

**COLLEGE OF CHARLESTON**

**AUTHORIZATION TO SUBMIT FOR CORPORATE OR FOUNDATION FUNDING**

To Ensure Appropriate Internal Review and On-Time Delivery, the Proposal and Signed Authorization Form are due in the Corporate and Foundation Relations Office Five (5) Working Days Prior to the Deadline.

**Involves** (*check all that apply*):

- Released/Reassigned Time/Source: \_\_\_\_\_
- New Space, Special Facilities, or Renovation/Source: \_\_\_\_\_
- University Match/Cost Share (*Required*)/Source: \_\_\_\_\_ Amount: \_\_\_\_\_
- Requested Amount: \_\_\_\_\_
- Project Director's % of Effort: \_\_\_\_\_

I affirm that the information submitted for grant consideration is complete and accurate with the understanding that fraudulent statements and information are subject to academic, criminal or civil penalties. I accept responsibility for the conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application and the necessary disclosures under the University's conflict of interest policy have been made.

\_\_\_\_\_  
Project Director

\_\_\_\_\_  
Date

**Authorizing Signatures:** (*Division/Department Chair and Dean/Director signatures indicate assumption of responsibility for resources committed in proposals, e.g., personnel, space, equipment, etc.*)

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean/Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
President/Executive Vice President (if necessary)

\_\_\_\_\_  
Date

**Please Return to:**

**Denise Ciccarelli, CFRE**  
**Director, Corporate and Foundation Relations**  
**College of Charleston**  
**Sottile House**  
**Charleston, SC 29424**

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