



**OREGON  
DEPARTMENT OF  
AGRICULTURE**

**Wolf Depredation Compensation  
and  
Financial Assistance Grant Program**

**GRANT APPLICATION PACKET  
2024**

Oregon Department of Agriculture  
635 Capitol St NE  
Salem, OR 97301-2532  
503-986-4550

### Introduction and Purpose

In June 2011, the Oregon Legislature passed House Bill 3560 (HB 3560) directing the Oregon Department of Agriculture (ODA) to establish and implement a wolf depredation compensation and financial assistance grant program. HB 3560 established the Wolf Management Compensation and Proactive Trust Fund to provide grants to counties to assist in implementing their wolf depredation compensation programs. These programs can be used to:

- Reimburse persons for livestock or working dogs that are injured or killed due to confirmed or probable wolf depredation.
- Assist with the implementation of livestock management techniques or nonlethal wolf deterrence techniques designed to discourage wolf depredation of livestock.
- Reimburse persons for livestock or working dogs that are missing due to wolf depredation.
- Reimburse counties for allowable expenses associated with implementing the block grant program in their county.

ODA's wolf depredation compensation and financial assistance grant program complements the ODFW Wolf Conservation and Management Plan in developing and maintaining a cooperative livestock producer assistance program that proactively minimizes wolf-livestock conflict and assists livestock producers experiencing wolf-related livestock losses.

\* Note: At least 30% of ODA's total grant program award for each year must be distributed for livestock management techniques or nonlethal wolf deterrence techniques designed to discourage wolf depredation of livestock.

### Grant Schedule – 2024 Timelines

#### Application Schedule

February 1, 2023	Grant application process opens for counties.
March 1, 2023	Grant applications due to ODA.
March 22, 2023	Award notification and grant agreements to be mailed.

\* Late submissions may be accepted at the discretion of ODA.

### County Eligibility

Counties must meet specific requirements – OAR 603-019-0015. In short, they include:

- Establish a county advisory committee to oversee the county wolf program.
- Establish a procedure by which producers experiencing a high rate of depredation are given priority.
- Establish compensation rates for death/injury of livestock or working dogs.
- Establish compensation rates for missing livestock attributable to wolf depredation.
- Establish eligibility requirements for producers to access grant funds based on current statutes and rules.
- Assure that at least 30% of a county's total grant funds are used for nonlethal prevention.
- Contribute money equal to 10% of the allowable expenditures needed to implement the program.

### Submission Process

Complete the attached grant application and attach required documentation (see page -5-) for consideration of funds. **The completed grant application must be received by ODA by Friday – March 1, 2023 – by 5:00 pm.**

#### Address applications to:

Oregon Department of Agriculture  
Wolf Depredation Compensation and Financial Assistance Grant Program  
635 Capitol St NE  
Salem, OR 97301  
[wdcfa@oda.oregon.gov](mailto:wdcfa@oda.oregon.gov)

### 2024 County Block Grant Application

Applicant Agency Legal Name: **Deschutes County**

Mailing Address: **1300 NW Wall Street, Suite 206**

City: **Bend**

ZIP: **97703**

Name of County Contact:

**Jen Patterson**

County Contact Title:

