

**ONCOLOGY NURSING FOUNDATION
FINAL SUMMARY REPORT**

**GUIDELINES FOR PREPARING THE FINAL REPORT FOR FUNDED RESEARCH CAREER
DEVELOPMENT AWARD PROJECTS**

Congratulations on the successful completion of your funded project.

PURPOSE:

The final report is designed to give the Oncology Nursing Foundation a brief accounting of the accomplishments and/or outcomes of the project. A compilation of the information from the final reports will be used by the Oncology Nursing Foundation to solicit future research funding, for public relations and grant promotion activities.

SUBMISSION DEADLINES:

The award recipient will receive a reminder prior to the due date for the final reports. The final report should be submitted within 60 days of completion of the project or within 60 days of the end of the funding period, whichever comes first. Award recipients who do not submit the required final summary and final financial reports will be ineligible for future Oncology Nursing Foundation award and/or grant funding until delinquent reports are received and approved.

Email copies (fillable Word versions) of the report forms can be requested at grants@onfgivesback.org

UNEXPENDED FUNDS:

Unexpended funds must be returned to the Oncology Nursing Foundation.

KEY POINTS:

The final summary report needs to reflect the key outcomes of the project. A summary of the accomplishments and/or outcomes should be submitted. The findings are needed in 2 formats: a) a summary of accomplishments and/or outcomes, with your expected future directions and research career planning and b) a short paragraph relating how the outcomes will impact your future career.

APPENDICES:

Appendix A: Final Financial Report (use Oncology Nursing Foundation Financial Report Form only)

Appendix B: Any published articles related to outcomes of this award

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Name of Investigator _____

Name of Grant Award: _____

Sponsored by: Oncology Nursing Foundation through an unrestricted grant from _____

Project Title: _____

Year of Award: _____ **Report Date:** _____ **Actual Completion Date of Project:** _____

Principal Investigator (*Name, Credentials, Title, Institution*)

Preferred mailing address:

Phone number(s):

Email Address:

Mentor(s) (*Name, Credentials, Title, Institution*)

Summary of Accomplishments and/or Outcomes: Provide a **brief summary** that includes the expected outcomes, future directions and significance.

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Name of Investigator _____

Career Impacts: *Please provide a short paragraph relating how the outcomes of this award will impact your future career*

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Issues or Barriers Encountered:

Project Modifications: Describe all modifications with rationale

Budget

Total projected expenses: _____

Actual expenses: _____

Budget Modifications During the Project:

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Name of Investigator _____

Signature/Name*: _____

Title: _____

Institution: _____

***If submitting online, your completion of this form indicates that you are certifying that the information provided is accurate.**

Include a statement regarding future research you anticipate, based upon the outcomes of this project.

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Name of Investigator _____

Presentations (presented or accepted) *Resulting from this project (Please indicate if poster or podium presentation)*

PUBLICATIONS *Citations of all peer reviewed publications published or submitted, resulting from this project (Please attach copies of published papers in Appendix D)*

OTHER PUBLICATIONS - *Citations of all non-peer reviewed i.e., Lay Press articles, Audio-Visuals, Computer Programs, Patient Care Materials, Newsletters*

RESEARCH - *Grants submitted, pending, or funded as a result of this project. Please include name of funding source, dollar amount, date submitted, and status of application.*

RESEARCH – FUNDED

RESEARCH – FUNDING PENDING

RESEARCH - PROPOSAL UNDER PREPARATION

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Name of Investigator _____

APPENDIX A

FINANCIAL REPORTS

*(Please use the Oncology Nursing Foundation Financial Report Form
in submitting your final expenses)*