



Hawai'i Community Foundation

Medical Research Program
Post-Grant Report
(Please submit one year after grant final report)

Date:

Grant ID number:

Organization name:

Principal Investigator name:

PI email:

Project Title:

Please check and describe where applicable:

- ☐ Additional funding resulting from research funded by Hawai'i Community Foundation
Please describe source and amount:

- ☐ Publications/other dissemination of research findings resulting from research funded by Hawai'i Community Foundation
Please describe:

- ☐ Impact on PI's professional development, or other significant outcomes resulting from research funded by Hawai'i Community Foundation
Please describe:

- ☐ There is nothing additional to report

Reports should be uploaded to the report-upload field of the Grant Record within the [Hawai'i Community Foundation Grants Portal](#).

If you have any questions, please contact Ananda Luttet at 808-566-5536 or email ALuttet@hcf-hawaii.org.