

TRACIE LAWLOR TRUST FOR CYSTIC FIBROSIS

GRANTEE RECEIPT REPORTING FORM (Yearly)



Principal Investigator: _____

Host Institution: _____

Project Title:

Grant Budget Period (MM/DD/YYYY): _____ to _____

Grant Year: ____ of ____

(PLEASE CONVERT TO \$ / £ TO EUROS (€))

BALANCE OF GRANT (at close of previous year, if applicable) € _____

TRACIE LAWLOR TRUST FOR CF FUNDS RECEIVED IN CURRENT
BUDGET PERIOD + € _____

TOTAL GRANT AMOUNT TO BE REPORTED ON = € _____

| <u>EXPENSE CATEGORY</u> (Include Receipts With Submission) | <u>EXPENDITURES (€)</u> |
|---|-------------------------|
| Expendable supplies | |
| Permanent equipment (Equipment in the range of €10,000 should be itemized in detail, with prices paid) | |
| Salaries and Wages (As per grantee application acceptance) | |
| Travel (As per grantee application acceptance) | |
| Other (Expenditures in this category must be specified and itemized.) | |

Tracie Lawlor Trust for Cystic Fibrosis also requests that you provide an update as to the status of any intellectual property (IP) relating to your research project funded by our organization. The update should contain, but not be limited to: information regarding any provisional or other patents filed (year/month, organization/university that filed the patent, patent office/countries filed with, patent title) and information regarding licensing or other commercialization efforts (including names of licensees or potential licensees). Along with this completed financial report, as per terms and conditions of grant acceptance. **Please indicate the number of patents, held or pending, from your research:** _____

(If above space is insufficient, please attach extra sheets.)

TOTAL EXPENDITURES AGAINST TRACIE LAWLOR TRUST FOR CYSTIC FIBROSIS GRANT

€ _____

UNEXPENDED BALANCE¹

€ _____

OVERSPEND²

€ _____

Signature of Principal Investigator

Signature of
Financial Officer of Host Institution

Date: _____

Financial officer's Name: _____

E-mail: _____

Date: _____

*Please complete and return by Email to info@tracielawlortrust.com Subject Research Programs OR by mail to, Tracie Lawlor Trust for Cystic Fibrosis, Mullinagower, Castlebridge, Co. Wexford, Ireland. Within **60 days** of the termination of the grant period.*

1. An unexpended balance at the end of each fiscal year and at the end of the Tracie Lawlor Trust support period does not lapse. Any funds remaining at the end of this additional fiscal year period must be returned to Tracie Lawlor Trust. Additional extensions may be considered if a further study in relation to previous herein has been submitted and it is explicitly stated in writing upon submission of this form.
2. Over-expenditures incurred by a grantee, in excess of the funds provided by Tracie Lawlor Trust, are not the responsibility of Tracie Lawlor Trust. As per terms and conditions of grantee application acceptance.