State of Oregon -- Producer Wolf Depredation Compensation Claim Application

APPLICATION DEADLINE: February 7

Submit reimbursement requests to:

Baker County Board of Commissioners -- Attention: Rebecca Neault
1995 Third Street, Baker City, OR 97814
Ph: 541-523-8200 * Fax: 541-523-8201 * Email: rneault@bakercountyor.gov

Claimant Information – owner of the killed or injured livestock or working dog filing this form	
Claimant Name:	
Mailing Address:	
City:	ZIP:
Home Phone No:	Cell Phone No:
Email:	

Direct Loss Claim Information

Date of Loss	No.	Species	Age	Weight	Kill/Injured	Estimated Fair Market Value

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 any applicable documentation):

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

☐ Yes ☐ No ☐ Unknown

Direct Loss Claim Information Continued

Please check the non-lethal wolf deterrent techniques that were being implemented 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, 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 the 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

Direct Loss Claim – Depredation Property Description

Township:	Range:	Section(s):	County:	Total Grazing Acreage:

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

The property is ☐ Leased ☐ Rented	Is the property publicly owned? ☐ Yes ☐ No

If **leased, rented, or publicly owned,** please provide the following information:

Name of the property owner:	Property owner phone number:

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, 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, belling 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 of this project began:		
Project description:		
Has ODFW or USFWS been consulted regarding the prevention project? ☐ Yes ☐ No		
If yes, please provide the name and phone number of the person consulted:		
Name:	Phone Number:	

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

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. 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 (if different from above):		Phone Number:
Business Mailing Address Street:		
City:	State: Zip Code:	
Email Address:		

Section B: Range Rider Contact Information	
Name:	
Home Phone:	Cell Phone Number:
Mailing Address Street:	
City:	State: Zip Code:
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.

Date	**Time**	**Area Covered**	**Observations**

Section C: Range Rider Signature
By signing, I acknowledge that I rode the areas described above and the information presented is accurate. Signature: _____ Date: _____

Section D: Livestock Owner Signature
By signing, I acknowledge that the range riders 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: _____

EXHIBIT B

CALF Livestock Number Verification

Livestock Owner Name: _____

Address: _____

City, State, Zip: _____

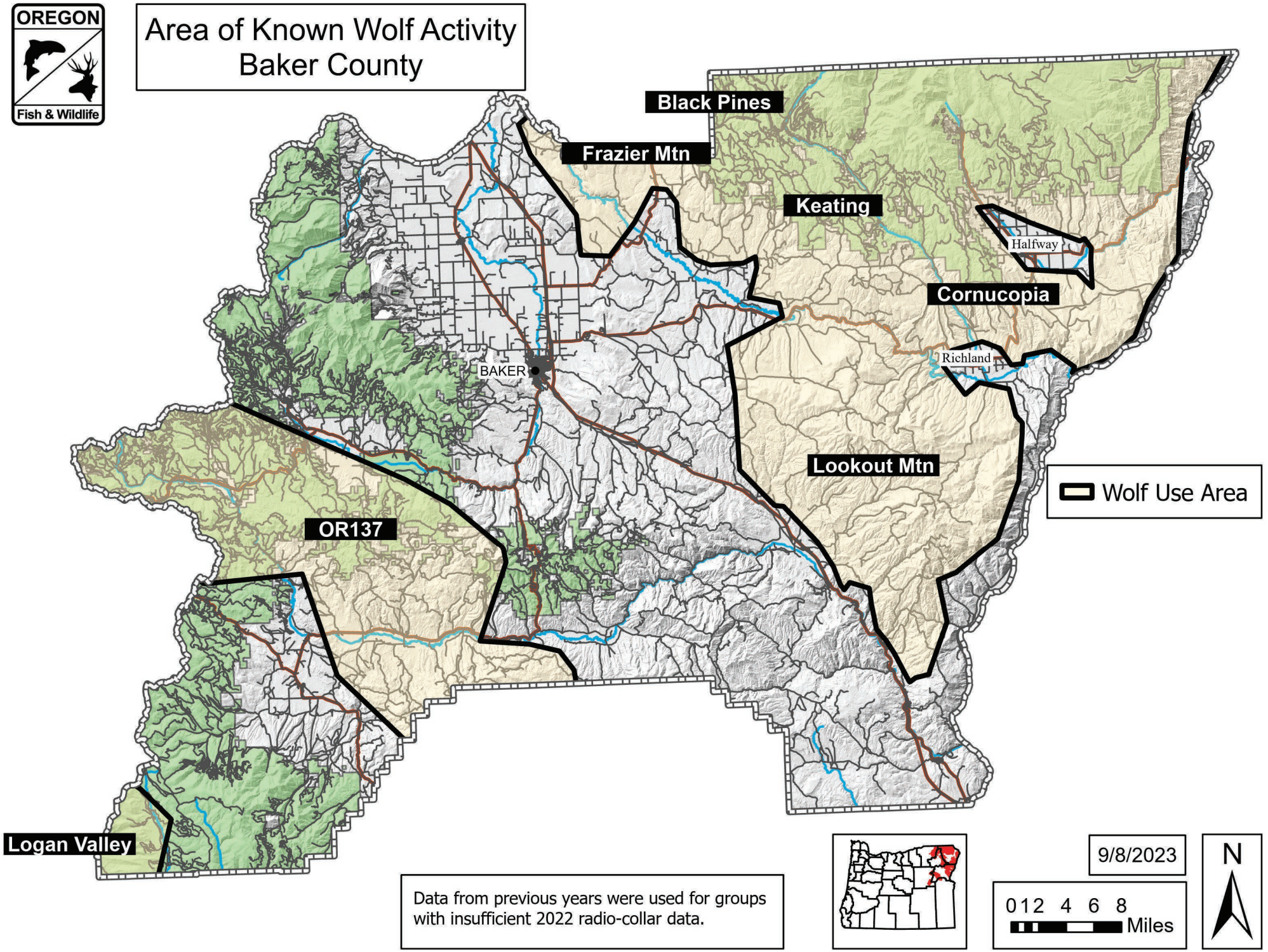
Phone Number: _____

	Date:	Date:	Date:
Number of: Cows			
Bulls			
Ewes			
Calves			
Yearling Lambs			
Livestock counted by			
Name:			
Street Address:			
City:			
State:			
Phone Number:			
Affiliation to owner:			

Livestock brand: _____

Normal death loss for this pasture: _____

Actual death loss this year: _____


OREGON
Fish & Wildlife
Area of Known Wolf Activity
Baker County
Black Pines
Frazier Mtn
Keating
Halfway
Cornucopia
Richland
BAKER
Lookout Mtn
OR137
Logan Valley
Wolf Use Area
Data from previous years were used for groups with insufficient 2022 radio-collar data.
9/8/2023
0 1 2 4 6 8
Miles
N