

# IWK Establishment Grant- Final Report



Research &  
Innovation  
Advancement

Title Submitted on Application:

Recipient Name:

Grant ROMEO #:

Please describe your research program at the IWK:

How did the funds support the growth of your research program?

Did you experience any obstacles/ barriers in establishing your program at the IWK?      Yes      No

If yes, please explain:

*Please submit your final report to [research@iwk.nshealth.ca](mailto:research@iwk.nshealth.ca). 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: