

To request translation or disability-related accommodations, please contact us at **bcc@clackamas.us | 503-655-8581**.

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Чтобы запросить перевод или приспособления, связанные с инвалидностью, пожалуйста, свяжитесь с нами по: **bcc@clackamas.us | 503-655-8581**.

Щоб попросити переклад або спеціальні послуги для осіб з особливими потребами, зверніться до нас, скориставшись такими контактними даними: **bcc@clackamas.us | 503-655-8581**.

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Để yêu cầu dịch vụ dịch thuật hoặc điều chỉnh liên quan đến tình trạng khuyết tật, vui lòng liên hệ với chúng tôi qua **bcc@clackamas.us | 503-655-8581**.



**Clackamas County**  
[www.clackamas.us](http://www.clackamas.us)



July 9, 2026

BCC Agenda Item: \_\_\_\_\_

Board of County Commissioners  
Clackamas County

**Approval of a Work and Financial Plan with US Department of Agriculture Animal and Plant Health Inspection Service for wildlife management services. Agreement Value is \$124,791 for 1 year. Funding is through the Oregon Department of Fish and Wildlife, Oregon Department of Agriculture, US Department of Agriculture and \$91,500 of budgeted County General Funds.**

**Previous Board Action/Review:** 5-Year Cooperative Service Agreement approved 06/01/2023  
FY25-26 Work and Financial Plan approved 04/03/2025

**Performance Clackamas:** Safe, Secure, and Livable Communities

**Counsel Review:** Yes

**Procurement Review:** N/A

**Contact Person:** Celia Nicholson

**Contact Phone:** 503-655-8581

**EXECUTIVE SUMMARY:** Through a long-standing arrangement, USDA's Animal and Plant Health Inspection Service provides staff and technical expertise to address issues such as crop and livestock damage, urban wildlife conflicts, disease surveillance and management, and other wildlife management challenges throughout the county. The County's funding covers approximately 73% of the budget for this FTE, with the balance provided through state and federal funding from the Oregon Department of Fish and Wildlife, Oregon Department of Agriculture, and Federal appropriations to the US Department of Agriculture.

**RECOMMENDATION:** Staff recommends approval of the FY2026-2027 Work and Financial Plan with the US Department of Agriculture Animal and Plant Health Inspection Service.

For Filing Use Only

# APHIS SALES ORDER REQUEST FORM

State Office:

Date:

Agreement Number:

Amendment:

Number

Cooperator Name:

FMMI

Customer #

A/P Mailing Address:  
(Billing address)

Category:

Cooperator Financial POC:

Cooperator  
PO #:

Sales Order Type:

Budget Period:

FMMI PO (if a USDA Agency):

WBS Element:

TAS:

Agreement Performance  
Period:

Amount of This SO Request:

Total Amount to Date:

Overhead Rate:

WS Pooled Job Costs:

Frequency of Billing:

Previously on OSEC

OSEC Date:

Species Managed:

Location of Work:

Additional Comments:

Received in WRO

OSEC Report

Overhead Calc.

Mail Distribution Date

ACMS

Agr.Spec.

No. & State

**For WRO Use Only:**

Routing Notes:

MIPR

Agreement

CSA

WFP

7600

W9

Mod

Waiver

DEOB

Attached

MRP

SHC

Scan Date:

Sent to:

**USDA APHIS WILDLIFE SERVICES  
WORK AND FINANCIAL PLAN**

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|                                   |                                     |
|-----------------------------------|-------------------------------------|
| <b>COOPERATOR:</b>                | <b>CLACKAMAS COUNTY</b>             |
| <b>COOPERATIVE AGREEMENT NO.:</b> | <b>26-7341-5111-RA</b>              |
| <b>ACCOUNT WBS:</b>               | <b>AP.RA.RX41.73.0115</b>           |
| <b>AGREEMENT DATES:</b>           | <b>July 1, 2026 – June 30, 2027</b> |
| <b>AGREEMENT AMOUNT:</b>          | <b>\$91,500.00</b>                  |

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Pursuant to Cooperative Service Agreement No. 23-7341-5111-RA between Cooperator and the United States Department of Agriculture, Animal and Plant Health Inspection Service, Wildlife Services (APHIS-WS), this Work and Financial Plan defines the objectives, plan of action, resources, and budget for cooperative wildlife services program.

