

Date Prepared/Revised:

**FY 17 SUPPLEMENTAL BUDGET
 OPERATING BUDGET ADJUSTMENT REQUEST
 DEPARTMENT OF**

Program ID/Org. Code:
 Program Title:

Department Contact:

Phone:

Department Priority _____
Request Category:
 Administrative Initiatives _____
 Conversion of Unbudgeted Positions _____
 Fixed Cost/Entitlement _____
 Health, Safety, Court Mandates _____
 2nd Year Funding _____
 Trade-Off/Transfer (+) _____ (-) _____
 Other _____

I. TITLE OF REQUEST:

Description of Request:

II. OPERATING COST SUMMARY

- A. Personal Services
- B. Other Current Expenses
- C. Equipment
- L. Current Lease Payments
- M. Motor Vehicles

FY 16 Request		FY 17 Request		FY 18	FY 19	FY 20	FY 21
FTE (P)	FTE (T)	FTE (P)	FTE (T)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
0.00	0.00	0	0.00	0	0	0	0

TOTAL REQUEST

By MOF:
 A
 B
 N
 P
 R
 S
 T
 U
 W
 X
 V

Date Prepared/Revised:

**FY 17 SUPPLEMENTAL BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF**

IV. JUSTIFICATION OF REQUEST

V. RELATIONSHIP OF THE REQUEST TO STATE PLAN OR FUNCTIONAL PLAN

VI. ELECTRONIC DATA PROCESSING

VII. IMPACT ON OTHER STATE PROGRAMS/AGENCIES

VIII. IMPACT ON FACILITY REQUIREMENTS (R&M, CIP)

IX. EXTERNAL CONFORMANCE REQUIREMENTS

X. REQUIRED LEGISLATION (Please specify appropriate statutes; i.e., HRS)

XI. OTHER COMMENTS

INSTRUCTIONS FOR FORM A: FY 17 SUPPLEMENTAL BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST AND
FORM A-ATTACHMENT: FY 17 SUPPLEMENTAL BUDGET
OPERATING BUDGET CONVERSION OF UNBUDGETED POSITIONS AND
TRADE-OFF/TRANSFER REQUESTS

Form A is to be completed for each item listed on the FY 17 budget request (Form B). Form A-Attachment may be used to list multiple conversion of unbudgeted positions or trade-off/transfer requests for a related Form A.

Sufficient details to support the request must be provided. Narrative justification (Parts IV through X) should be as precise as possible with quantitative workload and/or other supporting data.

Item Description and Preparation Instructions for Form A

Program ID/Org. Code

Submit request at the org. code level. Proposals for trade-off must include a (+) request and an offset (-) request.

Date Prepared/Revised

Underscore "Prepared" or "Revised" as applicable and enter date.

Department Priority

Assign a unique number to indicate the department priority of each request. For a trade-off proposal, the corresponding (+) and (-) adjustments should carry the same priority number.

Request Category

Indicate type of request, as allowed in the Budget guidelines.

- Administrative Initiatives: Requests for positions and funds to support the Administration's priorities.
- Second Year Funding: Requests to provide FY 17 funding for FB 2015-17 Executive Budget requests.
- Fixed Cost/Entitlement: Requests for debt services, employee fringe benefits, Medicaid and financial assistance programs. Allowable programs are listed in the FB 2015-17 instructions.

- Health, Safety, Court Mandates: Requests to address requirements for public health and safety, court orders or federal mandates.
- Continuation of Specific Appropriations: Requests for positions or funds to continue programs currently funded by specific appropriations.
- Conversion of Unbudgeted Positions: Requests to authorize unbudgeted positions which are (+) and (-) cost neutral funding adjustments but may include new temporary or permanent position counts.
- Trade-Off/Transfer: Requests for (+) or (-) adjustments within department ceiling to reflect true expenditure requirements or to meet other program requirements.
- Other: Requests that do not fit the above categories.

I. Title of Request

Provide a brief description of the request.

Description

Provide a full description only. Justification is in Part IV.

II. Operating Cost Summary

Summarize the total cost of the request by cost elements, position counts (permanent and temporary), and \$ amount. Provide a breakdown by all means of financing (MOF).

III. Operating Cost Details

Provide:

1. The MOF of each line item of the request. If the MOF of the request is not shown on Form A, overstrike any unused MOF with the desired MOF. Formulas have been entered on these lines to compute the total and the breakdown by MOF automatically.
2. Specific description of each line item.
3. Position counts for permanent and temporary positions under separate columns.

Reminder: Chapter 37D, HRS, requires a separate cost element for financing agreements. See Executive Memorandum No. 96-17 for distinguishing criteria of this cost element.

