



RM of \_\_\_\_\_ No. \_\_\_\_\_

Appointed Pest Control Officer Name: \_\_\_\_\_

Rodenticide Applicator Name: \_\_\_\_\_

Pesticide Applicator License # \_\_\_\_\_

<b><u>First time visits to farm sites:</u></b>	
Total Occupied (O) sites inspected: _____	<b>Total Active INFESTATIONS:</b> _____
Total Vacant (V) sites inspected: _____	
<b>Total number of SITES inspected (O+V):</b> _____	<b>Total of ALL inspections for 2018:</b> _____

**Eligible Expenses to claim by the RM:**

Value (\$) of Rat Control Bait Provided FREE TO RATEPAYERS in 2018 <i>(attach Rat Control Bait Summary)</i>	\$
PCO/Rodenticide Applicator Expenses	\$
Other Eligible Expenses <i>(details)</i> _____	\$
Total Rat Control Expenses being claimed in 2018:	\$
<b>Eligible Rebate Request</b> <i>(50% of total expenses reported above):</i>	\$

*I certify, by signing this form, that the base level of service outlined in the Program Guidelines has been met for the year 2018 in the municipality indicated at the top of this form.*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
*(Administrator Name)*

\_\_\_\_\_  
*(Administrator Signature)*

Please submit to SARM **by NOVEMBER 30, 2018** by fax to 306-565-2141 or by email to Annette Ellert, Program Manager at [aellert@sarm.ca](mailto:aellert@sarm.ca)

**No other government grant, rebate, assistance program or payment can be received by the RM with relation to the expenditures subject to this program.** No RM will receive more than 50% of the expenses reported on the Rat Control Program (CAP-RCP) Claim Form – Part 1. Verification of fulfillment of program requirements may be requested, random audits may be conducted, and information on specific reporting measures may also be requested.



### Rat Control Bait Summary

RM of \_\_\_\_\_ No. \_\_\_\_\_

The information below verifies the amount being claimed for the cost of rat control bait used in 2018 under the 2018-19 Rat Control Program (CAP-RCP). This form must be completed, signed and returned to SARM by the program deadline date along with the 2018-19 CAP-RCP Claim Form – Part 1.

<b>Value (\$) of Rat Control Bait Inventory</b> at January 1, 2018 <i>(Please provide previous receipts to verify inventory purchases)</i>	\$
<b>Value (\$) of Rat Control Bait Purchased in 2018</b> <i>(Please provide 2018 receipts to verify purchases)</i>	\$
<b>2018 Inventory Value Subtotal</b>	\$
<b>Value (\$) of Rat Control Bait Provided FREE TO RATEPAYERS in 2018</b> <i>This amount will match the amount being claimed on the 2018-19 Rat Control Program (CAP-RCP) Claim Form – Part 1</i>	\$

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_  
*(Administrator Name)*

\_\_\_\_\_  
*(Administrator Signature)*

I certify, by signing this form, that the amounts shown above are a true representation of the eligible amount of rat control bait used by this Rural Municipality in 2018 as claimed for on the 2018-19 Rat Control Program (CAP-RCP) Claim Form – Part 1.

Please submit to SARM **by NOVEMBER 30, 2018** by fax to 306-565-2141 or by email to Annette Ellert, Program Manager at [aellert@sarm.ca](mailto:aellert@sarm.ca).

**No other government grant, rebate, assistance program or payment can be received by the RM with relation to the expenditures subject to this program.** No RM will receive more than 50% of the expenses reported on the Rat Control Program (CAP-RCP) Claim Form – Part 1. Verification of fulfillment of program requirements may be requested, random audits may be conducted, and information on specific reporting measures may also be requested.