



UNIVERSITY OF GHANA RESEARCH FUND

Administered and Managed by

THE OFFICE OF RESEARCH, INNOVATION AND DEVELOPMENT

ANNUAL PROGRESS REPORT FORMAT

Please take note that this document comprises three sections:

- i. Progress report
- ii. Expenditure returns on disbursed funds: to be provided by College/ Faculty Finance Officer
- iii. Request for disbursement of funds

THIS DOCUMENT MUST BE TYPED AND SUBMITTED TO THE PRO VICE-CHANCELLOR, ORID. AN ELECTRONIC COPY SHOULD BE SUBMITTED VIA EMAIL TO ORID-RESEARCHADMIN@UG.EDU.GH

Project Ref. Number	
Project Title	
Principal Investigator	
Period under report	

SECTION I: PROGRESS REPORT *(maximum 3 pages)*

1. Progress on activities/ targets/ deliverables expected or implemented during the year

List each activity/ target/ deliverable and provide a brief summary of progress towards achievement

2. CONSTRAINTS

List any constraints encountered

3. LESSONS LEARNT

4. CHANGE IN PROJECT OBJECTIVES

Please indicate any new project objectives if applicable

5. MAJOR FINDINGS

Please indicate below any breakthrough findings on the project so far

6. PRESENTATION OF RESEARCH RESULTS

Please list in this box the number of conferences attended where results from this project has been presented and indicate the titles of any papers produced or in progress with findings from this research project (*please attach all papers listed to this report*)

7. STATUS OF COMPLETION OF PROJECT

Please indicate the proportion of work outstanding and also list the major outstanding activities on the project

SECTION II: EXPENDITURE RETURNS

(Please attach financial report by College/ Faculty Finance Officer)

SECTION III: REQUEST FOR DISBURSEMENT OF FUNDS

1. STATE ACTIVITIES/ TARGETS PLANNED FOR THE NEXT YEAR AND PROVIDE A BUDGET ESTIMATE

Target/ Activity	Target/ Activity statement	Implementation period	Budget
e.g. Target 1 Activity 1.1 Activity 1.2 etc	(Should correspond to targets or activities outlined in your approved research proposal)		
Target 2 Activity 2.1 Activity 2.2 etc			

(Please add on as many rows as needed)

2. TOTAL AMOUNT REQUESTED

Total amount requested for the Year 2 (please take note that this amount must not exceed 40 percent of the total project budget)	
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3. SIGNATURE OF PI

Name:	
Signature:	Date:

FOR OFFICIAL USE ONLY

Date received:	Date processed:
Comments:	