# State of Oregon -- Producer Wolf Prevention Application

**APPLICATION DEADLINE: December 1**

**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 – livestock/working dog owner filing this form** | |
|---|---|
| Claimant Name: | |
| Mailing Address: | |
| City: | ZIP: |
| Home Phone No: | Cell Phone No: |
| Email: | |

**Certification and Signature**

By signing below, I certify that:

1. I am the claimant, or I represent the claimant listed on this document.
2. All information provided in the application is true and accurate to the best of my ability.
3. I understand the requirements of the Oregon Department of Agriculture's Wolf Depredation Compensation and Financial Assistance Grant Program. I am in full compliance with the program's requirements specified in OAR 603019.

Applicant signature: _____ Date: _____

**Identify the non-lethal measures you are 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**
- ☐ 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

| **If "Other," Please Explain:** | | |
|---|---|---|
| **Total grant funds requested ($):** | **Project start date:** | **Project end date:** |

**Project description (including history on existing projects or estimated length for multi-year projects)**

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**Has ODFW or USFW been consulted regarding the prevention project?**

- ☐ Yes (If yes, provide the information below)
- ☐ No

| **Contact Name:** | **Contact Number:** |
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# 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: | | |

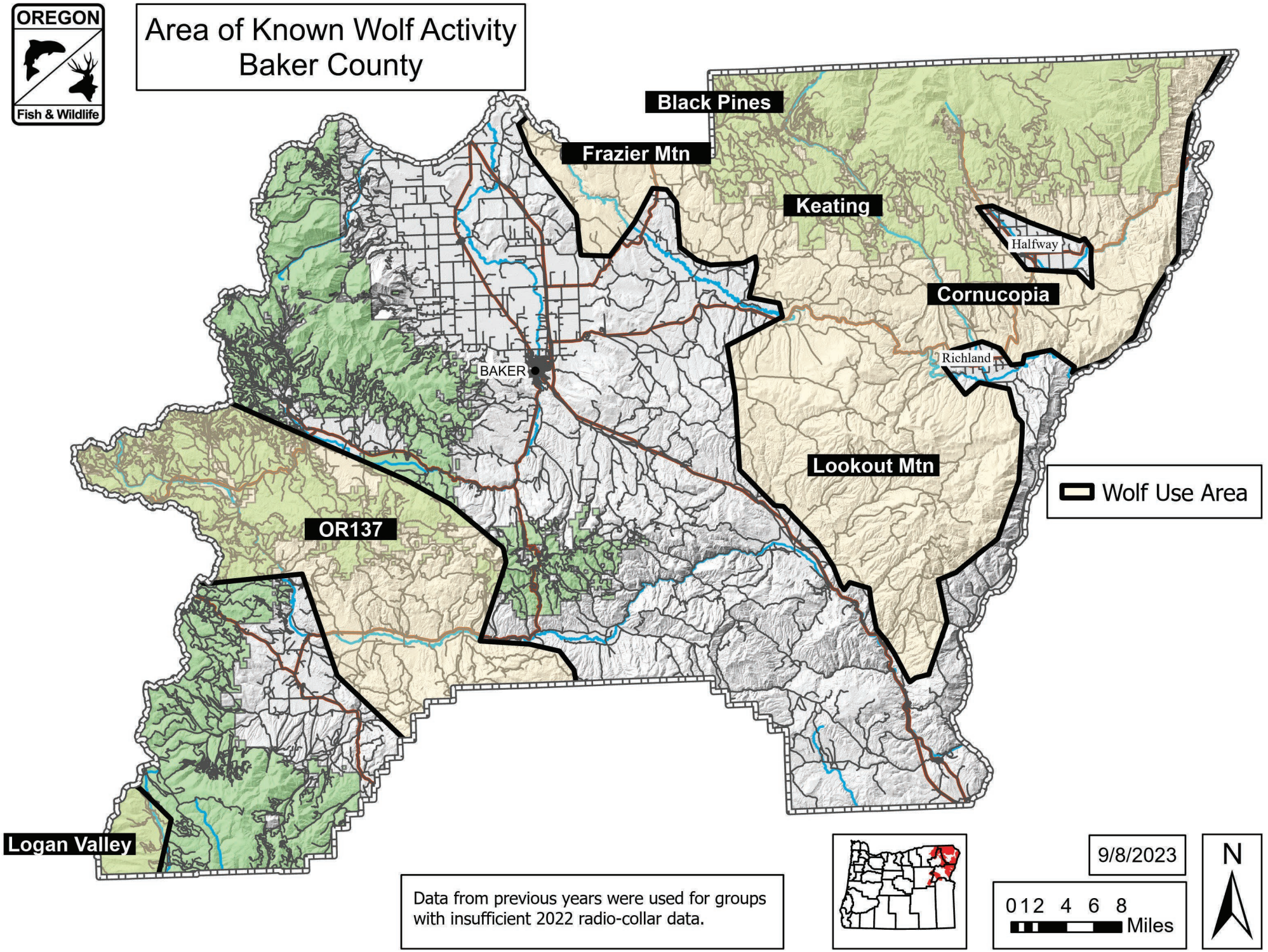
Using the space provided below, list the date(s) and time(s) that the range rider rode. Include as much detail as possible including any and all wolf observations such as wolf tracks, howling, alert messages, etc.… Use the attached, "Area of Known Wolf Activity" map to indicate the general area you rode 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** |
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| **Section C: Range Rider Signature** |
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| By signing, I acknowledge that I rode the areas described above and the information presented is accurate.<br><br>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.<br><br>Signature: _____ Date: _____ |


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