|  |
| --- |
| **GENETICS RESEARCH DEVELOPMENT AND ADOPTION****MLA Resource Flock: satellite flocks for eating quality and carcase traits****2021 Expressions of Interest**Carefully read and adhere to the GUIDELINES for preparing project proposals that accompanies this templateComplete within field boundaries in this template in Calibri font size 10 and according to the length indicated in the GUIDELINES |

**Primary Contact**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact Number** |  |
| **Address** |  |
| **Email****Breed/s and Flock Code/s** |  |

**Additional Flocks/Parties Involved**

|  |  |
| --- | --- |
| **Name** |  |
| **Contact Number** |  |
| **Address** |  |
| **Email****Breed/s and Flock Code/s** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Contact Number** |  |
| **Address** |  |
| **Email****Breed/s and Flock Code/s** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Contact Number** |  |
| **Address** |  |
| **Email****Breed/s and Flock Code/s** |  |

**Project Timeframe**

**Proposed time of joining:** Click here to enter a date. **Proposed slaughter date:** Click here to enter a date.

**Project Overview**

|  |  |
| --- | --- |
| **Breed** |  |
| **Primary index used** |  |
| **Sex of slaughter animals****Total number of animals to be slaughtered****Intended progeny number per sire** |  |

Structure of Project

[ ]  Structured Progeny Test [ ]  Surplus animals [ ]  Other *(please provide detail)*

**Sire Representation**

*.*

|  |  |  |
| --- | --- | --- |
| **No** | **Sires (16 digit SG Identification)** | **Comments** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |
| **6** |  |  |
| **7** |  |  |
| **8** |  |  |
| **9** |  |  |

*\* One additional sire included in list above – can remove the least beneficial sire from a genetic diversity perspective in consultation with MLA*

**On-farm Trait Recording**

Select all on-farm traits that will be recorded on the project animals:

[ ]  Birth weight [ ]  Weaning weight [ ]  Early-post weaning, post weaning or other weights [ ]  Ultrasound fat and eye-muscle [ ]  Fleece traits

[ ]  Other

Select fixed effects that will be recorded on the project animals:

Date of birth: [ ] Exact date of birth [ ] Other­­­­­­­­­ (please specify)

Birth type: [ ] Recorded at birth site [ ] Inferred from pregnancy scan [ ] Other (please specify)

Rear type: [ ] Recorded at birth site [ ] Inferred from marking/weaning [ ] Other (please specify)

Age of dam: [ ] Dams are in Sheep Genetics’ evaluations [ ] Age of dams are known
[ ] Age classes of dams are evenly allocated to sires [ ] Other (please specify)

Site or flock: [ ] All lambs are born and managed in one mob [ ] Other (please specify)

**Slaughter location**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Preferred Processing Plant** | **Previous consignments** | **Additional comments including certification if applicable** |
| **1** |  | [ ]  Yes [ ]  No |  |
| **2** |  | [ ]  Yes [ ]  No |  |
| **3** |  | [ ]  Yes [ ]  No |  |

**Project calendar of events**

|  |  |  |  |
| --- | --- | --- | --- |
| **No** | **Key event** | **Estimate of timing** | **Additional comments** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |

**Previous involvement in research**

Click here to enter text.

**Other comments for consideration**

Click here to enter text.

**Risk Identification and Mitigation**

Click here to enter text.

**Certification**

Principal Investigator

In submitting this form I certify:

1. that the information in this application is accurate; the project will be performed in accordance with all statutory, professional and ethical standards and practices. All intellectual property interests have been declared; and
2. in relation to any personal information that the applicant provides to MLA in this application, the applicant warrants that it has:
	1. before providing the personal information to MLA, notified all individuals to whom the personal information relates that it will be disclosing their personal information to MLA for the purposes of this application/ the project and obtained any required consent to such disclosure; and
	2. provided the individuals with the location of where MLA's privacy policy can be found.

Name Title

Signature Date

Head of Organisation or legally delegated officer or Project supervisor

I certify that this application has my approval and the support of this organisation:

Name  Title

Signature Date

**APPENDICES**

**Appendix 1: Risk Assessment**

|  |  |  |  |
| --- | --- | --- | --- |
| **Risk** | **Potential Causes** | **Potential Impacts** | **Mitigation Plans** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |