

Project Title:	MIRI full application
Principal Investigator:	Teresa Reviewer
Grant Year:	Year 3
Report Due Date:	19/10/2017
Beginning of Reporting Period:	
End of Reporting Period:	

### End of Project

List of overall objectives for the study as outlined in the original project proposal

Description of the team's achievement against each of the final goals and assesses the overall outcomes and impacts of the project.

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Comments on any significant achievements or outcomes that the team considers to be of particular importance and impact. (This should include any IP disclosures, patents applied for or granted, spin offs created and licenses granted, awards/distinctions.)

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A Brief outline of the team's plan for lines of enquiry that the team wishes to pursue following the end of Brain Canada funding.

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### Publication

#	Publication Details	Publication Type	Publication Status	Journal Name
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### IP

#	IP Details	Inventors	IP Type	Date
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### Achievements

#	Achievement Details	Organization	Scope	Date
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### Company

#	Company Name	Company Status	Date Founded	Revenues Generated
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**High Quality Personnel**

[Create New](#)

#	Status	Name	Role	Total FTE count	Grant Year	Initial Entry Date
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#	Name	Role	Location	Total FTE count	Job Created
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Identifier:

**Financial**

**Financial Report**

Expenditures	Budget	Spent	Variance	Total Budget	Total Spent	Total Variance
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Justification for any variance from the approved budget by more than 20%, and where there is a surplus/deficit a justification and explanation of how this amount will be acquitted

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**Signatures**

I certify the research conducted with Brain Canada funding meets all applicable ethical and regulatory guidelines, standards and regulations; and to acknowledge that the relationship between the institution and Brain Canada is the same as that between the institution and the federal granting councils, as described in the "Agreement on the Administration of Agency Grants and Awards by Research Institutions".

Project Leader	Signature	Date
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Dr. Teresa A Reviewer  
 Professor of Chemistry  
 SmartSimple Test University

Project Leader	Signature	Date
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Delegated Authority of Project Institution	Signature	Date
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Name:

Title:

SmartSimple Test University

Expenditures	Budget	Spent	Variance	Total Budget	Total Spent	Total Variance
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