photographed, **please assign them to the same planting team(s)** so that we can easily separate photos with these students in them for publication purposes. We will still take pictures of these students, but will not use these students’ pictures in publications.

Adult/Parent Chaperones

Proper adult supervision is required for safety. We strongly advise you to solicit parent chaperones for the day of the trip. Because parking is often very limited at restoration sites, please encourage your chaperones to carpool. Elementary level, a ratio of **1 chaperone to 6-8 students** is desirable. At the middle/high school level, a ratio of **1 chaperone to 10-12 students** is adequate. You might want to have a list of chaperones’ cell phone numbers compiled prior to leaving your school campus and have them handy during your trip.

Prior to the Restoration Trip Day

- Prep your seedlings.** Consolidate your seedlings onto the fewest number of trays in the can yard. Trim roots hanging out of the bottom of the yellow cells with scissors or garden clippers. Be sure to keep you trees well-watered prior to the planting day to reduce wilting.
- Create planting teams.** **Create planting teams of 3-4 students prior to your trip.** There are a number of duties that will be shared by the team members, including: shovel/dibble master (digs); plant wrangler (carries seedlings and properly places them in the hole), quality control expert (monitors spacing, depth, etc.) and growth booster (adds fertilizer when required). It is best to allow the students to alternate positions as they plant and so that each students has a chance to do each job. **When students get off the buses at the site, please have them stand in their restoration teams.** We have approximately 40 dibles for your students to use. CR staff will bring the shovels, dibles, plant bags, and fertilizer. We will also show students how to plant once we are at the site.
- Review information on your tree/grass species with your students.** Students will likely be interviewed by media or other observers at the planting. It would be wise to review with students what type of tree/grass they are growing in their can yards and why it is needed at the site. Check the LSU Coastal Roots website for information on each of the plants that are being planted this year. A one-page description is available for most plant species, see <http://coastalroots.lsu.edu/Nlrestplants.html>
- Line up coolers for student lunches/drinks.** Many schools plan a picnic lunch on the day of their restoration trip. Please make sure students have adequate water available during the day.
- Restroom availability.** Restrooms are not generally available or very close to planting sites. Be sure you have adequate chaperones on hand in the case that students need to be driven/escorted to the restrooms.
- Complete CR Restoration Planting Folder.** You will be mailed a Restoration Planting Folder that will contain a Summary Sheet (page 4 of this packet). Please make sure this if filled out accurately with counts of the seedlings (by species), participants (students, teachers, chaperones), and a list students we are not permitted to photograph. Pam does not have time to count seedlings or to write these things down... so your help with this is greatly appreciated! Please place all the Photo Release Forms (alphabetical order with staples removed) and Bus Reimbursement Forms in your folder. This is an important part of our record keeping and having all of this information in one place will help us immensely!
Bus reimbursement materials (all four pages) should be complete on the day of your trip and in the folder you give to Pam!

Checklist of materials to bring on your CR Restoration Trip:

Teachers:

- | | |
|--|--|
| <input type="checkbox"/> school permission slips (you retain these) | <input type="checkbox"/> digital camera, cell phone, emergency phone # |
| <input type="checkbox"/> CR Restoration Planting Folder, including photo releases (page 3), trip summary (page 4) and bus reimbursement forms (page 5&6) | <input type="checkbox"/> hand wipes/water for washing hands |
| | <input type="checkbox"/> garbage bags (for muddy shoes, trash, etc.) |
| | <input type="checkbox"/> first-aid kit, toilet paper, bug spray, sunscreen |

Students:

- | | | | |
|-------------------------------------|--------------------------------|---|--|
| <input type="checkbox"/> sack lunch | <input type="checkbox"/> water | <input type="checkbox"/> bug spray, sunscreen | <input type="checkbox"/> boots/extra pair of shoes and socks |
|-------------------------------------|--------------------------------|---|--|



LSU School

Coastal Roots: Restoration Trip Reservation

School:		Cell PH:	
Teacher(s):		Email:	

Restoration Date Choices

Please see calendar to the right for available dates.

1st Choice	2nd Choice

Trip information

Planned arrival time at the restoration site is: _____ 10:00 ____ AM PM

Approx. number of school buses: _____

Approx. number of automobiles: _____

Please encourage chaperones to carpool!

Plant species	Plant Count # of yellow cells

- Yes. We would like to have 1 or 2 teams of students try to locate last year's GPS tagged seedlings.
- No. We only want to GPS tag this year's seedlings.
- No. We only want to plant this year's seedlings.

Students	Number Attending <i>(estimated)</i>
Students Grade: _____	
Students Grade: _____	
Students Grade: _____	
Teachers	
Adult Chaperones	

Assignment of restoration dates is on a first-submitted, first-reserved basis.

Teacher Signature: _____

Date Submitted: _____

Please return this completed form by fax to (225) 578-9135 or by email to <PamB@lsu.edu>. You will receive a confirmation fax or email that we have received your reservation form.

If you do NOT get a confirmation from Pam within TWO DAYS of faxing this form, please call [337/ 739-8506] or email her.

Restoration Planting Calendar

2014

SEPTEMBER

grasses only

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

OCTOBER

grasses before 10/17; trees after

S	M	T	W	TH	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

NOVEMBER

trees only

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23/30	24	25	26	27	28	29

DECEMBER

trees only

S	M	T	W	TH	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

2015

JANUARY

trees only

S	M	T	W	TH	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY

trees only

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

MARCH

trees before 3/14; grasses after

S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

APRIL

grasses only

S	M	T	W	TH	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

MAY

grasses only

S	M	T	W	TH	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

KEY

- available
- unavailable
- confirmed
- CR exhibit
- pending
- CR Winter Workshop
- Nursery visit!

