

**State of Oregon
 Producer Wolf Depredation Compensation Claim Application**

APPLICATION DEADLINE: DECEMBER 1ST

Submit Reimbursement Requests To:

Baker County Commissioners
 Attn: Erin Linan
 1995 Third Street
 Baker City, OR 97814
 Ph.: 541-523-8200
 Fax: 541-523-8201
 Email: elinan@bakercounty.org

Claimant Information – A claimant is the owner of the livestock or working dog who is filing a wolf depredation compensation claim.			
Claimant Name			Date
Address		City	State Zip
Email Address		Home Phone	Cell Phone

Direct Loss Claim Information						
Date of Loss	No.	Species	Age	Weight	Kill/Injured	Est. Fair Market Value
10/12/20	2	Bovine Calves	8m both	225lbs both	Killed both	\$1,000 each - \$2,000 total
Total amount of direct loss compensation being requested: \$						
Date reported to ODFW:				Name of ODFW Investigator:		
Brief description of loss:						
Describe Method Used to Determine Value (Provide Documentation if applicable)						

Is there a current ODFW Wolf-Conflict Deterrence Plan in affect in the location of your loss? Y N Unk

Direct Loss Claim Information Cont.

Please check the non-lethal wolf deterrent techniques that were being implementing during the date of this depredation incident and give a brief description of activities and frequencies:

- Reducing Attractants (Removal of bone piles; carcass disposal)
- Barriers (Fladry and Fencing)
- Human Presence (Range Riders, Hazers, Herders, Individual Response)
- Guardian Animals (Protection Dogs, etc.)
- Alarm or Scare Devices (Alarm Systems, Lights and Sound Devices)
- Livestock Management/Husbandry Changes (Changing pastures, night feeding, changes in calving season and herd structure, etc.)
- Experimental Practices (Bio-fencing, belling cattle, airman, etc.)
- Other
- None

Description:

Direct Loss Claim - Insurance Information

Is animal covered by insurance? Yes No

If insured, please provide a copy of your declaration page(s) and the following information:

Will you or have you submitted a claim to an insurance company for this loss? Yes No

Insurance Company Name	Insurance Policy Number	Anticipated Settlement Date
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Direct Loss Claim - Depredation Property Description

Township:	Range:	Section(s):	County:	Total Grazing Acreage:
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Is location designated as an "Area of Known Wolf Activity," (AKWA) by ODFW Yes No
(If yes, please attach a current AKWA map showing location of wolf depredation)

Is claimant owner of the property where livestock loss occurred? Yes No

Is the property: Leased ___ Rented ___	Is the property publicly owned? Yes No
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If leased, rented, or publicly owned, please provide the following information:

Name of property owner:	Property Owner Phone Number:
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Non-Lethal Prevention Assistance Claim Information

Please identify the non-lethal measures you will be requesting funding for:

Reducing Attractants (Removal of bone piles; carcass disposal)

Barriers (Fladry and Fencing)

Human Presence (Range Riders, Hazers, Herders, Individual Response)(Must fill out Exhibit A)

Guardian Animals (Protection Dogs, etc.)

Alarm or Scare Devices (Alarm Systems, Lights and Sound Devices)

Livestock Management/Husbandry Changes (Changing pastures, night feeding, changes in calving season and herd structure, etc.)(Must fill out Exhibit A)

Experimental Practices (Bio-fencing, bellling cattle, airman, etc.)

Other

Grant Funds Requested \$

Project Start Date:

End Date:

If the project is long-term, indicate the estimated number of years for the project:

If this is an existing project, indicate the year this project began:

Project Description:

Has ODFW or USFWS been consulted regarding prevention project?

Yes

No

If yes, please provide name and phone number of person consulted:

Name:

Phone#:

Missing (Indirect) Livestock Claim Information (Must fill out Exhibit B)

Date of Loss	No.	Species	Age	Weight	Kill/Injured	Est. Fair Market Value
10/12/20	2	Bovine Calves	8m both	225lbs both	Killed both	\$1,000 each - \$2,000 total

Total amount of missing livestock compensation being requested: \$

Missing Livestock Claim Information Cont.

