



**NORTHERN
ASSOCIATION
OF COMMUNITY
COUNCILS**

Northern Healthy Foods Initiative

9-395 Berry St., Winnipeg, MB R3J 1N6

Phone: (204) 947-2227 Ext 2

Toll Free: 1-888-947-6222

Fax: 204-947-9446

Email: programnhfi@naccmanitoba.com

Beekeeping Program: Annual Report

Deadline to submit: **October 15**, annually.

*Submit receipts **once only** by email or fax, no later than the deadline date.

Full Name:

Community:

Date:

1. How much honey did you harvest this year (kg/lbs)?
2. Rate your satisfaction with the yield this year (check one)
 - ☐ Very low
 - ☐ Low
 - ☐ Acceptable
 - ☐ High
 - ☐ Very high
3. Did you lose any hives? If yes, how many?
 - ☐ Yes, amount:
 - ☐ No
4. Did you split any hives? If yes, how many?
 - ☐ Yes, amount:
 - ☐ No
5. What did you learn?
6. How did you and your family benefit from this beekeeping program?



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7. How many people were involved?
8. How many youth ages 15-29 were involved?
9. How many people age 65+ were involved?
10. How many people (besides your family) benefited from your beekeeping and how?
11. How many supers (estimate) were filled with honey this season?
12. How many hives do you currently have and will be wintering?
13. Did you experience any challenges? Please describe.
14. What would you like to accomplish in the future?

Submit your report and any required photos or materials to:

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