



# Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

## SASKATCHEWAN BEEKEEPER EXTRAORDINARY EXPENSE (BEE) PROGRAM APPLICATION

**DEADLINE:** Applications must be received on or before **March 15, 2024**

For a full list of program details and requirements, please visit [saskatchewan.ca/S-CAP](https://saskatchewan.ca/S-CAP).

### Part 1 - APPLICANT INFORMATION

#### APPLICANT TYPE (select one)

Individual Corporation Partnership First Nation Band

#### LEGAL BUSINESS NAME (Blank for individual applicant)

#### LEGAL LAST NAME

#### LEGAL FIRST NAME

#### MIDDLE NAME(S)

#### MAILING ADDRESS (Civic, Rural Route, STN, Site, Box, etc.)

#### CITY/TOWN

#### PROVINCE

#### POSTAL CODE

#### EMAIL ADDRESS

#### HOME PHONE (999-999-9999)

#### CELL PHONE (999-999-9999)

#### YEAR OF BIRTH (YYYY) (For individuals and partnerships only)

#### BUSINESS NUMBER OR SOCIAL INSURANCE NUMBER (First 9 digits of GST, CRA BN) (Treaty, Band)

#### GROSS FARM INCOME

#### FARM HEADQUARTERS LOCATION

Do you live at this location?

Yes

No

RM

QUARTER

SECTION

TOWNSHIP

RANGE

MERIDIAN

#### PREMISES IDENTIFICATION (PID) NUMBER

Mandatory if livestock (including honeybees) are owned, leased or custom fed.

Please select the answers that apply to your company/organization.

Please note answering the following questions are on a voluntary basis.

- Is your company/organization majority owned by one or more of the following groups? (select all that apply)
- Select any of the following groups who will directly benefit from the project's activities. (select all that apply)
- Which of the following group(s) do you self-identify as?

First Nations	Métis	Inuit	Women	Youth	Not Applicable	Identify	Decline to
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

By completing the optional alternate contact fields, you give permission to discuss your application with the person listed below. This is your consent to release information on the project including personal and financial information. This person may be contacted in the event additional information is required about your application and operation.

#### ALTERNATE CONTACT (Optional) LAST NAME

#### FIRST NAME

#### TELEPHONE (999-999-9999)

#### EMAIL ADDRESS



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this application be saved to your computer.

### Part 3 - PROJECT INFORMATION

#### ELIGIBILITY

Is the majority of your gross farm income from commercial beekeeping? Yes No

Do you ordinarily own at least 100 colonies? Yes No

Do you own all or a portion of the bees included in this application? Yes No

Does this program play an important role in your recovery? Yes No

Overwinter Colony Losses *Do not include replacement colonies purchased prior to May 15, 2022, in the ending hive inventory.	
Beginning Hive Inventory as of October 31, 2021	
*Ending Hive Inventory as of May 15, 2022	
Total Loss	
Normal Winter Loss	
Maximum Eligible Replacement Colonies	

#### CAUSE OF LOSS

Provide the major causes of colony loss below.



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**Part 4 - PROJECT COSTS** Attach photocopies of all paid invoices. Proof of payment may be requested in the form of bank/credit card statements or processed cheque images from your financial institution. Review limitations in eligible costs section. Program payments are subject to a minimum rebate of \$150. Only invoices issued between January 1, 2022 and June 30, 2023 and in the applicant's name will be considered.

Vendor Attach additional sheets if necessary	Invoice #	Invoice Date (DD/MM/YY)	Number of Replacements Purchased			Invoice Cost (Excluding taxes)
			Nucleus or Full Colonies	Package Bees	Queen Bees	
1						
2						
3						
4						
5						
Total invoiced cost (excluding all taxes)						

<b>Payments from Other Sources</b> Identify program and items funded related to this project. Please also identify any expected funding for this project. Total funding from other sources may be deducted from the calculated rebate amount.		<b>Payments Received or Expected</b>
1		
2		
<b>Total payments from other sources</b>		



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### Part 5 - STATEMENT OF DECLARATION

