

STATE OF HAWAII
STATE DEPARTMENT OF DEFENSE
CLOSEOUT PROGRESS REPORT

Grant Name and Number: _____

The information that you provide will be used by the grantor agency to monitor grant performance and project implementation to ensure proper use of funds. This report will also be submitted as an attachment to the Grant Close out Notice. You may attach additional sheets if necessary but please try to be as concise as possible.

Sub-grantee Name and Address:

Investment Title: _____

Investment Number: _____ Project Funding Amount: _____

Primary Target Capability Addressed in this investment: (identify only one capability here; other capabilities may be addressed in additional attachments)

Identify activities of the above identified target capability that were addressed in this investment and what was the level of capability prior to and after the completion of the project in this investment.

Explain how the investment relates to the Hawaii Homeland Security Implementation Strategy and how it has helped to mitigate unmet needs or gaps.

List all projects funded under this investment

Describe activities, by project, for each project and how they are related to this investment.

Explain project achievements and final project results, including the impact on your organization or jurisdiction as it relates to the investment"

Explain the organization's or jurisdiction's success in accomplishing the investment during the performance period of the grant:

Explain any modifications or significant events that occurred during the performance period and how affected accomplishing the goals of the investment or compliance with the initial performance period.

Provide any other pertinent information that relates to the projects under this investment. (Optional)

All property has been accounted for in accordance with the grant administrative procedures and Department of Homeland Security Grant guidance. Yes No

A list of property has been submitted with closeout report. Yes No

Notes/Comments:

Signature of Project Manager/Sub-grantee	Name and Title of Project Manager
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Certification by Grantee: I certify that the activities conducted are aligned with the Hawaii's Implementation Strategy for Homeland Security goals and objectives and comply with the guidelines of the grant program.	Date
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State Administrative Agency Representative