### **OBJECTIVES/GOALS**

APHIS-WS objective is to provide professional wildlife damage management assistance to reduce or manage damage caused by coyotes, cougars, bears and other wildlife to protect agriculture, property and human health and safety.

Specific goals are:

1. To provide direct assistance for Cooperator from wildlife conflicts or damage.
2. To provide direct assistance in the form of educational information.

### **PLAN OF ACTION**

The objectives of the wildlife damage management program will be accomplished in the following manner.

1. APHIS-WS will provide technical assistance and or direct management at times and locations for where it is determined there is a need to resolve problems caused by wildlife. Management efforts will be directed towards specific offending individuals or local groups of animals. Method selection will be based on an evaluation of selectivity, humaneness, human safety, effectiveness, legality, and practicality.

Technical Assistance: APHIS-WS' personnel may provide verbal or written advice, recommendations, information, demonstrations, or training to use in managing wildlife damage problems. Generally, implementation of technical assistance recommendations is the responsibility of the resource/property owner.

Direct Management: Direct management is usually provided when the resource/property owner's efforts have proven ineffective and or technical assistance alone is inadequate. Direct management methods/techniques may include trap equipment, shooting, and other methods as mutually agreed upon.

2. APHIS-WS District Supervisor, Brian Thomas, in Salem, Oregon, will supervise this project, (541) 221-7582. This project will be monitored by D. Buck Jolley, WS-Oregon Acting State Director, (503) 326-2346.
3. APHIS-WS will invoice Cooperator monthly for actual costs incurred in providing service, provided there are billable expenses posted at the time of billing for the month of service. The combined month billings for the performance period in this Work and Financial Plan will not exceed \$91,500.00. In some cases, the work is done during the period of performance, but expenses post outside of the agreement end date, resulting in a final invoice one month after the period of performance has ended.
4. In accordance with the Debt Collection Improvement Act (DCIA) of 1996, bills issued by APHIS-WS are due and payable within 30 days of the invoice date. The DCIA requires that all debts older than 120 days be forwarded to debt collection centers or commercial collection agencies for more aggressive action. Debtors have the option to verify, challenge and compromise claims, and have access to administrative appeals procedures which are both reasonable and protect the interests of the United States.

### **PROCUREMENT**

Cooperator understands that additional supplies and equipment may need to be purchased under this agreement to replace consumed, damaged, or lost supplies/equipment. Any items remaining at the end of the agreement will remain in the possession of APHIS-WS.

**STIPULATIONS AND RESTRICTIONS:**

1. All operations shall have the joint concurrence of APHIS-WS and Cooperator and shall be under the direct supervision of APHIS-WS. APHIS-WS will conduct the program in accordance with its established operating policies and all applicable state and federal laws and regulations.
2. APHIS-WS will cooperate with the Oregon Department of Fish and Wildlife, the U.S. Fish and Wildlife Service, Oregon Department of Transportation, Oregon Fire marshal’s Office, county and local city governments, and other entities to ensure compliance with Federal, State, and local laws and regulations.
3. Wildlife Damage Management: A Work Initiation Document for Wildlife Damage Management (WS Form 12A), a Work Initiation Document for Wildlife Damage Management – Multiple Resource Owners (WS Form 12B) or a Work Initiation Document for Management of Wildlife Damage on Urban Properties (WS Form 12C) will be executed between APHIS-WS and the landowner, lessee, or administrator before any APHIS-WS work is conducted.

