

**Hawai'i Community Foundation
Medical Research Program
Progress Report, Final Report and Post-Grant Report Guidelines**

All grant recipients are required to submit a final report one month after the completion date of their grant award. Multi-year grant recipients must first submit a satisfactory progress report that reflects significant progress has been made with their project for release of second year funding. Then a final report is required one month after the completion date of the grant award. In addition, grant recipients are required to submit a post-grant report one year after the final report. This information will be used in an ongoing outcomes evaluation of the HCF Medical Research Program.

Progress and Final Report Requirements

Please include the following information:

Report Cover Sheet (see attached)

Narrative

- ☐ Brief summary in lay language (separate page)
- ☐ Detailed but succinct narrative of progress and highlights of the project, including specific aims identified in the proposal
- ☐ Significance in relationship to foreseeable benefit to the people of Hawai'i and to the field(s) of medicine/science
- ☐ Any significant changes from original study objectives
- ☐ Additional funding, publications (journal articles, book chapters, reviews, symposium proceedings, abstracts, etc.), presentations at national meetings (provide reference), other dissemination of project results (e.g., changes in clinical practice)
Note – please provide a complete reference for new articles and those listed as “in press,” along with a reprint or good photocopy of each
- ☐ Other impact on PI's professional development, or significant outcomes resulting from research funded by Hawai'i Community Foundation

Financial accounting

- ☐ All funds received and expended for activities covered by the grant
- ☐ Compare actual expenses and sources of support against the initial budget. Explain any significant variations

Please note

- Unexpended funds must be returned to the source of grant funds
- Narrative and financial reports should be sent together
- Publications concerning the grant should indicate the Foundation's participation, with the name(s) of the specific funding source(s) as indicated on your grant award letter

Post-Grant Report Requirements

Grant recipients are required to submit a post-grant report one year after the final report, to describe any additional impact of research initially funded by Hawai'i Community Foundation. Please include the following:

- ☐ Grant ID number
- ☐ Organization name
- ☐ Principal Investigator name
- ☐ Project Title
- ☐ Additional funding, publications/other dissemination of research findings, impact on PI's professional development, other significant outcomes resulting from research funded by Hawai'i Community Foundation
- ☐ Alternatively, note if 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.



HAWAII COMMUNITY FOUNDATION

Medical Research Program Report Coversheet

Please Print or Type

1. Project Information

Title: _____
HCF Grant ID#: _____ Principal Investigator: _____
Amount Awarded: \$ _____ Grant Period of Award: _____

2. Organization Information

(If you have used a fiscal sponsor that is a 501(c)(3) tax-exempt organization, you must also complete Section 5.)

Organization: _____
Address: _____ Phone: _____
_____ Fax: _____
Website: _____ Email: _____

3. Organization's Chief Staff or Volunteer

Name: _____ Phone: _____
Title: _____ Fax: _____
Email: _____

4. Contact for this request *(if different from Principal Investigator)*

Name: _____ Title: _____
Address: _____ Phone: _____
_____ Fax: _____
Email: _____

5. Collaborating Agencies/Institutions *(if applicable)*

Organization: _____
Address: _____ Phone: _____
_____ Fax: _____
Contact Name: _____ Title: _____

Source of Grant Funds		Report Type	
<input type="checkbox"/> Geist Foundation <input type="checkbox"/> Krassner Fund, Alan M. <input type="checkbox"/> Leahi Fund to Treat & Prevent Pulmonary Disease <input type="checkbox"/> McKee Fund, Ingeborg <input type="checkbox"/> Perry, Robert C.	<input type="checkbox"/> Straub Foundation <input type="checkbox"/> Wagner Blindness <input type="checkbox"/> Yang, Tai Up <input type="checkbox"/> Other: _____	<input type="checkbox"/> Progress Report <i>(Multi-year funded project OR not all funds expended yet)</i>	<input type="checkbox"/> Final Report

Two signatures required:

We agree that the information provided in this final report is true and accurate.

Executive Director <i>(or Chief Compensated Staff)</i>	Principal Investigator
Print or Type Name and Title	Print or Type Name and Title