FY 17 SUPPLEMENTAL BUDGET OPERATING BUDGET ADJUSTMENT REQUEST DEPARTMENT OF

Program ID/Org. Code: Program Title:

Department Contact:

TITLE OF REQUEST:

Description of Request:

Phone:

Department Priority_

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

OPERATING COST SUMMARY =

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

_	_		
FY 21			0
FY 20	(\$ thous)		0
FY 19	(\$ thous)		0
FY 18	(\$ thous)		0
rest	(\$)		0
FY 17 Request	FTE (T)		00.0
	FTE (P) FTE (T)		0.00
lest	(\$)		0
FY 16 Request	FTE (T)	;	00.0
	FTE (P)		00.0

By MOF:

TOTAL REQUEST

ABZGGOFJSX>

FY 17 SUPPLEMENTAL BUDGET OPERATING BUDGET ADJUSTMENT REQUEST DEPARTMENT OF

		o	000		000		0000		0000
FY 21 (\$ thous)			,			J			
FY 20 (\$ thous)		0	000		000	0	0000		0000
FY 19 (\$ thous)		0	000		000	0	0000		0000
FY 18 (\$ thous)		0	000	·	000	0	0000		0000
(\$)	,	0	000		000	0	0000		0000
7 17 Request FTE (T)		0.00	0.00 0.00 0.00						
FYE (P) F		0.00	0.00 0.00 0.00				•		
(\$)		0	000		000	0	0000		0000
FY 16 Request FTE (T)	•	0.00	0.00 0.00 0.00						
FTE (P)		0.00	00:0						
MOF	_	<u></u>	< 8 Z	item)	∀ Ø ;	Z	∢ m z	lease	Z B A
III. OPERATING COST DETAILS	A. Personal Services (List all positions) Position Title, SR Other Personal Services	Fringe Benefits Turnover Savings Subtotal Personal Service Costs	By MOF	B. Other Current Expenses (List by line item	Subtotal Other Current Expenses By MOF	C. Equipment (List by line item)	Subtotal Equipment By MOF	L. Current Lease Payments (Note each lease)	Subtotal Current Lease Payments By MOF

FY 17 SUPPLEMENTAL BUDGET OPERATING BUDGET ADJUSTMENT REQUEST DEPARTMENT OF

	_	_			· —
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	<u> </u>	J			0.00
					0.00
	0	0	0	0	0
•					0.00
					00.0
			В	z	<u> </u>
M. Motor Vehicles (List Vehicles)	Subtotal Motor Vehicles	By MOF			TOTAL REQUEST

FY 17 SUPPLEMENTAL BUDGET OPERATING BUDGET ADJUSTMENT REQUEST DEPARTMENT OF

- IV. JUSTIFICATION OF REQUEST
- 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
- REQUIRED LEGISLATION (Please specify appropriate statutes; i.e., HRS) ×
- XI. OTHER COMMENTS

FY 17 SUPPLEMENTAL BUDGET OPERATING BUDGET CONVERSION OF UNBUDGETED POSITIONS/TRADE-OFF/TRANSFER REQUESTS DEPARTMENT OF

FY 17 \$					17									
FY 16 \$														
FTE (T)														
FTE (P)														
Psn No.														
MOF														
Item Description / Position Title														
Cost Element														
Cost Org Code Element														
Prog ID	,													

Total

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

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

<u>Underscore</u> "Prepared" or "Revised" as applicable and enter date.

Department Priority

Assign a <u>unique</u> 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.
- <u>Second Year Funding</u>: Requests to provide FY 17 funding for FB 2015-17 Executive Budget requests.
- <u>Fixed Cost/Entitlement</u>: Requests for debt services, employee fringe benefits, Medicaid and financial assistance programs. Allowable programs are listed in the FB 2015-17 instructions.

- <u>Health, Safety, Court Mandates</u>: Requests to address requirements for public health and safety, court orders or federal mandates.
- <u>Continuation of Specific Appropriations</u>: 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.
- <u>Trade-Off/Transfer</u>: 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. <u>Title of Request</u>

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.

<u>Reminder</u>: 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. <u>Justification of Request</u>: 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. <u>Alternatives</u>: 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. <u>Electronic Data Processing</u>

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.

