

# STATE OF MONTANA

GREG GIANFORTE, GOVERNOR

LIVESTOCK LOSS BOARD  
PO BOX 202005  
HELENA, MONTANA 59620-2001



BOARD OFFICE: (406) 444-5609  
WEBSITE: [www.llb.mt.gov](http://www.llb.mt.gov)  
EMAIL: [LIVLossBoard@mt.gov](mailto:LIVLossBoard@mt.gov)

## LOSS PREVENTION GRANT APPLICATION

*Review all grant requirements prior to completing this form.*

**Applicant Name**

**Primary Contact (if different)**

**Mailing Address**

**Phone**

**City**

**State**

**Zip**

**Email**

Are you a corporation?  Yes  No

If yes, are you a non-profit?  Yes  No

Are you actively involved in ranching?  Yes  No

If no, please describe your involvement with livestock producers for this project:

### PROJECT DESCRIPTION

What is the primary focus of your project?

Range Riding

Guard Dog Purchase/Support

Fladry/Visual Deterrents

Fencing

Carcass Composting

Tracking/Security Technology

Other: \_\_\_\_\_

### PROJECT DETAILS

Project Start Date: \_\_\_\_\_

Project End Date: \_\_\_\_\_

Please describe your project in detail. Attach additional sheets/documentation as needed:

**PROJECT COST**

Grant Amount: \_\_\_\_\_  
*(The Grant Amount cannot be more than 70% of Total Project Amount)*

Grant Match Amount: \_\_\_\_\_  
*(Total from cash & in-kind services, below. Must be at least 30% of the Total Project Amount)*

Total Project Amount: \_\_\_\_\_  
*(Cost of the entire project: Grant Amount + Grant Match Amount)*

**GRANT MATCH INFORMATION**

List cash and in-kind services in the boxes below *(must be a minimum of 30% of the Total Project Amount)*.

**Cash Contribution:**

Cash Source *(list each name and amount individually for multiple cash sources)* Amount

<b>Total Cash Contributions:</b>	

**In-Kind Services:**

Labor type	Description	Hourly wage	Total Hours	Amount

Equipment Type	Description	Rental Rate	Total Time	Amount

Total In-Kind Services:

**Grant Match Amount:**

*(Total Cash Contributions + Total In-Kind Services)*

\$

**PROJECT LOCATION**

County: \_\_\_\_\_ Total acres: \_\_\_\_\_

Project Location: *(Enter legal description(s) of property on which project will take place. Attach maps as needed)*

**LIVESTOCK INFORMATION**

Please list the number and type of animals that will be protected by this project:

Species	Number	Description ( <i>breed, age, sex, commercial vs registered, etc.</i> )

**PREDATORS AND DEPREDATION HISTORY**

Which predator species have killed your livestock in the last 5 years?

- Wolves                       Grizzlies                       Mountain Lions                       Black Bears

List depredations that were investigated by USDA-Wildlife Services:

Year	# Losses	Livestock Type	Predator	Comments

Please describe any unconfirmed losses or other impacts on your livestock caused by large predators:

**PREVENTATIVE PRACTICES**

Please describe any preventative practices that you currently utilize to reduce livestock losses caused by large predators:

**PREVIOUS GRANT AWARDS**

If you have received a grant from the LLB in the past, what was the money used for?

Please list each year you were awarded a grant(s): \_\_\_\_\_

If this is a continuation of a previous grant, explain your success/failures from previous grant award(s):

**APPLICANT SIGNATURE**

Applicant-Grantee assumes sole responsibility for all claims, liabilities, demands, causes of action, judgments, and losses arising in favor of or asserted by Applicant-Grantee’s employees and agents, its subcontractors, its subcontractor’s employees and agents, or third parties on account of property damage, personal injury, bodily injury, death, or financial or other loss of any kind that in any way, directly or indirectly, in whole or in part, arise or allegedly arise out of or in connection with any loss prevention grant it is awarded.

The State of Montana, its elected and appointed officials, agents, and employees (including, but not limited to, the Montana Department of Livestock, Montana Board of Livestock, and the Livestock Loss Board and Program) assume no responsibility for any claims, liabilities, demands, causes of action, judgments, and losses arising in favor of or asserted by Applicant-Grantee’s employees and agents, its subcontractors, its subcontractor’s employees and agents, or third parties on account of property damage, personal injury, bodily injury, death, or financial or other loss of any kind that in any way, directly or indirectly, in whole or in part, arise or allegedly arise out of or in connection with any loss prevention grant it awards to Applicant-Grantee.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMISSION INFORMATION**

**Applications are due November 4, 2026.** Late applications may be considered if time allows.  
The Livestock Loss Board will meet on December 9, 2026, to award grants.

BEFORE SUBMITTING THIS APPLICATION, ENSURE YOU HAVE INCLUDED ALL MATERIALS:

- Application Form
- W-9
- Grant Supplement (if required)
- Maps (if used)
- Additional supplemental documentation (if used)

Total number of pages submitted with this application: \_\_\_\_\_

Submit your application and any supplemental documentation:

Email: [LIVLossBoard@mt.gov](mailto:LIVLossBoard@mt.gov)

~ OR ~

Mail: Livestock Loss Board  
PO Box 202001  
Helena, MT 59620-2001

*Questions? Call Leslie Doely (406) 465-9319*