



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
<p>By signing below, I certify that:</p> <ol style="list-style-type: none"> 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 603-019. <p>Applicant signature: _____ Date: _____</p>

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 ridgers, hazers, herders, individual response)
- 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

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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