



## **APPLICATION FOR MEXICAN WOLF/LIVESTOCK CONFLICT AVOIDANCE COMPENSATION**

Compensation is available to New Mexico livestock producers that incurred costs to their operations between **January 1, 2023 through December 31, 2023** to implement practices aimed at preventing or minimizing interactions between livestock and Mexican wolves.

Applications are due by **November 15, 2024**

Please note this is NOT the correct application form for depredation compensation or for indirect damages compensation. See the CLLA website for the correct application forms for depredation compensation and compensation for indirect damages.

Applicants for conflict avoidance compensation are required to provide a 25% match for the compensation requested through this application. All applicants are required to provide reports documenting proof of the cost share and actual expenditures. An applicant authorizes the County Livestock Loss Authority, and its representatives, to enter property where loss prevention activities are being conducted.

Submission of a compensation application does not guarantee compensation. The CLLA will award compensation based upon the information provided in the application and available funds. Successful applicants may be required to submit a W-9 within 14 days of notification of pending compensation, or compensation may be withheld.

Mail completed applications to:

County Livestock Loss Authority

Debroah Mahler  
CLLA Administrator  
P.O. Box 507  
Reserve, NM 87830

You may also scan and email a completed application to:

**Date of Application:**

## **Section II. Contact Information**

**1. Name(s) of Applicant(s):**

**2. Address:**

**City:**

**State:**

**Zip:**

**3. Phone Number:**

**4. Cell Phone Number:**

**5. Email Address:**

## **Section III. Ranch Information**

**6. Name of Ranch Property:**

**7. Name of Federal Grazing Allotment if any?**

**8. Type of Livestock:**

**9. Class of Livestock:**

**10. Number of Livestock Affected by Wolves during Calendar Year:**

**11. Number of Confirmed or Probable (as determined by USDA-APHIS Wildlife Service Investigators) Wolf-Caused Livestock Kills on the Ranch during the Calendar Year?**

## Section IV. Conflict Avoidance Information

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

**12. Were Conflict Avoidance Measures Implemented on the Ranch during the Calendar Year?**

Yes          No

**13. Which conflict avoidance measures were implemented? Indicate all that apply.**

**Range Riding**  
**Carcass Removal**  
**Fladry**  
**Fencing**  
**Guard Dogs**  
**Other:**

**14. What was the Estimated Cost to the Ranch from Implementing Conflict Avoidance Measures?**

**15. What was your Cash Dollar Value Match? Attach documentation of expenditures.**

**16. What was your In-Kind Services Dollar Value Match? Attach documentation of matching services.**

**17. Was Funding Provided by Outside Entities to Offset the Cost of Conflict Avoidance Measures?**          Yes          No

**18. Amount of Funding Received from Outside Entity.**

## Section V. Wolf Information

**19. Were Collared Wolves Present on the Ranch during the Calendar Year?**

Yes          No          Unknown

**20. What was the Name of the Pack that was Present on the Ranch during the Calendar Year (if known/otherwise leave blank)?**

**21. Were Uncollared Wolves (not associated with collared animals) Present on the Ranch during the Calendar Year?**          Yes          No          Unknown

**22. How Frequently Did Ranch Employees Observe Sign (scat, tracks, or hear howling) of Wolves?**

**23. How Frequently Did Ranch Employees See Wolves?**

**24. What was the Greatest Number of Wolves Seen Traveling Together by a Ranch Employee in a Single Observation?** (if known/otherwise leave blank)

**25. Were Observations of Wolf Sign and Wolves Reported to the Interagency Field Team (U.S. Fish and Wildlife Service, USDA Wildlife Services, NM Department of Game and Fish)?**

Yes

No

## **Section VI. 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 Grey 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.

## **Section VII. Disclosure and Confidentiality**

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.

## **Section VIII. Declaration**

I 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: \_\_\_\_\_

## Section VIII. For Official Use Only

For Official Use only:

Application Number: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Approved? \_\_\_\_\_

Number of Core Areas that Overlap with The Ranch: \_\_\_\_\_

Number of Territories that Overlap with The Ranch: \_\_\_\_\_

Number of Pups that survived until December 31 in Territories That Overlap with The Ranch: \_\_\_\_\_

Where Conflict Avoidance Measures Implemented? \_\_\_\_\_

Number of Livestock Exposed to Wolves: \_\_\_\_\_

Type of Livestock Operation: \_\_\_\_\_

Total Points for Application: \_\_\_\_\_

Percentage of All Points (For All Ranchers): \_\_\_\_\_

Payment Amount Authorized: \$ \_\_\_\_\_

Match provided by applicant \$ \_\_\_\_\_

Printed Name of CLLA Reviewer: \_\_\_\_\_

Signature of Reviewing Official From CLLA: \_\_\_\_\_