IV. Justification of Request

As applicable, provide narrative for the following:

1. Justification of Request: Identify the problem and discuss how this request will resolve it. Explain why the request is consistent with program objectives and why it is critical at this time.
2. Provide back-up data on:
 - Current resources (funding and staffing)
 - Expenditures in prior years
 - Workload (fiscal biennium and out-years)
 - Other relevant factors
3. Discuss impact on program performance measures (current approved measures): measures of effectiveness, target group size, activity indicators.
4. Alternatives: Discuss alternatives considered. Explain why such alternatives were not viable.

V. Relationship of the Request to State Plan or Functional Plan

Discuss the objective, policy, and implementing action being addressed by the request.

VI. Electronic Data Processing

Discuss the personnel, equipment, software, consultant or other services being requested and future cost requirements. Indicate if the request has been coordinated with the Department of Accounting and General Services, Office of Information Management and Technology.

VII. Impact on Other State Programs/Agencies

Specify agencies; discuss the impact and whether they have been notified and are in concurrence. Coordination is the responsibility of the department and should be completed prior to budget submittal.

VIII. Impact on Facility Requirements (R&M, CIP)

Discuss whether this request will require appropriations or expenditures for rental of facilities, renovation of facilities, or capital improvements now or in the future. Indicate if capital funds have been budgeted.

IX. External Conformance Requirements

Discuss if request relates to other pertinent requirements such as federal/State mandates, compliance with health and safety requirements, etc. Discuss whether this request is mandated by recent legislation, whether future legislation must be submitted, and the legal requirements, if any, for this request.

Give specific statutory or legal references.

X. Required Legislation

Discuss if legislation is required for implementation of this request and, if so, indicate the legislative proposals (specify appropriate statutes to be amended) your department intends to submit.

XI. Other Comments

Non-general fund requests should identify the name of fund which will support the request and the legal authority for the fund.

Form A-Attachment (FY 17 Supplemental Budget, Operating Budget Conversion of Unbudgeted Positions and Trade-Off/Transfer Requests) Item Description and Preparation Instructions

Program ID/Org Code

Should reflect program ID and organization code of corresponding Form A.

Cost Element

Use the following alphas to indicate the appropriate cost element of the (+) or (-) request:

- A – Personal Services
- B – Other Current Expenses
- C – Equipment
- L – Current Lease Payments
- M – Motor Vehicles

Item Description/Position Title

Indicate the budget item or position proposed for (+) or (-) adjustment.

MOF

Provide the MOF of the request from the Form A.

Psn. No.

Indicate the position number, if applicable, for each position proposed in a trade-off request.

FTE (P) and FTE (T)

Provide the permanent FTE or temporary FTE for each position. Enter (-) requests as negative FTE.

FY 16 \$ and FY 17 \$

List (+) or (-) amount for each line item adjustment. Enter (-) requests as negative amounts.

Total

Will be automatically computed.

Date Prepared/Revised:

FY 17 SUPPLEMENTAL BUDGET DEPARTMENT SUMMARY OF OPERATING BUDGET ADJUSTMENT REQUESTS DEPARTMENT OF

		FY 16		FY 17		
MOF	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
A	-	-	-	-	-	-
B	-	-	-	-	-	-
N	-	-	-	-	-	-
P	-	-	-	-	-	-
R	-	-	-	-	-	-
S	-	-	-	-	-	-
T	-	-	-	-	-	-
U	-	-	-	-	-	-
W	-	-	-	-	-	-
X	-	-	-	-	-	-
TOTAL	-	-	-	-	-	-

Current Services Operating Budget Ceilings by MOF

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	FY 16			FY 17		
					MOF	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)
CONVERSION OF UNBUDGETED POSITIONS/TRADE-OFF/TRANSFER REQUESTS:										

SUBTTL CONV. OF UNBGT'D PSNS/TRADE-OFF/TRANSFERS (TO):											
By MOF											
General					A	-	-	-	-	-	-
Special					B	-	-	-	-	-	-
Federal Funds					N	-	-	-	-	-	-
Other Federal Funds					P	-	-	-	-	-	-
Private					R	-	-	-	-	-	-
County					S	-	-	-	-	-	-
Trust					T	-	-	-	-	-	-
Inter-departmental Transfer					U	-	-	-	-	-	-
Revolving					W	-	-	-	-	-	-
Other					X	-	-	-	-	-	-
TOTAL											

ALLOWABLE NON-DISCRETIONARY EXPENSE REQUESTS:									

SUBTOTAL ALLOWABLE NON-DISCRETIONARY EXPENSE REQUESTS (AN):						
By MOF	A	-	-	-	-	-
General	B	-	-	-	-	-
Special	N	-	-	-	-	-
Federal Funds	P	-	-	-	-	-
Other Federal Funds	R	-	-	-	-	-
Private	S	-	-	-	-	-
County	T	-	-	-	-	-
Trust	U	-	-	-	-	-
Inter-departmental Transfer	W	-	-	-	-	-
Revolving	X	-	-	-	-	-
Other		-	-	-	-	-

