



CMCBA Hive Grant Recipient Agreement 2020

Hive grant recipients qualifications (Please initial each line as expression of understanding):

- _____ Join CMCBA for 3 years
- _____ Grant recipient cannot be a current beekeeper, only 1 grant per household.
- _____ Attend a CMCBA, or other TBA beginning beekeeper/short course with a minimum of 4 hours instruction.
- _____ Attend a minimum of 8 CMCBA functions in 2019 (example: meetings, community events when CMCBA has an educational table, fun day/family days)
- _____ Find an approved mentor from CMCBA (must be a TBA member as well) for the first 2 years of keeping bees.

Hive grant responsibilities if selected:

- _____ Responsible for the purchase of any additional supplies needed for their apiary, beyond the contents of the grant
- _____ Volunteer 5 hours a year for 2 years (total 10 hours) at a CMCBA function
- _____ Register their hive(s) with state apiarist
- _____ Sign the TN Best Management Practices Agreement
- _____ Join TBA for 2 years (Treasurer will assist with application)

Relinquishment of Hive Grant:

- _____ Should the grantee decides they no longer desire to or are unable to fulfill the requirements, the grantee will either:
 1. Return all hive equipment included in the grant
 2. Refund the total cost spent by CMCBA for the grant
- _____ Should the grantee not return the equipment or total cost within 18 months of failing to fulfill the requirements, CMCBA will pursue legal recourse

By signing this document, the grantee has read and agrees to all of the above. Print and sign full name, and date.

 Print Full Name (Grantee)

 Signature (Grantee)

 Date

 Print Full Name (Mentor)

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 CMCBA Officer Use only:

Function Attendance Verified (int): _____

Education requirement Verified (int): _____

Membership requirement Verified (int): _____

Volunteer Hours Verified (int): _____