

COUNTY LIVESTOCK LOSS AUTHORITY
1712 North Date Street
Truth or Consequences, NM 87901
(575) 894-6215

APPLICATION FOR MEXICAN WOLF DEPREDATION PREVENTION GRANT

The program is designed to provide funding for livestock producers that incur costs to their operations in the process of preventing or reducing interactions with Mexican wolves (e.g. transportation costs, range riders, fencing, etc.). This funding is intended to reduce livestock/wolf interactions. Applicants may be required to provide matching funds for the grant monies awarded. All applicants are required to provide reports documenting proof of the cost share as directed by the Board. An applicant authorizes the County Livestock Loss Authority, and its representatives, to enter property where loss prevention activities are being conducted.

Mail completed applications to:

County Livestock Loss Authority
Amber Vaughn
Sierra County Manager/CLLA Administrator
1712 N. Date Street
Truth or Consequences, NM 87901

You may also scan and email a completed application to avaughn@sierraco.org.

Name of Applicant

Mailing Address

City State Zip Code

Telephone Number

Fax Number

Email Address

APPLICANT INFORMATION PRIMARY CONTACT PERSON

Name of Primary Contact Person (if not the same as Applicant)

Mailing Address

City

State

Zip Code

Telephone Number

Fax Number

Email Address

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PROJECT AREA

Supply a map of the project area if possible. If not, complete the section below.

Township: _____ Section: _____ Range: _____

Allotment name, if available: _____

LIVESTOCK INFORMATION

Types of livestock being protected by this project: Cattle [] Horse [] Mule [] Sheep []

Number of Livestock Owners within the project area. _____

Estimated number of livestock covered by this project. _____

VERIFICATION OF WOLF PRESENCE ON PROPERTY

Provide official documentation from US Fish and Wildlife Service or Interagency Wolf Team describing known occupied habitat, potential habitat, number of packs using property and number of dens on property.

Please provide this documentation as attachments to this application.

W-9

Submission of a grant application does not guarantee a grant award. The Board will award grants based upon available funds and the merits of the project. If your project is selected, you will be required to submit a completed W-9 form before a grant may be issued.

WOLF/LIVESTOCK DEPREDATION PREVENTION PROJECT(S) UNDERTAKEN

Describe all projects completed by the applicant that reduce wolf/ livestock interactions.

Grant Funds Received per project: _____

Total Funding per project: _____

This information can be provided as an attachment if necessary.

PROJECT TIMELINE

Start Date: _____

End Date: _____

If the project is long term, indicate the estimated number of years for the project. _____

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If this is an existing project, indicate the year it began. _____

PROPOSED BUDGET

Grant Funds Requested: _____

Total Matching Funds: _____

Tell us about your matching funds.

What is your cash match? _____ (please provide proof)

What is your in-kind match? _____ (please provide proof)

RANCH INFORMATION; CONFLICT AVOIDANCE INFORMATION; WOLF INFORMATION

Name of Ranch Property: [Click here to enter text.](#)

Name of Federal Grazing Allotment if any: [Click here to enter text.](#)

Type of Livestock: [Choose an item.](#)

Class of Livestock: [Choose an item.](#)

Estimated Number of Livestock Affected by Wolves during Calendar Year: [Click here to enter text.](#)

Number of Confirmed or Probable (as determined by USDA-APHIS Wildlife Service Investigators) Wolf-Caused Livestock Kills on the Ranch during the Calendar Year: [Choose an item.](#)

Amount of Compensation Received by the Ranch during the Calendar Year for Confirmed or Probable Kills: [Click here to enter text.](#)

Note: Conflict avoidance measures include any ranching techniques that were implemented to reduce the impact of wolves that differ from normal operations.

Were Conflict Avoidance Measures Implemented on the Ranch during the Calendar Year?
[Choose an item.](#)

Was Funding Provided by Outside Entities to Offset the Cost of Conflict Avoidance Measures:
[Choose an item.](#)

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Amount of Funding Received from the Outside Entity (ies) (if known/otherwise provide an estimate)? [Click here to enter text.](#)

What was the Estimated Cost to the Ranch from implementing Conflict Avoidance Measures (do not include funding received from outside entities): [Choose an item.](#)

Were Collared Wolves Present on the Ranch during the Calendar Year: [Choose an item.](#)

What was the Name of the Pack(s) that was Present on the Ranch during the Calendar Year (if known/otherwise leave blank): [Click here to enter text.](#)

Were Uncollared Wolves Present on the Ranch during the Calendar Year: [Choose an item.](#)

How Frequently Did Ranch Employees Observe Sign (scat, tracks, or hear howling) of Wolves:
[Choose an item.](#)

How Frequently Did Ranch Employees See Mexican Wolves: [Choose an item.](#)

What was the Greatest Number of Mexican Wolves Seen Traveling Together by a Ranch Employee in a Single Observation: [Click here to enter text.](#)

Were Observations of Wolf Sign and Mexican Wolves Reported to the Fish and Wildlife Service or to the New Mexico Department of Game and Fish: [Choose an item.](#)

EXISTING FUNDING

Identify if any other sources and amounts of funding and/or donations for this project.

PROJECT DESCRIPTION

List a breakdown of estimated labor, administrative costs, equipment type, materials, etc. If the project is funded by multiple sources, identify the specific items using County Livestock Loss Authority grant funds.

BOARD LIABILITY AND RELEASE

Acceptance of funding constitutes a full and complete release of all claims the applicant, his/her successors, and/or assigns may have against the County Livestock Loss Authority, its member Counties, their officers, employees, agents, and contractors, related to the implementation of the Mexican Wolf Recovery Program. Claimant acknowledges that they may be responsible for state and/or federal income tax for payment(s) received in conjunction with this Program.

DISCLOSURE AND CONFIDENTIALITY

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I understand that any information provided to the County Livestock Loss Authority in relation to this application is subject to disclosure under the New Mexico Inspection of Public Records Act, except as otherwise expressly provided therein. By submitting this application, I knowingly waive any right to confidentiality in relation to the material submitted in conjunction with this application, subject to the exceptions referenced above. I further swear and affirm that the information provided in this application and any additional information that may be provided to the County Livestock Loss Authority in relation to this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Printed Signatory Name: _____

I swear or affirm that I am legally authorized to represent and enter into contractual agreements on behalf of this organization.

Name of Organization: _____

Representative Signature: _____ Date: _____

Printed Signatory Name: _____