

**Applicant Information** 

Institution Name:
Institution Address:

Project No:	
(Internal Use)	

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## **EXPRESSION OF INTEREST**

## **RESEARCH CAPACITY**

Please ensure you have read and followed the INSTRUCTIONS AND GUIDELINES document prior to submitting a proposal.

Please enter information within the fields below. The document must not exceed three pages.

City:	Province:		Postal Code:		
Applicant Name:					
Phone Number:	Email:				
Institutional Lead Name:					
Phone Number:	Email:				
General Information					
Title of proposed position:					
Type of position:					
Research Chair	Start-up Fu	ınds			
Transitional funding	Other:				
Proposed Dates of position:					
Start Date:	En	d Date:			
<b>Long-term goal and focus of the position</b> (including how it will align with BCRC's core research objectives and priority areas):					

Describe the need for this position and how it addresses research capacity gaps:				
Incrementality of the position (How will the creation of this new position result in a net gain in				
research capacity?):				
<b>Industry collaboration</b> (Describe how this position will be co-developed and future collaboration with other industry partners for industry-focused research and extension efforts):				
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Estimated Budget					
	Average annual budget	Total over combined number of years proposed			
Funding Summary (to meet total expenditures outlined above):					
A) Institution contributions					
B) Other funding sources*					
C) BCRC REQUEST					
D) Total Funding (A+B+C)					
*List source, amount requested, and s	tatus of all other funding sources:				
Other funding source					
Other funding source					
<b>Budget commentary</b> (briefly explain funding structure, institution commitments and other sources of funding):					
	•	•			
Signatures					
Applicant signature:		Date:			
Institutional lead signature:		Date:			