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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](mailto:research.grants@cparf.org) (for applicants based in the United States), or
  + [CPAResearchGrants@cerebralpalsy.org.au](mailto: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](mailto:research.grants@cparf.org) (for applicants based in the United States), or
  + [CPAResearchGrants@cerebralpalsy.org.au](mailto: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. PG00121)* |  |
| **Title** |  |
| **Chief Investigator A** |  |
| **Administering Institution** |  |
| **Period covered by this report**  *(e.g. 01/07/2022 – 31/12/2022)* |  |

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| **SECTION B – RESEARCH 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 a) how and why it changed, and b) do you anticipate this will change the outcomes and impacts of the project? |
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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 – PROGRESS TOWARD POTENTIAL IMPACTS** |

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| 1. Indicate all **outputs** associated with the research to date. Where relevant, write a number in each box, and provide full details of the output/s in the spaces below. | | | | | |
| **Item** | **Field** | **No** | **Item** | **Field** | **No** |
| A1 | Books – Authored research |  | E | Training activities |  |
| A2 | Books – Chapters |  | F | Major reports, guidelines, policy or advocacy documents |  |
| B1 | Journal articles |  | G | Speaker presentations |  |
| B2 | Journal letters |  | H | Awards |  |
| C | Patents |  | I | Other achievements |  |
| D | Expected further publications |  |  |  |  |

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| 1. Please provide full details of **academic outputs** delivered or achieved for this reporting period.   *(e.g. name of journal, title of conference and when/where held, title and publisher of book or chapter in book)* |
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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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| 1. Please provide details of any **other outputs, activities and outcomes** delivered or achieved for this reporting period.   *(e.g. describe any stakeholder engagement and co-creation activities undertaken with relevant, next -or end-users. How were they engaged and involved throughout the research lifecycle? Describe the research outputs and knowledge translation activities delivered to improve the likelihood of research uptake and impact (e.g. workshops, training, public forums, information sharing, media, etc). How did you tailor the research outputs and activities to meet needs of the next -or end users in relevant and useful ways?)* |
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| 1. Please describe the outputs and activities you plan to deliver and undertake in the coming year. *(Ensure you identify the planned users, how do you intend to engage with them, what is the intended outcome?)* |
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| 1. Please detail any new external **partnerships, networks or collaborations,** related to this project,that have been developed within this reporting period or are planned for the year ahead. |
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| 1. Who are the intended **beneficiaries** of this research? Have they changed from your initial proposal? How will/are they benefiting from the research? |
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| 1. Please describe any career/professional development and training activities (**capacity building**) undertaken as part of this research grant? |
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| **SECTION D – REPORTING FOR RESEARCH FOUNDATION OF CEREBRAL PALSY ALLIANCE**. |

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

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| 1. **Update on Progress** *(Explain the progress you have made towards the research objectives. Ensure this is written in clear,* ***non-technical lay language****, max 200 words)* |
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| 1. **Message of Impact** *Explain the anticipated impact of this research, who will benefit and in what ways*. *(Ensure you write in clear,* ***non-technical******lay language****, max 200 words)* |
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| **SECTION E – ADDITIONAL FUNDING** |

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: |  |