



Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

Invasive Plant Control Program (ICIP) Weed Inspector Expense Claim Form

Note: Before you enter information it is recommended this application be saved to your computer.

DEADLINE: October 31, 2023

Submit by the above deadline by email to Annette Ellert, Agriculture Program Administrator at aellert@sarm.ca

Part 1 - APPLICANT INFORMATION

RM/First Nations: _____ No.: _____

PART 2 – PEST CONTROL OFFICER/APPLICATOR INFORMATION – LICENCES MUST BE VALID FOR PERIOD OF SERVICE IN 2023

RM or First Nation Appointed/Authorized Weed Inspector: _____

PART 3 – FINANCIAL VERIFICATION – ATTACH VALID INVOICES FOR AMOUNTS CLAIMED BELOW

Approved expenses related to monitoring for weeds designated as prohibited weeds under *The Weed Control Act* and noxious weeds. Federal and provincial taxes and fees are not eligible to claim.

Contract fees or wages (Monitoring activities and training events only)		<input type="checkbox"/> Invoices attached
Food & lodging expenses related to training events		<input type="checkbox"/> Invoices attached
Mileage related to monitoring or training events		<input type="checkbox"/> Invoices attached
Supplies necessary for monitoring or training (i.e., Personal protective equipment, shipping weed samples for identification to the Crop Protection Lab). List all below: _____ _____ _____		<input type="checkbox"/> Invoices attached
Total		

PART 4 – CERTIFICATION

I/We certify, by signing this form, that the base level of service outlined in the Sustainable CAP Program Guidelines has been met for the 2023-2024 program year in the municipality indicated at the top of this form. I/We understand any personal information in this claim is collected under the authority of 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 may share this information with Agriculture and Agri-Food Canada and other third parties for the administration of the Sustainable CAP programming, for policy and program development and evaluation and for research and statistical purposes.

I confirm the findings (Noxious and/or Prohibited Weeds) were entered in iMap invasives. ☐ Entered ☐ N/A (mark N/A if no findings)

Signed this _____ day of _____, 20____, by _____
(Administrator or Land Manager Name)

FOR SARM USE ONLY

REBATE PAID _____

DATE: _____

(Administrator or Land Manager Signature)

AUTHORIZED BY SARM:

