# New Center, Institute, or Consortium Proposal Form

Name of Institution:

Name of Proposed Center/Institute:

Proposed Date of Implementation:

Site:

Program Contact Information (name, title, telephone number, and email address):

Institutional Approvals and Dates of Approval (include Provost/Chief Academic Officer, President and Board of Trustees approval):

**Background Information**

State the nature and purpose of the proposed center/institute and its centrality to institutional mission.

List the goals of the proposed center/institute.

**Assessment of Need**

Provide an assessment of the need for the proposed center/institute for the state, the region, and beyond, if applicable.

Will the proposed center/institute impact existing programs or services at the institution? If yes, explain.

Yes

No

Describe any similar centers/institutes in South Carolina.

**Faculty**

Provide a brief explanation of any changes in faculty, staff and/or administrative assignment that may be required as a result of the proposed center/institute.

**Resources**

Identify any new library, instructional equipment and facilities needed to support the proposed center/institute. For facilities, identify any new facilities or modifications to existing facilities needed to support the proposed center/institute.

**Library Resources:**

**Equipment:**

**Facilities:**

**Financial Support**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sources of Financing by Year** | | | | | | |
| **Category** | **1st** | **2nd** | **3rd** | **4th** | **5th** | **Total** |
| Tuition Funding |  |  |  |  |  |  |
| Special State Appropriation |  |  |  |  |  |  |
| Reallocation of Existing Funds |  |  |  |  |  |  |
| Federal and/or Other Funding |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| **Estimated Costs Associated with Implementing the Center/Institute by Year** | | | | | | |
| **Category** | **1st** | **2nd** | **3rd** | **4th** | **5th** | **Total** |
| Program Administration and Faculty/Staff Salaries |  |  |  |  |  |  |
| Facilities, Equipment, Supplies and Materials |  |  |  |  |  |  |
| Library Resources |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| **Net Total** (i.e., Sources of Financing Minus Estimated Costs) |  |  |  |  |  |  |

**Budget Justification**

Provide a brief explanation for all costs and sources of financing identified in the Financial Support table.

**Evaluation and Assessment**

Provide an outline of how the proposed center/institute will be evaluated and explain how assessment data will be used.

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