2ND YEAR FUNDING REQUESTS:

-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-
-	-	-	-	-

SUBTOTAL 2ND YEAR FUNDING REQUESTS (Y2):

By MOF
 General
 Special
 Federal Funds
 Other Federal Funds
 Private
 County
 Trust
 Inter-departmental Transfer
 Revolving
 Other

A
B
N
P
R
S
T
U
W
X

ADMINISTRATIVE INITIATIVES:

SUBTOTAL ADMINISTRATIVE INITIATIVES (AI):

-	-	-	-	-	-	-	-	-	-
---	---	---	---	---	---	---	---	---	---

- By MOF
- General A
- Special B
- Federal Funds N
- Federal P
- Other Federal R
- Private S
- County T
- Trust U
- Inter-departmental Transfer W
- Revolving X
- Other

 - - - - -

OTHER REQUESTS:

SUBTOTAL OTHER REQUESTS (OR):

-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

- By MOF
- General A
- Special B
- Federal Funds N
- Other Federal Funds P
- Private R
- County S
- Trust T
- Inter-departmental Transfer U
- Revolving W
- Other X

GRAND TOTAL = BASE + TO + AN + Y2 + AI + OR

-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-
-	-	-	-	-	-

- By MOF
- General A
- Special B
- Federal Funds N
- Other Federal Funds P
- Private R
- County S
- Trust T
- Inter-departmental Transfer U
- Revolving W
- Other X

Request Category Legend:	
AI	Administrative Initiatives
UP	Conversion of Unbudgeted Positions
FE	Fixed Cost/Entitlement
HS	Health, Safety, Court Mandate
Y2	2nd Year Funding
TO	Trade-Off/Transfer
OR	Other Requests

**INSTRUCTIONS FOR FORM B: FY 17 SUPPLEMENTAL BUDGET
DEPARTMENT SUMMARY OF OPERATING BUDGET ADJUSTMENT REQUESTS**

Form B is a summary listing of all FY 17 Supplemental Budget requests to be proposed in departmental priority order. Requests shall also be listed in the appropriate section:

- Conversion of unbudgeted positions/trade-off/transfer requests
- Allowable non-discretionary expense requests
- Second year funding requests
- Administrative Initiatives
- Other requests

Item Description and Preparation Instructions for Form B

Date Prepared/Revised

Underscore "Prepared" or "Revised" as applicable and enter date.

Current Services Operating Budget Ceiling (Act 119/15) by Means of Financing (MOF).

This section will be completed by the Department of Budget and Finance (B&F).

Request Category

See "Instructions for Form A" for explanation of request categories.

B&F Code

For B&F use only.

Program ID/Org. Code

Enter the program ID and org. code of the request as entered on Form A.

Department Priority

Enter the department priority number as entered on Form A. Requests with multiple MOF should be listed using the same priority number, with separate entries for each MOF. Requests for conversion of unbudgeted positions and other trade-off/transfers should be listed using the same priority number for corresponding (+) and (-) adjustment requests.

Description

Enter the title of the request as entered on Form A (Title of Request).

MOF

Enter the MOF as entered on Form A.

FY 16 and FY 17

Enter the total position counts (permanent and temporary) and \$ amount corresponding to the MOF of the request for each fiscal year.

Subtotals and Grand Total

Subtotals and grand total will be automatically computed.

Date Prepared/Revised:

**FY 17 SUPPLEMENTAL BUDGET
 ESTIMATED OPERATING COSTS RELATED TO CIP REQUESTS
 DEPARTMENT OF**

Dept. Priority:
 Program ID:
 Program Title:

Department Contact:

Phone:

I. CIP PROJECT NUMBER:

Project Title:
 Description:

II. OPERATING COST SUMMARY

- A. Personal Services
- B. Other Current Expenses
- C. Equipment
- L. Current Lease Payments
- M. Motor Vehicles

FY 16 Request		FY 17 Request		FY 18	FY 19	FY 20	FY 21
FTE (P)	FTE (T)	FTE (P)	FTE (T)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
	(\$)		(\$)				
0.00	0.00	0	0.00	0	0	0	0

TOTAL REQUEST

By MOF:
 A
 B
 N
 P
 R
 S
 T
 U
 W
 X

Date Prepared/Revised:

**FY 17 SUPPLEMENTAL BUDGET
ESTIMATED OPERATING COSTS RELATED TO CIP REQUESTS
DEPARTMENT OF**

III. EXPLANATION OF COST ESTIMATE

**INSTRUCTIONS FOR FORM CIP Op: FY 17 SUPPLEMENTAL BUDGET
ESTIMATED OPERATING COSTS RELATED TO CIP REQUESTS**

Form CIP Op is to be completed for each CIP request listed in FY 17 Supplemental Budget Department Summary of Proposed CIP Lapses and New CIP Requests (Form S).