Please describe any evidence of wolf presence at the suspected area of the AKWA during suspected date that your livestock went missing (i.e., tracks, scat, reported sighting data from ODFW or other governmental or private parties, VHF or GPS collar data, etc.)

Please indicate and describe the “best management practices to deter wolves,” that you were implementing during the time your livestock went missing:

- Reducing Attractants (Removal of bone piles; carcass disposal)
- Barriers (Fladry and Fencing)
- Human Presence (Range Riders, Hazers, Herders, Individual Response)
- Guardian Animals (Protection Dogs, etc.)
- Alarm or Scare Devices (Alarm Systems, Lights and Sound Devices)
- Livestock Management/Husbandry Changes (Changing pastures, night feeding, changes in calving season and herd structure, etc.)
- Experimental Practices (Bio-fencing, belling cattle, airman, etc.)
- Other

Brief Description:

Claim Certification

I certify that this claim application is a true and accurate representation of the reported livestock and working dog related losses and/or prevention activities and projects that will be performed if funds are awarded by this County Wolf Advisory Committee from the Oregon Department of Agriculture’s Wolf Depredation Compensation and Financial Assistance County Block Grant Program. By the following signature, the Claimant certifies that they are aware of the requirements of the Oregon Department of Agriculture’s Wolf Depredation Compensation and Financial Assistance County Block Grant Program and are in full compliance with the requirements of the program specified in OAR 603-019.

Claimant Signature: _____ Date: _____

Print Name: _____

EXHIBIT “A”

Range Rider

1. This program will reimburse livestock owners up to 50% of the costs associated with the use of a Range Rider or based on available funds. Funding of the reimbursement program is strictly dependent upon the number of producers participating in the program and the funds available. This is a first come, first serve program. In order to address both State of Oregon and Baker County rules and regulations, the following items must be met:
 - Return the completed Range Rider form (Exhibit A) to Baker County by **December 1st**.
 - Indicate on the “Area of Known Wolf Activity” map where the Range Rider rode.
 - Attach additional maps, such as an allotment map or private land map, that show a closer look at the areas where the Range Rider rode.
 - Attach a receipt showing payment made to the Range Rider. The receipt must include the name of the rider, the dates of service and the dollar amount paid.

Section A: Livestock Owner Contact Information				
Business/Owner Name		Phone Number		
Contact Name <small>(if different from above)</small>		Phone Number		
Business Mailing Address				
City		State		Zip
Email Address				

Section B: Range Rider Contact Information				
Name				
Home Number		Cell Number		
Mailing Address				
City		State		Zip
Email Address				

Using the space provided below, list the date(s) and time(s) that the range rider rode. Include as much detail as possible including any and all wolf observations such as wolf tracks, howling, alert messages, etc.. Use the attached, “Area of Known Wolf Activity” map to indicate the general area you rode and include allotment or private property maps that show more detailed areas that were covered. Attach additional pages as needed.

<u>Date</u>	<u>Time</u>	<u>Area Covered</u>	<u>Observations</u>

Section C: Range Rider Signature

By signing, I acknowledge that I rode the areas described above and the information presented is accurate.

Signature		Date	
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Section D: Livestock Owner Signature

By signing, I acknowledge that the range rider listed above performed the services described and was compensated for those services. I also confirm that the range rider listed is not an employee nor a family member. My signature also indicates that I understand that reimbursement is on a first come, first serve basis that is dependent upon available funding from the State and County. I have attached a receipt and I understand that I will only be reimbursed for 50% of the amount listed.

Signature		Date	
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EXHIBIT "B"
CALF Livestock Number Verification

Livestock Owner Name: _____
 Address: _____
 City, State, Zip : _____
 Phone Number: _____

Date Counted			
Number of:	Cows		
	Bulls		
	Ewes		
	Calves		
	Yearlings Lambs		
Livestock Counted by Name:			
Address:			
City, State, Zip			
Phone Number			
Affiliation to owner			

Livestock brand: _____

Normal death loss for this pasture: _____

Actual death loss this year: _____