



COUNTY OF MAUI
OFFICE OF ECONOMIC DEVELOPMENT
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QUARTERLY REPORT FORM

Contract/Grant Number:

Performance Period: _____ to _____

Organization Name:

Program/Project/Event Title:

Contact Name: _____ Title: _____

Telephone Number: _____ Email: _____

Please submit this completed and signed quarterly report form with a narrative report that addresses each of the following items. You may add additional pages as necessary.

- Provide a summary of the work completed during this reporting period.
- Describe how the funds allocated for this project were used during this reporting period.
- Describe any major adjustments that have been necessary or will be proposed.
- Briefly describe your next major steps for this project.
- Briefly describe your marketing and/or public outreach efforts.

Submitted by:

Signature

Date