

**W. Martin Smith Interdisciplinary
Patient Quality and Safety Awards Program**

Award Final Report

Project Title

Award Amount

Amount Used

Date Grant Awarded

Date of IRB Approval

Final Report Date

Principal Investigator

Department

Phone #

Co-Investigator

Department

Phone #

Co-Investigator

Department

Phone #

Co-Investigator

Department

Phone #

Co-Investigator

Department

Phone #

Date CME Program Completed and Submitted

1. Discuss each project goal and final achievement/implementation status.

2. Itemize each budget item and amount of grant funds used for each.