

**Honey Bee Industry Development Program  
Application 2021-2022**

<b>APPLICANT INFORMATION</b>		I prefer future correspondence in : <input type="checkbox"/> English <input type="checkbox"/> French	
		Langue de correspondance préférée: <input type="checkbox"/> français <input type="checkbox"/> anglais	
<b>Date Received:</b>		<b>Project Number:</b>	
Applicant Name – Registered Business or Individual (Contribution will be payable to this name)		Contact Name (if different than Applicant Name)	
Route or Street Address		E-mail address	
		I prefer letters be communicated to me by email <input type="checkbox"/>	
City/Town/Village	Province	Postal Code	County
Home/Work Tel. Number ( )	Cellular Tel. Number ( )	Home Facsimile Number ( )	Work Facsimile Number ( )
Cheque Payable to: <i>(please check one box)</i>		<input type="checkbox"/> Registered Business <input type="checkbox"/> Client	
<b>1. Indicate which program element you are applying for and amount of funding requested (✓):</b>			
<input type="checkbox"/> Element A \$ _____ Purchase and/or splitting of honey bees bee colonies available for pollination <input type="checkbox"/> Element B \$ _____ Purchase and/or construction of honey bee equipment Total Amount \$ _____  <b>Maximum Contribution:</b> The maximum contribution an applicant can receive is a total of \$10,000 per year (combined amounts from Elements A, & B.).  Application Deadline: <b>Element A: July 31, 2021</b> <b>Element B: November 6, 2021</b>  Applications will be reviewed on a first come first serve basis until funds are exhausted.  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 pollination.  All activities and purchases of materials and equipment that occurred prior to project approval are not eligible for funding.			
<b>2. Are you registered as a beekeeper in 2021 (✓)?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>3. Are you a member in Good Standing with the New Brunswick Beekeepers Association (NBBA) (✓)?</b>			
<input type="checkbox"/> Yes <input type="checkbox"/> No  Must be a member in good standing with the New Brunswick Beekeepers Association (NBBA).			

**4. Are you a New Entrant?**

Yes       No

Agriculture producers considered New Entrants are eligible for an additional 10% contribution provided the contribution does not exceed the established maximums under each program. The total contribution from all government sources will not exceed 100% for the eligible costs. New entrants are defined as someone who has owned a farm for five years or less. The Department of Agriculture, Aquaculture and Fisheries may ask for documentation to determine eligibility as a New Entrant..

**5. Beekeeping experience**

Less than 5 years       5 years or more

Beekeepers with less than 5 years experience must:

- Have been employed by an experienced beekeeper for at least one full season; **or**
- Have completed a beekeeping course from a recognized post-secondary institution; **or**
- Establish a mentor relationship with an experienced beekeeper; **or**
- Have demonstrated managing a large scale operation (100 or more colonies) for two or more winter seasons.  
(please attach supporting documentation)

**6. Element A: Expansion of honey bee for pollination services**

Indicate your number of colonies registered as of May 31<sup>st</sup> 2021 \_\_\_\_\_

Indicate the number of colonies you expect to have on September 24, 2021 \_\_\_\_\_

**Table 1.** Provide information on your colony increases:

Method of Increase	Dates of purchase/ splitting	# of colonies/ packages purchased / # of additional colonies from splitting	\$ Cost per unit	\$ Total Cost	\$ Amount requested @ 50%
Purchase of packages					
Purchase of nuclei					
Purchase of full colonies					
Splitting of existing colonies (Max 50% of colonies registered in the spring 2021)			\$50		
<b>Total</b>					

**Total funding requested from Element A = Total Table 1 = \$ \_\_\_\_\_**

**7. Element B: Purchase and/or construction of honey bee equipment**

**Table 2: Planned Expenditures for Purchase of Equipment.**

Please itemize each planned expenditure (HST is not eligible for reimbursement)

Detail of Planned Expenditures	Quantity	Unit Price (\$)	\$ Total Cost (Quantity X Unit \$)	\$ Amount Requested @ 50% of total cost or maximum eligible amount as per guidelines
<b>Purchase of beekeeping equipment:</b>				
<b>Purchase of modified hive management system for pollination:</b>				
<b>Total</b>				\$

**Table 3: On-farm Construction**

Please itemize on-farm construction items.

Eligible items	Quantity	Eligible Assistance per item (\$)	\$ Total Amount Requested (Quantity X Eligible Assistance per item)
Deep super		\$8.00	
Medium super		\$6.50	
Shallow Super		\$6.00	
Nuclei super (6 frames)		\$7.00	
Wooden feeder		\$12.80	
Bottom boards		\$7.00	
Screened Bottom Board		\$15.00	
Metal Insulated covers		\$10.00	
Metal Non-insulated covers		\$8.00	
<b>Modified hive management system – for moving of colonies for pollination:</b>			
Metal - for moving colonies		\$80.00	
Wooden – for moving colonies		\$60.00	
<b>Total</b>			\$

Total funding requested from Element B = Total Table 2 + Total Table 3 = \$ \_\_\_\_\_

**8. Production and management information**

All applicants must complete Tables 4 and 5.

**Table 4.** 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)
2021			
2022			
2023			
2024			
2025			

Indicate the annual potential value or revenue \$\_\_\_\_\_ that the Honey Bee Expansion Program funding will contribute to the growth or sustainability of the farm operation. Indicate with a (✓) what specific area this value is coming from: increased number of colonies for pollination ( ), increased prices ( ), increased quality ( ), increased efficiency ( ) access to new markets ( ) or other items (describe ) \_\_\_\_\_.

**9. Production management practices:**

**Table 5.** Please provide information on the pest control methods and time of treatment for the following pests:

PEST	Spring management activities	Fall management activities
Varroa Mite		
American Foul Brood (AFB)		
European Foul Brood (EFB)		
Nosema		
Supplemental feeding		
Other -		
Other -		
Frequency at which you replace brood comb ?	Never _____	Every 1- 3 years _____
		Every 4-8 years _____

**DECLARATION AND SIGNATURE(S) Please indicate your agreement with the following statements by placing an (✓) in the box.**

- I/We hereby declare that the information provided in this application is true and correct in every respect
- I/We understand that information provided on this form is subject to the provisions of the *Privacy Act* of Canada, the *Access to Information Act* of Canada and/or the *Right to Information and Protection of Privacy Act* of New Brunswick.
- I/We also understand that failure to comply with all the application requirements may delay processing of the application or render me/us ineligible for assistance under the program.
- I/We agree that I/we will be responsible for ensuring the technical and structural adequacy and legal requirements of this project .
- I/We will observe and abide by all applicable Federal, Provincial and Municipal laws and regulations.

PLEASE PRINT NAME		
SIGNATURE		
DATE		
FOR ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CALL: THE LOCAL OFFICE OF NEW BRUNSWICK DEPARTMENT OF AGRICULTURE, AQUACULTURE AND FISHERIES IN YOUR AREA	MAIL SIGNED ORIGINAL APPLICATION TO: THE LOCAL OFFICE OF NEW BRUNSWICK DEPARTMENT OF AGRICULTURE, AQUACULTURE AND FISHERIES IN YOUR AREA OR CAP ADMINISTRATOR AT P.O. BOX 6000, FREDERICTON, NB, E3B 5H1 (email: <a href="mailto:CAP.ADMIN@gnb.ca">CAP.ADMIN@gnb.ca</a> )	
<b>Office Use Only</b>		
DAAF Development Officer	Recommended Project Officer	

**SAVE, SIGN AND RETAIN A COPY OF THIS APPLICATION FOR YOUR RECORDS**