

EXHIBIT C FINAL REPORT FORM

**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 that addresses each of the following seven (7) points. Use additional pages as needed.

1. Project/program description from your original proposal.
2. Discuss the results of your project/program in detail.
3. Compare your proposed project outcomes described in Section D of your original proposal narrative with the actual outcomes or results.
4. Using your project's proposed methodology as described in Section E of your original proposal, explain why you were able to reach your stated objective(s) and/or why you were unable to reach your stated objective(s).
5. Describe how this project/program could be improved.
6. Add any additional comments as desired and/or requested by the Department's program specialist.
7. Attach copies of all news articles, advertisements, flyers, brochures, promotional materials on this project that you have collected to date if applicable.

Submitted by:

Signature Title Date

Hawaii County is an Equal Opportunity Provider and Employer

Final Report Accepted by:	Program Specialist's Initials	Date	For R&D Staff Use Only Date Received in R&D
	Director's/Deputy's Initials	Date	
Final Invoice Submitted:	Program Specialist's Initials	Date	
	Director's/Deputy's Initials	Date	
Contract Closure Letter Sent	Program Specialist's Initials	Date	
	Director's/Deputy's Initials	Date	

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				
<i>Other sources and/or sponsors</i>				
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