

U.S. DEPARTMENT OF COMMERCE

Performance Progress Report

2. Award or Grant Number

15-50-M09057

4. Report Date (MM/DD/YYYY)

01-26-2015

1. Recipient Name

Hawaii Department of Commerce and Consumer Affairs

6. Reporting Period End Date:

12-31-2014

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	3,112,417	99%
2	Original Planning Grant	Original Planning Grant	500,000	500,000	100%
3	Capacity Building	Capacity Building	450,000	324,455	72%
4	Technical Assistance	Technical Assistance	250,000	105,090	42%
5	N/A	N/A	0	0	
6	N/A	N/A	0	0	
			\$4,349,940	\$4,041,962	93%

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	01/31/2015	0	0	N/A	0	
						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	\$27,250	\$4,000	\$31,250	\$0	\$4,000	\$4,000
Equipment	\$342,780	\$0	\$342,780	\$0	\$0	\$0
Materials / Supplies	\$215,756	\$3,080	\$218,836	\$378	\$3,080	\$3,458
Subcontracts Total	\$0	\$0	\$0	\$0	\$0	\$0
Construction	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$3,764,154	\$487,485	\$4,251,639	\$4,041,584	\$487,485	\$4,529,069
Total Direct Costs	\$4,349,940	\$1,087,485	\$5,437,425	\$4,041,962	\$1,066,637	\$5,108,599
Total Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
Total Costs	\$4,349,940	\$1,087,485	\$5,437,425	\$4,041,962	\$1,066,637	\$5,108,599
% of Total	80	20	100	79	21	100
13. Hardware / Software						
13a. List any hardware/software purchased during this reporting period. Per guidance received from Program Officer Katherine Scott on Feb. 3, 2015, portions of the "Travel", "Equipment", and "Materials / Supplies" categorical budgets were expended directly by the Subrecipient, and therefore, should be represented in the budget category of "Other". A pending SF-424A will be filed with the program office to adjust the Federal Funds Awarded in these aforementioned categories and the corresponding funds will be moved to the category "Other".						
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)

02-12-2015