

DEPARTMENT OF COMMUNITY SERVICES
Office of Special Projects
Final Report Cover Sheet

This form is available at <http://www1.honolulu.gov/dcs/specialprojects/communitygrantinaid+.htm>

Project information		
Contract No.	Amount: \$	
Project title:		
Organization information		
Name:		
Address:		
City:		
Zip:		
Contact information for the person who prepared this report		
Name:		
Title:		
E-mail:		
Telephone:		
Attach financial report worksheet (required)		
<p>Following the approved budget for this grant, summarize your expenditures for the life of the contract. The Final Budget column should equal the grant amount awarded. The Actual Expenditure column should equal all the invoices you have submitted for reimbursement. The variance is the difference between the two columns. A sample worksheet is available at http://www1.honolulu.gov/dcs/specialprojects/communitygrantinaid+.htm</p>		
Attach required narrative report, using the following headings		
<p><i>Items 1-2 will be used for Form BFS-25B: http://cityfyi/fin/pur/0111Exh113.doc</i> <i>Items 3-5 are required by section 6-29.4, ROH: http://www1.honolulu.gov/refs/roh/6.htm</i></p>		
<ol style="list-style-type: none"> 1. State the objectives of the project funded by this grant 2. Evaluate your organization in terms of meeting or exceeding the grant objectives 3. Program status summary 4. Program data summary 5. Summary of participant characteristics 		
Attach the following documents (required)		
<ol style="list-style-type: none"> 1. Vendor Compliance (www.vendors.ehawaii.gov/hce/splash/welcome.html) (MUST BE DATED WITHIN 60 DAYS OF SUBMITTAL) 2. Non-Gratuity Affidavit (www1.honolulu.gov/dcs/nongratuity.pdf) 		
Signature		
Executive Director	Date	Type or print name
<i>If no ED, chair of board of directors or chief compensated staff person must sign.</i>		

Direct questions to: Lori Okami at 768-7752.

Send report to: lokami@honolulu.gov

Department of Community Services
 Attention: Lori Okami
 715 S. King Street, Suite 205
 Honolulu HI, 96813