



## Application form

### Cyclone Gabrielle bee health and biosecurity grants 2023

Apiculture New Zealand has secured government funding for beekeepers to address biosecurity and bee health risks for hives located in Cyclone Gabrielle-damaged areas.

The total funding allocation is \$250,000 and the Ministry for Primary Industries (MPI) has appointed Apiculture New Zealand to distribute the funding to affected beekeepers.

The grant is to be specifically used for minimising the escalation of disease in hives that have been affected by flooding. The grant can only be used for costs such as fuel, equipment hire, and additional wages needed to assist in the recovery and retrieval of damaged gear and hives. These costs can include burning hives, cleaning apiary sites and clearing tracks to apiary sites.

To be eligible for this funding, your principal income must be from a beekeeping business, and you must have had a minimum of 30 hives affected in areas where a State of Emergency was declared. The areas that are eligible are those covered by the National State of Emergency declared on 14 February 2023 - for the Northland, Auckland, Waikato, Bay of Plenty, Tairāwhiti, Hawke's Bay and the Tararua district.

To apply for a recovery grant please complete this form along with the required supplementary information and send it to [funding@apinz.org.nz](mailto:funding@apinz.org.nz). Please direct any questions to this email address.

We recognise that some beekeepers may have already undertaken work to recover their hives and we will consider applications for expenditure already incurred for this purpose. Under the terms and conditions you must maintain true and accurate records in connection with the use of the funding. This includes invoices and keeping a record of your own time spent on recovery work and time spent on recovery work by your employees.

Applicant full name (individual or organisation/Trust):	
Phone number:	
Email address:	
Beekeeper registration number:	
New Zealand Business Number (NZBN)	
How many of your hives have been damaged?	
Location(s) of hives:	

<p><i>Provide as much detail as you can including road/street or farm location; local area and region.</i></p>	
<p>What damage has Cyclone Gabrielle caused to your hives and apiary sites?</p>	
<p>What recovery work will be undertaken using the Cyclone Gabrielle bee health and biosecurity grant?</p>	

### Declaration

By ticking the box beside each statement below, I, \_\_\_\_\_ (full name), declare that:

Tick below

	The information I have provided is true and correct
	The funding received will be used for Cyclone Gabrielle recovery work described above
	I am the owner of the hives or have the authority to submit this application on behalf of the owner of these hives
	I give permission for ApiNZ to contact the AFB Pest Management Agency if required to verify my beekeeper details as outlined in the application form.

I understand that:

- As soon as funds have been deposited into the nominated bank account on this application form, a grant contract will come into effect, on the terms and conditions set out in this application form.

**Bank account details:**

Bank account name:	
Bank account number:	
Bank name:	
GST registered? (Y/N)	
GST registration number:	

**SIGNATURE**

**Grant applicant/recipient**

Date:	Signature:
	Print name:

**Terms and Conditions:**

1. You acknowledge that these Terms form part of your application.
2. You must only use the Grant for the use of recovery efforts from the destruction of Cyclone Gabrielle.
3. You agree to repay the Grant or any part of the Grant paid to you if you:
  - (a) fail to meet any of the obligations about how you must use the Grant; or
  - (b) were not or stop being eligible for the Grant or any part of the Grant; or
  - (c) provide false or misleading information in your application.
4. You must maintain true and accurate records in connection with the use of the funding.
5. This Grant is a one-off contribution towards recovery efforts from the destruction of Cyclone Gabrielle.
6. ApiNZ reserves the right to terminate the Grant if you do not comply with any terms and conditions of this Grant.
7. ApiNZ respects your privacy. The information that is provided on this application form will be used to help assess your eligibility for the Grant. In the funding agreement with MPI, ApiNZ is required as the provider to ensure that any information provided by ApiNZ to MPI can be shared with other agencies for purposes related to this Grant. MPI may also use the information for research and reporting purposes.
8. You acknowledge that, as soon as funds have been deposited into the nominated bank account on this application form, a grant contract will immediately come into effect.