

This report must be completed for each grant awarded by the Dermatology Foundation, and is to be prepared by the accountant, research funds manager or financial officer of the sponsoring institution. The report must be submitted **60 days** following the end of the award period to DFRAP@dermatologyfoundation.org. To confirm that you have met the reporting requirements for your award, **you will receive a return email confirmation from the DF.** If you do not receive this confirmation email, contact the office at 847-328-2256 or DFRAP@dermatologyfoundation.org. The final award payment will be scheduled for disbursement once the Financial and Research Reports have been received. **Please note, award funds will not be distributed beyond one year of the award termination date.**

**Research Award Recipient:** \_\_\_\_\_  
**Research Award:** \_\_\_\_\_  
**Project Title:** \_\_\_\_\_  
**Research Award Period:** \_\_\_\_\_ Start \_\_\_\_\_ End \_\_\_\_\_  
**Institution:** \_\_\_\_\_  
**Award Amount:** \$ \_\_\_\_\_

**Funds Available for Expenditure:**

Award Payment(s) Received	\$	
Unpaid Award Balance	\$	(a)
<b>Total</b>	\$	<b>(b)</b>

**Expenditures:**

Supplies	\$	
Equipment	\$	
Computer & Data Processing	\$	
Reproduction & Photocopying	\$	
Other	\$	
<b>Total</b>	\$	<b>(c)</b>

**Excess/(Shortage), (b) – (c):** \$ (d)

**Unused Funds Due to DF:** If item (d) is greater than zero, enter the amount here. This amount represents unused funds. If unused funds (e) exceed the unpaid award balance (a), attach a check for the difference to this report. (*Make check payable to the Dermatology Foundation.*) If unused funds are less than the unpaid award balance, the DF will reduce the final award payment by (e).

\$ (e)

**Approved By:**

**Certified By:**

\_\_\_\_\_  
 Dermatology Dept. Chair/Chief                      Date

\_\_\_\_\_  
 Fiscal Officer Signature    Date

**Prepared By:**

\_\_\_\_\_  
 Print Name                      Date                      Telephone                      Email