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| **INSTRUCTIONS** |

* In accordance with the Deed of Agreement, progress reports must be submitted according to the schedule each calendar year in which there were payments or carry-forward of funds for a Grant Funding Agreement, except the **final year** when the **final report form** must be used.
* All sections of the form should be completed
	+ All entries must be typed
	+ The report must be signed by the **Chief Investigator A** (on behalf of all investigators), and the **institution’s responsible officer**
* An electronic copy of the final report must be emailed to:
	+ research.grants@cparf.org (for applicants based in the United States), or
	+ CPAResearchGrants@cerebralpalsy.org.au (for applicants based in Australia and other countries)
* Either MS Word document or writable PDF formats are acceptable
* Questions regarding final reports should be referred to:
	+ research.grants@cparf.org (for applicants based in the United States), or
	+ CPAResearchGrants@cerebralpalsy.org.au (for applicants based in Australia and other countries)

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| **SECTION A - ADMINISTRATION** |

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| **Grant Number** *(e.g. CDG00118)* |  |
| **Title** |  |
| **Chief Investigator A** |  |
| **Administering Institution** |  |
| **Period covered by this report***(e.g. 01/07/2019 – 31/12/2019)* |  |

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| **SECTION B – PROGRESS**  |

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| 1. For **this reporting period**, please describe the progress in:
	1. Achieving the research aims
	2. Testing hypotheses against milestones in the original application
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| 1. Have the personnel or partner organisations changed from those specified in the application? If yes, please provide details
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| 1. Have the time-lines for the research grant changed? If yes, please provide details and reasons
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| 1. Has the direction of the research changed from that specified in the application? If yes, please explain how and why it changed.
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| 1. If satisfactory progress towards achieving the research aims has not been achieved, please explain why this has occurred and how the relevant issues are being addressed.
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| **SECTION C.1 – ACHIEVEMENTS**  |

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| 1. Please list any major achievements of the research grant for this reporting period (e.g. awards, speaker presentations)
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| 1. What are the key objectives for the coming year?
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| 1. Who benefits from this research?
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| 1. Has any career development and training been achieved as a result of this research grant?
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| **SECTION C.2 – TEAM ACHIEVEMENTS**  |

Indicate any output associated with the research to date. Where relevant, write a number in each box, and provide full citation of academic outputs (e.g. name of journal, title of conference and when/where held, title and publisher of book or chapter in book, impact factors if known).

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| --- | --- | --- | --- | --- | --- |
| **Item** | **Field** | **No** | **Item** | **Field** | **No** |
| A1 | Books – Authored research |  | D | Expected further publications |  |
| A3 | Books – Chapters  |  | E | Effects on policy/practice of health care |  |
| B1 | Journal articles |  | F | Other achievements |  |
| B2 | Journal letters |  | G | Speaker presentations |  |
| C | Patents |  | H | Awards |  |

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| **Full citation of academic outputs**(e.g. name of journal, title of conference and when/where held, title and publisher of book or chapter in book, impact factors if known) |
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| *As per the Deed of Agreement, grant recipients are required to include a copy of all publications and reports (as a PDF of the full text), and all conference presentations and seminars (in abstract format) utilising project data to the Research Foundation as part of this Report.* |

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| **SECTION D – REPORTING**  |

Please summarise your progress report into the following three areas **for inclusion in the reports and website for the Research Foundation of Cerebral Palsy Alliance**.

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| 1. **Update on Progress** *(written in clear,* ***non-technical lay language****, max 100 words)*
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| 1. **Message of Impact** *(written in clear,* ***non-technical******lay language****, max 100 words)*
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| **SECTION E – NETWORKS/PARTNERSHIPS**  |

Please specify if any additional funding was secured for the research grant, specifying a scheme where applicable.

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| **SOURCE** | **YES** | **NO** | **SCHEME** |
| Host institutional (internal) |[ ] [ ]   |
| NHMRC/NIH |[ ] [ ]   |
| Other government competitive funds |[ ] [ ]   |
| Government non-competitive funds |[ ] [ ]   |
| Funds from industry |[ ] [ ]   |
| Other competitive funds |[ ] [ ]   |
| Other non-competitive funds |[ ] [ ]   |

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| **SECTION F – CERTIFICATION**  |

I certify that:

* All Chief Investigators agree that this report is an accurate representation of the progress to date of the funded project; and
* Relevant institutional approvals have been maintained to date

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| **Chief Investigator A** | **Institution Responsible Officer or delegate** |
| Name: |  | Name: |  |
| Date: |  | Date: |  |
| Signature: |  | Signature: |  |