

FINAL REPORT
UNIVERSITY RESEARCH COUNCIL COMPETITIVE GRANTS
(PLEASE TYPE)

TODAY'S DATE:

NAME:

PROJECT TITLE:

AWARD PERIOD:

PROJECT OVERVIEW : (Please provide a brief overview of your project. At a minimum, include the current status of the project, amount and types of data collected, initial findings, and, if necessary, unanticipated problems.)

EXPENDITURES : (Please indicate how your grant award was spent in support of your project.)

PLANS FOR DISSEMINATION:

PLANS FOR FUTURE RESEARCH: