

LIVESTOCK LOSS BOARD



Montana Livestock Board
Livestock Loss Reduction & Mitigation Program
PO Box 202005
Helena MT 59620
(406) 444-5609
(406) 444-5606 Fax
www.llb.mt.gov

LOSS PREVENTION GRANT INTRODUCTION

Each year Montana's Livestock Loss Board receives a limited amount of funding for loss prevention grants. Anyone may apply to the board for livestock loss prevention grants. All grants issued by the board require a 50% cost share from the applicant. Cost share can be in the form of cash and/or in-kind contributions. All cost share information must be documented. Receipts for materials are essential.

You will be required to provide estimates of your cash and in-kind contributions. Details of in-kind contributions should include estimated value of time and labor. Detail the types of labor such as fencing crew, range riders, office time, etc.... A disclosure of wage rates will need to be assigned to each type of labor listed in the grant. Include estimates of values for supplies such as fencing material, feed for range riders horses, or any other items of value.

Note: A limit of up to 10 percent of the total grant request is placed on indirect expenses such as office time, grant monitoring and consulting. At least 90 percent of the grant funds must be used for on the ground projects.

Grant payments will be issued in segments determined by the board. You will be required to supply a report showing proof of your cost share at the end of each segmented time period. Following payments will not be issued until a satisfactory report is received by the board office. If you are unable to comply with this requirement, you will need to submit a letter explaining the reasons for the board's review.

Preference will be given to projects that occur in high predation areas, projects in areas with both wolves and grizzly bears, large areas covered, multiple livestock producers, and projects that use more than one form of loss prevention activities. This does not mean you will not receive a grant if you do not meet some of the main criteria but funding may be given to projects that do meet first based upon available funds.

The full board reviews all grant applications. Fund availability determines when grant applications will be solicited from applicants. Grant applications are available on the board's website www.llb.mt.gov or by contacting the board office.

State law 2-15-3111, MCA directs board actions for loss prevention grants. A copy of this law is available at <http://leg.mt.gov/bills/mca/2/15/2-15-3111.htm>

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LOSS PREVENTION GRANT APPLICATION

Loss prevention projects are methods used to reduce wolf or grizzly bear caused livestock losses. An applicant authorizes board staff to enter property where loss prevention activities are being conducted. Applicants are required to provide matching funds in an amount equal to the grant request. All applicants are required to provide reports documenting proof of the cost share as directed by the board.

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

APPLICANT INFORMATION

Name of Organization or Individual

Mailing Address

City

State

Zipcode

Telephone Number

Fax Number

E-mail Address

PRIMARY CONTACT PERSON

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

Mailing Address

City

State

Zipcode

Telephone Number

Fax Number

E-mail Address

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 _____

What is your in-kind match _____

Identify other sources and amounts of funding and/or donations, if any for the project

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

PROJECT DESCRIPTION

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 Sheep Horses Mules Goats Swine Llamas

Number of Livestock Owners within the project area _____

Estimated number of livestock covered by this project _____

Note: Carcass removal projects do not need to list the number of livestock covered by the project.

STATE W-9 FORM

Submission of a grant application does not guarantee a grant award. Board member 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 form before a grant may be issued.

BOARD LIABILITY

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

DISCLOSURE AND CONFIDENTIALTY

"I understand that any information provided to the Livestock Board in this application or other correspondence becomes public information. I waive any right to confidentiality and affirm that the information provided in this application is true and accurate to the best of my knowledge."

Applicant Signature	Date
Type or Print Name	



Substitute **W-9**

DO NOT send to IRS

Taxpayer Identification Number (TIN) Verification

Print or Type

Please see attachment or reverse for complete instructions.

