

U.S. DEPARTMENT OF COMMERCE Performance Progress Report				2. Award or Grant Number 15-50-M09057	
				4. Report Date (MM/DD/YYYY) 07-28-2014	
1. Recipient Name Hawaii Department of Commerce and Consumer Affairs				6. Reporting Period End Date: 06-30-2014	
3. Street Address 335 Merchant Street,					
5. City, State, Zip Code Honolulu, HI 96813-2921					
7a. Project / Grant Period Start Date: (MM/DD/YYYY) 01-01-2010	7b. End Date: (MM/DD/YYYY) 01-31-2015	8. Designated Entity on Behalf of: N/A			
9. List the individual projects in your approved project plan					
	Project Type (Data Collection, Capacity Building, Technical Assistance, etc.)	Project Name (if different from Project Type)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding amount expended
1	Data Collection	Data Collection	3,149,940	3,013,237	96%
2	Original Planning Grant	Original Planning Grant	500,000	500,000	100%
3	Capacity Building	Capacity Building	450,000	45,341	10%
4	Technical Assistance	Technical Assistance	250,000	88,936	36%
5	N/A	N/A	0	0	
6	N/A	N/A	0	0	
			\$4,349,940	\$3,647,514	84%
10. Personnel 10a. If the project is not fully staffed, describe how any lack of staffing may impact the project's timeline and when the project will be fully staffed. N/A					

10b. Staffing Table															
Job Title				FTE %		Project(s) Assigned		Change							
N/A				0		N/A		No Change							
			Add Row				Remove Row								
11. Subcontracts															
11a. Subcontracts Table - Include all subcontractors. The totals from this table equal the "Subcontracts Total" from the Program Budget Worksheet (Q. 12, Column 2, 3, and 4)															
Name		Subcontract Purpose		RFP Issued (Y/N)	Contract Executed (Y/N)	Start Date		End Date		Total Federal Funds Allocated		Total Matching Funds Allocated		Project and % Assigned (Example: Data Collection 75)	
N/A		Other		No	No	01/01/2010		12/31/2014		0		0		N/A	
										Add Row		Remove Row			
11b. Describe any challenges encountered with vendors or subrecipients.															
N/A															

12. Budget worksheet						
Columns 2, 3, and 4 will match your current project budget for your entire award, which is the SF-424A on file. Only list matching funds that the Department of Commerce has already approved.						
Project Budget Element	Federal Funds Awarded	Approved Matching Funds	Total Budget	Federal Funds Expended	Approved Matching Funds Expended	Total Funds Expended
Personnel Salaries	\$0	\$439,200	\$439,200	\$0	\$423,763	\$423,763
Personnel Fringe Benefits	\$0	\$153,720	\$153,720	\$0	\$148,309	\$148,309
Travel	\$17,250	\$4,000	\$21,250	\$16,875	\$4,000	\$20,875
Equipment	\$342,780	\$0	\$342,780	\$341,189	\$0	\$341,189
Materials / Supplies	\$156,756	\$3,080	\$159,836	\$149,296	\$3,080	\$152,376
Subcontracts Total	\$0	\$0	\$0	\$0	\$0	\$0
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$3,833,154	\$487,485	\$4,320,639	\$3,140,153	\$487,485	\$3,627,638
Total Direct Costs	\$4,349,940	\$1,087,485	\$5,437,425	\$3,647,513	\$1,066,637	\$4,714,150
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$4,349,940	\$1,087,485	\$5,437,425	\$3,647,513	\$1,066,637	\$4,714,150
% of Total	80	20	100	77	23	100

13. Hardware / Software 13a. List any hardware/software purchased during this reporting period. N/A
13b. Please note any hardware/software that has yet to be purchased and explain why it has not been purchased. N/A

14. SBI PPR Project Attachment (Skip question 14b if Data Collection is your only project). 14a. Complete a SBI PPR Project Data Collection Attachment and attach it to the PPR. 14b. Complete a SBI PPR Attachment for each additional funded project and attach it to the PPR.

15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose set forth in the award documents.

15a. Typed or Printed Name and Title of Authorized Certifying Official

Cathy Takase

Program Specialist

15c. Telephone
(area code, number, and extension)

808-586-5481

15d. Email Address

Cathy.L.Takase@dcca.hawaii.gov

15b. Signature of Authorized Certifying Official

Submitted Electronically

15e. Date Report Submitted
(MM/DD/YYYY)

07-31-2014