

**RESEARCH GRANT REVIEW PROGRAM
ANNUAL PROGRESS REPORT**

ADHA Institute Proposal #: _____

Organizational Proposal # (if applicable): _____

PROJECT TITLE:			
PRIMARY INVESTIGATOR:		SECONDARY INVESTIGATOR(S):	
INSTITUTIONAL ADDRESS:			
WORK PHONE:	E-MAIL ADDRESS:	FAX:	HOME PHONE:
YEAR PROPOSAL FUNDED:	AMOUNT OF FUNDING:	STATUS OF PROJECT (e.g. in progress, completed):	
DETAILS OF CURRENT PROJECT STATUS (e.g.: why is project in progress or completed):			
PROJECT RESULTS (if project is complete, submit final results; if not complete, submit current results; may use additional sheets):			

PROJECT OUTCOMES	
PUBLICATION(S)/JOURNAL	CITATIONS
PRESENTATIONS	DATES/PLACE OF PRESENTATION

Next phase of study/follow-up project planned:

Primary Investigator Signature

Date

Return form via mail or fax to:

ADHA Institute for Oral Health
Research Grant Program
444 N. Michigan Ave., Ste. 3400
Chicago, IL 60611

Fax: (312) 467-1806