



**NORTHERN  
ASSOCIATION  
OF COMMUNITY  
COUNCILS**

**Northern Healthy Foods Initiative**

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## Beekeeping Program Annual Application

Applications are due each year by **May 1**. They're reviewed on a first-come, first-served basis. Costs that occurred prior to the grant approval are not eligible for funding.

Maximum budget per applicant: \$

### Applicant Information

Full name:

Community:

Mailing address:

Home/work phone:

Cell phone:

Email:

Cheque payable To:

Notes:

Date received (by NACC):

### Beekeeping Experience

Are you new to beekeeping?

☐ Yes

☐ No

What year did you become a beekeeper?

Are you a registered beekeeper with the Manitoba Government?

☐ Yes

☐ No, I agree to register within 3 months of this application

Beekeepers with less than 2 years of experience must:

☐ Have been employed by an experienced beekeeper for at least one full season, OR

☐ Have completed a beekeeping course from a recognized institution, OR

☐ Establish a mentor relationship with an experienced beekeeper going forward.

○ Mentor's name:

○ Mentor's years of experience: 2 years or less / 3 years or more

# Funding Request

Complete the section that you're applying for and the amount of funding requested.

- ☐ **Section A:** Increasing colonies Amount: \$
- ☐ **Section B:** Honey bee equipment Amount: \$
- ☐ **Section C:** Bee health and management Amount: \$

Total funding amount requested: \$

(Office use only) Total amount approved : \$

## Section Details

Please provide information for each section selected.

### Section A: Increasing colonies (purchase or splitting of colonies)

Current number of colonies:

Number of colonies you expect to have in the fall:

Table 1: Proposed colony increases

How you'll increase colonies	Date of purchase/split	# purchased or increased	Cost per unit	Total cost
Purchase packages				
Purchase nuclei				
Purchase full colonies				
Split existing colonies				
<b>TOTAL</b>				

## Section B: Honey bee equipment

Table 2: Purchase of equipment and supplies (itemize each planned expense).

Expenditures	Quantity	Unit price	Total cost
Boxes			
Bee suits			
Winter wraps			
Feed / sugars			
Pest monitoring tools / treatment			
Deep super			
Medium super			
Shallow super			
Nuclei super (6 frames)			
Wooden feeder			
Bottom boards			
Insulated covers			
Non-insulated covers			
<b>TOTAL</b>			

## Section C: Colony health and management

Table 3: Provide information on the pest control methods, time of treatment for each pest, and the total cost:

Pest	Spring management activities	Total cost	Fall management activities	Total cost
Varroa Mite				
American Foul Brood				
Nosema				
Supplemental feeding				
Other				
Other				
<b>TOTAL</b>				

How often do you replace brood comb?

- ☐ Never
- ☐ Every 1-3 years
- ☐ Every 4-8 years

# Beekeeping Program Agreement

This Agreement must be signed and returned with the application.

- The Project must be completed between May 1 -September 15, 2025.
- Costs that occurred prior to grant approval are not eligible for funding.
- Proof of purchase or payment is required for all eligible assistance.
- Cheques for reimbursements will be made payable to the name of the Applicant as indicated on the application form.

## Applicant Agreement

By signing this form, I agree to:

- Carry out project activities within the NHFI boundary.
- Follow best management practices in beekeeping.
- Provide access to beekeeping records and/or premises to staff of NACC and persons authorized by NACC or Manitoba Agriculture for inspection, evaluation, demonstration, audit and public information.
- Complete reports and submit to NACC following completion of the project.
- Ensure all applicable Federal, Provincial and Municipal laws and regulations are followed to the best of my ability.
- Commit to donating honey to people in my community.

PLEASE SIGN AND KEEP A COPY FOR YOUR RECORD

Print Name(s):

Date:

Signature:

# Photo Permission

I give permission for NACC and partners of the Northern Healthy Foods Initiative to use photographs taken of me, and my children listed on this form, for the purposes of publication, display, articles, promotions, websites, social media and visual presentations without payment or compensation to me.

I understand that these photos may be used to tell the story of northern Manitoba communities taking action and leading efforts to improve food security, community development, youth and senior engagement, and population health. By signing this form, I confirm that I am over 18 years of age and/or a guardian of the participant(s).

Date:

Signature:

OR Check here: ☐ for NO PHOTOS