# General Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Project ID:** |  | **Amount funded by HCF Research Foundation** | **$** |

|  |  |
| --- | --- |
| Project Title: |  |

|  |  |  |
| --- | --- | --- |
| Agreement begin date: | Agreement term (years and months): | Final report due: |
|  |  |  |

# Principal Investigator

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | | |
| First name: |  | Last name: |  |
| Current appointment: |  | | |
| Organisation: |  | | |
| Department: |  | | |
| Phone: |  | | |
| Email: |  | | |

# Key Findings

|  |
| --- |
| Please provide a summary of the key findings from your research: |
|  |
| Please provide a lay summary of the key findings and impact of your research (max 300 words): |
|  |
| If this research was to be featured in the media, what would be the headline? |
|  |

# Translation

|  |
| --- |
| Please provide details of any stakeholder engagement or other activities that have or will assist in translation of the research results: |
|  |

# HCF Research Foundation & HCF

|  |
| --- |
| Please provide details if/how HCF Research Foundation or HCF can assist with translation of the research results: |
|  |
| What further translation activities would you ideally undertake to promote uptake of this research into practice? please provide indicative costs. (Note HCF RF may make funding available for translation purposes, and may ask for further details): |
|  |

# Communications

|  |  |
| --- | --- |
| Please provide details of any publications, presentations or media attention related to this project: | |
| Reference details | Submitted or Accepted or Publication date |
|  |  |
|  |  |
|  |  |

Signature of applicant:

Date:

# Expenditure

|  |  |
| --- | --- |
| Grant income for the period | $ |
| Interest received | $ |
| **Total income for the period** | **$** |
| Balance brought forward | $ |
| Total expenditure for the period | $ |
| **Current balance** | **$** |

Expenditure details

|  |  |
| --- | --- |
| Salary costs |  |
|  | $ |
|  | **$** |
|  | $ |
| Total | $ |

|  |  |
| --- | --- |
| Direct research costs |  |
|  | $ |
|  | **$** |
|  | $ |
| Total | $ |

|  |  |
| --- | --- |
| Translation costs |  |
|  | $ |
|  | **$** |
|  | $ |
| Total | $ |

I certify that:

1. Monies received under the above-mentioned grant, have been expended for the purpose of the research as per the signed Funding Agreement; and
2. Salaries paid under the grant are in accordance with the general rates in force at this institution at the time of payment; and
3. Monies received under the abovementioned grant were not used to fund institution on-costs or salary on-costs, except as set out in the approved budget of the Grant Application; and
4. The Financial Statement for the reporting period <DD/MM/YYYY> to <DD/MM/YYYY> is accurate and complete; and
5. I am an authorised financial officer for the <insert administering institution>.

Name

Position

Signed

Date

Contact info