**Strategic Initiatives Manager**

Phone No: 541-388-6654	FAX No:
County Contact Email:	jen.patterson@deschutes.org
<b>Grant Fund Request</b>	
<b>Category 1</b> – Grant funds requested for compensation for death or injury to livestock or working dogs due to wolf depredation from February 1, 2023 through January 31, 2024.	\$ 1,935
<b>Category 2</b> – Grant funds requested for livestock and working dogs that are missing due to wolf depredation from February 1, 2023 through January 31, 2024.	\$ 5371.50
<b>Category 3</b> – Total requested grant funds to implement livestock management activities and nonlethal wolf deterrence techniques to prevent interactions between wolves and livestock or working dogs from March 22, 2024 through January 31, 2025.	\$ 70,000
<b>Category 4</b> – Grant funds requested for the expenses allowed under OAR 603-049-0015(g) to implement the County Block Grant Program for 2024. (May only request 90% of actual expenses. The remaining expenses are to be included under Item 5 as a monetary contribution.)	\$
<b>Total grant funds requested</b>	\$ 77,306.50
<b>Category 5</b> – County contribution. The County must contribute money equal to 10% of the total expenditures incurred for implementing the grant program (OAR 603-049-0015(g)).	\$ County has contributed at least \$7,731 in the amount of staff time and committee meeting supplies and support.
<b>Authorized Official:</b>	<b>Title:</b>
<b>Signature of Authorized Official:</b>	
<b>Date:</b>	

**Advisory Committee Membership**

In the space below, list your Advisory Committee members' names, contact phone number, and email (if available).

Co. Commissioner: Phil Chang	Ph#: 541-388-6569	Email: phil.chang@deschutes.org
Livestock Owner: Ethan O'Brien	Ph#: 541-213-8717	Email: ethan.ob1@gmail.com
Livestock Owner: Johnny Leason	Ph#: 541-815-7847	Email: johnnyleason1@gmail.com
Coexist. Member: Sarahlee Lawrence	Ph#: 541-279-0841	Email: sarahlee.lawrence@gmail.com
Coexist. Member: Donna Harris	Ph#: 541-593-1970	Email: kermit.donna@gmail.com
Business Rep: Stephen Pappa	Ph#: 541-389-7778	Email: bendanimalhospital@bend.or.gov
Business Rep: Gordon Jones	Ph#: 503-702-1555	Email: gordoncjones@gmail.com

**Certification**

I certify that this application is a true and accurate representation of the proposed work that will be performed by this county in relationship with the Oregon Department of Agriculture's Wolf Depredation Compensation and Financial Assistance Grant Program and that I am authorized to sign as the Applicant. By the following signature, the Applicant certifies that they are aware of the requirements of the Wolf Depredation Compensation and Financial Assistance Grant Program as stipulated OAR 603-019-0001 to 603-019-0040, are in full compliances with the requirements specified in OAR 603-019, and are prepared to distribute the grant funds to qualified participants as summarized in this document.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_ Title: \_\_\_\_\_

**Required Documentation**

Attach documents and materials for each one of the categories included in the application.

**Category 1 – Death or injury of livestock**

If your county is applying for Category 1 funds for compensation of death or injury to livestock or working dogs due to wolf depredation, provide the following for each claim:

1. Producer name.
2. Location of death/injury incident (within or outside area of known wolf activity).
3. Copy of ODFW Wolf Depredation Investigation Summary Report.
4. Animal type.
5. Was the animal insured.
6. Number of animals included in the claim.
7. Determined value of the animal(s).
8. Was the producer using wolf deterrence methods before depredation?

**Category 2– Missing livestock/working dogs**

If your county is applying for Category 2 funds for missing livestock or working dog/s due to wolf depredation, provide the following for each claim:

1. Logistics information (map or other documentation) showing that the missing animals were within an area of known wolf activity.
2. What tools, documentation, or other information did the committee use to rule out or eliminate other possible causes of the missing animals?
3. What tools, documentation, or other information did the committee use to rule out circumstances that may have attracted wolves or encouraged conflict between wolves and the animals for each specific claim?
4. What tools, documentation, or other information did the committee use to determine that each producer filing a missing animal claim was implementing best management practices and reasonable non-lethal methods to deter wolves?

**Category 3 – Prevention**

If your county is applying for Category 3 funds to assist with implementing livestock management activities and nonlethal wolf deterrence techniques to prevent interactions between wolves and livestock/working dogs, provide a brief description of the preventative techniques you will be offering and the estimated costs.



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**CATEGORY 1 – DIRECT LOSS CLAIM APPLICATION**

Claimant information – livestock/working dog owner completing this form	
Name: Ashanti Samuels	
Mailing Address: 71285 Holmes Rd	
City: Sisters, OR	ZIP: 97759
Home Phone No:	Cell Phone No: 541-350-9727
Email: ashanti.samuels@gmail.com	

Certification and Signature	
By signing below, I certify that:	
<ol style="list-style-type: none"> <li>1. I am the claimant, or I represent the claimant listed on this document.</li> <li>2. All information provided in the application is true and accurate to the best of my ability.</li> <li>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.</li> </ol>	
Applicant signature: 	Date: 2/12/24

Complete information below for ODFW confirmed losses.						
Date	Quantity	Species	Age	Ave. Weight	Killed/Injured	Est. Fair Market Value
5/16/23	1	Calf/steer	>1	600lbs	Killed	1,935
Total amount of direct loss compensation being requested:						\$1,935

Are any of the above losses covered by insurance?  
 Yes (if yes, provide the insurance information below.)  
 No

Insurance Company	Policy No.	Anticipated Settlement

ODFW Investigation Reports

Date reported to ODFW

Name of ODFW Investigator

Brief description of loss

Describe method used to determine value (provide documentation if applicable)

Is there a current ODFW Wolf-Conflict Deterrence Plan in effect at the location of your loss?

- Yes
- No
- Unknown

Check each of the non-lethal wolf deterrent techniques that were being implemented during the date of this depredation incident and give a brief description of activities and frequencies:

- Reducing attractants (remove of bone piles, carcass disposal)
- Barriers (flady and fencing)
- Human presence (range riders, hazers, herders, individual response)
- Guardian animals (protection dogs, etc.)
- 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, bellling cattle, airman, etc.)
- Other

Brief description of non-lethal wolf deterrence

Putting heifers with weaned cattle to help deter wolves by protect the weaned calf

**Depredation Property Description**

County <b>Deschutes</b>	Total grazing acreage	
Township	Range	Section <b>Holmes Pasture LHR</b>

Is the location designated as an Area of Known Wolf Activity (AKWA) by ODFW?  
 Yes (if yes, attach a current AKWA map showing the location of wolf depredation.)  
 No

Is the claimant the owner of the property where livestock loss occurred?  
 Yes  
 No (if leased, rented, or publicly owned, provide the information below.)

Property owner/manager name <del>St. W. E. ...</del> <b>Long hollow Ranch</b>	Property owner/manager phone no. <b>Ashanti Samuels</b>
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**CATEGORY 2 - MISSING CLAIMS APPLICATION**

Claimant Information - livestock/working dog owner completing this form	
Name: Ashanti Samuels	
Mailing Address: 71285 Holmes Rd	
City: Sisters, OR	ZIP: 97759
Home Phone No:	Cell Phone No: 541-350-9727
Email: ashanti.samuels@gmail.com	

Certification and Signature	
By signing below, I certify that:	
<ol style="list-style-type: none"> <li>I am the claimant, or I represent the claimant listed on this document.</li> <li>All information provided in the application is true and accurate to the best of my ability.</li> <li>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.</li> </ol>	
Applicant signature: 	Date: 2/12/24

Complete information below for qualified missing claims.						
Date	Quantity	Species	Age	Avg. Weight	Killed/Injured	Est. Fair Market Value
Feb 2023	1	calf	2+	350 lbs	killed	1,716
2/20/23	1	calf	2+	500 lbs	killed	1,935
2/28/23	1	Booby heifer	2	800 lbs	killed	6,725
3/2/23	1	heifer	2+	600 lbs	killed	1,935
May-July	2	calves	2+	300-500 lbs	missing	3,432
Total amount of missing claim compensation being requested:						\$ 10,743

Did all of the above claims occur in an area of known wolf activity (AKWA)?  
 Yes (If yes, attach a [current AKWA map](#) showing the location of wolf depredation.)  
 No

Missing Property Description		
County: Deschutes	Total grazing acreage: 12,000 acres	
Township:	Range:	Section(s):

Is the claimant the owner of the property where livestock loss occurred?

Yes First 4

No (If leased, rented, or publicly owned provide the information below.)

Property owner/manager name

Ashanti Samuels

Property owner/manager phone no.

941-350-9727

Was the missing livestock reported to the local ODA brand inspector?

Yes (If yes, provide the information below.)

No

ODA brand inspector name

ODA brand inspector phone no.

Is the current missing livestock claim above your typical/historical percentage of loss records for this herd/allotment/band?

Yes (If yes, provide the information below.)

No

Brief description of current and historical loss documentation/data for comparison purposes

Typical to lose a calf when its young to natural causes/sickness. But the loss of weaned cattle at that size range is not usual for us. 500-600 lb range.

Please check those factors identified below that were considered for ruling out other possible causes of missing livestock: (include documentation when applicable)

- Expected losses from birthing complications that are normal when livestock are left unattended during the birthing.
- Other possible diseases.
- Changes in herd management or stocking rates.
- Adverse weather conditions for the period in question.
- Livestock age - Natural causes of death are more common in older animals.
- Poisonous plants and other dangers in the area.
- History of theft in the area.
- History of other predators in the area.
- Other

Explain

We contacted ODFW & Central OR Wolf Biologist for autopsy

Describe any evidence of wolf presence at the suspected area of the AKWA during the alleged date your livestock went missing - i.e. tracks, scat, reported sighting data from ODFW or other governmental or private parties, photos, VHF or GPS collar data, etc.

Brief description

- Tracks frequent behind Ranch for months

- Visual sightings - Pictures on game cams

- Howling - worked closely with Aaron Bott of ODFW, trapping/tracking

Indicate and describe the "best management practices to deter wolves" that you were implementing during the time your livestock went missing:

- Reducing attractants (remove of bone piles, carcass disposal)
- Barriers (flady and fencing)
- Human presence (range riders, hazers, herders, individual response)
- Guardian animals (protection dogs, etc.)
- 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

Brief description - we removed and buried dead carcasses  
- worked with ODFW on fencing / flagging, cameras  
- I was horseback everyday checking and riding with cows daily

- Also used Vance collars



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**CATEGORY 3 – NON-LETHAL PREVENTATIVE TECHNIQUES**

Claimant information – livestock/working dog owner completing this form	
Name: Ashanti Samuels	
Mailing Address: 71285 Holmes Rd	
City: Sisters, OR	ZIP: 97759
Home Phone No:	Cell Phone No: 541-350-9727
Email: ashanti.samuels@gmail.com	

Certification and Signature
By signing below, I certify that:
<ol style="list-style-type: none"> <li>I am the claimant, or I represent the claimant listed on this document.</li> <li>All information provided in the application is true and accurate to the best of my ability.</li> <li>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.</li> </ol>
Applicant signature:  Date: 2/12/24

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 riders, 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, bellling cattle, airman, etc.)
- Other

Explain Pitchfork T Ranch is requesting \$25,000 to cover the cost of a new tower for the invisible livestock fencing and one years yearly lease cost for collars. Additionally Pitchfork T Ranch is requesting \$20,000 for a seasonal Range Rider (200 days at 4 hours a day at \$25 an hour)

Total grant funds requested (\$) \$45,000	Project start date 2/12/24	Project end date We will continue going forward
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Project description (including history on existing projects or estimated length for multi-year projects)  
Range riding, Fladry, fence collars, Sharing Data with the Wolf Biologist + ODFW. Protection dogs around cattle. ODA Contact and awareness

[Empty rectangular box]

Has ODFW or USFW been consulted regarding the prevention project?

- Yes (if yes, provide the information below)
- No

Contact Name	Avron Bott	Contact Number	541-699-2873
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