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	t Cover Sheet (see attached)
Narrat	ive
	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
Financ	cial 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
	expended funds must be returned to the source of grant funds
• Pu	rrative and financial reports should be <u>sent together</u> blications concerning the grant should indicate the Foundation's participation, with the name(s) of the specific funding arce(s) as indicated on your grant award letter
	Post-Grant Report Requirements
	recipients are required to submit a post-grant report one year after the final report, to describe any additional impact of h 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,
П	other significant outcomes resulting from research funded by Hawai'i Community Foundation Alternatively, note if there is nothing additional to report
1 1	

Reports should be emailed to <u>advisorycommittee@hcf-hawaii.org</u> 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.



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 fixeal sponsor that is a 501(c)3 tax-exempt organization, you must also complete Section 5.) Organization: Phone: Address: Website: 3. Organization's Chief Staff or Volunteer Name: Phone: Fax: Email: **4. Contact for this request** (if different from Principal Investigator) Phone: Address: Fax: **5.** Collaborating Agencies/Institutions (if applicable) Organization: Address: Phone: Fax: ____ Contact Name: Title: **Report Type Source of Grant Funds** Geist Foundation Straub Foundation Wagner Blindness Krassner Fund, Alan M. **Progress Report** McKee Fund, Ingeborg Yang, Tai Up (Multi-year funded project OR Final Report Perry, Robert C. not all funds expended yet) Other: 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