



UNIVERSITY OF CAPE COAST

DIRECTORATE OF RESEARCH, INNOVATION AND CONSULTANCY [DRIC]

INTENT TO SUBMIT A PROPOSAL FORM

*[Researchers or Evaluators should allow **at least one (1) month** from deadline for processing of request and feedback from DRIC]*

PARTICULARS OF PRINCIPAL INVESTIGATOR OR LEAD CONSULTANT

Surname:	First Name:	Middle Name:

College:	Faculty/School:
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Directorate/Centre/Department/Office:	Designation/Title:
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Email Address:	Cell Phone No.:
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DETAILS OF REQUEST/CALL FOR APPLICATIONS

Please attach the following documents or send their soft copies to dric@ucc.edu.gh:

1. A copy of the request/call for applications or provide a link to the request/call or announcement

Link (If applicable):

2. Details of Team Composition or Consortium (Include collaborative organisations, if applicable; and indicate if UCC is Leading or Partnering on the Application)

Proposed Project Title:

Funding Agency(ies):
Email Address(es) (if applicable):

Letter of Intent to Funding Agency (If applicable):

Due Date for Letter of Intent to Funding Agency (If applicable) (dd/mm/yyyy):

Application Due Date:

Due Date for Letter of Intent (dd/mm/yyyy):

Date You Plan to Submit Application:

Due Date for Letter of Intent (dd/mm/yyyy):

Is this a Limited Submission Opportunity [*i.e. UCC can submit only one application*]?

Yes [] No []

Is this proposal a collaborative proposal with other institution(s)?

Yes [] No []

Which institution/organisation is the lead on this proposal?

Lead Institution/Organisation:

Anticipated Award Type [*i.e. grant, contract, consultancy, sub-award/sub-contract, fellowship, etc.*]:

Lead Institution/Organisation:

Signature of Principal Investigator/Lead Consultant:	Date:
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FOR OFFICIAL USE ONLY:

Date of Receipt at DRIC:

Decision by Director of DRIC:	Signature of Director of DRIC:
	Name:
	Date: