



CANADIAN BISON ASSOCIATION



Connecting with Consumers

APPLICATION FORM

Proponent's Information	
Name	
Address	
Phone	
Email	
Membership	
Business Background <i>(Use Appendix A if more space is required)</i>	
The Proposal	
Project Name	
Goals/Objectives	
Project Overview <i>(Use Appendix B if more space is required)</i>	
Methodologies <i>(Use Appendix C if more space is required)</i>	
Expected Results <i>(The measures of success)</i>	
Please fill in Implementation Plan attached.	

I hereby confirm that we have access to adequate supply to fulfill objectives.

Proponent's Official Representative

Canadian Bison Association
P.O. Box 3116 Regina, SK S4P 3G7

PH: (306) 522-4766 | FX: (306) 522-4768 | EM: admin@canadianbison.ca | WB: www.canadianbison.ca



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Implementation Plan

Activities/Components	Expected Output/s	Timeline	Financial Requirement		Sub-Total
			Proponent	CBA	

Prepared by:

Proponent's Official Representative

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Connecting with Consumers
(a Marketing Initiative)

BUSINESS BACKGROUND

Appendix A

Tell us more about your business.

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Project Overview

Appendix B

Please tell us more about the project, i.e who are the target groups/market, logistics needed, proponent's contribution, CBA's contribution and target completion date among others.

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Methodologies

Appendix C

Please tell us what are the major strategies and components to be implemented in order to achieve the goals/objectives of the project.

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