# Final Report

Consistent with clause 10 (Reports) of the MRFF Grant Agreement, the administering organisation is required to provide the information requested below in its final report. The Department of Health and Aged Care (the Department) reserves the right to amend or adjust the requirements.

Variations should not be requested through this report. For varying your grant and grant agreement please refer to the [MRFF Grant Variation Policy](https://www.health.gov.au/resources/publications/medical-research-future-fund-grant-variation-policy).

Please ensure that you are using the latest version of this template. MRFF reporting templates can be found on the [MRFF website](https://www.health.gov.au/our-work/mrff/grants-management-resources). The finalised report must be submitted in a Word document format.

Further information about submission is available on the [grant hub’s website](https://www.nhmrc.gov.au/funding/manage-your-funding/mrff-funding/reporting-and-milestones/information-mrff-scientific-reporting-and-milestones).

Complete all sections in white as prompted. Remove all instruction or guidance text in the white response fields, prior to providing your responses. Any images or diagrams (including tables that are not part of the template) should be added at the end of the document under Figures and Tables. Please number all images or diagrams (e.g. Figure 1) and refer to the numbers within your report responses as necessary.

## Project Information

|  |  |
| --- | --- |
| Grant ID |  |
| Grant Opportunity Name |  |
| Eligible Organisation |  |
| Chief Investigator A |  |
| Grant Title |  |
| Research Activity Start Date | DD/MM/YYYY |
| Research Activity End Date | DD/MM/YYYY |
| Australia New Zealand Clinical Trials Registry Trial ID or similar (where relevant) |  |
| Reporting Period Start Date | DD/MM/YYYY |
| Reporting Period End Date | DD/MM/YYYY |
| Financial year per last financial statement | YYYY/YY |
| If the Commonwealth Commercialisation Clauses apply to this project, do you plan to execute any new Commercialisation Agreements that relate to Relevant Intellectual Property developed during the term of the Grant? | Select |

## Project Outcomes

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| --- | --- |
| 1. **Have you completed all milestones or objectives outlined in your Grant Agreement, original application or approved variation (whichever is most recent and applicable)?**  If ‘No’ was selected: Please review the MRFF Grant Variation Policy to consider whether an Extend End Date request might support successful completion of the milestones/objectives. | Select |
| **Complete the following table for each milestone or objective**  The table must outline information against all milestones or objectives with agreed research activities. The comments field should clearly summarise the extent to which you completed all agreed research activities relevant to each milestone/objective and provide a justification for any incomplete milestones/objectives. | |

| **Milestone/Objective** | **Agreed End Date** | **Actual End Date** | **Current % Complete** |
| --- | --- | --- | --- |
| enter Milestone/Objective information | DD/MM/YYYY | DD/MM/YYYY | X% |
| **Comments:** enter activity summary and justifications for incomplete activity | | | |
| enter Milestone/Objective information | DD/MM/YYYY | DD/MM/YYYY | X% |
| **Comments:** enter activity summary and justifications for incomplete activity | | | |

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| --- | --- |
| 1. **Did you complete any additional research activities during the reporting period that are not captured in the table above?** | Select |
| If ‘Yes’ was selected: provide details on the additional research activities and how this related to or supported the milestones and objectives outlined above (suggested 200-300 words) | |
| Provide your response here | |

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| 1. **Provide a statement explaining how you have met the objectives and intended outcomes of the project as specified in section 1.3 of the grant opportunity guidelines.** (suggested 200-300 words) |
| Provide your response here |

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| 1. **Provide a summary of:**    1. **how you are implementing your research findings and ensuring their translation to support improved health outcomes.**    2. **key enablers for implementation and translation you have faced**    3. **key barriers for implementation and translation you have faced.**   (total suggested 200-300 words across a to c) |
| 1. Provide your response here |
| 1. Provide your response here |
| 1. Provide your response here |

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| 1. **Have you complied with all funding conditions and legislation applicable to the delivery of the project as outlined in the grant agreement?** | Select |
| If ‘No’ was selected, explain why. (suggested 200-300 words) | |
| Provide your response here | |

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| 1. **Did your grant involve identifying, supporting and working in partnership with selected organisations to progress their own research project/s?** | Select |
| If ‘Yes’ was selected, complete the table below with information on these projects. | |
| **Were all of the projects completed?** | Select |
| If ‘No’ was selected, explain why. (suggested 200-300 words) | |
| Provide your response here | |

Add rows as necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Partner Organisation** | **Project Title** | **Lead Researcher** | **Grant Funds Provided (AUD)** | **Comments** |
| enter name of organisation | enter project title | enter lead researcher name | enter amount in $AUD | enter any project specific comments |

## Project Expenditure

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| --- | --- |
| 1. **Have you made any changes to expenditure items that are allowable in the grant opportunity guidelines not requiring a variation?** | Select |
| **Was this grant initially managed by the Department/another grant hub?** | Select |
| If ‘Yes’ was selected for either of the above: Complete the following table. The table should indicate for each expenditure item (A) the total budget awarded (B), reflecting any revisions to expenditure item amounts for movement between categories. The comments field (C) should note the reasons for differences between the original approved budget and the updated budget. | |
| **Do you have an underspend at the end of the grant period?** | Select |
| If ‘Yes’ was selected: Indicate the amount and provide an explanation of why the underspend occurred in the space below. | |
| Provide your response here | |

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| --- | --- | --- |
| **(A) Expenditure Item** | **(B) Total Budget (AUD)** | **(C) Comments** |
| Salary | enter amount in $AUD | enter comments as requested above |
| Other Direct Research Costs |  |  |
| Equipment |  |  |
| **TOTAL** |  |  |

All expenditure should be GST inclusive, less GST credits that can be claimed. Refer to the grant opportunity guidelines or if you have any questions about expenditure your RAO should contact NHMRC.

