

# Research Connections

## Final Report Form

Complete the application form as a fillable PDF and email to [info@researchmb.ca](mailto:info@researchmb.ca). Scanned, mailed, or dropped-off copies will not be accepted.

Please include the following attachments in your email, if available:

- Photos of the event along with photographer credit. Please note that these may be used in our annual report
- Final itinerary/schedule of the event
- Copies of any media coverage of your event
- A financial statement or expense/income summary that includes funding sources, signed by the event's financially responsible institution (research institute/post-secondary institution partner)\*

\* Indicates a required field

GENERAL INFORMATION		
Event Title* _____		
Event Summary (1 line)* _____		
Event Discipline* _____	Event Discipline 2 _____	
Event Type* _____		
Event Start Date* _____	Event End Date* _____	Event Length* (Days) _____
Research Connections Received Funding* _____		
Was the event partnered with a Post-secondary Institution or a Research Institute?*		
<input type="checkbox"/> Post-secondary Institution <input type="checkbox"/> Research Institute		
Name of Institute/Institution* _____		

PRIMARY APPLICANT INFORMATION		
Applicant Name* _____		
Organization _____	Role _____	
Email* _____	Phone* _____	
Street Address 1* _____		
Street Address 2 _____		
City* _____	Province* _____	Postal Code* _____

## EVENT INFORMATION

Event Location (Facility) Name: \_\_\_\_\_

Street Address 1\* \_\_\_\_\_

Street Address 2 \_\_\_\_\_

City\* \_\_\_\_\_ Province\* \_\_\_\_\_ Postal Code\* \_\_\_\_\_

Event Region\* \_\_\_\_\_ # of Audience Attendees\* \_\_\_\_\_ # of Speakers/Guests\* \_\_\_\_\_

Event Website \_\_\_\_\_

Please indicate the main audience(s) of your attendees\*:

Students  Academic Researchers  Community  General Public  Government  Industry

Other \_\_\_\_\_  Other \_\_\_\_\_

Was the event public, invitation-only, or restricted?\* \_\_\_\_\_

If Restricted, please identify the criteria  
(e.g. only postdoctoral fellows allowed) \_\_\_\_\_

Was the event ticketed?\*  Yes  No Ticket Cost \_\_\_\_\_

How many sponsored guests were invited from: \_\_\_\_\_ Manitoba \_\_\_\_\_ Canada \_\_\_\_\_ International

Were any Research Manitoba staff members invited to attend the event?\*  Yes  No

If yes, were any staff in attendance?  Yes  No

Do you intend to continue this event in the future?  Yes  No

If yes, on what calendar basis?  Monthly  Quarterly  Annually  Other (specify) \_\_\_\_\_

Do you intend to apply to Research Connections in the future?  Yes  No

If yes, for what project? \_\_\_\_\_

Did your event receive any media coverage (blogs, newspapers, magazines, radio)?  Yes  No

If yes, please provide links or attach scans to your email

How did the event benefit Manitoba's research community?\*

Did this event enable working relationships with organizations from industry, academia, government, or public sector institutions?\*

Yes - industry  Yes - academia  Yes - government  Yes – public sector  Yes - other  No  N/A

If yes, please provide examples:

If Yes to above, are the relationships likely to lead to any research projects in the future or further collaborations?

Yes  No  N/A

If yes, please provide examples:

**EQUITY AND DIVERSITY IDENTIFICATION (OPTIONAL)**

Did the event include Indigenous Knowledge, communities, personnel, or culture? \_\_\_\_\_

If so, please identify the Indigenous Knowledge Keeping consultant/organization associated with the event

Was the event geared towards any specific cultural or language groups? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Was the event geared towards any gender or sexual orientation groups? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Was this event geared towards groups related to physical or mental health or disabilities? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Was this event geared towards specific age groups? \_\_\_\_\_

If so, please specify \_\_\_\_\_

Please identify any accommodation resources utilized for this event (e.g. videoconferencing to include immobile participants, accessible location, childcare provisions, ASL interpretation)

**Additional Information Regarding Equity and Diversity Identification**

**SOCIAL MEDIA INFORMATION (OPTIONAL)**

Please identify any links to posts on social media that reference your event, from organizers or attendees:

**FINANCIAL SUMMARY**

Please also attach a financial statement or expense/income sheet in your email, provided by the financial signatory of your event.

**FINAL REVENUES**

<b>Item</b>	<b>Amount*</b>	<b>Notes</b>
Overall Event Cost		
Overall Event Income		
Total In-kind Contributions (specify sources/type in notes or the attached statement)		
Total Financial Sponsorships Other than Research Manitoba		
Organizing Committee Financial Contribution		
Financial Signatory (research institute/post-secondary institution) Financial Contribution		
<b>Total</b>		

Was any funding you received dependent on receiving this Research Connections grant?  Yes  No  
If yes, please specify below\*

**Other Notes**

Please identify if there is any other information you'd like Research Manitoba to be aware of as they assess the final report

**Feedback**

How did Research Connections funding benefit your event? (note: this may be used as an attributed quote in future annual reports)

How could Research Connections better serve your needs in the future? Your feedback will enable us to make future adjustments to the Research Connections program.

**CONSENT**

I confirm that everything in this final report is true and valid

\_\_\_\_\_  
Primary Applicant Signature

\_\_\_\_\_  
Primary Applicant Name

\_\_\_\_\_  
Date