

**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](mailto: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 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

# Medical Research Program Report Coversheet

Please Print or Type

<b>1. Project Information</b>			
Title: _____			
HCF Grant ID#: _____		Principal Investigator: _____	
Amount Awarded: \$ _____		Grant Period of Award: _____	
<b>2. Organization Information</b> <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: _____	
<b>3. Organization's Chief Staff or Volunteer</b>			
Name: _____		Phone: _____	
Title: _____		Fax: _____	
_____		Email: _____	
<b>4. Contact for this request</b> <i>(if different from Principal Investigator)</i>			
Name: _____		Title: _____	
Address: _____		Phone: _____	
_____		Fax: _____	
_____		Email: _____	
<b>5. Collaborating Agencies/Institutions</b> <i>(if applicable)</i>			
Organization: _____			
Address: _____		Phone: _____	
_____		Fax: _____	
Contact Name: _____		Title: _____	
_____		_____	
<b>Source of Grant Funds</b>		<b>Report Type</b>	
<input type="checkbox"/> Geist Foundation	<input type="checkbox"/> Straub Foundation	<input type="checkbox"/> Progress Report <i>(Multi-year funded project OR not all funds expended yet)</i>	<input type="checkbox"/> Final Report
<input type="checkbox"/> Krassner Fund, Alan M.	<input type="checkbox"/> Wagner Blindness		
<input type="checkbox"/> McKee Fund, Ingeborg	<input type="checkbox"/> Yang, Tai Up		
<input type="checkbox"/> Perry, Robert C.	<input type="checkbox"/> Other: _____		
<b>Two signatures required:</b> 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	