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| 1. **Is all expenditure of MRFF grant funds incurred during the grant period eligible?** | Select |
| If ‘No’ was selected: provide details of the ineligible costs and explain why they have been incurred. (max 300 words) | |
| Provide your response here | |

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| 1. **Did your application include details of cash or in-kind contributions from partner organisations or participating institutions?** | Select |
| If ‘Yes’ was selected: provide details of the contributions in the table below. | |
| **Have all contributions outlined in the Grant Agreement or application been made as expected?** | Select |
| If ‘No’ was selected: describe the impact of any delays or changes to the delivery of the Research Activity. | |

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| **Name of Partner Organisation** | **Type of Contribution** | **Expected Value of Contribution (AUD)** | **Actual Value of Contribution (AUD)** | **Comments** |
| enter name of partner organisation | Select | enter amount in $AUD | enter amount in $AUD | enter comments describing the impact on the delivery of the research activity |

**Project Evaluation**

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| 1. **Did you provide a Measures of Success statement with your application, as specified in the grant opportunity guidelines?** Refer to the [MRFF Monitoring, Evaluation and Learning Strategy](https://www.health.gov.au/our-work/mrff/about/monitoring-evaluation-learning) for more information. | Select |
| If ‘Yes’ was selected, foreach Measure of Success applicable to your project:   * list each outcome/result (one per row), including a quantitative or qualitative description of the target (Note: You may select the same Measure of Success for several outcomes/results.).   + you should include all outcomes/results listed in section F of your grant proposal.   + you can include additional outcomes/results. * indicate to what extent you have achieved the outcome or result and summarise how you have achieved or completed the target.   + The [Performance indicators towards the impact of the MRFF](https://www.health.gov.au/resources/publications/performance-indicators-towards-the-impact-of-the-medical-research-future-fund) can be used to describe how your project has contributed towards the Measure of Success. | |

Add rows as necessary.

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| --- | --- | --- | --- |
| **Measure of Success** | **Outcome/Result** | **Level of achievement** | **Comments** |
| Select | enter outcome/result from application | Select | enter comments summarising how you achieved or completed the target |
| Select |  |  |  |

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| 1. **Are there any important findings or outcomes during this reporting period that the Department can publicise?**   If ‘Yes’ was selected, using lay language, explain in a few sentences the most important finding(s) or outcome(s) from your project during this reporting period, and why they are important. (suggested 200-300 words) | Select |
| Note that your response may be used in public communications about the MRFF, and that you may be contacted to expand on your response below. **Is any of the information you provided commercial in confidence?** | Select |
| Provide your response here | |

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| 1. **Have the new findings or outcomes led to or will lead to publications?** | Select |
| If ‘Yes’ was selected, provide information on the status of or plan for the manuscript or publication in the table provided below. | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Publication Status** | **Author(s)** | **Title** | **Journal Name/ Preprint Repository** | **DOI** |
| Select | enter all author names in the order in which they (will) appear in PubMed | enter published/anticipated title of publication | enter publishing journal name or preprint repository | enter DOI of publication or preprint |
| Select |  |  |  |  |

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| 1. **Describe any facilitators (a) or barriers (b) to translation or implementation of research you have faced that may systemically affect the broader sector, discipline or field.**   This information will be used to inform future MRFF funding opportunities. (min 200 words) |
| 1. Provide your response here on facilitators |
| 1. Provide your response here on barriers |

## Attachments

1. *Attach any agreed evidence required to demonstrate successful completion of the project.*
2. *Attach copies of any published reports and promotional material relating to the project.*

## Figures and Tables

Include any images , graphs, charts, or diagrams here (if applicable):

Each figure or table must have a clear title (Figure 1 or Table 1), descriptive headers and include all labels or applicable units of measurement. Captions must be included as text within the report rather than as part of the figure and give a clear and concise description and highlight the key findings. Font type for the captions should be Arial and size 11. Reference each figure or table in your report (e.g., Figure 1, Table 1) as needed.

**RAO Certification**

This report should be reviewed and certified by a Research Administration Officer on behalf of the Grantee.

By submitting this progress report, you are certifying that:

* an authorised person has completed the report.
* the information in this report is accurate, complete and not misleading and that you understand the giving of false or misleading information is a serious offence under the *Criminal Code 1995* (Cth).
* you have complied with the relevant grant opportunity guidelines, as well as all funding conditions and relevant legislation applicable to the delivery of the Research Activity, as described in the Grant Agreement and Schedule.
* you are aware that the Grant Agreement empowers the Department to terminate the Grant Agreement and to request repayment of funds paid to the grantee where the grantee is in breach of the Grant Agreement.