**COST ESTIMATE FOR SERVICES:**

Salary, including possible overtime, differentials, benefits, vehicle including maintenance and repairs, supplies and material costs are charged at actual cost as well as assessed APHIS-WS indirect and pooled job costs. The distribution of the budget for this work plan may vary as necessary to accomplish the purpose of this Agreement.

**AUTHORIZATION:**

CLACKAMAS COUNTY  
2051 Kaen Rd  
Oregon City, OR 97045

\_\_\_\_\_  
Representative, Cooperator  
**TIN# 93-6002286**

\_\_\_\_\_  
Date

UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

\_\_\_\_\_  
D. Buck Jolley, Acting State Director, Oregon

\_\_\_\_\_  
Date

\_\_\_\_\_  
Wendy Anderson, Director, Western Region

\_\_\_\_\_  
Date

FINANCIAL PLAN

For the dispersement of funds from  
 CLACKAMAS COUNTY - CLACKAMAS COUNTY

to  
 USDA APHIS Wildlife Services  
 for  
 Countywide Wildlife Damage Management

from  
 7/1/2026  
 to  
 6/30/2027

| Cost Element           | Cost to Cooperator | Cost Share (Paid by Federal Appropriations) | Full Cost    |
|------------------------|--------------------|---|--------------|
| Personnel Compensation | \$ 47,648.61       | \$ 31,127.09                                | \$ 78,775.69 |
| Travel                 | \$ -               | \$ -  | \$ -         |
| Vehicles               | \$ 8,923.91        | \$ 1,664.55                                 | \$ 10,588.46 |
| Other Services         | \$ 10,297.52       | \$ 499.37                                   | \$ 10,796.88 |
| Supplies and Materials | \$ 3,092.21        | \$ -  | \$ 3,092.21  |
| Equipment              | \$ 2,000.00        | \$ -  | \$ 2,000.00  |

|                                  |                     |                     |                      |
|----------------------------------|---------------------|---------------------|----------------------|
| <b>Subtotal (Direct Charges)</b> | <b>\$ 71,962.25</b> | <b>\$ 33,291.00</b> | <b>\$ 105,253.25</b> |
|----------------------------------|---------------------|---------------------|----------------------|

|                               |        |                     |                     |                      |
|-------------------------------|--------|---------------------|---------------------|----------------------|
| Pooled Job Costs              | 11.00% | \$ 7,915.85         | NA                  | \$ 7,915.85          |
| Indirect Costs                | 16.15% | \$ 11,621.90        | NA                  | \$ 11,621.90         |
| Aviation Flat Rate Collection |        | \$ -                | NA                  | \$ -                 |
| <b>Agreement Total</b>        |        | <b>\$ 91,500.00</b> | <b>\$ 33,291.00</b> | <b>\$ 124,791.00</b> |
| Percentage Cost Share         |        | 73%                 | 27%                 | 100%                 |

The distribution of the budget from this Financial Plan may vary as necessary to accomplish the purpose of this agreement, but may not exceed: \$124,791.00

## APPROVAL FOR FISCAL YEAR 2026 AGREEMENTS

Initiative Title: WILDLIFE SERVICE - PROTECTION OF AGRICULTURE

Proposed funding level: \$ 22,082,840

What is the purpose of the initiative/agreement and how does it align with the Agency's and Secretary's priorities?

The Wildlife Services (WS) protects agriculture resources associated with farming and ranching, and associated industries including livestock, crops, rangeland and timber, aquaculture, agricultural animal feed, and animal products. WS integrated wildlife management activities to protect agriculture include technical assistance and predation damage management to protect livestock, alleviation of bird damage, and to reduce crop and feed damage. Livestock producers experiencing problems with predation can request WS assistance to trap, harass, and remove predators. WS assist producers before calving season to obtain federal permits to harass or remove migratory birds, particularly black vultures. WS works with dairy producers to prevent birds from consuming feed and contaminating final products. In Rangelands, WS employs 'range riders' and fence technicians to protect grazing livestock from predation. WS protects aquaculture farms from fish eating birds and potential diseases through coordinated large-scale hazing operations. WS assist timber producers by removing beavers and dams to prevent flooding and damage to timber lots. WS personnel conduct wildlife disease surveillance to detect diseases in wildlife that may infect or impact domestic livestock.

