

# County of St. Paul #19 ASB Predator Management Incentive Program Payment and Submission Form 2026 Program Year



**Full Name:** \_\_\_\_\_ **Role Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Registered Fur Management License:** \_\_\_\_\_

### Program Rules (Summary)

- Incentives apply only to eligible coyotes and wolves lawfully harvested within the County of St. Paul No. 19 boundaries during approved program periods.
- Animals must meet Program eligibility and verification requirements.
- Payment is subject to available funding and annual program targets.
- False or misleading information may result in denial of payment.

### Program Period

Program Period (February 1 to April 1, 2026)

### Species and Quantity

Number of animals submitted:      Coyote \_\_\_\_\_      Wolf \_\_\_\_\_

Legal land location where the animal(s) were harvested	Quantity

**I declare that I meet the residency and eligibility requirements of the Predator Management Incentive Program and that the information provided on this form is true and accurate.**

\_\_\_\_\_

**Participant Signature**

\_\_\_\_\_

**Date**

# County of St. Paul #19 ASB Predator Management Incentive Program Staff Verification and Payment Processing 2026 Program Year



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## Eligibility Verification

Participant residency verified:  Yes  No

St. Paul Fish and Game Association membership verified:  Yes  No

## Animal Verification

Animal condition acceptable:  Yes  No

Harvest location within County boundaries confirmed:  Yes  No

## Identification and Recordkeeping

For coyotes:  
Right front paw removed :  Yes

For wolves:  
Photographic record taken and saved:  Yes

## Participant Limit Check

Number of coyotes previously paid to this participant during the 2026 program year: \_\_\_\_\_

Number of coyotes submitted with this claim: \_\_\_\_\_

Total coyotes including this submission: \_\_\_\_\_

Annual participant limit of 100 coyotes exceeded:  Yes  No

If yes, number of coyotes eligible for payment under this submission: \_\_\_\_\_

## Payment Calculation

# of Coyote \_\_\_\_\_ @ \$20 per Coyote = \$ \_\_\_\_\_

# of Wolf \_\_\_\_\_ @ \$75 per Wolf = \$ \_\_\_\_\_

**Total incentive approved:** \$ \_\_\_\_\_

Program target remaining confirmed prior to authorization:  Yes  No

Authorized by (print name): \_\_\_\_\_ Signature: \_\_\_\_\_

Eligibility and limits verified Date: \_\_\_\_\_