



UNIVERSITY OF
CENTRAL
ARKANSAS™

SPONSORED
PROGRAMS

Torreyson West, Ste. 328

Tel: (501) 450-3451

Fax: (501) 450-5339

Research and Grant Development Program (RGDP) Funds REQUEST FORM

PI Name and Department:

PURPOSE OF REQUEST:

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

GRANT PROPOSAL TITLE:

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
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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
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If yes, please explain why it is necessary to provide voluntary matching.

Will these funds be used for student development activities tied to this grant? 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 previously? Yes No

If yes, did you apply to a competitive external grant opportunity? 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 _____
Date

Department Chair's Signature _____
Date

College Dean's Signature _____
Date

THIS REQUEST HAS BEEN APPROVED FOR FUNDING.

THIS REQUEST HAS NOT BEEN APPROVED FOR FUNDING.

Joy Ritchey Reynolds _____
Date
Director of Sponsored Programs

*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.*