

Department of Agriculture Programs & Business Risk Management (PBRM) 2019-2020

Canadä

Bee Biosecurity Program Application

Applications will be accepted between February 1, 2019 and October 1, 2019

1. Program Funding Registration Fo ☐ New client to programs since ☐ Returning client to update for 2. ☐ Is a farm that is currently and Act 3. ☐ Applicant must be registered 4. ☐ Has a minimum of 10 hives in 5. ☐ Is at least 19 years of age NOTE: The above requirements must	rm 2019 to complete form m as necessary properly registered in the under the <i>Bee Industry Act</i> the preceeding year	-		
for eligible projects, project timeline Reference No.:	• •	Date Rece		erence program garacines
Section 1 - Applicant Informa	tion			
Business/Farm Name		Applicant Name		
Applicant Title/Position				
☐ Owner/Operator/Partner☐ CEO☐ Project Lead	Executive DirectorDirectorSecretary		□ President□ Manager□ Shareholde	ır
Telephone	Cellular		Email	
Section 2 - Details about	your Business			
Bee Industry registration number BK code:		Number of hives registered in 2018:		
Are you a current member of the Nova Scotia Beekeepers Association?			Yes	□ No
Section 3 – Proposed Proj	iects			
Description		Q	uantity	Total Cost
Brood replacement frames and foundations (max 4 times 2018 hives)				
Small hive beetle traps (max 2 times 2018	hives)			
Varroa Mite Shaker (max 1 per 20 hives fro	om 2018)			
VITA American Foulbrood Diagnostic Test I from 2018)	Kit (max 2 per 25 hives			

Section 4 - Statement of Certification

By submitting this application form, I ackr	nowledge and agree with the following:				
 to the best of my knowledge and ability 	γ , that the information provided on this ap	oplication form is accurate;			
that I have read the Program Guidelines and, if the application is approved in whole or in part, I agree to abide by the terms an onditions as set out in the Program Guidelines;					
• I consent to the audit and verification of the information at any time prior to project commencement, during work, or upon completion of the project. Such audit and verification may be performed by the Department of Agriculture, federal government of the project. Such audit and verification purposes;					
programs offered by the Government of C	he information by officials of the Nova Sco Canada or Province of Nova Scotia, and co of audit, analysis, evaluation, program dev				
 I agree to repay any amount determine government contributions to which I am e 		med to have been provided in excess of the			
 I consent to the release of my name and actively disseminated by the Province of N 		der the Program as public information, to be			
	on provided, unless disclosed in the manr onfidentiality and disclosure provisions of	ner and for the purposes to which I have the Freedom of Information and Protection of			
I confirm that I have the authority to bit	nd the applicant.				
Applicant Name (print)	Applicant Signature	Date			

Return completed form and documents to:

Nova Scotia Department of Agriculture
Programs and Business Risk Management Division

74 Research Drive Bible Hill, NS B6L 2R2

Questions? Call 902-893-6377 or 1-866-844-4276, Fax: (902) 893-7579 Email: prm@novascotia.ca Website: novascotia.ca/programs

Je préfère recevoir tous les formulaires de demande en français. □