## Malheur County Preventative Financial Assistance Funds

## **Applicant Information (please print or type)** Name Address Zip Code City State E-Mail Telephone Fax Financial Assistance For Livestock Management and Nonlethal Wolf Deterrence Techniques Briefly describe what livestock management techniques or nonlethal wolf deterrence techniques you want to implement? For example, install fladry, increase checks on livestock, fencing. Have you used these techniques before? \_\_\_\_ yes \_\_\_ no. If yes, please describe location. Have you used any other wolf deterrence techniques? \_\_\_\_ yes \_\_\_\_ no. If yes, please list wolf deterrence methods used before. Describe location where techniques will be implemented. Describe your livestock and general business operations. For example, number of livestock, type of livestock and size of business/operation What date do you want to implement techniques?

Malheur County Advisory Committee: Wolf Depredation Compensation and Financial Assistance Program. Dan Cummings, Chair (541) 889-5411, Toby McBride, Vice Chair (541) 473-3500, Larry Hinton (541) 473-2432, Shad Harrison (541) 473-4263, Don Hodge, County Commissioner (541) 473-3575, Dave Wenger, (541) 212-0116, Mark MacKenzie (541) 541-339-4449.

Total estimated cost of livestock management or nonlethal deterrence techniques. \$\_\_\_\_\_

Source of cost estimate. Attach bid, quote or other documentation of cost.

Dollar amount of financial assistance being requ	ested. \$	
By signing below, Applicant acknowledges that County must consult with ODFW on location and type of technique(s) applied for before awards are given. In addition, Applicant agrees that, if an award is made, Applicant will cooperate with County and provide receipts and other follow- up information, documents or site reviews to assure that the techniques were implemented. Applicant may be requested to orally present financial assistance request to Malheur County Advisory Committee.		
Signature of Applicant	date	
For Committee Use:		
Is there backup material for decision?  Recommend Funding?  Amount of funding recommended?	Yes No No No	
Signature of Chair:	Date:	

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