**VPR Advancement of Early Career Researchers (VPR AECR)**

**FINAL REPORT**

The Principal Investigator is responsible for the preparation of a **FINAL REPORT**. The format provided is recommended by not required. Please submit report to ORC no later than 30 days after the award end date. **Use as many additional pages as needed.**

**The Final Report should provide information on the following areas, as applicable:**

* **Principal Investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Co-Principal Investigator(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **UCF project account number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Project Title:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Award dates** (including no cost-extension(s))**:**

Start date: \_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_

* **Was a no-cost extension requested for this project:** **[ ]  No** **[ ]  Yes**

(If yes, please provide reason for need of a no-cost extension)

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* **Amount awarded**: **$**\_\_\_\_\_\_\_\_\_\_
* **Program Category**: [ ]  **Arts & Humanities** [ ]  **Standard**
* **Brief description of project objectives**:

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* **Were these objectives accomplished as scheduled?** **[ ]  No** **[ ]  Yes**
* **If objectives were not accomplished, please provide reason(s):**

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* **Detail the most relevant activities of the project?**

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* **Describe project findings? Are these consistent with anticipated findings?**

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* **Detail any publication(s) resulting from this project?**

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* **Describe any other specific products and contributions of the project.**

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* **List general conclusions.**

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* **VPR AECR Program funds are intended to provide the basis for future research endeavors. How has funding provided for this project impacted your plans for future research activities?**

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* **Additional Comments:**

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**PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**