FORM B: RESEARCH GRANT COMPLETION REPORT

PLEASE TYPE

Project Number: 31- __________________________ Date: __________________________

Lead Applicant: __________________________ Department: __________________________

Amount Remaining: $ __________________________

Indicate whether you intend to spend the remaining amount or whether you would like it returned to the Committee:

Summary of investigation and indication of external sources to which you intend to seek further funding for this or a related project. **Attach a brief summary and list resulting reports or publications for the Committee to review.**

Inventory Information: (complete the following information concerning any equipment purchased by your Grant Fund.)

(1) Description of Books, Equipment, etc.:

(2) Location of Equipment and Books:

Please identify the Funding Agency(ies) and the title(s) of the research grant(s) you have applied for, as a result of the research that was generated from this SSHRC Small Research Grant.

_I certify that the information contained herein is true and complete._

Signature of Lead Applicant __________________________ Date __________________________

Return this form to:

SIG Committee Secretary, SFU/SSHRC Institutional Grants Committee,
c/o Research Services (ors@sfu.ca).

Page 1 of 1