

# 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: