

# FUNDED RESEARCH OUTCOME REPORTING FORM



OFFICE USE ONLY

R+I REVIEWER

DATE RECEIVED

PROJECT TITLE

AWARD AMOUNT

RESEARCH AREA

INITIAL: \_\_\_\_ PROGRESS: \_\_\_\_ FINAL: \_\_\_\_

FUNDING START DATE

FUNDING END DATE

NO COST EXTENSION GRANTED FOR THIS PROJECT: YES: \_\_\_\_ NO: \_\_\_\_

If Yes, provide date(s) extension was granted:

ADDITIONAL FUNDING GRANTED FOR THIS PROJECT? YES: \_\_\_\_ NO: \_\_\_\_

If Yes, please indicate the amount:

*Note: The final report requires submission of 2 banner financial reports: the current reporting period and the total project period. FGIBDST (if in two different FY, provide reports for both FY). Screen shots acceptable.*

## DEPARTMENT FOAP (INTERNAL USE ONLY):

INDEX NUMBER

ACCOUNT

FUND

PROGRAM

ORGANIZATION

ACTIVITY

## PRINCIPAL INVESTIGATOR

NAME

TITLE

COLLEGE

DEPARTMENT

CENTER(S)

EMAIL ADDRESS

CAMPUS MAIL

TELEPHONE

## ADDITIONAL RESEARCH TEAM MEMBERS

NAME

TITLE

DEPARTMENT

CENTER(S)

STUDENTS SUPPORTED

STUDENT NAME & TYPE <small>(PhD, GA, PostDoc, etc.)</small>	SALARY & TUITION RATE <small>(Please indicate if hourly or monthly, and tuition amount, if applicable)</small>	START DATE	END DATE

PUBLICATIONS

Please list any papers or other published materials that have resulted from your FIT funded project to include peer reviewed publications, conferences, symposium, etc. Please include citations and/or links to the publications when possible. Please also include publications as required under this funding.

HOSTED EVENTS

Please list any FIT hosted events (training, conference, summit, forum, etc.) that have resulted from your FIT funded project. Please also include hosted events as required under this funding.

INVENTION DISCLOSURES

INVENTION TITLE	PATENT APPLIED?	PATENT ISSUED?
	YES: ____ NO: ____	YES: ____ NO: ____
	APPLICATION DATE	APPLICATION DATE
	APPLICATION NO.	PATENT NO.
	YES: ____ NO: ____	YES: ____ NO: ____
	APPLICATION DATE	APPLICATION DATE
	APPLICATION NO.	PATENT NO.
	YES: ____ NO: ____	YES: ____ NO: ____
	APPLICATION DATE	APPLICATION DATE
	APPLICATION NO.	PATENT NO.

## GRANTS

Please list any grants that have been applied for and/or have been funded as a result of your FIT funded research project.

GRANT TITLE/AGENCY	APPLICATION DATE	AMOUNT REQUESTED	GRANTED?
		\$	YES: ____ NO: ____ PENDING: ____
		\$	YES: ____ NO: ____ PENDING: ____
		\$	YES: ____ NO: ____ PENDING: ____
		\$	YES: ____ NO: ____ PENDING: ____

## GOALS

Please list goals related to this funding if request is approved/funded.

## CERTIFICATION & ACKNOWLEDGMENT

I certify that the information contained in this funding proposal is true, accurate and complete.

NAME

SIGNATURE  DATE

## DIVISION OF RESEARCH & INNOVATION AUTHORIZED REPRESENTATIVE

NAME

SIGNATURE  DATE

For internal funding from Research Development, submit completed form to [researchdev@memphis.edu](mailto:researchdev@memphis.edu).  
For internal funding from the FedEx Institute of Technology, submit completed form to [fedex@memphis.edu](mailto:fedex@memphis.edu).