



Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

2024-2025 INVASIVE PLANT CONTROL PROGRAM (IPCP) CLAIM FORM

Submit to SARM by October 31, 2024 by email to Annette Ellert, Agriculture Program Administrator at aellert@sarm.ca

PART 1 – NOXIOUS WEED SPECIES
(ONLY one species per claim form):

RM or First Nation: _____ No.: _____

Stakeholder Name: _____

PART 2 – HERBICIDE APPLICATION DETAILS to record adjuvant separately, include it on the line below the main herbicide for each land location

LLD or GPS Coordinates	HERBICIDE /ADJUVANT APPLIED	ACRES TREATED	HERBICIDE/ADJUVANT APPLICATION RATE/ACRE		TOTAL HERBICIDE /ADJUVANT USED	COST PER LITRE OR GRAM (from invoice)	TOTAL HERBICIDE AMOUNT PAID
			LITRES	GRAMS			
TOTALS							

2024 RM Appointed Weed Inspector or First Nation Land Manager:

Herbicide Applicator: (Individual named on the licence – company name not accepted)

Applicator Licence #:

PART 3 – CERTIFICATION

RM/First Nation: _____

Stakeholder: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

DATE: _____

DATE: _____

SIGNATURE*: _____

SIGNATURE**: _____

(Administrator or Land Manager)

** I/We confirm, on behalf of the RM/First Nation named above, I/we have adhered to The Weed Control Act and The Pest Control Products Act and the program guidelines for the Invasive Plant Control Program. 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.*

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BEFORE SUBMITTING CLAIM
Ensure supporting documents are included:

- Herbicide application records
- Invoices – herbicides and adjuvants

FOR SARM USE ONLY
REBATE PAID: _____
DATE: _____
AUTHORIZED BY SARM: _____

2024-25 Invasive Plant Control Program
NOXIOUS WEED Claim Form

