

Project No:
(Internal Use) _____



Beef Cattle Research Council
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PROOF OF CONCEPT

Please enter information within the fields below.

Applicant Information	
Project Leader:	
Position:	
Organization:	
Address:	City:
Province:	Postal Code:
Phone Number:	Email:
Collaborator(s) (if any) Name(s) and Institution(s).	
Project Information	
Project Title: <i>(25 words maximum)</i>	
Start Date:	End Date:
<i>(Project duration must not exceed 1 year)</i>	
Project Description: <i>(provide an outline of the project purpose, objectives, background, and methodology. Please include how it aligns with the Canadian Beef Research and Technology Transfer Strategy)</i>	

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Project Description: *(continued)*

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Estimated Project Budget	
Expense description	Budget
(A)BCRC funding request	
(B)Overhead (up to 15% for non AAFC projects)	
Total BCRC funding request (A+B)	
Additional funding from non BCRC sources	

Please explain any additional funding or in kind provided (if applicable)