

# CDFG 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          |                 |
| <b>Total Estimated Cost:</b> |                 |

**Budget Detail (Estimated):**

| Fiscal Year<br>(July 1 – June 30) | Amount | Fund Source |
|-----------------------------------|--------|-------------|
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**Need Statement** (a BRIEF outline describing the need for the concept, the objectives and how the effort will be conducted):

LMAC Tracking Number: