



STATE OF ARIZONA LIVESTOCK LOSS BOARD

5000 W. Carefree Highway
Phoenix, Arizona 85086-5000
(623) 236-7281
www.azgovernor.gov

GOVERNOR

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Mark W. Killian
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Dr. George Ruyle
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Ty E. Gray

APPLICATION FOR MEXICAN WOLF DEPREDATION PREVENTION GRANT

Mail completed applications to: **or**
State of AZ Livestock Loss Board
5000 W. Carefree Highway
Phoenix, AZ 85086-5000

Fax completed applications to:
623.236.7299

E-mail completed applications to:
Kkinsall@azgfd.gov

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 on the landscape (e.g. transportation costs, range riders, fencing, etc.). This funding is to reduce the need for management removals of wolves and to increase the number of wolves on a working landscape.

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 Arizona Livestock Loss Board to enter property where loss prevention activities are being conducted.

Organizations other than Sole Proprietorships must be registered with the Arizona Secretary of State prior to submittal of the application. Any application from an organization that is not registered with the Arizona Secretary of State will not be accepted.

APPLICANT INFORMATION

Name of Applicant

Mailing Address

City

State

Zip Code

Telephone Number

Fax Number

Email Address

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

PROPERTY DESCRIPTION

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 []

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.

STATE W-9 SUBSTITUTE FORM

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 State W-9 substitute form before a grant may be issued

https://gao.az.gov/sites/default/files/GAO-W-9_072815-S%26S%26A.pdf

BOARD LIABILITY

The Livestock Loss Board and Programs are not responsible for any injuries, taxes, etc., resulting from this grant. The Applicant assumes all liabilities for actions implemented by this grant.

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. _____

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? _____

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 Livestock Loss Board grant funds.

DISCLOSURE AND CONFIDENTIALITY

"I understand that any information provided to the Livestock Loss Board in this application and any additional information provided to the Livestock Loss Board related to this application will become public information. I waive any right to confidentiality, and I affirm that the information provided in this application and any additional information that may be provided to the Livestock Loss Board related to this application is true and accurate to the best of my knowledge."

Applicant Signature: _____ Date: _____

Printed Signatory Name: _____

"I do swear 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: _____