

Project No: (Internal Use)

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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(s) (if any) Name(s) and Institution(s):			
Project Information Project Title: (25 words maximum)			
Troject Title: (20 Weilde Maximani)			
Start Date:	End Date:		
(Project duration must not exceed 1 year)			
Project Description: (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)			

Project No:	
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Project Description: (continued)	

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(Internal Use)	

Estimated Project Budget	
Expense description	Budget
(A) BCRC funding request	
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(B) Overhead (up to 15% for non-AAFC projects)	
Total BCRC funding request (A+B; maximum of \$50,000)	
Additional funding from non BCRC sources	
Please explain any additional funding or in-kind provided (if applicable)	

Please include the "Approvals and Signatures" page when submitting this form