



PLEASE NOTE: This is the form to be used for all IWK internal grants except for the Establishment Grant.

1. Title Submitted on Application:

2. PI/Applicant Name:

3. Grant ROME0 #:

4. a. Grant Start Date:

b. Grant Completion Date:

5. What were the objectives or goals of your research?

6. a. Did you achieve the research project goals/objectives outlined in your application?

Yes

No

b. If no, please explain why project goals were not achieved:



7. List any planned or submitted external funding applications, presentations, publications, submissions for publication, other products and/or your knowledge dissemination plan that were made possible by the IWK Grant.

8. Please briefly identify the impact this research project has had on your research trajectory.

Thank you for submitting your final report. By submitting this report you have successfully completed all IWK Program requirements. We wish you the best in your future research endeavours.

Recipient Signature

Date

Please mail your completed report to research@iwk.nshealth.ca.