TITLE:

LOCATION: <Geographic location of project>

DURATION: Year X of X-year project **FUNDING SOURCE**: <Base or Fire Plan>

PROJECT LEADER: <Name, affiliation, phone number, email address of principal

investigator>

COOPERATORS: <Names and affiliations>

PROJECT OBJECTIVES: <What are specific project objectives?>

JUSTIFICATION: < How does project address Evaluation Monitoring selection criteria?>

DESCRIPTION:

a. Background: <Brief description of project including scientific basis.>

b. Methods: <Brief description of methods including data availability.>

c. Products: <Brief description of products to be produced by project.>

d. Schedule of Activities: <Listing of major activities & timelines>.

e. Progress/Accomplishments: <Brief description of progress/accomplishments for multi-year projects.>

COSTS:

	Item	Requested FHM EM Funding	Other- Source Funding	Source
YEAR				
Administration	Salary			
	Overhead			
	Travel			
Procurements	Contracting			
	Equipment			
	Supplies			