**NAME:**       **CTFN No.:**

**DATE COMPLETED: MONTH****:**       **YEAR**:

**NOTE**: The information provided should not exceed one page. Cells will expand as you type.

|  |
| --- |
| **Name of Research Project**      |
| **What were the objectives?**       |
| **Describe the major findings as a result of the research**       |
| **What will be the impact of these findings?**       |
| **Besides yourself, who worked on the research project implementation, analysis, and interpretation?**      |
| **What was your role in the research program?**       |

|  |  |
| --- | --- |
| Manager’s/Researcher’s Name: (print) | Manager’s /Researcher’s Signature:  |
| Position: |  |
| OR ANOTHER CDE MAY SIGN ONLY IF A MANAGER/RESEARCHER IS UNAVAILABLE TO SIGN |
| CTFN No.: | Name:(print) | Signature: |