

## Resident/Clinical Fellow Trainee Research Grant End of Grant Report

Report Date (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Awardee Name: (Last, First, Middle Initial[s])

Mentor Name(s): (Last, First, Middle Initial[s])

Project Title:

### Lay Abstract

Provide a lay abstract of the research supported. Please highlight any interesting or surprising findings that could be shared with WCHRI stakeholders, Department communications, or donors to generate interest or improve public awareness.

### Project Overview

Please indicate your study outcomes and progress to date. Where challenges or delays impacted progress, please provide details regarding how issues were addressed.

### Academic Output

Provide a list of your scientific publications and presentations produced during the period of your grant. Please include the publication status for each item listed. If no presentations or publications to report, please type "none".

Did you acknowledge WCHRI's support of your work?      Yes       No

Did you acknowledge REDCap support of your work?      Yes       No       N/A

Did you present your research at Pediatric Research Day?      Yes       No

Did you present your research at WCHRI Research Day?      Yes       No

Did you present your research at another conference?      Yes       No

### Conferences and Symposia

List all conferences and symposia attended related to this project. If no conferences and/or symposia to report, please type "none".

### Honors and Awards

List all honors and awards received as a result of this project. If no honors and/or awards to report, please type "none".

--

### Leveraged Funding

Have you applied to other funding agencies to support the same or similar project?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
--	------------------------------	-----------------------------

If yes, please indicate other funding source. If no, please indicate why you have not applied for other funding related to this project.

--

### Financial Accountability

Please provide details with respect to the current financial status of this award, including a summary of funds that have been used, any residual funds, and any outstanding expenses. Please be advised that any gift cards purchased (but not used) must be returned to the Pediatric Research Office.

--