



End of Project Report  
Operating, Development and Dissemination Grant  
Nursing Research & Development Fund

Name:

Contact Address:

Email:

Telephone Number:

Title of Research Project:

Type of Grant Funded:

Operating  
Development  
Dissemination

Funding Amount: \$

Funding Dates:

**Dissemination of Research Findings:**

(a) Publications (please complete full citation)

Peer Review Publications:



Non Peer Review Publications:

(b) Presentations (please complete full citation)

Citation of Presentation

Type:	Invited	Oral	Poster
Level:	Local	National	International

(c) Other dissemination – this could include media, videos, blogs

### **Impact of the Research Findings**

Faculty: Did the Nursing Research Fund Grant lead to subsequent funding and to growth in your program of research?

Yes

No



Please give details:

Students: Did you pursue further education or do you plan to?

Yes

No

Please give details:

Did your research project influence policy or practice change(own and/or others)?

Yes

No

Please give details:

Did your research change patient outcomes?

Yes

No

Please give details:



**General Comments:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date