

Torreyson West, Ste. 324 Tel: (501) 450-3451 Fax: (501) 450-5339

# Research and Grant Development Program (RGDP) Funds REQUEST FORM

Name:

# **PURPOSE OF REQUEST:**

(i.e. seed funding, pilot study, preliminary data collection, mandatory matching, etc.)

### **GRANT PROPOSAL TITLE:**

**Briefly Describe Project:** (400 characters or less)

What grant will you apply for?

When do you anticipate applying?

(semester/year)

How will this project be used to secure a competitive grant?

TIMELINE (Gantt chart with description of activities):

Amount of funding you are requesting:

**Detailed Budget Breakdown** (information is required for budget set-up):

# Please complete the following:

Are these funds requested for MANDATORY matching?	Yes	No
If yes, please list the funding agency and the mandatory rate of matching. (i.e. 1 to 1, 50%, etc.)		
Are these funds requested for VOLUNTARY matching? (Note: Requests for voluntary matching are only considered if the funding agency infers in the guidelines that matching will be an influencing factor in selection of awards.)	Yes	No
If yes, please explain why it is necessary to provide voluntary matching.		

Will these funds be used for student development activit tied to this grant?	ies	Yes	No
If yes, have you already applied to the UCA Student Research Fund, the Student Government Association or any other internal source?		Yes	No
If yes, please list the source of requests and amounts.			
Have you requested funds from the RDGP Fund previou	ısly?	Yes	No
If yes, did you apply to a competitive external grant oppo	ortunity?	Yes	No
If yes, what was the outcome?	If no, why not?		

#### MANDATORY REQUIREMENTS (if award is made):

If this project is for more than one (1) year, an **ANNUAL PROGRESS REPORT** (for each year) describing all activities is to be submitted to Sponsored Programs within thirty (30) days of the end of the project period for that year. A **FINAL REPORT** is to be submitted to Sponsored Programs within thirty (30) days after the completion of this project period.

Requestor Signature

Department Chair's Signature

College Dean's Signature

THIS REQUEST HAS BEEN APPROVED FOR FUNDING.

THIS REQUEST HAS NOT BEEN APPROVED FOR FUNDING.

Joan B. Simon, Ph.D. Dean of Graduate School & Director of Sponsored Programs

Date

Thank you for taking the time to complete this form. Upon receipt of signed form by all parties, Sponsored Programs requires five (5) business days to process the award.

Date

Date

Date