**PROPOSAL REVIEW AND AUTHORIZATION FORM**

**Program Director**

**Office and Phone**

**Title of Proposal**

**Funding Agency / Program**

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Type</th>
<th>Award Type</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Research</td>
<td>Grant</td>
<td>New</td>
</tr>
<tr>
<td>Industry</td>
<td>Student Support</td>
<td>Contract</td>
<td>Renewal</td>
</tr>
<tr>
<td>Non-Profit</td>
<td>Faculty Development / Training</td>
<td>Sub-contract</td>
<td>Internal Award #</td>
</tr>
<tr>
<td>Other:</td>
<td>Facilities / Equipment</td>
<td>Agreement</td>
<td>Other:</td>
</tr>
<tr>
<td></td>
<td>Service</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Timing:**

**Start Date**

**End Date**

**Budget Period:**

**From**

**To**

**Description of College Obligation / Resource Commitment:**

---

If this effort a collaboration with organization(s) or institution(s)?

- [ ] No
- [ ] Yes: ____________________________

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

- [ ] Additional Space Renovation
- [ ] Human Subjects
- [ ] Other / Special Requirements:
- [ ] Additional Library Resources
- [ ] Biohazards Review
- [ ] Animal Welfare
- [ ] Service

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

### BUDGET SUMMARY

<table>
<thead>
<tr>
<th>Total Project Cost</th>
<th>Indirect Cost</th>
<th>College Obligation / Matching</th>
</tr>
</thead>
</table>

**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:**

1. **School Dean**
   - Date
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*