



# BENEDICT COLLEGE

1600 Harden Street Columbia, SC 29204

## INTENT TO SUBMIT A PROPOSAL

Date	Faculty/Staff Name	
	Department	
	School/Administrative Unit	

<b>Response to Grant Announcement</b> Please complete lines A – C. The <b>Problem Statement</b> section should not be completed.	(A) Title of Grant	
	(B) Funding Agency / Program	
	(C) Proposal Due Date	

**PROBLEM STATEMENT:** Describe the problem/issue that you want to address with this proposal.

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**SOLUTION:** Describe your idea/concept to address the problem/issue include what you want to do, for whom, and the expected outcomes.

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**RELEVANCE TO COLLEGE AND DEPARTMENT:** complete as applicable

College Strategic Direction#:	College Objective #:	Unit Goal:	Unit Objective:

**Other:** \_\_\_\_\_

Will the proposal be written with someone else?  No  Yes: \_\_\_\_\_

Have you and/or the designee ever submitted a proposal through the Office of Research?  No  Yes How Many? \_\_\_\_\_

Is this effort a collaboration with organization(s) or institution(s)?  No  Yes: \_\_\_\_\_

**Will the proposed project require or involve any of the following?**

<input type="checkbox"/> Additional Space Renovation	<input type="checkbox"/> Human Subjects	<input type="checkbox"/> Other / Special Requirements:
<input type="checkbox"/> Additional Library Resources	<input type="checkbox"/> Biohazards Review	
	<input type="checkbox"/> Animal Welfare	

\_\_\_\_\_  
Unit Signature and Date

*If you have any questions, contact the Office of Research at: 803-705-4990 or [research@benedict.edu](mailto:research@benedict.edu)*

**Office of Research Use Only:**

Date Received \_\_\_\_\_ Date Reviewed \_\_\_\_\_

Okay to Proceed:  Yes  No Why? \_\_\_\_\_

Consultation Meeting Needed:  No  Yes:  New Proposal Writer  Team Kickoff  Other: \_\_\_\_\_