



Sustainable Canadian Agricultural Partnership

Competitive. Innovative. Resilient.

Gopher Control Program (GCP)

Claim Form

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

DEADLINE: July 31, 2025

Stakeholders must submit claims to the RM or First Nation office prior to the above deadline.

RMs and First Nations submit by the above deadline by email to Annette Ellert, Agriculture Program Administrator at

aellert@sarm.ca

PART 1 - APPLICANT INFORMATION

RM/First Nation: _____ No.: _____

Stakeholder Name: _____

PART 2 – FINANCIAL VERIFICATION – ATTACH VALID INVOICES FOR REGISTERED GOPHER CONTROL PRODUCTS

(Used January 1, 2025 to July 31, 2025)

Name of registered gopher control product: _____

Cost of registered gopher control product used by July 31, 2025 (do not include GST & PST) \$ _____

PART 3 – RAPTOR PLATFORMS AND NEST BOXES INCLUDE INVOICES FOR MATERIALS (Purchased and installed January 1, 2025 to July 31, 2025)

| Item Description | QTY | Paid per Unit | TOTAL PAID (no GST & PST) |
|------------------|---------|---------------|---------------------------|
| _____ | _____ X | \$ _____ | \$ _____ |

LLD or GPS location(s) of installation: _____

PART 4 – CERTIFICATION

Stakeholder Name: _____

Email: _____

Phone: _____

DATE: _____ SIGNATURE*: _____

** I/We confirm, as the stakeholder named above, I/we have adhered to The Pest Control Products Act and the program guidelines for the Gopher 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.*

RM or First Nation Certification:

RM or First Nation: _____

Email: _____

DATE: _____ SIGNATURE**: _____

(Administrator or Land Manager Signature)

*** I/We confirm that, on behalf of the RM or First Nation named below, I/we have adhered to The Pest Control Products Act and the program guidelines for the Gopher 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.*

FOR SARM USE ONLY

REBATE PAID _____ DATE: _____ AUTHORIZED BY SARM: _____

