



Name: _____ E-mail: _____ Telephone: _____

Position: _____ Department: _____ Campus: _____

Reason: _____

Data Type: Awards Proposals

Focus: All of UH
Specific Campus:
Hawaii Kapiolani Manoa West Oahu
Honolulu Kauai Maui System
Hilo Leeward Windward
Specific College/Department/Researcher: _____

Date Range (Reports use Processed Date):
Fiscal Year (July to June) _____
Specific Dates from: _____ to: _____
Base report on a different date? Award Start Date
Awarded Date

Sponsor: All Sponsors
Specific Sponsor: _____

Format: Summary
Listing (Select additional fields if desired)
Award Info- Award Type Program Type ARRA Project Scope
Researcher Info- UH ID Campus School
Dates- Start Date End Date Awarded Date
Sponsor Info- Sponsor Type

Frequency: Once Quarterly Monthly Annually

Delivery: E-mail Other: _____

Special Requests:

ORS USE ONLY			
Date Request Received: _____	ORS Director: _____		
Date Report delivered: _____	Date: _____	Approved	Denied
Additional Actions:		Review before delivery	CC'ed with delivery