

## **Office of Research Administration**

## **ORA-00-09: RESEARCH CONTINGENCY FUND REQUEST FORM**

UA's Research Contingency Fund (RCF) is managed by the Office of Research Administration. College Deans must electronically submit their request(s) annually by the announced deadline (or at any time in the event of an emergency or emerging need) to rcf@info.uakron.edu. All requests will be reviewed by the Director of Research Administration, in conjunction with the Director of Research Initiatives. The Dean will be notified of the decision(s) via email. FY21 ANNUAL REQUEST DUE DATE: Aug. 7

## Section 1: General Information to be completed by the Dean – One request per form

| Today's Date:  | College | 2:  | Request priority #   | of       |  |
|--|---------|---|--|----------|--|
| Dean's Name: Department(s)(if applicable):               |         |   |  |          |  |
| Need Type: Emerge<br>(select one)                        | ncy One | e-Time Current Need   | One-Time Future Need<br>Estimate # of years needed to accrue full funding:                         |          |  |
| General Category (s <i>elect one</i> ):<br>New Equipment |         | Colleges/departments are expected to utilize their existing college and department IDC funds to the extent possible. If IDC funds will be used as part of the total request, include the amounts and the IDC speedtype below. |  |          |  |
| Equipment Repair and/or Upgrade                          |         | Amount Requested and Source:  |  |          |  |
| Equipment Maintenance Contract                           |         | \$ from College IDC speedtype   |  |          |  |
| Cost-Share (see Policy)                                  |         | \$ from Department IDC speedtype  |  |          |  |
| Other:   |         | (if more  | artment IDC speedtype<br>than two departments, list details in the Justif<br>arch Contingency Fund | ïcation) |  |

## Section 2: Request Justification – to be completed by the Dean

Justification must be specific and fit in the allotted space. See Policy and Process document for details that must be included.

| Section 3: ORA Use ONLY |          |              |                                |  |  |  |
|-------------------------|----------|--------------|--------------------------------|--|--|--|
| ORA RCF # RCF21-        | Approved | Not approved | Decision Date:                 |  |  |  |
| Signature:              |          | Date:        | Date Submitted BA form to RAB: |  |  |  |