

Project No:	
(Internal Use)	

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Email: proposals@beefresearch.ca

PROJECT PROPOSAL

PROOF OF CONCEPT AND CLINICAL TRIALS

Please ensure you have read and followed the Instructions and Guidelines document prior to submitting a Proposal.

Please enter information within the fields below.		
Applicant Information		
Project Leader:		
Position:		
Organization:		
Address:	City:	
Province:	Postal Code:	
Phone Number:	Email:	
Collaborator Name(s) & Organization(s). Only	y list those who have agreed to participate directly:	
Project Information		
Project Title: (25 words maximum)		
Start Date:	End Date:	
(Project duration must not exceed 1 year)		
Project Description: (provide an outline of the properties include how it aligns with the Canadian Beef R	iect purpose, objectives, background, and methodology. Research and Technology Transfer Strategy)	

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Project Description: (continued)	

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Estimated Project Budget	
Expense description	Budget
(A) BCRC funding request	
(B) Overhead (non-AAFC; up to 15%) or Science Service Charge (AAFC; up to 10%)	
Total BCRC funding request (A+B; maximum of \$50,000)	
Additional funding from non-BCRC sources	
Budget Commentary: Explain all budget items, including any additional funding or in-kind	(if applicable)
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