

# Project Final Report

# DUE: February 12, 2027

### Study title:

**Principal Investigator**:

**Date Funded**:

**Brief Summary of Methods Used and Main Findings**: (2-3 paragraphs; approximately 500 words)

### Key accomplishments:

(please list up to a maximum of 5)

### Any barriers or challenges that have been identified:

### Abstracts, presentation or publications:

Please list abstracts, presentations, or publications that have resulted from this work. Please attach copies of abstracts submitted or draft manuscripts developed as a result of this work.

### Financial reporting:

Please provide a summary of the budget spent to date according to the template attached.

Signature of principal investigator:

Note: email confirmation can also be provided

**Date:**

Submit completed form to Michelle Sylvain at the Department of Family Medicine, by e-copy to [sylvaim@mcmaster.ca](mailto:sylvaim@mcmaster.ca)



**Department of Family Medicine Research Fund**

**Project Financial Report**

### Study title:

**Principal Investigator**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HUMAN RESOURCES** | **Salary** | **Benefits** | **Total Cost** | |
|  |  |  |  | |
|  |  |  |  | |
|  |  |  |  | |
| **Subtotal** |  |  |  | |
| **SUPPLIES AND EQUIPMENT** | | | | **Total Cost** |
|  | | | |  |
|  | | | |  |
|  | | | |  |
|  | | | |  |
| **Subtotal** | | | |  |

|  |  |
| --- | --- |
| **TOTAL EXPENSES** |  |
| **APPROVED BUDGET** |  |
| **Over-spending (or Under-spending)** |  |

Comments on changes to the budget related to what was originally approved:

RECORD OF EXPENDITURES

I certify that this is an accurate account of expenditures for the period specified and that supporting documents are available for audit.

## SIGNED BY: DATE: