DCS Office of Special Projects
GRANT STATUS REPORT
(This form is only provided as a guide. Attach additional documents as needed to substantiate grant spending and activities.)

# of Pages

SECTION I - GRANT & GRANTEE INFORMATION

GRANT

AGREEMENT NUMBER	CONTRACT START	CONTRACT END	REPORTING PERIOD START	REPORTING PERIOD END	REPORT TYPE	DATE
					MO# _____ **QTR#** _____ **FINAL**_____	

NAME AND ADDRESS OF GRANTEE

CONTACT PERSON:
Business Phone
Cell Phone
Email

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

SECTION II - PROJECT OR PROGRAM MEASURES

Report only for period indicated above. **Attach client lists, project list, or other proof of performance.**

Specify measures of performance as described in proposal and work plan.

	Period Events and Activities	# Served	# of Projects	# Complete	# Referred out	# Employed	# of Employers
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

SECTION III - FINANCIAL STATUS

Period Events and Activities		Personnel	Operating	Admin	Equipment	Other	Total
	PERIOD BEGINNING BALANCE						$ -
1							$ -
2							$ -
3							$ -
4							$ -
5							$ -
6							$ -
7							$ -
8							$ -
9							$ -
10							$ -
PERIOD ENDING BALANCE		$ -	$ -	$ -	$ -	$ -	$ -

SECTION IV - PROJECT NARRATIVE SUMMARY (Describe relevant activities for the period. **Attach additional documents and reports** which validate how you have fulfilled your original objectives and the purpose of the grant.)

SECTION V - CERTIFICATION (MUST BE SIGN BY AUTHORIZED REPRESENTATIVE)

CERTIFICATION: I CERTIFY THAT THE COSTS INCURRED ARE VALID AND CONSISTENT WITH TERMS OF THE AGREEMENT.

DATE _____ SIGNATURE _____ TITLE _____

Remit to:
Department of Community Services
Office of Special Projects
715 S. King Street, Ste 311
Honolulu, HI 96813
Fax: 808.768.7792

SECTION VI - DCS USE

COMMENTS	Approved by & date