

CDFW Large Mammal Advisory Committee

Project Concept Form

Project Title:

Contact Person (First, Last): _____ Proposed Start Date: _____

Phone Number: _____ Proposed Duration: _____

Email Address: _____ Does Project Require Helicopter Use?

Collaborator(s): _____

DFG Region (check all that apply):

- Northern Region
- North Central Region
- Bay Delta Region
- Central Region
- South Coast Region
- Inland Deserts Region
- Statewide

Project Theme (check all that apply):

- Resource Assessment
- Population Enhancement
- Habitat Conservation
- Regulatory Program
- Monitoring/Assessing Population Health

County (leave blank if statewide): _____

Budget Overview (Estimated):

Category	Estimated Costs
Personnel	
Equipment/Operating	
Total Estimated Cost:	

Budget Detail (Estimated):

Fiscal Year (July 1 – June 30)	Amount	Fund Source

Need Statement (a BRIEF outline describing the need for the concept, the objectives and how the effort will be conducted):

LMAC Tracking Number: