Research Consortium ACRONYM: Title

Consortium Director Name

*This information will be used by the Research Board in assessing progress on science activities as proposed in your Approved Research Project, as well as by the GoMRI Administrative Unit in supporting the Research Board, compiling program statistics, and communications activities.*

*All entries should be a consolidated to reflect the activities of the entire Consortium.*

*All instructions in italics can be deleted for report submission.*

**ADMINISTRATION**

1. Contract Activity

*Please list contractual activities such as Grant Agreement and Sub-Agreement modifications and budget rebalancing.*

1. Risks and Impacts

*Please identify risks associated with completing contractual milestones as planned, including underspent budgets. Describe corrective actions being taken and potential impacts to overall project completion.*

**RESEARCH**

1. General progress update
	1. Accomplishments

*Narrative (3 pages maximum): Please provide brief highlights of the project and progress toward goals supported at any point during this year. Please structure the report by task using the tasks listed in the quarterly financial report. Listing accomplishments against activities, objectives and milestones in bulleted form is acceptable.*

* 1. Obstacles

*Identify specifically any project goals that were not met or not fully met this report year (that were scheduled for this report year). Indicate the obstacles that prevented those goals from being met and the steps taken to address them. Listing unmet goals against obstacles and corrective measures in bulleted form is acceptable.*

* 1. Collaboration

*Narrative (2 pages maximum): Please highlight specific areas where your project is collaborating. Input is not limited to, but should include collaboration with other GoMRI funded projects.*

1. Results to date and scientific highlights

*Narrative (2 pages maximum): This should be a summary of significant results (positive and negative) and conclusions during this report year. Please indicate if any results are sensitive and should not be used in communications at this point. Please structure the report by GoMRI Theme. Listing science results and highlights in bulleted form is acceptable. In each case, please explain the impact of the result.*

1. Other products or deliverables

*Please list (for example: maps, models, tools) and indicate where they can be located/obtained.*

1. Please enter the total number of each item reported for this report year:

*This number should be the combined total of all four quarterly reports for this report year.*

|  |  |
| --- | --- |
|  | **Total for Report Year** |
| a. | Cruises & Expeditions |  |
| b. | Workshops and meetings organized |  |
| c. | Peer-reviewed publications *(published + accepted)* |  |
| d. | Presentations and Posters |  |
| e. | Quotes/Interviews/Features/Articles |  |
| f. | Data *(DSF submitted)* |  |
| g. | Consortium participants |  |
| h. | Student and post-doctoral participants |  |
| i. | Scientific partnerships and collaborators |  |
| j. | Outreach Products and Activities |  |
| k. | Images |  |
| l. | Leveraged (non-GoMRI) funding |  |

