

Establishment Grant Final Report

It's time to complete your final report!

Completing this report is a requirement of RNS funded projects. Information is used for reporting accountabilities and for program planning and improvement.

We suggest that you view all report questions on the [RNS website](#) prior to starting your report in select survey. Once you start the report you must finish it in one session. All the questions in the report require a response.

If you have any questions about this report, please contact RNS at researchns@novascotia.ca or call 902-424-4043.

Thanks in advance for your time completing this report.

1. Principal Investigator's last name and first name.*

2. In the space below, please list and describe the results to date for each objective outlined in your original funding application. For multi-year projects, please describe achievements over the entire duration of your funding. Results must be listed in the following format:

"Objective – Results/Achievements"

*(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)**

3. List all publications or submissions for publication in **peer reviewed journals** related to this project. Please list in the box below in the following format:

"Journal Name, Authors, Article Title, Publication Date, and Website Link (if available)"

*

No publications to report.

List of publications or submissions for publication in the box below.

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

4. List all conferences/symposia presentations and other dissemination activities to **academic audiences** related to this project. Please list in the box below in the following format:

"Activity and Stakeholder(s)"

*

No dissemination to academic audiences to report.

Dissemination activities:

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

5. List all conferences/symposia presentations and other dissemination activities to **community stakeholders** (research participants, policy makers, decision makers, clinicians, etc.) related to this project. Please list in the box below in the following format:

"Activity and Stakeholder(s)"

*

No dissemination activity to community stakeholders to report.

Dissemination activities:

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

6. List all other sources of support (both financial and in-kind) for this project. Please list in the box below using the following format:

"Amount, Source of funding, Financial Contribution, In-Kind Contribution"

*

No additional sources of support to report.

Other sources of support:

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

7. Have you submitted any applications for subsequent funding for this project? If so, please list in the box below in the following format:

"Funder, Grant/Award Name, Amount Requested, Outcome (submitted/successful/not successful), Expected date of decision (if pending)"

*

No subsequent funding applications to report.

Subsequent Funding:

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

8. Did you have any inventions or patents that were applied for or obtained as a result of this project?*

No

Yes. List any inventions or patents applied for or obtained as a result of this project in the box below.

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

9. What impact did this grant/award funding have on knowledge creation/informing decision making?

*

No impact.

In the box below, please describe the impact:

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

10. What impact did this grant/award funding have on research partnerships/collaboration?

*

No impact.

In the box below, please describe the impact:

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

11. How has receiving this grant/award contributed to your development/capacity as a researcher?

*(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)**

12. Did your project expenses align with your submitted budget?*

Yes

No. In the box below, please describe any variances.

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

13. Did this award/grant funding allow you to hire students? Select the number of each level of students below.*

	0	1	2	3	4	5+
Undergraduate						
Graduate						
Post Graduate						

14. Did this award/grant funding allow you to hire research personnel?*

No

Yes. In the box below, indicate the job type and number of research personnel hired:

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

15. The Knowing About Research (KARes) Program provides tools and information for the Nova Scotia health research community to use to engage local politicians to build awareness and understanding of the value of supporting health research in Nova Scotia. Are you aware of the [KARes Program](#)?*

Yes

No

16. Have you used the resources provided through the Knowing About Research (KARes) Program Guidelines?*

No

Yes. In the box below, please comment if the resources were helpful.

(To increase the size of the text box below, click and drag the bottom right hand corner of the text box)

Done