|  |  |
| --- | --- |
|  | Northern Association of Community CouncilsNorthern Healthy Foods Initiative 9-395 Berry StreetWinnipeg, MB R3J 1N6Phone: 1-204-947-2227 Ext. 2 Toll Free: 1-888-947-6222 Fax: 204-947-9446 Email: programnhfi@naccmanitoba.com |

# Beekeeping Program – 2024 Application

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  |  |  |  |  |  |

Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Mailing Address: |  |  |
|  | Street Address | Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City/Town/Village | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Home/Work Phone: |  | Cell | :  |
| Fax: |  |  Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date Sent: |  | Date Received: |   |  Grant maximum: |   |

Grant amount requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Cheque Payable to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I prefer communication sent to me by: (✓) | Email[ ]  | Fax[ ]  | Notes: |  |

 Yes I agree to register within 3 months

Are you a registered beekeeper with the Manitoba Government as of \_\_\_\_\_\_? (✓) [ ]  [ ]

##  Indicate Program you are applying for and amount of funding requested (✓)

|  |  |  |
| --- | --- | --- |
| [ ]  Element A | $ | Purchase and/or splitting of honey bees bee colonies available for pollination  |
| [ ]  Element B | $ | Purchase, construction or upgrade of honey bee equipment  |
| **TOTAL Amount** **Requested**  | $ |   If funds are exhausted, this application will be held until next funding round. |
|  |  | Applications will be received on an ongoing basis. As a guideline we recommend submitting by the following dates: Element A: Deadline May 1, 2024 Applications will be reviewed on a first come first serve basis until funds are exhausted. All activities and purchases of materials and equipment that occurred prior to project approval are not eligible for funding. |

## Beekeeping Experience (✓)

Are you new to beekeeping? YES [ ]  NO [ ]

Have you participated in any beekeeping workshops – if yes where and when? YES [ ]  NO [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| Location: |  | Date: |  |
| Instructor: |  |  |  |
|  |  |  |  |
| Location: |  | Date: |  |
| Instructor: |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Less than 2 years[ ]  | 3 years or more[ ]  | Beekeepers with less than 2 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 institution; or
* Establish a mentor relationship with an experienced beekeeper going forward
 |

Mentor name: Mentor’s years of experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Element: A Increasing Colonies- Purchase and/Splitting Honey Bee Colonies

|  |  |
| --- | --- |
| Indicate your number of colonies: |   |

|  |  |
| --- | --- |
| Indicate the number of colonies you expect to have in the fall: |  |

|  |
| --- |
| **Table 1:** Proposed colony increases: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How will you increase your colonies?** | **Dates of purchase/splitting** | **# of colonies purchased / # colonies from splitting** | **$ Cost per unit** | **$ Total Cost** | **$ Amount requested (circle one) @ 50%, 75%, or 100%**  |
| Purchase of packages |  |  |  |  |  |
| Purchase of nuclei |  |  |  |  |  |
| Purchase of full colonies |  |  |  |  |  |
| Splitting of existing colonies (Max 50% of colonies in spring) |  |  |  |  |  |
| Total |  |  |  |  |  |

|  |  |
| --- | --- |
| Total funding requested from Element A = Total Table 1 = $: |  |

##  Element B: Purchase and/or construction of honey bee equipment

**Table 2:** Purchase of Equipment and Supplies. Please itemize each planned expense

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Detail of Planned Expenditures** | **Quantity**  | **Eligible Unit Price ($)** | **$ Total Cost (Quantity X Unit $)** | **$ Amount requested (circle one) @ 50%, 75%, or 100%**  |
| Boxes |  |  |  |  |
| Bee Suits |  |  |  |  |
| Winter wraps |  |  |  |  |
| Feed / Sugars |  |  |  |  |
| Pest monitoring tools (and treatment if required) |  |  |  |  |
| 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 |  |  |
| Insulated covers |  | $10.00 |  |  |
| Non-insulated covers |  | $8.00 |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Modified hive management system – for moving of colonies for pollination** |  |  |  |  |
| Metal – for moving colonies |  | $80.00 |  |  |
| Wooden – for moving colonies |  | $60.00 |  |  |
|  |  |  |  |  |
| Total $ |  |  |  | $ |

