**OR-NSU Template for CTRGC Completion Report**

**A. Grant Information**

|  |  |
| --- | --- |
| Grant Cycle Year: |  |
|  |  |
| CTRGC Grant Code: |  |
|  |  |
| Title of Research Project: |  |
|  |  |
| Principal Investigator: |  |
|  |  |
| Co-investigator(s): | 1. 2. 3. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of research (one): |  | Basic Science |  |  | Applied Science |  |  | Literature Based |

**B. Work Plan Summary Review**

|  |  |  |
| --- | --- | --- |
| **No.** | **Research Activity****(Initial Plan)** | **Activity Outcome****(**one**)** |
| *(below items, for example; others as appropriate)* | *Completed as proposed* | *Completed with modification* | *Not completed (provide explanation)* |
| 1 | Literature review |  |  |  |
| 2 | Preparation of survey instrument |  |  |  |
| 3 | Data collection |  |  |  |
| 4 | Data entry and analysis |  |  |  |
| 5 | Write and publish a journal article |  |  |  |
| Provide draft copy of manuscript, preprint or publication proof pages (if available) |
| 6 | IRB/ IACUC Approval ID (If applicable) |  |
| 7 | etc. |  |  |  |

**Work Plan Narrative Remarks** (summary of aims/objectives; methods; results; conclusion(s); project outcome (conference presentation; journal publication; etc.). Use additional pages if necessary.

**C. Budget Expenditure Review**

1. Table 1: Itemized Budget as approved at outset of the project *(as approved by OR-NSU)*
2. Table 2: itemized expenditures, with reference to itemized budget provided as Table 1 *(expenditures as reported to F&A for final cost adjustment; Vouchers and receipts for expenditures are to be submitted directly to NSU Finance & Accounts Office, not to OR-NSU.)*

**D. Acknowledgements**

All CTRGC funded project reports and publications should be acknowledged as follows:

This research project was supported by the NSU CTRGC research grant fund [CTRG-XX-XXXX-XX] from North South University. Ethical approval [IRB/IACUC/IBC ID] was obtained from the NSU IRB/IACUC/IBC.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Principal Investigator Date: