(Only required if the institution intends to request or receive appropriations from the state)

Name of Institution

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Name of Proposed Center/Institute

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Proposed Date of Implementation

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|  |

Site

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

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Institutional Approvals and Dates of Approval

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**Background Information**

State the nature and purpose of the proposed center/institute and its centrality to institutional mission. (1500 characters)

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List the objectives of the proposed center/institute. (1000 characters)

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**Assessment of Need**

Provide an assessment of the need for the proposed center/institute for the state, the region, and beyond, if applicable. (1500 characters)

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Will the proposed center/institute impact any existing programs and services at the institution?

Yes

No

If yes, explain. (1000 characters)

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**List of Similar Centers/Institutes in South Carolina**

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| --- | --- | --- | --- |
| **Name** | **Institution** | **Similarities** | **Differences** |
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**Faculty**

Provide a brief explanation of any changes in faculty and/or administrative assignment that may be required as a result of the proposed center/institute. (1000 characters)

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**Library and Learning Resources**

Identify current library/learning collections, resources, and services necessary to support the proposed center/institute and any additional library resources needed. (500 characters)

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**Physical Resources**

Identify any new equipment needed for the proposed center/institute. (500 characters)

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Will any extraordinary physical facilities be needed to support the proposed center/institute?

Yes

No

Identify the physical facilities needed to support the center/institute and the institution’s plan for meeting the requirements, including new facilities or modifications to existing facilities. (1000 characters)

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**Financial Support**

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| --- | --- | --- | --- | --- | --- | --- |
| **Estimated New Costs by Year** | | | | | | |
| **Category** | **1st** | **2nd** | **3rd** | **4th** | **5th** | **Total** |
| Program Administration |  |  |  |  |  |  |
| Faculty and Staff Salaries |  |  |  |  |  |  |
| Graduate Assistants |  |  |  |  |  |  |
| Equipment |  |  |  |  |  |  |
| Facilities |  |  |  |  |  |  |
| Supplies and Materials |  |  |  |  |  |  |
| Library Resources |  |  |  |  |  |  |
| Other\* |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| **Sources of Financing** | | | | | | |
| **Category** | **1st** | **2nd** | **3rd** | **4th** | **5th** | **Total** |
| Tuition Funding |  |  |  |  |  |  |
| State Funding (i.e., Special State Appropriation)\* |  |  |  |  |  |  |
| Reallocation of Existing Funds\* |  |  |  |  |  |  |
| Federal Funding\* |  |  |  |  |  |  |
| Other Funding\* |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |
| **Net Total** (i.e., Sources of Financing Minus Estimated New Costs) |  |  |  |  |  |  |

\*Provide an explanation for these costs and sources of financing in the budget justification.

**Budget Justification**

Provide a brief explanation for the other new costs and any special sources of financing (state funding, reallocation of existing funds, federal funding, or other funding) identified in the Financial Support table. (1000 characters)

**Note: Only provide this budget justification if any other new costs, state funding, reallocation of existing funds, federal funding, or other funding are included in the Financial Support table.**

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**Evaluation and Assessment**

Provide an outline of how the proposed center/institute will be evaluated. Identify assessment tools or software used in the evaluation. Explain how assessment data will be used. (1500 characters)

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