Sufficient details to support the cost estimate must be provided. Narrative explanation (Part III) should be as precise as possible with quantitative workload and/or other supporting data.

Form CIP Op: Item Description and Preparation Instructions

Department Priority

Fill in the unique number that corresponds with the department priority of the CIP request from Form S.

Program ID and Program Title:

Fill in the Program ID and the Program Title.

Department Contact/Phone:

Enter the name and phone number of the person responsible for the Form CIP Op.

Date Prepared/Revised

Underscore "Prepared" or "Revised" as applicable and enter date.

I. CIP Project Number

Fill in with CIP Project Number from Table P.

Project Title

Fill in with the facility or project name and brief descriptive statement of the project (e.g., Kahuku High School - repave parking lot) from Table P.

Description of Request

Fill in with the description of the CIP project from Table P. (Do not describe the operating costs, the explanation of operating costs should be provided in Part III.)

II. Operating Cost Summary

Summarize the total estimated costs by cost elements, position counts (permanent and temporary), and \$ amount. Provide a breakdown by all MOF.

III. Explanation of Cost Estimate

As applicable, provide narrative for the following:

1. Explain how the operating costs related the CIP request were derived.
2. Discuss impact on the program's current approved performance measures (i.e., measures of effectiveness, target groups, and program activity indicators).

FY 17 SUPPLEMENTAL BUDGET
 DEPARTMENT SUMMARY OF ESTIMATED OPERATING COSTS RELATED TO CIP REQUESTS
 DEPARTMENT OF _____

Dept Pri	Prog ID	Proj No.	Project Title	Description of Cost	MOF	\$ Amount						
						FY 16	FY 17	FY 18 (in thous)	FY 19 (in thous)	FY 20 (in thous)	FY 21 (in thous)	

TOTAL:

- By MOF
- General A
- Special B
- Federal Funds N
- Other Federal Funds P
- Private R
- County S
- Trust T
- Inter-departmental Transfer U
- Revolving W
- Other X

INSTRUCTIONS FOR FORM CIP Op B: FY 17 SUPPLEMENTAL BUDGET
DEPARTMENT SUMMARY OF ESTIMATED
OPERATING COSTS RELATED TO CIP REQUESTS

Form CIP Op B is a summary listing of each department's Form CIP Op, FY 17 supplemental budget estimated operating costs related to CIP requests. The listing should be in departmental priority order.

Item Description and Preparation Instructions for Form CIP Op B

Date Prepared/Revised

Underscore "Prepared" or "Revised" as applicable and enter date.

Department Priority

Enter the department priority number as entered on Form CIP Op. Requests with multiple MOF should be listed using the same priority number, with separate entries for each MOF.

Program ID

Enter the program ID of the request as entered on Form CIP Op.

Project No.

Enter the CIP project number as entered on Form CIP Op.

Project Title

Enter the facility or project name and brief descriptive statement of the project (e.g., McKinley High School - repave parking lot) as entered on Form CIP Op.

Description of Cost

Enter a brief description of the cost as entered on Form CIP Op.

MOF and \$ Amounts (FYs 16-17 and FYs 18-21)

Enter the total estimated operating costs by MOF for each project as entered on the respective Form CIP Op. (Note: Amounts for FYs 18-21 by MOF are in thousands, as entered on Form CIP Op)

Total by MOF

Totals, including breakdown by MOF, will be automatically computed and auto populated. Formulas have been entered on these lines to compute the MOF totals automatically.

FY 17 SUPPLEMENTAL BUDGET
DEPARTMENT SUMMARY OF ESTIMATED DEFERRED MAINTENANCE COSTS
DEPARTMENT OF _____

Prog ID/Org	Island	State Owned Bldg/Facility/Other	Description of Deferred Maintenance	\$ Amount		Comments
				MOF		

TOTAL: -

- By MOF**
- General A
 - Special B
 - General Obligation Bonds C
 - Reimbursable GO Bonds D
 - Revenue Bonds E
 - Federal Funds N
 - Other Federal Funds P
 - Private R
 - County S
 - Trust T
 - Inter-departmental Transfer U
 - Revolving W
 - Other X

**INSTRUCTIONS FOR FORM DMC: FY 17 SUPPLEMENTAL BUDGET
ESTIMATED DEFERRED MAINTENANCE COSTS**

Form DMC is to be completed for the FY 17 Department Summary of Estimated Deferred Maintenance Costs.

Item Description and Preparation Instructions for Form DMC

Department

Fill in with appropriate department title.

Program ID/Org

Fill in the Program ID and the Organization Code of the program that would be responsible for the cost.

Island

Fill in the island location of the deferred maintenance cost (i.e., Kauai, Oahu, Molokai, Maui, Lanai, Hawaii).

State Owned Bldg/Facility/Other

Fill in the name of the building, facility, or other improvement to which the deferred maintenance cost is related.

