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| **Proposal for Task Force Consideration at the**  **ISSC 2015 Biennial Meeting**  ***Please fill in gray shaded areas only.*** | | 1. | a. Growing Area  b. Harvesting/Handling/Distribution  c.  Administrative |
| 2. Submitter |  | | |
| 3. Affiliation |  | | |
| 4. Address Line 1 |  | | |
| 5. Address Line 2 |  | | |
| 6. City, State, Zip |  | | |
| 7. Phone |  | | |
| 8. Fax |  | | |
| 9. Email |  | | |
| 10. Proposal Subject |  | | |
| 11. Specific NSSP  Guide Reference |  | | |
| 12. Text of Proposal/  Requested Action |  | | |
| 13. Public Health  Significance |  | | |
| 14. Cost Information |  | | |
| 15. Research Needs Information (Optional) | | | |
| a. Proposed specific  research need/ problem to be addressed |  | | |
| b. Explain the  relationship between proposed  research need and  program change  recommended in  the proposal |  | | |
| c. Estimated cost |  | | |
| d. Proposed sources  of funding |  | | |
| e. Time frame anticipated |  | | |
| ***For Research Guidance Committee Use Only*** | Relative priority rank in terms of resolving research need  Immediate  Required  Valuable  Important  Other | | |