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| **Proposal for Task Force Consideration at the**  **Interstate Shellfish Sanitation Conference**  **2013 Biennial Meeting** | | |  | **Growing Area** |
|  | **Harvesting/Handling/Distribution** |
|  | **Administrative** |
| **Name of Submitter:** | Click here to enter text. | | | |
| **Affiliation:** | Click here to enter text. | | | |
| **Address Line 1:**  **Address Line 2:**  **City, State, Zip** | Click here to enter text. | | | |
| Click here to enter text. | | | |
| Click here to enter text. | | | |
| **Phone:** | Click here to enter text. | | | |
| **Fax:** | Click here to enter text. | | | |
| **Email:** | Click here to enter text. | | | |
| **Proposal Subject:** | Click here to enter text. | | | |
| **Specific NSSP Guide Reference:** | Click here to enter text. | | | |
| **Text of Proposal/ Requested Action** | Click here to enter text. | | | |
| **Public Health Significance:** | Click here to enter text. | | | |
| **Cost Information (if available):** | Click here to enter text. | | | |
| **Research Needs** | | ***The purpose of this section is to allow the submitter to identify research needs associated with the proposal. Please use additional pages as necessary.*** | | |
| **Proposed Specific Research Need/Problem to be Addressed:**  Click here to enter text. | | | | |
| **Please explain the relationship between the proposed research need and the program change recommended in the proposal. Support need with literature citations as appropriate.**  Click here to enter text. | | | | |
| **Estimated Cost: $** Click here to enter text. | | | | |
| **Proposed Sources of Funding/Support:** Click here to enter text. | | | | |
| **Time Frame Anticipated:** Click here to enter text. | | | | |
| ***For Research Guidance Committee Use Only***  **Relative Priority Rank in Terms of Resolving Research Need:**  **Immediate  Required  Valuable Important**  **Other** Click here to enter text. | | | | |