Description of Deferred Maintenance

Provide a brief descriptive statement of what the deferred maintenance cost includes.

Means of Financing (MOF) and Amount

Fill in the estimated amount by MOF for each deferred maintenance cost.

Comments

Provide any additional comments, if necessary.

Date Prepared:
 Date Revised:
 Prepared by:
 Phone No.:
 Email:

FEDERAL AWARDS FOR FY 17 (OPERATING FUNDS ONLY)
DEPARTMENT OF

DEPARTMENT REQUEST
FY 17

Prog ID/Org ^{1/}	Prime (P) or Sub Award (S) ^{2/}	CFDA No. ^{3/} (Format: ####)	CFDA Program Title ^{4/}	Appropriation Account Title (40 characters maximum) ^{5/}	FY 16 Appropriation Symbol S-16-##-X ^{6/}	DAGS USE ONLY FY 17 Appropriation Symbol (S-17-##-X)	Anticipated Award Amount MOF N ^{7/}	Anticipated Award Amount MOF P ^{8/}	Award Performance Period (Start/End Date) ^{10/}	Will Payroll Be Charged to this Account ("No" or "Yes") ^{11/}	Comments
---------------------------	--	---------------------------------------	----------------------------------	---	--	--	--	--	--	--	----------

Instructions for Form FF (Federal Awards for FY 17 - Operating Funds Only)
Instructions

- 1/ Prog ID/Org Provide Program ID and Org Code for budgeting purposes.
- 2/ Prime (P) or Subaward (S) Enter "P" if you are the Prime Recipient or "S" if this is a sub-award from a Program ID in your dept. or from another state entity.
- 3/ CFDA No. Enter the CFDA Number assigned to the award by the federal awarding agency.
- 4/ CFDA Program Title Enter the Program Title for the CFDA Number (reference CFDA.gov).
- 5/ Appropriation Account Title Enter the Appropriation Account Title to be assigned in FAMIS (maximum 40 characters) which describes the Program/Project Title for the award.
- 6/ FY 16 Appropriation Symbol Enter the Appropriation Account Title assigned in FAMIS to this award in FY 16, if applicable.
- 7/ DAGS USE ONLY FY 17 Appropriation Symbol For DAGS use only for assignment of FY 17 Appropriation Account Symbols.
- 8/ Anticipated Award Amount MOF N If an award is included on the list of "Major, Recurring Federal Awards for FY 15-17," enter the amount as a MOF "N" award in Column H. All awards on the list of "Major, Recurring Federal Awards for FY 15-17" for your Program ID should be listed in Column H. The amount should be the total award amount noted on the grant award notice or if not received, a reasonable estimate based on the previous year's award or verbal notification from the awarding agency.
- 9/ Anticipated Award Amount MOF P If an award is not included on the list of "Major, Recurring Federal Awards for FY 15-17," enter the amount as a MOF "P" award in Column I. The amount should be the total award amount noted on the grant award notice or, if not received, a reasonable estimate based on the previous year's award or verbal notification from the awarding agency.
- 10/ Award Performance Period (Start/End Date) The complete length of time the recipient is funded to complete approved activities. A performance period may contain one or more federal budget periods. If the award notice has not been received, enter the anticipated performance dates based on performance periods for previous awards.
- 11/ Will Payroll Be Charged to this Account ("No" or "Yes") Indicate if payroll will be directly charged to this Appropriation Account.
- 12/ FY 17 Appropriation (Act 119/15) The FY 17 Appropriation for MOF N and MOF P from Act 119, SLH 2015, as applicable, is pre-filled for your Program ID.
- 13/ FY 17 Budget Request Calculated amount; difference between the total anticipated award amounts and the FY 17 Appropriation amount. If amount is positive, submit a budget increase request. If amount is negative, submit a budget decrease request.

INSTRUCTIONS FOR FORM FF
FEDERAL AWARDS FOR FY 17 - OPERATING FUNDS

Form FF, Federal Awards for FY 17, must be completed and submitted for each program ID that expends federal funds and shall be used to establish the federal fund ceiling requested for MOF "N" and "P."

Note: A prefilled Form FF, which contains the FY 17 information from your department's FB 2015-17 Form FF, will be e-mailed to your department. This information should be reviewed and updated, as necessary.

The list of "Major, Recurring Federal Awards for FB 2015-17" shall be used to determine the appropriate MOF for all federal awards anticipated to be received and appropriated in FY 17 (a copy can also be found at www.federalawards.hawaii.gov). Federal awards on this list shall be budgeted as MOF "N." All other federal awards shall be budgeted as MOF "P." (Note: There is no new list for FY 17.)

