



UNIVERSITY OF CAPE COAST

DIRECTORATE OF RESEARCH, INNOVATION AND CONSULTANCY [DRIC]

REQUEST FOR PROPOSAL REVIEW, APPROVAL AND SUBMISSION

*[Researchers or Evaluators should allow **at least ten (10) working or business days** 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:

Directorate/Centre/Department/Office:	Designation/Title:

Email Address:	Cell Phone No.:

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. Technical proposal
3. Financial proposal (Budget)

Proposed Project Title:

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

The Director of DRIC will sign the application. If a different person is required to sign, please indicate the signee:

Name:	Title:
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Proposal Submission Due Date:

Any Other Relevant Information:

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: