

Please Note: Approvals will be conditional until provincial budget is approved for the 2015/16 fiscal.

File No. (OFFICE USE):

Name of applicant (include middle name): _____

Business name (if applicable): _____

Mailing Address: _____

Civic Address (if different from mailing) _____

Telephone: _____ Cell: _____ Fax: _____

Email address: _____

2. Give business information (check all boxes that may apply to your operation or organization)

Farm Registration number:															
Current Nova Scotia Beekeeper Association member:															(initials)
Bee Industry registration number BKCode:															
Number of colonies made available for pollination in 2014:					Number of new colonies you will make available for pollination?										

All applicants must submit a summary of their production management practices including disease and pest control and overwintering practices. Contact Jason Sproule, Apiculturalist & Pesticide Minor Use Coordinator, Nova Scotia Department of Agriculture, Phone 902-890-1565 or jason.sproule@novascotia.ca for more information.

3. Provide funding details

A. Purchase of queens, bee packages, hives, and nucs			
Method of Increase	Quantity	Unit Price (\$)	Total Cost (\$)
Purchase of bee packages			
Purchase of queens			
Purchase of new hives			
Purchase of nucs			
TOTAL			

Please indicate the number of existing colonies being split:

B. Purchase and/or construction of honey bee equipment for expansion

Eligible Items per New Hive Created	Quantity	Unit Price (\$)	Total Cost (\$)
2 Brood Boxes			
20 Frames with foundation			
Bottom Board			
Inner cover			
Outer cover			
Supers (2)			
Queen excluder			
Feeder			
Sugar			
Pollen patties			
Pallet (per 4 colonies)			
Commercial Winterization Wraps and Sleeves			
TOTAL			

C. Brood Comb and Queen Replacement (must be expanding the number of hives for pollination) and Fencing

Eligible Items	Quantity	Unit Price (\$)	Total Cost (\$)
Frames*			
Foundation			
Hygienic/ Tracheal Mite Resistant Queens**			
Fencer/ Battery/ Solar Panel, up to 16 Poles & 200m of Wire***			
TOTAL			

* Maximum eligible number of frames for replacement will be limited to number of hives provided for pollination in 2014 X 4.

**Maximum eligible number of queens for replacement is limited to number of colonies provided for pollination in 2014 ÷ 2

*** Maximum cap (assisted at 50%) of \$600 for expansion up to the first 25 hives and then applicable only for every 25 new hives created.

Funding Summary				
Sub-Program	Maximum Funding Allowed		Total Cost	Requested (\$)
A. Colony Expansion	75% up to \$150.00 / colony increase	Max \$ 25,000 per year		
B. Honey Bee Equipment	75% up to \$75.00 / colony increase			
C. Brood Comb / Queen Replacement	50% up to \$5000			
C. Fencing Equipment	50% up to \$600 for up to first 25 hive expansion and then for each additional 25 hive Increase			
TOTAL				

By accessing funding assistance under the Nova Scotia Pollination Expansion Program, applicants agree to the following (*initials required*):

- ☐ Applicant must make hives available for pollination in Nova Scotia. _____ (initials)
- ☐ Applicant may not sell or rent colonies outside of Nova Scotia. _____ (initials)

4. Sign the consent and certification

By submitting this application form, I

- understand and agree that the information provided will be used in the assessment of the application and the approval of the bee health management plan;
- certify, to the best of my knowledge and ability, that the information provided on this form and in future in connection with this application is complete, true and correct;
- understand and agree to the program guidelines and, if the application is approved in whole or in part, agree to abide by the terms and conditions as set out in the program guidelines;
- consent to the audit and verification of the information provided on this form and in future in connection with this application, such audit and verification to be performed by the Department of Agriculture, federal government or other parties, including livestock inspection agencies, chosen by Department of Agriculture for audit and verification purposes;
- consent to the use and disclosure of the information provided on this form and in future in connection with this application by officials of the Department of Agriculture and officials of any other farm program offered by a federal or provincial government or agency to other government departments and agencies and cooperating funding partners, where the information is relevant for the purposes of audit, analysis, evaluation, program development and determining assistance;
- grant permission to the Programs staff to contact any of my suppliers to confirm the information I have provided;
- consent to the disclosure by third parties, including federal and provincial government programs and financial institutions, to the Department of Agriculture of any information that is relevant to the audit and verification of information provided in connection with this application;
- agree to repay any amount determined through audit or inspection that was to be in excess of the government contributions to which I am entitled;
- consent to the release of my name and the amount of any support received under the program as public information, to be actively disseminated by the Department of Agriculture;
- acknowledge that any other information provided, unless disclosed in the manner and for the purposes to which I have consented above, will be subject to the confidentiality and disclosure provisions to the *Freedom of Information and Protection of Privacy (FOIPOP) Act*; and
- confirm that I have the authority to bind the applicant.

Applicant Name (print)

Signature

Date

5. Return completed form to

Nova Scotia Department of Agriculture
Programs and Business Risk Management Division
60 Research Drive, Suite A, Bible Hill, NS B6L 2R2

Questions? Call 902-893-6510 or 1-866-844-4276 (4PRM)

Fax: (902) 893-7579

Email: prm@novascotia.ca Website: novascotia.ca/agri/programs-and-services/financial-funding