



# **Kentucky State University**

## ***Beginner Beekeeping Grant***

### ***2024-25 Application***

KENTUCKY STATE UNIVERSITY  
LAND GRANT PROGRAM  
COOPERATIVE EXTENSION BUILDING  
400 E. MAIN STREET FRANKFORT, KY 40601  
(502) 597-6831

FUNDING PROVIDED BY  
**KADF**  
KENTUCKY AGRICULTURAL  
DEVELOPMENT FUND

# GRANT GUIDELINES

The Kentucky State University Beginner Beekeeping Grant is a collaboration among Kentucky State University (KSU), Kentucky State Beekeepers Association (KSBA), the Kentucky Queen Bee Breeders Association (KQBBA), the Kentucky Agricultural Development Board (KADB) and local beekeeping groups. The objectives of the program are to help provide resources to beginner beekeepers, encourage participation in local beekeeping groups and are assisted in improving the genetics of the Kentucky bee population. The overall goal of the grant is to ensure that beginning beekeepers start with best practices to create more resiliency in local bee populations, which will lead to better pollinators for agriculture and improved biodiversity. (BEES ARE NOT COVERED)

## WHO IS ELIGIBLE?

Individuals who are interested in applying for the KSU Beginner Beekeeping Program must meet the following criteria:

- Satisfy eligibility requirements of the KSU Beginning Beekeeper program
- Currently a member of a local Beekeeper Association and/or KSBA
- Complete 6 Beekeeping Continuing Education Units (CEU) and submits verifying documentation (Courses can be free with a membership to the Kentucky State Beekeepers Association)
- Submit regular progress reports on bee hive health, productivity and other observations.
- Commit to improving the genetics of Kentucky bees by agreeing to:
  - Purchase nucs/hives from local beekeepers and/or swarm trapping
  - Purchase queens with varroa mite resistant genetics

## WHAT IS COVERED UNDER THE BEGINNER BEEKEEPING GRANT?

The beginner beekeeping grant covers:

- Basic hive box materials
- Basic tools for beekeeping like smoker and hive tool
- Basic personal protective equipment (PPE) for beekeeping like helmet and veil
- Test kits for disease and pests such as European Foulbrood or American Foulbrood

**Please note: HONEY BEES NOT INCLUDED IN GRANT**

## KENTUCKY STATE UNIVERSITY IS AN EQUAL OPPORTUNITY PROVIDER

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

# BEGINNER BEEKEEPING PROGRAM APPLICATION

Name of Farm, Company, or Organization: \_\_\_\_\_

Contact Person for Project: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Farm Address (if different from above): \_\_\_\_\_

Town/City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred Communication Method (Choose one or more):

Postal Mail       Telephone       Email

Social Security Number or Federal Tax ID Number: \_\_\_\_\_ FSA farm number: \_\_\_\_\_

How did you learn about this grant program? \_\_\_\_\_

In which beekeeper group do you have membership? \_\_\_\_\_

Please provide the following information for your beekeeper group:

County: \_\_\_\_\_ President: \_\_\_\_\_ Number of Members: \_\_\_\_\_

Contact (phone/email): \_\_\_\_\_ Social Media: \_\_\_\_\_

Do you have a beekeeper who is willing to serve as your mentor?

Yes       No

If so, please provide the name and contact information of your beekeeping mentor:

Contact (phone/email): \_\_\_\_\_ Social Media: \_\_\_\_\_

At the time of application, how long have you been beekeeping?

Less than 1 year       1-2 years       2-5 years       More than 5 years       Never

What other groups are you a member of or affiliated with? (Mark [X] all that apply)

Kentucky Proud       Farmers Market       OAK       KAA

Appalachian Proud       KDA Organic Program       KWIA       Grow Appalachia

Others: \_\_\_\_\_

## *Beginner Beekeeping Grant Application continued*

What type of records will you keep to show your success? \_

Who will complete the required reports? \_\_\_\_\_

Are you willing to share pictures or give tours of the project?

Yes       No

Please provide a narrative to explain why you are a good candidate for the KSU Beginner Beekeeping Grant. Use 250 words or less.



## *Beginner Beekeeper Grant Application continued*

### **GRANT GUIDELINES**

Please use an [X] to indicate you agree with the grant guidelines.

- I agree to maintain my membership in my current beekeeper group.
- I agree to complete 6 continuing education units (CEU) through KSBA or other accredited organization.
- I agree to acquire bees from local beekeepers, either as nucs or hives and/or trap local wild swarms.
- I agree to acquire queen bees, when available, from a member of the Kentucky Queen Bee Breeders Association.
- I agree to keep ongoing records regarding the bee hive health, productivity and other observations.
- I agree to submit regular update reports to the KSU Beginner Beekeeping Program.
- I agree to have my hives inspected as necessary by Kentucky State University or other qualified personnel.

I have read and understand the attached guidelines in requesting these funds.

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of Applicant*

**Please mail the completed application and all supporting documents to:**

**Kentucky State University ATTN: Tamara Potter  
400 E Main Street Cooperative Extension Building  
Frankfort, KY 40601**

**Please contact Tamara Potter at [tamara.potter@kysu.edu](mailto:tamara.potter@kysu.edu) or 502-597-6793.**

**Digital and scanned applications (.PDF format) will also be accepted via email.**