Item Description and Preparation Instructions for Form FF:

Form FF shall include all awards assigned to your department from the list of "Major, Recurring Federal Awards for FB 2015-17" under MOF "N" (federal funds) and all other awards including currently non-appropriated federal grants that are expected to be ongoing or other anticipated awards under MOF "P" (other federal funds). Anticipated awards under MOF "P" may be included if you reasonably expect to apply for and receive the federal award.

Due to the extended lapse date for prior years' federal fund appropriations, anticipated carryover amounts from previous years should not be included on Form FF or included in the budget ceiling.

"Prime (P) or Subaward (S)"

Enter "P" if you are the Prime Recipient or "S" if this is a sub-award from a Program ID in your dept. or from another State entity.

CFDA No.

Enter the CFDA Number assigned to the award by the federal awarding agency.

CFDA Program Title

Enter the Program Title for the CFDA Number (reference CFDA.gov)

Appropriation Account Title - FY 17

Enter that Appropriation Account Title to be assigned in FAMIS (maximum 40 characters) which describes the Program/Project Title for the award.

FY 16 Appropriation Symbol

Enter the Appropriation Symbol assigned to this award for FY 16, if applicable.

DAGS Use Only - FY 17

For DAGS use only for assignment of FY 17 Appropriation Account Symbols.

"N" Anticipated Award Amount - FY 17

If an award is included on the list of "Major, Recurring Federal Awards for FB 2015-17," enter the amount as a MOF "N" award. All awards on the list of "Major, Recurring Federal Awards for FB 2015-17" for your Program ID should be listed. The amount should be the total award amount noted on the award notice or if not received, a reasonable estimate based on the previous year's award or verbal notification from the awarding agency.

"P" Anticipated Award Amount - FY 17

If an anticipated award is not included on the list of "Major, Recurring Federal Awards for FB 2015-17," enter the amount as a MOF "P" award. The amount should be the total award amount noted on the award notice or if not received, a reasonable estimate based on the previous year's award or verbal notification from the awarding agency.

FY 17 Appropriation Ceiling

Enter the FY 17 appropriation from Act 119, SLH 2015, for your Program ID.

FY 17 Budget Request

Calculated amount; difference between the total anticipated award amounts and the Allocation Ceiling amount. If amount is positive, submit a budget increase request. If amount is negative, submit a budget decrease.

FORM PABDepartment of Budget
and Finance (rev. 9/13)**Questionnaire - General Obligation Bond Fund Appropriations****PART 1** Department and Project

1 Department

2 Project Name

3 Project CIP No.

4 Session Law (act no. and year)

5 Program Area Function

6 Item No.

7 Project Description and Estimated Useful Life

PART 2 Project Cost and Funding Sources

8 Does this request for funding require general obligation bond fund appropriations?

 Yes No

If "no" box is checked, no further information other than signature and date is required.

9 Has any appropriations been made for any portion of project prior to this request?

 Yes No

10 Funding sources for costs of project made by this request

- | | |
|---|---|
| a | Direct Federal payment for construction and related capital costs |
| b | General obligation bond fund appropriations |
| c | General fund appropriations |
| d | Other State of Hawaii and county funds |
| e | Section 501(c)(3) funds |
| f | Private funds |
| g | Total capital costs made by this request |

PART 3 Use of general obligation bond fund appropriations and use of project

11 Total amount made by this request for each purpose to which general obligation bond fund appropriations will be applied

- | | |
|---|--|
| a | Total construction and related capital costs |
| b | Total nonconstruction and noncapital State of Hawaii costs |
| c | Total grants to counties |
| d | Total grants to Section 501(c)(3) corporations |
| e | Total grants to private persons and organizations and Federal government |
| f | Private funds |
| g | Total loans to Section 501(c)(3) corporations |
| h | Total loans to private persons and organizations and Federal government |
| i | Total use of general obligation bond fund appropriations |

12 Total square footage and percentage of use of project for each purpose
to which general obligation bond fund appropriations will be applied

Square Footage

Percentage of Total

- | | |
|---|--|
| a | Total common area |
| b | Total area used by State of Hawaii and counties |
| c | Total area used by Section 501(c)(3) corporations |
| d | Total area used by private persons and organizations and Federal government in trade or business |
| e | Total area |

PART 4 Payment of operating and debt service costs and management of project13 Will any lease or contract with a concessionaire or vendor be entered into in respect of
any portion of the project? If yes, attach schedule and copy of each contract. Yes No14 Will any lease, incentive payment contract or management contract be entered into in respect of
any portion of the project? If yes, attach schedule and copy of each contract. Yes No15 Will any payment be made (directly or indirectly) by the Federal government or any private person or
organization pursuant to contract or other arrangement in respect to any portion of the project?
If yes, attach schedule and copy of each contract. Yes No16 Please list the Department staff member(s) assigned to cooperate with the Department of Budget and Finance in its Project
monitoring responsibilities, including (i) facilitating prior Department of Budget and Finance review and approval for any contracts
with third parties relating to the Project or any transfer or sale of the Project and (ii) assisting with an annual review of the use
of the Project. (Attach a separate sheet providing name(s), phone number(s), and email address(es).)