<p>➤ Legal Name (as entered with IRS) If Sole Proprietorship, enter your Last, First, MI</p> <hr/> <p>➤ Trade Name If doing business as (DBA) or enter business name of Sole Proprietorship</p> <hr/> <p>➤ Primary Address (for 1099 form) PO Box or Number and Street, City, State, ZIP + 4</p> <hr/> <p>➤ Remit Address (where payment should be mailed, if different from Primary Address) PO Box or Number and Street, City, State, ZIP + 4</p>	<p>➤ Entity Designation (check only one type)</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp Do you provide medical services? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Partnership <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> LLC (for federal tax purposes taxed as) <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp</p> <p><input type="checkbox"/> Estate/Trust</p> <p><input type="checkbox"/> Other Groups of Individuals</p> <p><input type="checkbox"/> Organization Exempt from Tax (under Section 501 (a)(b)(c)(d)(e))</p> <p><input type="checkbox"/> Government Entity</p> <p>➤ Exempt from Backup Withholding <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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➤ Taxpayer Identification Number (TIN) (Provide Only One) (If sole proprietorship provide FEIN, if applicable)

Social Security Number	Federal Employer Identification No
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➤ Certification
 Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number, AND
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (including a US resident alien).

Printed Name	Printed Title	Telephone Number
Signature		Date

➤ Optional Direct Deposit Information (used at agency discretion) (all fields required to receive electronic payments) (Must Include a Voided Check, No Direct Deposit Slips Accepted)

Your Bank Account Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Name on Bank Account	Bank Routing No. (ABA)
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THIS IS A:

New Direct Deposit Change of Existing Additional Direct Deposit Email Change Only

Email Address (Please make this LEGIBLE)

If you provide bank information and an email address, we will send a message notifying you when an electronic payment is issued. We will **NOT** share your email address with anyone or use it for any other purpose than communicating information about your electronic payments to you. **If you have questions about completing this form, please call the Warrant Writer Unit at 406-444-3092.**

Instructions for Completing Taxpayer Identification Number Verification (Substitute W-9)

Legal Name As entered with IRS

Individuals: Enter Last Name, First Name, MI
 Sole Proprietorships: Enter Last Name, First Name, MI
 LLC Single Owner: Enter owner's Last Name, First Name, MI
 All Others: Enter Legal Name of Business

Trade Name

Individuals: Leave Blank
 Sole Proprietorships: Enter Business Name
 LLC Single Owner: Enter LLC Business Name
 All Others: Complete only if doing business as a D/B/A

Primary Address

Address where 1099 should be mailed.

Remit Address

Address where payment should be mailed. Complete only if different from primary address.

Entity Designation

Check *ONE* box which describes the type of business entity.

Taxpayer Identification Number

LIST ONLY ONE: Social Security Number OR Employer Identification Number. **See "What Name and Number to Give the Requester" at right.**

If you do not have a TIN, apply for one immediately. Individuals use federal form SS-05 which can be obtained from the Social Security Administration. Businesses and all other entities use federal form SS-04 which can be obtained from the Internal Revenue Service.

Certification

You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to furnish your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, or contributions you made to an IRA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and

certain other payments to a payee who does not furnish a TIN to a payer. Certain penalties may also apply.

What Name and Number to Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual no the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or Single-Owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole Proprietorship or Single-Owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

NOTE: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Taxpayer Identification Request

In order for the State of Montana to comply with the Internal Revenue Service regulations, this letter is to request that you complete the enclosed Substitute Form W-9. Failure to provide this information may result in delayed payments or backup withholding. This request is being made at the direction of the Montana Department of Administration, State Accounting Division, in order that the State may update its vendor file with the most current information.

Please return or FAX the Substitute Form W-9 even if you are exempt from backup withholding within (10) days of receipt. Please make sure that the form is complete and correct. **Failure to respond in a timely manner may subject you to a 28% withholding on each payment, or require the State to withhold payment of outstanding invoices until this information is received per Internal Revenue Code 3406(a).**

We are required to inform you that failure to provide the correct Taxpayer Identification Number (TIN) / Name combination may subject you to a \$50 penalty assessed by the Internal Revenue Service under Section 6723 of the Internal Revenue Code.

Only the individual's name to which the Social Security Number was assigned should be entered on the first line.

The name of a partnership, corporation, club, or other entity, must be entered on the first line exactly as it was registered with the IRS when the Employer Identification Number was assigned.

DO NOT submit your name with a Tax Identification Number that was not assigned to your name. For example, a doctor MUST NOT submit his or her name with the Tax Identification Number of a clinic he or she is associated with.

Thank you for your cooperation in providing us with this information. Please return the completed form to:

State Accounting Division
PO Box 200102
125 North Roberts Street
Mitchell Bldg – Room 255
Helena, MT 59620
Phone: 406-444-3092
Fax: 406-444-2812