**Intent to Submit Proposal for**

**The Collaborative Center of Excellence Program**

**FY2025-2026**

**Please note:** Your center topic must align with the desired topic approved by the CHE Commission. Other topics will not be considered.

**I. Project Directors' Information**

**Institution One**

 A. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 B. Project Director’s Academic Department and Institution

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution Two or Undecided**

 A. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 B. Project Director’s Academic Department and Institution

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 C. Undecided \_\_\_\_\_\_Yes

Briefly describe the qualifications of the Project Director(s) for the proposed center including ***specific expertise and related skills to the desired center topics***(*Word Limit 100*).

|  |
| --- |
|  |

**II. Proposed Center Information**

1. Proposed Center of Excellence Name

**III. Please answer the following questions:**

1. Have you submitted the full or partial edition of the same proposal to a federal agency or another state agency?

Yes No

1. If “Yes” to Question III.A., has the proposal been funded?

Yes No

1. Do you intend to submit the same proposal to a federal or another state agency?

Yes No

1. Is the proposed center independent from other existing grant programs within the institution?

Yes No

1. Do you plan to partner with another higher education institution?

Yes No

**Please submit the form on or before September 26, 2025 via email to**

Dr. Lishu Yin (lyin@che.sc.gov)

Centers of Excellence Program (Teacher Education)

SC Commission on Higher Education

1122 Lady Street, Suite 400

Columbia, SC 29201

**Please note:** A mandatory virtual Technical Assistance Workshop for all applicants who submitted an "Intent to Submit" proposal will be held from **2:00–4:00 PM on Tuesday, September 23, 2025**. The meeting link will be sent upon receipt of the Intent.