Honey Bee Industry Development Program



	(Office use only)
Date received	Application received by
Project Number	Previous Project Number

New application	New entrant		Continuation of previous approved project		
Language preference for correspon	dence:	English / Anglais	French / Français		

Step 1- Basic Eligibility Requirements

I confirm that all of the following conditions are met:

- √ The applicant is eligible under the Sustainable Canadian Agricultural Partnership.
- √ The applicant is in compliance with all Requirements of Law
 and agrees to remain in compliance with all Requirements
 of Law for the duration of the project. "Requirements of Law"
 means all applicable requirements of law, as may be set out in
 statutes, regulations, by-laws, codes, rules, ordinances, official
 plans, approvals, permits, licences, authorizations, decrees,
 injunctions, orders and declarations, or any other similar
 requirement of law.
- The project does not support normal operating costs associated with carrying out a business.
- The project does not support basic research (experimental or theoretical work undertaken primarily to acquire new knowledge without a commercial or other specific application in view).
- The project does not, and the project activities do not, directly influence and/or lobby any level of government.

Step 2 - Applicant Contact Information (Communication and disbursements will be addressed to applicant name)

Applicant Name (Business Name or Individual Name)			
Contact Name			
Secondary Contact			
Email		I prefer documents I	pe communicated to me by email
Phone Number			
Address			
City/Town			
Province Postal (Code	Country
CRA Business Number or GST/HST Number			





(This step is optional)

Step 3 - Is your company/organization majority owned (50% or more) by one or more of the following groups?

(Select all that apply)

Indigenous Peoples Women Not applicable

First Nations Metis

Inuit Unknown Youth Decline to identify

(40 years old and younger)

(This step is optional)

Step 4 - Select any of the following groups who will directly benefit from the project's activities (Select all that apply)

Indigenous Peoples Women Not applicable

First Nations Metis

Inuit Unknown Youth Decline to identify

(40 years old and younger)

Step 5 - Recipient Type (Applicant chooses one of the following options)

Primary Producer Processor

Industry Organization Research Body/Institution

Retailer/Wholesaler Service Provider

Provincial / Territorial / Municipal Government Indigenous

> community association organization individual

Step 6 - Commodity or Sector - What commodity or sector does the project activities benefit?

Commodity or Sector

Step 7 - Indicate which program element you are applying for and amount of funding requested (\(\lambda \):

Maximum Contribution: The maximum contribution an applicant can receive is a total of \$15,000 per year (combined amounts from Elements A, B & C).

Application Deadline:

Element A: July 19, 2024

Element B & C: until funds are exhausted or February 1, 2025

Priority will be given to projects submitted under Element A of the program, which allows NB beekeepers to increase numbers of honey bee colonies available for blueberry pollination.

All cost for Element B & C incurred before the project is approved are not eligible for assistance unless indicated in the letter of offer.

Applications will be reviewed on a first come first serve basis until funds are exhausted

1. Are you a registered as a l	peekeeper in 2024 (√)? Yes	No		
2. Are you a member in Goo	d Standing with the New Brunswick	Beekeepers As	sociation (NBBA) (√)?	Yes No
Must be a member in good stand	ding with the New Brunswick Beekeep	oers Association	(NBBA).	
3. Experience in beekeeping	g? Less than 5 years 5	years or more		
 Establish a mentor relations Have demonstrated the abi Step 8 - All Entrants mus	ing course from a recognized post-seship with an experienced beekeeper; ality to successfully manage a large-set complete must complete Tale and pest management activities	or cale operation (10		or more winter seasons
·	ion on the pest control methods and	time of treatmen		
Varroa Mite	Spring management activities		Fall management activitie	5
American Foul Brood (AFB) European Foul Brood (EFB)				
Nosema				
Supplemental feeding				
Other -				
Other -				

Frequence at which you replace brood comb? Never Every 1-3 years Every 4-8 years

2. Business development plan

Table 2. Expansion/Development plan – Complete the following table providing information on your beekeeping expansion operation over the next 5 years. Please attach additional pages as required.

Year	Colonies available for pollination	# of Colonies to winter	Expected loss (based on your records)
2024			
2025			
2026			
2027			
2028			

Step 9 - Element A: Expansion of honey bee for pollination services

Indicate your number of colonies owned on May 31, 2024
Indicate the number of colonies you expect to have on September 27, 2024
Expected incremental annual revenue \$
Expected incremental diffidal revenue \$
Step 10 - Element B: Purchase and/or construction of honey bee equipment
a) Purchase of Honey bee equipment: Up to 50% assistance on eligible hive components as listed in guidelines.
b) On-farm Construction for beekeeping equipment
Funding of on-farm construction of eligible hive components as listed in the guidelines. Equipment intended for sale is not eligible.
Expected completion date
Step 11 - Element C. On-farm investment in equipment to improve efficiencies
Type of equipment and related supplies.
Expected incremental annual revenue \$
Expected completion date
Additional Capacity (volume or efficiency, timing):
How will the new equipment be used on your operation?
Provide a detail description of the equipment and related supplies.

Step 12 - Cost Information - List all cost items, excluding taxes (Quotes must be attached if applicable)

Budget I	tems	Unit Cost of Individual Items	Total Cost of Budgeted Items (a) = (b) + (c) + (d)	\$ Requested from CAP (b)	Applicant Contribution (Cash/In-kind) (c)	"Other Source" Contributions (name, amount) (d)
Element	Example	10	100	50	40	10
А	Splitting of existing colonies (Max 50% of colonies declared in 2024)					
Total						

Declaration and Signature

The applicant certifies that the information and representations contained in this application are true and correct to the best of his/her/its knowledge and belief.

The applicant hereby gives his/her/its consent to the Minister of the Department of Agriculture, Aquaculture and Fisheries of the Province of New Brunswick and to the employees, agents, successors and assigns of the said Minister to seek and obtain further and other information to whatever extent and from whatever sources or records as may be deemed or considered appropriate.

The applicant consents to the disclosure of applicant contact and project information to Canada and New Brunswick for disclosure of financial, investment and qualitative information related to the funding of a project. Financial information disclosed may be funding under a priority area, activity area and recipient type. Investment information may be disclosed for the purpose of analyzing impacts of Federal/Provincial/Territorial investments in the sector. Qualitative information may be disclosed to evaluate the results achieved from spending on programs under Sustainable CAP.

The applicant consents to New Brunswick or Canada publishing the amount of funding the applicant has received under Sustainable CAP.

Applicant Signature	Date

Completed applications can be submitted as follows:

√ in person or mailed to your regional Department of Agriculture, Aquaculture and Fisheries office,
√ emailed to <u>Sustainable.CAP@gnb.ca</u>
√ mailed to <u>Sustainable CAP</u> Program Administrator:

Department of Agriculture, Aquaculture and Fisheries PO Box 6000; Fredericton NB; E3B 5H1