Name of Signer

Signature

Date

Telephone Number

Instructions for Form PAB

Who must file this Form PAB. Anyone requesting any appropriation of general obligation bond funds must file this Form PAB.

Where to file. This Form PAB must be filed with the Budget, Program Planning and Management Division of the Department of Budget and Finance.

Purpose. The purpose of this Form PAB is to elicit information that will enable the State of Hawaii to allocate general obligation bond fund appropriations in a manner that will comply with applicable requirements of Federal income tax law and regulations.

Line 1. Enter the name of the Department making the request for general obligation bond fund appropriations.

Line 2. Enter the name of the project for which general obligation bond fund appropriations are being requested.

Line 3. Enter the CIP number for the project.

Line 4. Enter the act no. and year of Session Law act under which appropriations have been made or are to be made for the project.

Line 5. Enter the program area function (e.g., economic development).

Line 6. Enter the item number of the project.

Line 7. Enter the description of the project and its estimated useful life (e.g., Waianae Rental Housing, 30 years).

Line 8. Check the 'yes' box if any portion of the project is to be funded with general obligation bond fund appropriations. Otherwise, check the 'no' box, if the 'no' box is checked, no other information on Form PAB, other than the signature line, is required. Please sign, date and return this Form PAB.

Line 9. Check the 'yes' box if any appropriation has been made for any portion of the project prior to this request, and attach the prior Form PAB or schedule containing all relevant details including the date, amount, and Session Law act and year.

Line 10. With respect to the appropriations (regardless of the source of such appropriations) made by this request for funding of any portion of the project:

- a. Enter the amount made or expected to be made by the Federal government including reimbursements, for construction and related construction and acquisition costs in respect of the project.
- b. Enter the amount funded or expected to be funded from general obligation bond fund appropriations.
- c. Enter the amount funded or expected to be funded from general fund appropriations.
- d. Enter the amount funded or expected to be funded by other State of Hawaii funds or county funds.
- e. Enter the amount funded or expected to be funded by payments from corporations which are classified as section 501(CX3) corporations under the Internal Revenue Code.
- f. Enter the amount funded or expected to be funded by private persons and organizations.
- g. Enter the total of the amounts in a, b, c, d, e, and f of Line 10. Attach a schedule containing all details, including amounts and name and address of each person contributing to the funding of the project. Funding as used in this Line 10 means funding for capital and related acquisition items, including land, but does not include funding of operational and maintenance expenses or debt service payments after the in-service date of the project.

Line 11. With respect to the general obligation bond fund appropriations made by this request for funding of any portion of the project:

- a. Enter the total amount made or expected to be made for construction and related construction and acquisition costs of the project.

- b. Enter the total amount made or expected to be made to pay other State of Hawaii costs (e.g., a judgment claim, a contract settlement payment).
- c. Enter the total amount of grants made or expected to be made to counties in the State of Hawaii.
- d. Enter the total amount of grants made or expected to be made to section 501(CX3) corporations.
- e. Enter the total amount of grants made or expected to be made to private persons and organizations and the federal government.
- f. Enter the total amount of loans made or expected to be made to counties in the State of Hawaii.
- g. Enter the total amount of loans made or expected to be made to section 501(CX3) corporations.
- h. Enter the total amount of loans made or expected to be made to private persons and organizations and the federal government.
- i. Enter the total of the amounts in a, b, c, d, e, f, g and h of Line 11.

Attach a schedule containing all details, including amounts and name and address of recipients of bond fund appropriations.

Line 12. Enter, to the extent applicable (e.g., an office building), the total square footage and percentage of total square footage of the project used by various persons or organizations. All use, including indirect and incidental use, is to be included.

- a. The total common area (e.g., hallways, parking structure) used by all persons and organizations.
- b. The total area (excluding the common area) used exclusively by the State of Hawaii and counties in Hawaii.
- c. The total area (excluding the common area) used exclusively by section 501(CX3) corporations.
- d. The total area (excluding the common area) used exclusively by private persons and organizations (including concessionaires and vendors) and the Federal government in their trade or business.
- e. Enter the total of the amounts in a, b, c and d of Line 12.

Attach a schedule containing all details, including a breakdown by area used, and name and address of each user.

Line 13. Check the 'yes' box if any lease or contract with a concessionaire or vendor is expected to be entered into in respect of any portion of the project (e.g., vending machines, newsstand, store, pharmacy, pay telephones, onsite laundry services, cafeteria or other food services). Attach a separate schedule containing all relevant details, including the date, the name and address of each concessionaire or vendor, the terms and provisions of the lease or contract, and a copy of the contract.

