

**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 emailed to advisorycommittee@hcf-hawaii.org or mailed to:

Hawai'i Community Foundation, Attn: Medical Research Program
827 Fort Street Mall, Honolulu, HI 96813-4317

If you have any questions, please contact Tricia Mabellos at 808-566-5523 or from the Neighbor Islands call 1-888-731-3863 or email tmabellos@hcf-hawaii.org.



HAWAI'I 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			
<i>(If you have used a fiscal sponsor that is a 501(c)3 tax-exempt organization, you must also complete Section 5.)</i>			
Organization: _____			
Address: _____		Phone: _____	
_____		Fax: _____	
Website: _____		Email: _____	
3. Organization's Chief Staff or Volunteer			
Name: _____		Phone: _____	
Title: _____		Fax: _____	
_____		Email: _____	
4. Contact for this request <i>(if different from Principal Investigator)</i>			
Name: _____		Title: _____	
Address: _____		Phone: _____	
_____		Fax: _____	
_____		Email: _____	
5. Collaborating Agencies/Institutions <i>(if applicable)</i>			
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"/> 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	