

Consultation Summary Sheet for Programmatic Biological Assessment

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Project Name: _____ Field Office: _____ Program: _____ Year: _____
 Location: County _____ Sec. _____ Township _____ Range _____
 Project Planner: _____ Today's Date: _____
 Reviewed by: _____ Date Reviewed: _____

Species	Practice Impacts to Species		Rationale: How does project meet screening criteria?	Known Cumulative Effects	Determination of Effect (Check one)
	List All Practices	Potential Adverse Impact			
					<input type="checkbox"/> No Effect <input type="checkbox"/> Not Likely to Adversely Affect <input type="checkbox"/> Likely to Adversely Affect
					<input type="checkbox"/> No Effect <input type="checkbox"/> Not Likely to Adversely Affect <input type="checkbox"/> Likely to Adversely Affect
					<input type="checkbox"/> No Effect <input type="checkbox"/> Not Likely to Adversely Affect <input type="checkbox"/> Likely to Adversely Affect
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