



# QUARTERLY REPORT

2200 MAIN STREET, SUITE 305  
WAILUKU, MAUI, HAWAII 96793  
PHONE: (808)270-7710 FAX: (808)270-7995

Contract/Grant Number:

Organization Name:

Report:            1st Quarter                      2nd Quarter                      3rd Quarter                      4th Quarter

Program/Project/Event Title:

Contact Name/Title:

Phone Number:

Email:

Submitted by:

Signature: \_\_\_\_\_

Date:

Please provide a summary of all grant activity accomplished in this quarter using the fillable boxes provided. If any responses below exceed the text box provided, please use the "Attach Here" button to attach a electronic file from your computer to this form. (e.g word doc). Must label document according so that it can be easily identified. File size must be 25 MB or smaller.

**Report Narrative:**

- A. Summary of Program status in relation to goals, objectives and scheduled action steps outlined in the grant proposal
- B. Progress in meeting performance standards
- C. Numbers and descriptions of people or businesses served
- D. Any major adjustments that have been necessary or will be proposed
- E. Past and/or future marketing and/or public outreach efforts
- F. Next major steps for this project
- G. Describe how the funds allocated for this project were used during this reporting period
- H. Efforts towards economic self-sufficiency
- I. Financial status reports of County funds used and remaining

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H. Efforts towards economic self-sufficiency

I. Financial status reports of County funds used and remaining [Click here for template in excel format](#)  
or use fillable form below

QUARTER 1

QUARTER 2

QUARTER 3

QUARTER 4

EXPENSE CATEGORY	Total OED Funds awarded	Total OED Funds Used	Remaining Balance
<b>ADMINISTRATION</b>			
<b>OPERATIONS</b> includes contracted work			
<b>MARKETING</b>			
<b>OTHER</b>			
<b>TOTAL</b>			