



County of Hawai'i
Department of Finance
Property Management Division
25 Aupuni Street, Suite 1101
Hilo, HI 96720
Telephone: (808) 961-8069

OFFICIAL USE ONLY:

PO No. C.010326
Vendor # 56236
Rcv'd: 1/17/23
Approved for payment:
H. Ventura
Dated: 1/30/23

STEWARDSHIP GRANT PROGRESS REPORT

PLEASE CHECK TYPE OF PROGRESS REPORT: SEMI-ANNUAL ANNUAL

ENTER INFORMATION IN THE FIELDS PROVIDED.

1. NAME AND ADDRESS OF ORGANIZATION:

2. PERSON TO CONTACT:

3. CONTRACT NO.:

Resolution 447-22

4. CONTRACT AWARD AMOUNT:

5. PROJECT NAME *(same name used on contract)*:

6. PROJECT PERIOD:

7. PROGRESS REPORT PERIOD:

8. PROJECT LOCATION *(list all TMKs from the contract)*:

9. CERTIFICATION:

The Applicant certifies that the information contained in this report is true and correct to the best of his/her knowledge.

NAME OF AUTHORIZED OFFICIAL:

TITLE OF AUTHORIZED OFFICIAL:

SIGNED:

DATE:

1/29/23.

1. Reviewed project objectives, in-kind services, and other matters of the report w/Kai.

2. Site visit done w/Kauai and Duane

3. Approved to pay and requested invoice for only \$114,195.80

A. PROJECT OVERVIEW

B. PROJECT ACCOMPLISHMENTS

C. PROJECT CHALLENGES

D. FUTURE PLANS RELATING TO THE PROJECT

E. PHOTOGRAPHS, MAPS, AND OTHER EXHIBITS *(Use additional sheets and be sure to label every exhibit with sufficient information. See Instructions.)*

G. BUDGET DETAILS FOR CONTRACT NO.

(Use the table formats below for details on your project's budget. See example in Instructions.)

Date	Parcel TMK(s)	Project Activity	Grant Amount Requested	Grant Amount Encumbered and/or Spent
		TOTAL FOR REPORTING PERIOD		

G. BUDGET DETAILS FOR CONTRACT NO. (continued)

(Use the table formats below for details on your project's budget. See example in Instructions.)

Date	Parcel TMK(s)	Project Activity	Grant Amount Requested	Grant Amount Encumbered and/or Spent
		TOTAL FOR REPORTING PERIOD		

GRAND TOTAL OF GRANT AMOUNT REQUESTED (if two tables are used):

GRAND TOTAL OF GRANT AMOUNT ENCUMBERED/SPENT (if two tables are used):

J. IN-KIND SERVICES AND OTHER RESOURCES

(See Instructions.)

Date	Activity	Person/Organization	# of Participants	Calculation of In-Kind Value	Other Resources
ONGOING	ASSIST CONTRACTORS	KA'U COMMUNITY MEMBERS	3	288 HOURS PER YEAR	
		TOTAL OF IN-KIND VALUES & OTHER RESOURCES			

J. IN-KIND SERVICES AND OTHER RESOURCES (continued)

(See Instructions.)

Date	Activity	Person/Organization	# of Participants	Calculation of In-Kind Value	Other Resources
		TOTAL OF IN-KIND VALUES AND OTHER RESOURCES			

Mahalo!

Should you have any questions, please contact: Maxine Cutler at Phone: (808) 961-8069 or Email: Maxine.Cutler@hawaiiicounty.gov