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| **The Foundation for the Royal College of Chiropractic Sports Sciences (Canada) FINAL Report form for Research Funding Grant**  |
| Date: |  |
| Lead Researcher: | Tel: | Email: |
| Co-Researcher(s): (add more as required) | Tel: | Email: |
| Background/Rationale(100 words max) |  |
| Research Question/Objectives/ Methods (200 words max) |  |
| Summary/Key Findings (500 words max) |  |
| Knowledge Dissemination (Please outline publication submission, presentations, conferences, etc. – include links, copies or products) |  |
| \*\*\*Please attach a copy of the completed e-presentation to be used by the Foundation for the RCCSS(C) website. |
| I certify that the information provided on this form is accurate.Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |