

Protect. Promote. Prosper.

CATEGORY 3 – NON-LETHAL PREVENTATIVE TECHNIQUES

| Claimant information – livestock/working dog owner completing this form | | |
|--|--|--|
| Name: | | |
| Mailing Address: | | |
| | | |
| City: | ZIP: | |
| Home Phone No: | Cell Phone No: | |
| Email: | | |
| Certification and Signature | | |
| By signing below, I certify that: | | |
| I am the claimant, or I represent the claimant listed on this document. | | |
| 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 603- | | |
| 019. | | |
| Applicant signature: Date: | | |
| Applicant signature. | | |
| | | |
| | | |
| dentify the non-lethal measures you are requesting funding for: ☐ Reducing attractants (removal of bone piles, carcass disposal ☐ Barriers (fladry and fencing) ☐ Human presence (range ridgers, hazers, herders, individual re ☐ Alarm or scare devices (alarm systems, lights, and sound dev ☐ Livestock management/husbandry changes (changing pastur structure, etc.) ☐ Experimental practices (bio-fencing, belling cattle, airman, et ☐ Other | esponse) ices) es, night feeding, changes in calving season and herd | |
| Explain | | |
| Total grant funds requested (\$) | Project end date | |
| , | | |
| Project description (including history on existing projects or estimated length for multi-year projects) | | |

| Has ODFW or USFW been consulted regarding the prevention project? Yes (If yes, provide the information below) No | | |
|---|----------------|--|
| Contact Name | Contact Number | |
| | | |
| | | |
| Please return completed application by November Union County 1106 K Avenue La Grande, OR 97850 541-963-1001 | er 1 to: | |
| Or email to: apowers@union-county.org | | |
| If emailing, please ensure delivery confirmation. | | |
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