As of January 22, 2015

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Student Name _____

last name, first name

School _____

Date _____

LSU Coastal Roots Program Photo Release Form

Students over the age of 18 may sign for themselves; students under 18 must have this release form also signed by a parent or guardian.

I give permission, without restriction, to Louisiana State University to use the name, photographs, audio clips, video clips, writing samples, quotes and artwork (and/or any copies of such), of/from myself or my child.

I grant the right to use these materials, name of myself/child/dependent, and the name of my child's school for educational and promotional use, as directed by the LSU Coastal Roots staff in relation to the LSU Coastal Roots Seedling Nursery Program, without payment or remuneration for any appearances, use or displays. I acknowledge the Louisiana State University's right to crop or treat the display of such images, audio, video, writing, quotes and artwork at its discretion. I understand that these materials may be used in printed and Internet publications and presentations, and that these materials may also be given to news media and other organizations for educational or promotional purposes. Only your child's first name and school will be used on Internet pages.



CHECK ONLY ONE

_____ **I give my permission** for the use of my child's photograph, audio clip, video clip, writing, artwork or quote in printed, Internet and/or news media publications. I understand that signing this release does not guarantee use or publication of the photograph, audio clip, video clip, writing, artwork or quote (as outlined above). I understand I may change or withdraw this release/consent at any time by contacting Louisiana State University, in writing, at the address listed below.

_____ **I do not give permission** for my child's photograph, audio clip, video clip, writing, artwork or quote to be used by the LSU Coastal Roots Program.

Printed Name of Student					
Signature of Student					
Printed Name of Parent/Guardian <i>(required for all students)</i>					
Signature of Parent/Guardian <i>(not required for students over the age of 18)</i>					
Student's home telephone number		Birth Date of Student		Grade	
Address of Student <i>(number, street, city, state, zip)</i>					

Questions: Dr. Pam Blanchard, LSU School of Education
223 Peabody Hall, Baton Rouge, LA 70803 Phone: 225/ 578-2297 Fax: 225/ 578-9135.

Restoration Planting Summary



School:	
Teacher(s):	
Restoration Date:	
Location:	

For the sake of our CR records, please be as accurate as possible with reporting.

Plant species	Official Plant Count <small># of yellow cells</small>

Students	Number Attending <small>(actual number)</small>
Students Grade: _____	
Students Grade: _____	
Students Grade: _____	
Teachers	
Adult Chaperones <small>Suggestion: 1 chaperone for every 8 to 10 students</small>	

----- NO PHOTO RELEASE PERMISSION -----

YES! All students have turned in their photo releases **and** can have their photos taken!

Please list ALL students whose parents have NOT given permission for them to appear in photos or speak with media. Also list students who do NOT have their permission forms signed.

Once completed please place this form along with all signed photo release forms and bus reimbursement forms in the CR Restoration Planting Folder and return to Pam on the day of the restoration planting.

Thank you for your hard work and for making this trip a great learning experience for your students!

School letterhead

INVOICE

TO	Dr. Pam Blanchard Director, LSU Coastal Roots Program LSU School of Education 223-E Peabody Hall Baton Rouge, LA 70803	FAX	225/ 578-9135
FROM			
DATE			
RE	INVOICE for Bus Expense for LSU Coastal Roots Restoration Trip		

Restoration Partner Site:	
Date of Restoration Trip:	

	Amount
Bus rental fee and related expenses	\$300
TOTAL BALANCE	\$300

This invoice signifies that our school participated in a 2013-14 restoration trip as part of our participation in the LSU Coastal Roots Program. I understand that this invoice cannot be paid until Dr. Blanchard receives an invoice on school letterhead in an amount of \$300, a list of student names who participated in the trip, proof of insurance for the bus(es), and a completed W-9 form.

_____ date
signature of school representative

_____ position
printed name of school representative

In order to process the Bus Reimbursement LSU will need:

1. Invoice on our school's letterhead (template above)
2. W-9 (if not already on file with Coastal Roots) (form on page 6)
3. Student List(s)
4. Proof of bus insurance (Certificate of Liability or LA Auto Insurance form)

Please hand these materials to Pam on the day of the restoration trip in the Restoration Planting Folder.
If you are unable to submit them the day of the planting trip, they can also be faxed to Dr. Blanchard's attention at 225/ 578-9135, or mailed to Dr. Pam Blanchard, LSU School of Education, LSU Coastal Roots Program, 223-E Peabody Hall, Baton Rouge, LA 70803.

LSU Coastal Roots Restoration Information 2014-15
BUS REIMBURSEMENT FORM [W-9]. All 4 pieces of information are due the day of the restoration trip!

Form W-9 (Rev. December 2011) Department of the Treasury Internal Revenue Service	<h3 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h3>	Give Form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee	
	<input type="checkbox"/> Other (see Instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		
Part I Taxpayer Identification Number (TIN)		
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.		
Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.		Social security number [] - [] - []
		Employer identification number [] - []
Part II Certification		
Under penalties of perjury, I certify that:		
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and		
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and		
3. I am a U.S. citizen or other U.S. person (defined below).		
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.		
Sign Here	Signature of U.S. person ▶	Date ▶

LSU is now requiring the contact information for the person who signs this form. Please provide this information:

Person who provided the W-9: _____

Position at school: _____

Contact Phone: _____ **Contact Email** _____

Available for download at <http://www.irs.gov/pub/irs-pdf/fw9.pdf>