



BENEDICT COLLEGE

1600 Harden Street Columbia, SC 29204

PROPOSAL REVIEW AND AUTHORIZATION FORM

Program Director _____ PROPOSAL DUE DATE _____

Office and Phone _____ School/Administrative Unit _____

Title of Proposal _____

Funding Agency / Program _____

| Funding Source | Type | Award Type | Classification |
|---------------------------------------|---------------------------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Government | <input type="checkbox"/> Research | <input type="checkbox"/> Grant | <input type="checkbox"/> New |
| <input type="checkbox"/> Industry | <input type="checkbox"/> Student Support | <input type="checkbox"/> Contract | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Faculty Development / Training | <input type="checkbox"/> Sub-contract | Internal Award # |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Facilities / Equipment | <input type="checkbox"/> Agreement | Other: _____ |
| | <input type="checkbox"/> Service | | |
| | <input type="checkbox"/> Other: _____ | | |

Project Timing: Start Date _____ End Date _____

Budget Period: From _____ To _____

Description of College Obligation / Resource Commitment:

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 | |

(Attach grant announcement and proposal requirements to this form.)

| | | | |
|-----------------------|---------------------------|----------------------|--------------------------------------|
| BUDGET SUMMARY | Total Project Cost | Indirect Cost | College Obligation / Matching |
|-----------------------|---------------------------|----------------------|--------------------------------------|

BENEDICT COLLEGE ENDORSEMENTS: The attached proposal has been examined by the officials whose signatures appear below. For academic programs, the principal academic review of the proposal is the responsibility of the School Dean. These signatures indicate that the signers are familiar with the proposal, and except as noted and initiated in the remarks section, are satisfied with the responsibility for all commitments in the proposal as they relate to their areas (space, personnel, financial, etc.)

REMARKS

REQUIRED SIGNATURES:

| | | | |
|-------------------------------------------|-------------------------------------------|---------------------------------------|------|
| _____ | Program Director / Principal Investigator | _____ | Date |
| (1) School Dean | _____ | (2) Grants Accounting [Budget Review] | Date |
| (3) Associate Vice President for Research | Date | (4) VP for Business Affairs | Date |
| (5) Vice President for Academic Affairs | Date | (6) President | Date |

If you have any questions, contact the Office of Research at: 803-705-4990 or research@benedict.edu