



Hawaii Emergency Management Agency  
Subrecipient Quarterly Report

GRANT INFORMATION				
FY:		Grant Program:		
Subrecipient Grant #:				
Period of Performance:		To:	Reporting Period End Date:	
SUBRECIPIENT INFORMATION				
Subrecipient Name:				
Point of Contact:		Title:		
Phone Number:		Email:		
Check this box if this is a Closeout/Final Report				
PERFORMANCE PROGRESS REPORT				
<b>Short Project Description/Priorities</b> - Describe the purpose and goals of the project and identify whether the grant's primary focus is client services, planning, and/or capacity building. This narrative should not change throughout the period of the grant unless the sow changes. List any approved modifications that occurred during the quarter, if applicable.				
<b>Project Status</b> - Describe your progress in meeting the defined project goals within the most recent quarter:				
Have there been changes to the Subrecipient's program that may have an impact on the distribution of funds by program, discipline or category?				
What was or what will be accomplished that impacts or improves preparedness, readiness and response, such as training or exercises conducted in the last quarter?				

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FINANCIAL PROGRESS REPORT			
FEDERAL		SUBRECIPIENT COST SHARE	
\$	Total Federal Grant/ Contract Awarded	\$	Total subrecipient share required
\$	Federal share of expenditures	\$	Subrecipient share of expenditures
\$	Balance of Federal Funds	\$	Remaining subrecipient share to be provided
Identify any budget adjustments that were needed:			

Subrecipient hereby certifies to the Hawaii Emergency Management Agency that the data reported is correct and support documentation is available or has been submitted.		
Signature:		Date:
Print Name/Title:		