

Research Institute Award Program

Interim 6 month Report for the Dr. Ian and Shirley Rowe Research Fund Award

APPLICANT CONTACT INFORMATION

Name _____ Email _____

Research Program Area _____ Campus: Charlton West 5th King

PROJECT INFORMATION

Project Name _____

Research Area _____

Project Start Date (mm/dd/yyyy) _____

Project Completion Date (mm/dd/yyyy) _____

Research Category:

Systematic Investigation Basic Research Applied Research Experimental Development

PROJECT INTERIM RESULTS

Summary of Research Progress To-date

Are you still on target to complete the project as stated above? Yes No

If no, please briefly explain:

RESEARCH INSTITUTE AWARD PROGRAM

The Dr. Ian and Shirley Rowe Research Fund Award – Interim 6 Month Report

SIGNATURE OF APPLICANT

I hereby sign that all of the information and contents contained with this report is true and understand falsification of any copy or document will result in immediate investigation and applicable disciplinary action. I understand that a representative from the St. Joseph’s Healthcare Foundation may contact me directly to request additional information as needed.

Signature of Applicant	Date

Send the interim report either by hard copy or pdf scan to:

The Research Institute of St. Joe’s Hamilton
Research Administration
50 Charlton Ave. East. - H315, Martha Wing
Hamilton ON L8N 4A6
Email: research@stjoes.ca

Plus a copy to:

Dana Visocchi Rice, CFRE
Vice President, Development
St. Joseph’s Healthcare Foundation
224 James Street South
Hamilton ON L8P 3A9
Email: dana@stjoesfoundation.ca