

County Wolf Depredation Compensation and Financial Assistance Grant Application

Purpose

Provides funding to:

- Reimburse livestock owners for confirmed or probable losses or injuries to livestock or working dogs caused by wolves.
- Support nonlethal tools and livestock management practices that help prevent conflicts between wolves and livestock.
- Assist counties by covering up to 90% of the necessary expenses to operate a local wolf compensation program.

Who Can Apply

Counties are eligible to apply if they meet the following requirements:

- The county has a County Advisory Committee that oversees the wolf compensation program. The committee must include:
 - **One** county commissioner
 - **Two** members who own or manage livestock
 - **Two** members who support wolf conservation or coexistence with wolves
 - **Two** county business representatives, selected by the committee after it is formed
- The county agrees to contribute 10% of the total program costs when applying under the necessary expenses category.

County Checklist

- A current and active County Wolf Advisory Committee;
- Completed County Application form;
- Completed **Depredation Application** form(s) from producers or supporting documentation for any depredation requests, that includes:
 - “Producer name”
 - “Location of death/injury incident, including whether it occurred inside or outside an area of known wolf activity (AKWA)”
 - “ODFW Wolf Depredation Investigation Summary Report”
 - “Animal type(s), age, quantity, average weight, estimated fair market value and method used to determine value”
 - “Whether the animal(s) were insured and, if so, the insurance company, policy number, and anticipated settlement amount”
 - “Preventative wolf deterrent techniques used before the depredation”
- **Prevention Application** form(s) or a brief description and estimated cost(s) of preventative techniques being applied for; and
- Email application package to wdcfa@oda.oregon.gov no later than 5:00 pm February 28th.

What happens next?

After a county submits its wolf grant application, ODA will review the application for completeness and may request additional information. ODA will then evaluate all applications, compare the total amount requested to available funding, and make final award decisions. ODA will send successful applicants a grant contract for signature and will issue the approved funds after the contract is signed.

**Email application package to wdcfa@oda.oregon.gov
no later than 5:00 pm February 28th.**

Calendar Year _____	
County	
Mailing Address	
City	ZIP
Name of County Contact	
Phone No.	Email
Grant Funds Request	
Depredation Funds - Funds requested to compensate for livestock or working dog deaths or injuries caused by wolves between February 1 of the previous year and January 31 of the current year (e.g., February 1, 2024–January 31, 2025).	\$
Prevention Funds - Funds requested for livestock management or nonlethal wolf deterrence techniques to be used during the current grant year to reduce wolf depredation of livestock or working dogs by the county or individual producers.	\$
Necessary Expenses - The county may request funds to cover up to 90% of the necessary expenses to operate the grant program. By requesting these funds, the county agrees to contribute the remaining 10%. Examples of necessary expenses are described in OAR 603-019-0010(2).	\$
Total Grant Funds Requested	\$

Advisory Committee Membership

List committee members' names, contact phone number, and email (if available) below.

County Commissioner	Phone No.	Email
Livestock Owner/Manager	Phone No.	Email
Livestock Owner/Manager	Phone No.	Email
Coexistence Member	Phone No.	Email
Coexistence Member	Phone No.	Email
Business Representative	Phone No.	Email
Business Representative	Phone No.	Email

Authorization and Signature

By signing below, I affirm that the information provided in this application accurately represents the work proposed by the **County** in connection with the Oregon Department of Agriculture's **Wolf Depredation Compensation and Financial Assistance Grant Program**.

I confirm that I am authorized to submit this application on behalf of the **County**, which is the Applicant. The County acknowledges and understands the requirements of the program as outlined in **OAR 603-019-0001 through 603-019-0040**, including that the County may request reimbursement for up to **90% of necessary expenses** and, by applying for these funds, agrees to contribute the remaining **10%** of those expenses. The County further understands that, if awarded, it will be required to enter into a grant agreement with the Oregon Department of Agriculture prior to receiving funds.

Authorized Signature	Date
Print Name	Title