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| **1: PROJECT TITLE** |
| Propose a concise but informative title - MAXIMUM 10 WORDS |
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| **2: RESEARCHER INFORMATION:** (more space provided at end of document) |
| **APPLICANT** (Principal Investigator) | **COLLABORATOR 1** (if applicable) |
| Name:  |        | Name:  |       |
| Position:  |       | Position:  |       |
| Institution: |       | Institution:  |       |
| Address:  |       | Address:  |       |
| Email:  |       | Email:  |       |
| Phone #:  |       | Phone #:  |       |
| Role in Project: |       | Role in Project: |       |
| **COLLABORATOR 2** (if applicable) | **COLLABORATOR 3** (if applicable) |
| Name:  |       | Name:  |       |
| Position:  |       | Position:  |       |
| Institution:  |       | Institution:  |       |
| Address:  |       | Address:  |       |
| Email:  |       | Email:  |       |
| Phone #:  |       | Phone #:  |       |
| Role in Project: |       | Role in Project: |       |
| **COLLABORATOR 4** (if applicable) | **COLLABORATOR 5** (if applicable) |
| Name:  |       | Name:  |       |
| Position:  |       | Position:  |       |
| Institution:  |       | Institution:  |       |
| Address:  |       | Address:  |       |
| Email:  |       | Email:  |       |
| Phone #:  |       | Phone #:  |       |
| Role in Project: |       | Role in Project: |       |

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| **3: EXECUTIVE SUMMARY** |
| Include objectives in point form - MAXIMUM ½ PAGE |

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| **4: BENEFITS TO CROP PRODUCERS** |
| Clearly articulate how Canadian producers and the field crop sector in Canada will benefit from the proposed project - MAXIMUM ½ PAGE |

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| **5: PROJECT RATIONALE**  |
| Include background information, research priority being addressed, a description of research gap being filled, and how the project will address the research gap(s) - MAXIMUM 1 PAGE |

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| **6: METHOD**  |
| Outline at high level the experimental approach to achieve deliverables in point form - MAXIMUM 1 PAGE |

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| **7: DELIVERABLES**  |
| Include specific, measurable, achievable, relevant and time-based deliverables with associated objectives in point form - MAXIMUM ½ PAGE |

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| **8: TECHNOLOGY TRANSFER/COMMERCIALIZATION PLAN**  |
| This includes extension tools or activities that will enhance benefits to producers. Please identify your target audience(s) in point form - MAXIMUM ½ PAGE |

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| **9: APPROXIMATE BUDGET REQUESTED** |
| **Start date:** | MMM dd, yyyy | **End date:** | MMM dd, yyyy | **Duration (yrs):** |  |
| **BUDGET over 5 years (can be modified at proposal stage)** |
| *Incremental Salaries:* |  | *Equipment:* |  |
| *Supplies:* |  | *Travel and Hospitality:* |  |
| *Service Contracts:* |  | *Incremental Overhead:* |  |
| *Incremental Rent:* |  | *Other\*:* |  |
| **OVERALL BUDGET:** |  |
| **\*Provide information on “other” (if applicable):** |
|  |
| **Additional confirmed or potential sources of funding (if applicable):** |
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| **10: ADDITIONAL COLLABORATORS** |
| **COLLABORATOR 6** (if applicable) | **COLLABORATOR 7** (if applicable) |
| Name:  |       | Name:  |       |
| Position:  |       | Position:  |       |
| Institution:  |       | Institution:  |       |
| Address:  |       | Address:  |       |
| Email:  |       | Email:  |       |
| Phone #:  |       | Phone #:  |       |
| Role in project: |       | Role in project: |       |
| **COLLABORATOR 8** (if applicable) | **COLLABORATOR 9** (if applicable) |
| Name:  |       | Name:  |       |
| Position:  |       | Position:  |       |
| Institution:  |       | Institution:  |       |
| Address:  |       | Address:  |       |
| Email:  |       | Email:  |       |
| Phone #:  |       | Phone #:  |       |
| Role in project: |       | Role in project: |       |
| **COLLABORATOR 10** (if applicable) | **COLLABORATOR 11** (if applicable) |
| Name:  |       | Name:  |       |
| Position:  |       | Position:  |       |
| Institution:  |       | Institution:  |       |
| Address:  |       | Address:  |       |
| Email:  |       | Email:  |       |
| Phone #:  |       | Phone #:  |       |
| Role in project: |       | Role in project: |       |

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| **10: ADDITIONAL COLLABORATORS** |
| **COLLABORATOR 12** (if applicable) | **COLLABORATOR 13** (if applicable) |
| Name:  |       | Name:  |       |
| Position:  |       | Position:  |       |
| Institution:  |       | Institution:  |       |
| Address:  |       | Address:  |       |
| Email:  |       | Email:  |       |
| Phone #:  |       | Phone #:  |       |
| Role in project: |       | Role in project: |       |
| **COLLABORATOR 14** (if applicable) | **COLLABORATOR 15** (if applicable) |
| Name:  |       | Name:  |       |
| Position:  |       | Position:  |       |
| Institution:  |       | Institution:  |       |
| Address:  |       | Address:  |       |
| Email:  |       | Email:  |       |
| Phone #:  |       | Phone #:  |       |
| Role in project: |       | Role in project: |       |
| **COLLABORATOR 16** (if applicable) | **COLLABORATOR 17** (if applicable) |
| Name:  |       | Name:  |       |
| Position:  |       | Position:  |       |
| Institution:  |       | Institution:  |       |
| Address:  |       | Address:  |       |
| Email:  |       | Email:  |       |
| Phone #:  |       | Phone #:  |       |
| Role in project: |       | Role in project: |       |

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|  **11: FILE SHARING WITH FUNDERS** |
| Experience with past clusters indicates that some research proposals are better suited to one or another cluster. Do you agree to this LOI being shared with other potential funders for consideration?  |
|  |[ ]  **YES** |[ ]  **NO** |

**Submission Deadline: Wednesday, February 8th, 2017**

Please submit your completed Letter of Intent in Microsoft Word format, by email to: IntegratedCluster@WesternGrains.com

For more information, contact:

Pat Flaten, Research Program Manager, WGRF at

PatFlaten@WesternGrains.com or 306-975-0207

or

Matthew Czerwinski, Project Manager, CFCRA at

mczerwinski@gfo.ca or 519-767-0212