This initiative supports USDA goal 2 and APHIS objective 2.4

Previous Year's Funding Level \$ 23,117,314

<Details found on Excel spreadsheet titled Awards Support for Initiative Doc.FY25>

Historic instruments used to accomplish the initiatives goals

| Cooperative Agreement (CA)          | Grant (GR)                          | Interagency Agreement (IA)          | Incoming Fund Agreement (RA/TF/OTC) |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

Signatures:

Approving official:

| Title                 | Name                | Signature and date  |                  |                                     |
|-----------------------|---------------------|---|------------------|-------------------------------------|
| Management Analyst    | Emily Brown         | EMILY BROWN<br><small>Digitally signed by EMILY BROWN<br/>Date: 2025.12.02 11:00:22 -05'00'</small>                 | Signature Needed | <input checked="" type="checkbox"/> |
| Program Manager       | Steven Wickenheiser | STEVEN WICKENHEISER<br><small>Digitally signed by STEVEN WICKENHEISER<br/>Date: 2025.11.25 13:51:30 -05'00'</small> | Signature Needed | <input checked="" type="checkbox"/> |
| Signatory or Delegate | David Reinhold      | CHRISTINA TAYLOR<br><small>Digitally signed by CHRISTINA TAYLOR<br/>Date: 2025.11.25 14:24:35 -05'00'</small>       | Signature Needed | <input checked="" type="checkbox"/> |
| SES                   | Jessica Fantinato   | JESSICA FANTINATO<br><small>Digitally signed by JESSICA FANTINATO<br/>Date: 2025.12.01 10:22:13 -05'00'</small>     | ≥ \$250,000      | <input checked="" type="checkbox"/> |

## Request for Taxpayer Identification Number and Certification

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type.  
See Specific Instructions on page 3.

|  |  |
|--|--|
| <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br>COUNTY OF CLACKAMAS, OREGON  |  |
| <b>2</b> Business name/disregarded entity name, if different from above  |  |
| <b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.<br><br><input checked="" type="checkbox"/> Other (see instructions) ▶ _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><i>(Applies to accounts maintained outside the U.S.)</i> |
| <b>5</b> Address (number, street, and apt. or suite no.) See instructions.<br>2051 KAEN ROAD   | Requester's name and address (optional)  |
| <b>6</b> City, state, and ZIP code<br>OREGON CITY, OREGON 97045  |  |
| <b>7</b> List account number(s) here (optional)  |  |

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

|   |   |   |   |   |   |   |   |   |   |   |  |  |  |
|---|---|---|---|---|---|---|---|---|---|---|--|--|--|
| <b>Social security number</b>   |   |   |   |   |   |   |   |   |   |   |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>   |   |   |   |   |   |   |   |   |   |   |  |  |  |
|   |   |   |   |   |   |   |   |   |   |   |  |  |  |
| <b>OR</b>   |   |   |   |   |   |   |   |   |   |   |  |  |  |
| <b>Employer identification number</b>   |   |   |   |   |   |   |   |   |   |   |  |  |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">9</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">3</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">-</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">6</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">0</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">0</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">2</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">2</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">8</td> <td style="border: 1px solid black; width: 25px; height: 25px; text-align: center;">6</td> </tr> </table> | 9 | 3 | - | 6 | 0 | 0 | 2 | 2 | 8 | 6 |  |  |  |
| 9   | 3 | - | 6 | 0 | 0 | 2 | 2 | 8 | 6 |   |  |  |  |

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** 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. See the instructions for Part II, later.

|                  |   |                  |
|------------------|---|------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ <i>Elizabeth Comfort</i> | Date ▶ 7-27-2022 |
|------------------|---|------------------|

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*