1. I hereby apply to the Saskatchewan Beekeeper Extraordinary Expense Program (the "Program"), administered by the Saskatchewan Ministry of Agriculture (the "Ministry") established pursuant to *The 2021-22 Bee AgriRecovery Program Regulations* (the "regulations"), for the payment requested in this application.
2. I declare I am the Applicant or I am authorized to sign on behalf of the Applicant. I agree that all references to "I", "me" and "my" in this Statement of Declaration shall be deemed to read the "Applicant", with the necessary grammatical changes required; and, that by my signature and delivery of this application, including this Statement of Declaration, to the Program, I understand I will be legally bound by, and I agree to adhere to, the Program regulations and policies.
3. I declare:
  - a. the eligible expenses were purchased between January 1, 2022 and June 30, 2023;
  - b. in the case of an individual, the individual is a Saskatchewan resident who is at least 18 years of age;
  - c. in the case of a corporation, partnership or co-operative, the corporation, partnership or co-operative has its head office in Saskatchewan and/or carries on business in Saskatchewan;
  - d. the individual, corporation, partnership or First Nation Band, or co-operative filed an income tax return, or is able to provide other documents or information that demonstrates the generation of gross farm income in Saskatchewan in the year of application or the year prior to the application; and
  - e. in the case of a First Nation, the First Nation has reserve land in Saskatchewan.
4. I declare my project is an eligible project that meets the requirements set out in the Program policies and regulations and no other claim has been made, or will be made, for the eligible expenditures that are the subject of this project, to programs administered under the Sustainable Canadian Agricultural Partnership or any other government grant, rebate or assistance program unless otherwise disclosed in this application.
5. I declare the information included in this application is true and correct in every respect.
6. I agree to provide further information, including income tax returns or access to project records such as original receipts, proof of payments for costs claimed and photos of the completed eligible project, that the Program may reasonably require. In addition, I agree to inform the Program administration as soon as practicable of any changes to my application information for the purpose of administering this application.
7. I consent to allow:
  - a. the Ministry to request information about me or my project from any federal or provincial government department or agency, including, but not limited to, Saskatchewan Water Security Agency (WSA), Saskatchewan Crop Insurance Corporation (SCIC), Agriculture and Agri-Food Canada (AAFC), which will be collected for the purposes of:
    - i. verifying the application;
    - ii. determining my eligibility for the Program; and
    - iii. verifying regulatory requirements have been addressed.
  - b. the Ministry to disclose any information contained in this application or provided in relation to me or my project, to any ministry, Crown corporation or agency of the Government of Saskatchewan including, but not limited to those mentioned above, for the purposes of:
    - i. processing this application;
    - ii. administering this or any other program offered by the Ministry;
    - iii. advising me about Ministry programs and services;
    - iv. policy and program development and evaluation; and
    - v. research and statistical analytics.
8. I understand the provision of false, misleading or fraudulent information, or a failure to comply with the regulations and policies may result in this application and any other past, current or future applications being denied and any payments issued being declared an overpayment and must be repaid.
9. I understand I am responsible for any cost overruns or expenditures in excess of the amounts contributed by the Ministry under the Program.
10. I understand it is my responsibility to be compliant with all laws and orders and have all necessary licences, permits and approvals required to undertake the project.
11. I understand if this project is located on lands protected under *The Environmental Management and Protection Act, 2010 (EMPA)*, *The Wildlife Habitat Protection Act (WHPA)*, identified as Critical Habitat or has a Crown Conservation Easement registered on title that proper approval has been obtained in advance of commencing this project.
12. I understand if program rebates are used to create improvements on Crown land (within the meaning of *The Provincial Lands (Agriculture) Regulations*), the ministry may take the value of those rebates into consideration upon lease termination.
13. I understand the Ministry has the right to set off all or any portion of a Program payment against any debt I have owing to the Government of Saskatchewan.
14. I understand the Ministry or other government agencies will in no way be liable for anything related to the construction, maintenance and ongoing operation of an approved project. Neither the Ministry, nor the Government of Saskatchewan shall be liable to me for any liabilities that I incur in the performance of the work undertaken by me in this project. I shall indemnify and hold the Ministry, the Government of Saskatchewan, and all government employees, agents and representatives, past or present, harmless from and against all claims, liabilities, losses, damages, costs, expenses and causes of action, including claims:
  - a. arising out of any breach or failure by me to perform any of my obligations under this Program;
  - b. relating to injury (including death) to persons or loss of or damage to property arising out of the negligence or willful misconduct of me or my contractors, officers, agents or employees; or
  - c. arising out of the work undertaken by me related to this project including, but not limited to, claims for builders' liens, workers' compensation, employment insurance, holidays, back pay or any rates or charges.
15. I agree to cooperate with the Ministry in the completion of any audit, evaluation, or survey of the project or of the Program.
16. I agree the Ministry or its designated representatives are authorized to enter the premises identified on the application or any other premises operated by me in order to conduct an inspection of the eligible project, when completed, that is subject of this application.
17. I understand the personal information in this application is collected under the authority of the regulations and is protected by and subject to the provisions of *The Freedom of Information and Protection of Privacy Act (FOIP Act)* and the federal *Privacy Act*. The Ministry will use the information from this form to determine my eligibility for a benefit under this Program. The Ministry will also use my information for the administration of all other programs delivered by the Ministry, to advise me about Ministry programs and services, for policy and program development and evaluation, and for research and statistical purposes. The Ministry may share my information with Agriculture and Agri-Food Canada and other third parties for the administration of other agriculture programs, for policy and program development and evaluation, and for research and statistical purposes.
18. The 2022 Canada Saskatchewan Beekeepers Extraordinary Expense (BEE) Program's applicant acknowledges that individuals who are subject to the provisions of the Conflict of Interest Act (S.C. 2006, c. 9, s. 2), the Conflict of Interest Code for Members of the House of Commons, the Ethics and Conflict of Interest Code for Senators, the Values and Ethics Code for the Public Sector or any other conflict of interest and/or values and ethics codes applicable within provincial or territorial governments or specific organizations, shall not derive any direct benefit resulting from this application unless the provision or receipt of such benefit is permitted in such legislation, policy or codes.

I acknowledge and accept the terms and conditions as set out above.

Dated: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

If submitting by email, please type your name above. If submitting by mail, please sign the printed form.

Submit by email: [agprogrms@gov.sk.ca](mailto:agprogrms@gov.sk.ca)

For more information: 1-866-457-2377 or [saskatchewan.ca/S-CAP](https://saskatchewan.ca/S-CAP)

Submit by mail: Ministry of Agriculture - Programs Branch

329-3085 Albert Street, REGINA SK S4S 0B1

If you have any questions about the collection or use of this information, please contact the Saskatchewan Ministry of Agriculture Privacy Officer at 226 - 3085 Albert St., Regina SK, S4S 0B1 or [accessprivacyagriculture@gov.sk.ca](mailto:accessprivacyagriculture@gov.sk.ca).