

EXHIBIT C FINAL REPORT FORM FOR AGRICULTURE RESEARCH PROJECTS

COUNTY OF HAWAII

**DEPARTMENT OF RESEARCH AND DEVELOPMENT
SUPPLEMENTAL FUNDING AWARDS FOR 2009-2010**

CONTRACT/AGREEMENT NO. _____

STANDARDIZED FINAL REPORT FORM

Organization Name: _____

Project/Program Title: _____

Contact Name: _____ Title: _____

Contact Phone No.: _____ Email: _____

Contract/Agreement Term: _____ to _____
Effective Date End Date

Please submit this completed and signed Standardized Final Report Form and the completed and signed Final Financial Report form with a narrative report using the following general format:

1. Abstract
2. Introduction
3. Materials and Methods
4. Results
5. Discussion
6. Acknowledgments
7. Literature Cited

All final research reports should be typed, double spaced (except for the Abstract), with at least one inch margins on all sides. Any statements not original to you should be properly cited in the text using the scientific citation style, and listed in the Literature Cited section at the end of your report.

See the next page for descriptions of the seven final report sections.

Submitted by:

Signature		Title	Date
Final Report Accepted by:	_____ Program Specialist's Initials	_____	_____
	_____ Director's/Deputy's Initials	_____	_____
Final Invoice Submitted:	_____ Program Specialist's Initials	_____	_____
	_____ Director's/Deputy's Initials	_____	_____
Contract Closure Letter Sent	_____ Program Specialist's Initials	_____	_____
	_____ Director's/Deputy's Initials	_____	_____

Date Received
in R&D
For R&D Staff
Use Only

EXHIBIT C FINAL FINANCIAL REPORT FORM

**COUNTY OF HAWAII DEPARTMENT OF RESEARCH AND DEVELOPMENT
SUPPLEMENTAL FUNDING AWARDS FOR 2009-2010
FINAL FINANCIAL REPORT OF ACTUAL EXPENSES AND INCOME
CONTRACT NO: _____**

EXPENSES	County Award	Other Cash Sources	In-Kind	TOTAL
Operating Costs				
Marketing Costs				
Administrative Costs				
TOTAL EXPENSES				
INCOME SOURCES	County Award	Other Cash Sources	In-Kind	TOTAL
R&D Award				
Applicant Organization				
Other sources and/or sponsors				
TOTAL INCOME				

I hereby certify that this final report to the County of project expenses and income relating to the Contract Number listed above is accurate and that County funds have been expended in accordance with the provisions set forth in this Contract, including the budget that was made a part of said Contract.

_____ Organization/Contractor	_____ Signature
_____ Project Title	_____ Print Name
_____ Date Signed	_____ Title