##  Production management:

|  |
| --- |
| **Table 3:** 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) |  |  |
| Nosema |  |  |
| Supplemental feeding |  |  |
| Other -  |  |  |
| Other - |  |  |
| Total $ |  |

|  |  |
| --- | --- |
| Frequency at which you replace brood comb? (✓) |  Never\_\_\_\_\_ Every 1-3 years\_\_\_\_\_ Every 4-8 years\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| Total funding requested for Element **B** = Total Table 2 + Table 3 = | $ |



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|  |
| --- |
|  |

# Beekeeping Fund Agreement 2024

## Applicant Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | Community:  |  |  | Date: |   |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mailing Address: |  |  |  |  |  |  |  |
|  | Street Address |  | City/Town/Village |  | Province | Postal Code |  |
| Home/Work Phone: |  | Cell | :  |
| Fax: |  |  Email | :  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| OFFICE USE: |  | Approved: |   | Grant $ request: |  |

Beekeepers submit invoices directly to NACC or submit for reimbursement. If you are placing an order with BeeMaid, independently, please contact the following representative to place your order and indicate you are a participant with the NACC beekeeping program:

Jeff Richards (Technical Support and Apiary Consultant – BeeMaid Supplies)

Direct Line: (204) 783-2240 ext. 267; Toll Free: (866) 783-2240; Email: jrichards@beemaid.com

## Applicant Responsibilities

Please review the following requirements and sign in agreement to:

* Be a full-time permanent resident per the Northern Affairs Act. Carry out activities within the NHFI boundary.
* Follow Best Management Practices in Beekeeping;
* Purchases of materials and equipment that occurred prior to project approval are not eligible for funding/reimbursement;
* Splitting of honey bee colonies: Up to $50 for each colony gained through splitting. Verification of the no. of colonies obtained by splitting existing colonies. Numbers of colonies gained is limited to 50% of registered spring colonies.
* Proof of purchase or payment is required for all eligible assistance.
* Project must be completed between the months of May 1 -September 15, 2024
* This Beekeeping Fund Agreement must be signed and returned within 30 days of receipt or funding will be forfeited.
* The applicant agrees to 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 purposes upon request.
* Complete surveys and submit to NACC via mail, phone or electronically following completion of the project.
* Cheque for reimbursements will be made payable to the name of the Applicant as indicated on the application form.
* Responsible for ensuring the technical and structural adequacy and legal requirements of this project.
* **\*Commit to give back to the beekeeping program with the following actions: Donating (quantity or weight) of honey to # of\_\_\_\_\_\_\_\_\_\_ people in community.**
* Observe and abide by all applicable Federal, Provincial and Municipal laws and regulations to the best of my ability.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_

**SIGN AND RETAIN A COPY FOR YOUR RECORDS.**

# Beekeeping Program Report –2024 Deadline: October 15

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  |  |  |  |  |  |

|  |
| --- |
| 1. What year did you become a beekeeper?
 |
| 1. How much honey have you harvested this year (in litres or lbs.)?
 |
| 1. Rate your satisfaction with the yield this year (circle one)very low        low            acceptable      high    very high
 |
| 1. Please describe your beekeeping activities (weekly checks, findings, wintering etc.).
 |
| 1. Did you lose any hives? Yes / No If yes, how many? \_\_\_\_\_\_\_\_
 |
| 1. Did you split any hives? Yes / No If yes, how many? \_\_\_\_\_\_\_\_
 |
| 1. What did you learn?
 |
| 1. How did you and your family benefit from this beekeeping program?
 |
| 1. How many people were involved? How many were youth (under 30-years-old)?
 |
| 1. How many people (besides your family) benefited from your beekeeping and how?
 |
| 1. How many supers (estimate) were filled with honey this season?
 |
| 1. How many hives do you currently have and will be wintering?
 |
| 1. Did you experience any challenges? Please describe.
 |
| 1. What would you like to accomplish in the future?
 |

**Submit photos and report to:**

|  |
| --- |
| Northern Association of Community Councils - Northern Healthy Foods Initiative 9-395 Berry StreetWinnipeg, MB R3J 1N6Fax: 204-947-9446 Email: programnhfi@naccmanitoba.com |