



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. _____

Vendor # _____

Rcv'd: _____

Approved for payment: _____

Dated: _____

STEWARDSHIP GRANT PROGRESS REPORT

PLEASE CHECK TYPE OF PROGRESSREPORT: SEMI-ANNUAL ANNUAL

ENTER INFORMATION IN THE FIELDS PROVIDED.

1. NAME AND ADDRESS OF ORGANIZATION:
2. PERSON TO CONTACT:
3. CONTRACT NO.:
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: William Keoni

DATE: _____

A. PROJECT OVERVIEW:

B. PROJECT ACCOMPLISHMENTS

C. PROJECT CHALLENGES

D. FUTURE PLANS RELATING TO THE PROJECT

E. PHOTOGRAPHS, MAPS, AND OTHER EXHIBITS *(These must be attached at the end of the report as a Word document. If you attach photos, be sure to caption each photo with a date and subject. If it is a group picture, please identify the group and date photo was taken. No need to name the individuals in the photo. There is no need for the same location maps that were attached in the original application. Maps can be sketches and/or drone photos illustrating before and after activities.)*

F. PROJECT ACTIVITIES FOR CONTRACT NO.

(Use the table format below for details on your project's activities. Use more than 1 page, if needed. See examples in Instructions.)

Type of Activity	Completion Date and/or % Complete	Contractors/Collaborators

F. PROJECT ACTIVITIES FOR CONTRACT NO. *(Continued)*

Type of Activity	Completion Date and/or % Complete	Contractors/Collaborators

G. PROJECT RECEIPTS (GRANT FUNDS ONLY) FOR CONTRACT NO.

(Please be prepared to provide documentation upon request to the Dept. of Finance.)

HI County Charter 10- 16(g)	Date(s) of Payment	Type of Expense	Vendor	Number of Receipts	Total Amount
TOTAL AMOUNT FOR THIS PAGE					

G. PROJECT RECEIPTS (GRANT FUNDS ONLY) FOR CONTRACT NO.
(Continued)

HI County Charter 10- 16(g)	Date(s) of Payment	Type of Expense	Vendor	Number of Receipts	Total Amount
TOTAL AMOUNT FOR THIS PAGE					

G. PROJECT RECEIPTS (GRANT FUNDS ONLY) FOR CONTRACT NO.
(Continued)

HI County Charter 10- 16(g)	Date(s) of Payment	Type of Expense	Vendor	Number of Receipts	Total Amount
TOTAL AMOUNT FOR THIS PAGE					
TOTAL AMOUNT OF GRANT FUNDS ENCUMBERED/SPENT FOR REPORTING PERIOD					
GRAND TOTAL OF GRANT FUNDS ENCUMBERED/SPENT <i>(For Annual Report Only)</i>					

H. IN-KIND SERVICES AND OTHER RESOURCES FOR CONTRACT NO.

(Use additional pages, if needed. See Instructions.)

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

H. IN-KIND SERVICES AND OTHER RESOURCES FOR CONTRACT NO. *(Continued)*

Date	Activity	Person/Organization	# of Participants	Calculation of In-Kind Value	Other Resources
TOTAL OF IN-KIND VALUES AND OTHER RESOURCES FOR REPORTING PERIOD					
GRAND TOTAL OF IN-KIND VALUES AND OTHER RESOURCES <i>(For Annual Report Only)</i>					

I. EQUIPMENT INVENTORY $\geq$ \$1,000.00 (GRANT FUNDS ONLY) FOR CONTRACT NO.

(Attach copy of any warranty documents.)

Item Description	Cost	Purchase Date	Model/Serial No.	Location
TOTAL COST				