

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 Name(s) & Organization(s). <i>Only list those who have agreed to participate directly:</i>	
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)*

