

# Research Start-Up Fund Recipient – Final Report

This report must be completed within 2 months of your project’s end and submitted to your

Head of School or equivalent.

Final acquittal for the project must occur by the end of the first eighteen months of

your appointment at VU.

**All entries on this form should be printed or typed. Please return the original form.**

### Section A – Identification

|  |  |
| --- | --- |
| Application Number |  |
| Name |  |
| School |  |
| Research Project Title |  |
| Start and End Dates for the Project |  |

|  |  |  |
| --- | --- | --- |
| **Total VU funding received: $** | **Funding amount: $** |  |

**Section B – Overall Outcome of the Grant**

What were the original aims and objectives of the project?

Did you achieve the aims and objectives of the project as stated above?

Describe the results achieved and relate these to the original aims, and potential benefit.

Highlight any difficulties that you may have encountered

**Section C – Outcomes**

List publications arising from your project

Discuss future opportunities arising from this work, including grant and/or commercial possibilities

**Section D – Financial Statements**

|  |  |  |
| --- | --- | --- |
| **Budget Details** | **Budget Allocated** | **Budget Expenditure** |
| PERSONNEL |  |  |
| EQUIPMENT |  |  |
| MAINTENANCE |  |  |
| TRAVEL |  |  |
| OTHER |  |  |
| **TOTAL:** |  |  |

**Section E – Certification**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Researcher |  | Name (please print) |  | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  / / |

I certify that satisfactory progress was made over the term of this VU Research Start Up Grant

I certify that unsatisfactory progress was made over the term of this VU Research Start Up Grant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Head of Schoolor equivalent |  | Name (please print) |  | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  / /  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Associate Dean(Research and Research Training)or nominee |  | Name (please print) |  | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  / /  |

I endorse the certification provided by the Head of School.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Pro Vice-Chancellor (Research and Research Training) or equivalent |  | Name (please print) |  | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  / /  |