



## LONG ISLAND GOLD MEDAL PLANT AWARD

### **ENTRY FORM**

Any organization or person is encouraged to submit a plant for consideration. The award is made to a plant, not to the nominator. Plants must be exceptional and underutilized. Entries should be:

- In any plant category - shrubs, trees, perennials, ground covers, grasses, etc.
- Species or cultivars that are currently underutilized for ornamental purposes.
- New hybrids, selections, introductions, or natives to Long Island.
- Hardy on part of Long Island (preferably hardy on all of Long Island).
- In active production (*preference given to Long Island grown plants*).

The information on this application will be used for evaluation and as the source for publicity of selected plants.

### **SCHEDULE**

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September 20	Deadline to submit entry form
January	Evaluators review entries and select plants
Summer	Evaluators meet to make final selections. Announcement of winners made.

### **INFORMATION WE NEED**

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A plant can not be considered unless this form is filled out completely. You also can attach additional pages with more information. If you have questions, please email Vincent Simeone at Vincent.Simeone@parks.ny.gov. Email completed forms to Vincent.Simeone@parks.ny.gov.

### **PHOTO DOCUMENTATION**

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Photos are very valuable in the selection process. We would like to see digital images that show:

- The whole plant
- Close-ups (details) showing qualities that would make this plant a winner
- Seasonal changes
- Any other photos you think would help our selection process.

## NOMENCLATURE

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Botanical Name of Entry: \_\_\_\_\_

Common Name(s): \_\_\_\_\_

Trademark (if applicable): \_\_\_\_\_

Plant Patent (if applicable - include patent #): \_\_\_\_\_

Authority with which the cultivar name is registered: \_\_\_\_\_

Name of plant introducer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

## ORNAMENTAL CHARACTERISTICS

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FOLIAGE:  Evergreen  Deciduous

SEASONAL COLOR: Spring: \_\_\_\_\_

Summer: \_\_\_\_\_

Fall: \_\_\_\_\_

Winter: \_\_\_\_\_

FLOWERS: Color: \_\_\_\_\_

Dates of best color: \_\_\_\_\_

Dates of bloom: \_\_\_\_\_

FRUIT: Color: \_\_\_\_\_

Dates of best color: \_\_\_\_\_

Persists how long? \_\_\_\_\_

Do birds/wildlife eat it, etc.?  Yes  No

OTHER: Bark Characteristics: \_\_\_\_\_

\_\_\_\_\_

Winter Interest: \_\_\_\_\_

\_\_\_\_\_

Habit: \_\_\_\_\_

Other (describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CULTURAL INFORMATION

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USDA Hardiness Zone: \_\_\_\_\_ Suggested Micro-Climate: \_\_\_\_\_

- |                                   |                                |  |  |
|-----------------------------------|--------------------------------|--|--|
| <input type="checkbox"/> Sun      | <input type="checkbox"/> Dry   | <input type="checkbox"/> Alkaline soil | <input type="checkbox"/> Pollution tolerant  |
| <input type="checkbox"/> Part sun | <input type="checkbox"/> Moist | <input type="checkbox"/> Neutral soil  | <input type="checkbox"/> Pollution sensitive |
| <input type="checkbox"/> Shade    | <input type="checkbox"/> Bog   | <input type="checkbox"/> Acid soil     |  |

Pests: \_\_\_\_\_

Disease: \_\_\_\_\_

Maintenance - note any special requirements: \_\_\_\_\_

Maintenance problems (growth rate, invasive, etc.): \_\_\_\_\_

Best means of propagation (describe): \_\_\_\_\_

## PLANT CHARACTERISTICS

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GROWTH RATE:  Slow  Moderate  Rapid

GROWTH FORM:  Ground Cover  Vine  Shrub  Tree

Other (describe) \_\_\_\_\_

Height & Spread at maturity: \_\_\_\_\_

Shape at maturity: \_\_\_\_\_

BEST USES:  Specimen  Street Tree  Mass  Hedge

Foundation Planting  Other: \_\_\_\_\_

Describe: \_\_\_\_\_

**HOW DOES THIS PLANT COMPARE** to existing cultivars or typical or related species in cultivation? Why does this plant deserve to be designated a LIHS Gold Medal Award winner?

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### **SPECIMEN PLANT LOCATIONS**

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Landscape-size/mature plants must be accessible to evaluators; preferably in public gardens, parks or nurseries, which **MUST** be on Long Island. Please indicate locations of at least two plants (include address, contact person, if any, and telephone number):

1) \_\_\_\_\_

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2) \_\_\_\_\_

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### **AVAILABILITY**

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Please furnish evidence of an active propagation program; growers you know to be propagating or who are currently looking at this plant (particularly Long Island Nurseries):

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Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Date Entry Submitted: \_\_\_\_\_