DCS Office of Special Projects

MONTHLY GRANT PAYMENT REQUEST AND STATUS REPORT

FORM PAGE 1 OF 2

# of pages attached

SECTION I - GRANT & GRANTEE INFORMATION

AGREEMENT NUMBER	CONTRACT START	CONTRACT END	REPORT MONTH	DATE PREPARED

NAME AND ADDRESS OF GRANTEE	PREPARER:	
	Business Phone	
	Cell Phone	
	Email	

For Final Report, include updated:
1) Non-Gratuity Affidavit (http://www1.honolulu.gov/dcs/nongratuity.pdf) **AND**
2) Statement of Vendor Compliance (obtained through http://www.vendors.ehawaii.gov/hce/splash/welcome.html)

SECTION II - PROJECT OR PROGRAM ACHIEVEMENTS

Report only for period indicated above. Attach participant attendance sheet and/or other proof of performance.	Insert column headings to specify performance measures as described in Agreement.						
Total Projected Activities, Events or Services							
Total Cumulative Activities, Events or Services Beginning Balance							
Description of Activities, Events or Services							
	Grant Activity Period Total						
	Cumulative Grant Activity						

SECTION III - PROJECT or PROGRAM NARRATIVE SUMMARY (Describe activities, events and/or services for the period. Attach additional documentation (e.g. participant attendance sheet) to validate how the goals, objectives, outcomes and/or performance measures were achieved.

SECTION IV - CERTIFICATION (MUST BE SIGNED BY AUTHORIZED SIGNATORY)

CERTIFICATION: I, _____ (print name), subject to personal liability and penalty under applicable law, certify that: (i) I am authorized to sign this Payment Request and Grant Status Report Form; (ii) I personally prepared or reviewed the matters found in this Payment Request and Grant Status Report Form (including any related documents/attachments); (iii) Costs incurred and described in this Payment Request Form are true, accurate, complete, valid and consistent with terms of the Grant Agreement, and have been prepared and calculated in accordance with Generally Accepted Accounting Principles; (iv) Non-cost matters described in this Payment Request Form are true, accurate and complete as of this signing, and (v) I have the requisite skills and knowledge to assert the foregoing certifications.

DATE: SIGNATURE: TITLE:

Remit to:
Department of Community Services
Office of Special Projects
715 S. King Street, Ste 311
Honolulu, HI 96813