

***Hawai'i Community Foundation***  
***Leahi Fund to Treat & Prevent Pulmonary Disease***  
**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 Leahi Fund 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 Leahi Fund
- Narrative and financial reports should be sent together
- Publications concerning the grant should indicate the Foundation's participation, with the Leahi Fund to Treat & Prevent Pulmonary Disease

**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 emailed to [advisorycommittee@hcf-hawaii.org](mailto:advisorycommittee@hcf-hawaii.org) or mailed to:

Hawai'i Community Foundation, Attn: Leahi Fund to Treat & Prevent Pulmonary Disease  
827 Fort Street Mall, Honolulu, HI 96813-4317

If you have any questions, please contact Elise von Dohlen at 808-566-5585 or from the Neighbor Islands call 1-888-731-3863 or email [evondohlen@hcf-hawaii.org](mailto:evondohlen@hcf-hawaii.org).



HAWAII COMMUNITY FOUNDATION

# Leahi Fund to Treat & Prevent Pulmonary Disease Report Coversheet

Please Print or Type

## 1. Project Information

Title: \_\_\_\_\_

HCF Grant ID#: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_

Amount Awarded: \$ \_\_\_\_\_ Grant Period of Award: \_\_\_\_\_

## 2. Organization Information

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: \_\_\_\_\_

Leahi Fund Category		Report Type	
<input type="checkbox"/> Research	<input type="checkbox"/> Junior Investigator	<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 (or Chief Compensated Staff)	Principal Investigator
_____	_____
Print or Type Name and Title	Print or Type Name and Title