Line 14. Check the 'yes' box if any lease, incentive payment contract or management contract is to be entered into in respect of any portion of the project. Attach a separate schedule containing all relevant details, including the date, the name and address of each party to such lease or contract, the terms and provisions of the lease or contract, and a copy of the lease or contract.

Line 15. Check the 'yes' box if any payment is expected to be made (directly or indirectly) by any private person or entity or the Federal government pursuant to contract or other arrangement in respect of any portion of the project. Attach a separate schedule containing all relevant details, including the date, the name and address of each party to such contractor arrangement, the terms and provisions of the contract or arrangement, and a copy of the contractor a description of the arrangement.

Line 16. Identify on a separate sheet the contact information for department staff member(s) assigned to cooperate with the Department of Budget and Finance in its project monitoring responsibilities.

FY 17 SUPPLEMENTAL BUDGET
DEPARTMENT SUMMARY OF PROPOSED CIP LAPSES AND NEW CIP REQUESTS
DEPARTMENT OF

PART A: PROPOSED LAPSES					Amount		
Dept	Act/Yr	Item No.	Proj No.	Project Title and Reason for Lapsing	MOF	FY 16	FY 17
TOTAL							
BY MOF							

General Fund A
 Special Funds B
 General Obligation Bonds C
 Reimbursable GO Bonds D
 Revenue Bonds E
 Federal Funds N
 Other Federal Funds P
 Private Contributions R
 County Funds S
 Trust Funds T
 Interdepartmental Transfers U
 Federal Stimulus Funds V
 Revolving Funds W
 Other Funds X
TOTAL

PART B: NEW REQUESTS					Amount		
Req	Dept	Prog ID	Proj No.	Project Title	MOF	FY 16	FY 17
TOTAL - NEW REQUESTS							
BY MOF							

General Fund A
 Special Funds B
 General Obligation Bonds C
 Reimbursable GO Bonds D
 Revenue Bonds E
 Federal Funds N
 Other Federal Funds P
 Private Contributions R
 County Funds S
 Trust Funds T
 Interdepartmental Transfers U
 Federal Stimulus Funds V
 Revolving Funds W
 Other Funds X
TOTAL

Request Category:	
A	Administrative Initiatives
E	Energy Efficiency
HS	Health, Safety, Court Mandates
M	Major R&M of Existing Facilities
O	Other
T	Trade-off (Offset by Lapse)

INSTRUCTIONS FOR FORM S-SUPPLEMENTAL:
FY 17 SUPPLEMENTAL BUDGET
DEPARTMENT SUMMARY OF CIP LAPSES AND NEW REQUESTS

Form S-Supplemental should be downloaded from eCIP in prefilled Excel format with Part B prefilled with Table P information (blank form also available).
Form S-Supplemental consists of Part A - Proposed Lapses and Part B - New Requests to be proposed.

Item Description and Preparation Instructions for Form S-Supplemental

Date Prepared/Revised

Underscore as applicable and enter date.

Part A - Proposed Lapses

Part A must be completed manually after Form S-Supplemental is downloaded from eCIP.

Act/Year

Enter the act number and year enacted of the project that is being proposed for lapsing.

Item Number

Enter the item number of the project from Part IV of the appropriations act (e.g., G-12).

Capital Project Number

Enter the capital project number as shown in the appropriations act.

Project Title and Reason for Lapsing

Enter the project title as shown in the appropriations act and the reason why the appropriation should be lapsed (e.g., project completed, project cancelled, etc.).

Means of Financing (MOF) and Amount

Enter the MOF and the amount of funds proposed for lapsing.

Total by MOF

Totals, including breakdown by MOF, will be automatically computed. Formulas have been entered on these lines to compute the MOF totals automatically.

Part B - New Requests

Form S-Supplemental Excel file should be downloaded in prefilled Excel format with Part B prefilled with Table P information. Prefilled Form S-Supplemental will capture changes from Act 119, SLH 2015.

Request Category

Indicate the type of request, as allowed in the Budget guidelines. Must be completed on Form S-Supplemental after downloaded from eCIP.

- Administrative Initiatives.
- Energy Efficiency.
- Health, Safety, Court Mandates.
- Major Repair and Maintenance for a Public or Educational Facility.
- Other.
- Trade-off (Offset by Lapse).

Priority

Auto populated with unique priority number that your department has assigned to this request on Table P in eCIP; projects with multiple MOF will be listed by MOF with the same priority number.

Program ID and Project Number

Auto populated with program ID and project number of the project from Table P.

Project Title

Auto populated with facility or project name and brief descriptive statement of the project (e.g., Kahuku High School - repave parking lot) from Table P.

MOF and FB 2015-17

Auto populated with the requested amounts by MOF for each project from Table P.

Total by MOF

Totals, including breakdown by MOF, will be automatically computed and auto populated. Formulas have been entered on these lines to compute the MOF totals automatically.