<u>Total</u>

Will be automatically computed.

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

LOWABLE NON-DISCRETIONARY EXPENSE REQUESTS:	-							
								_
								_
								_
								_
								F
				,				
								8
SUBTOTAL ALLOWABLE NON-DISCRETIONARY EXPENSE	<u> </u>							_
REQUESTS (AN):		-	,	•		,	ı	
By MOF	Ц							7
General		•	ı	•	•	,	•	
Special		•	ı	•	1	•	•	
Federal Funds		į	1	•	ı	•	•	
Other Federal Funds	₾	•	ı	•	•	•	•	
Private			1	•	1	•	•	
County		•	1	•	•	•	•	
Trust		•	1	,	•	1	•	
Inter-departmental Transfer	⊃	•	•	•	•	1	•	
Revolving	≥	í	•	1	•	•	•	
Other	×	•	•	1	•	•	•	

딦	FUNDING REQUESTS:	QUEST	:S:								
H											
Н											
Н											
					,						
								ı.			
П											
٠,	SUBTOTAL	. 2ND)	SUBTOTAL 2ND YEAR FUNDING REQUESTS (Y2):		,	ı	ı	-	-	-	
			Bv MOF	_				The state of the s			
			General		,	,	1	•	1	,	
			Special	В	•	•	r	•	•	•	
			Federal Funds		•	t	,	•	•	•	
			Other Federal Funds		•	•	•	•	•	•	
			Private		1	•			•	t	
			County		•		•	1	•	•	
			Trust		1	•	•	•	•	•	
			Inter-departmental Transfer		•	1	•		•		
			Revolving		•	1	•	ı	•	•	
			Other		•	•	,	İ	ı	•	

		Γ	Γ	Π	Π			7										
									•	•		•		•	•	•		
							1		1	•	1	•	•	•	•	•	1	
							•			•	1	•	•	1	ı	•	•	٠
							ı			•		•	•	•			•	•
							-		•	•	•	•	•	•	•	•	•	Ī
									1	ı	1	1	1	ı	1	ı	•	•
														S			≥	
ö							SUBTOTAL ADMINISTRATIVE INITIATIVES (AI):	By MOF	General	Special	Federal Funds	Other Federal Funds	Private	County	Trust	Inter-departmental Transfer	Revolving	Other
TIVES							AL A											
TRATIVE INITIATIVES:							SUBTOT											
TRA																		

OTH	OTHER REQUESTS:			:				
							,	
			٠					
	SUB	SUBTOTAL OTHER REQUESTS (OR):	1	'	,	•	Ī	1
	1))))							•
		By MOF						
		General	· •	ı	•	ı	•	1
		Special	Ш	•	•	•	•	•
		Federal Funds	· Z	1	•	•		•
		Other Federal Funds	م	1	•	1	•	•
		Private	Œ	ı	•	1		•
		County	د	•	•	i	•	•
		Trust	· -	•	•	•	ı	
		Inter-departmental Transfer	, _	1	ı	•	•	
		Revolving	· M	•	•	•	•	1
		Other	· ×	1	1	1	•	•
	GRAND TOTAL = B	GRAND TOTAL = BASE + TO + AN + Y2 + AI + OR	1	;	,	ı	•	•
		By MOF						
	Request Category Legend:	General	· •	•	•	•	1	•
₹	Administrative Initiatives	Special			•	. 1	ı	•
占	Conversion of Unbudgeted	Federal Funds	Z	1				•
	Positions	Other Federal Funds	· •		•			
出	Fixed Cost/Entitlement		<u>.</u>	•	•	1	•	i
완	Health, Safety, Court Mandate	te County	S	•	•	•	•	•
X 2	2nd Year Funding	Trust		•	•	•	•	1
၀	Trade-Off/Transfer	Inter-departmental Transfer	n	t	•	1	•	•
S B	Other Requests	Revolving	M	1		•	•	•
		Other	· ×			•	r	,

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.

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

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.

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

Program ID: Program Title: Dept. Priority:

Department Contact:

Phone:

CIP PROJECT NUMBER:

Project Title: Description:

OPERATING COST SUMMARY ≓

FY 16 Request FY 17 Request FTE (P) FTE (T) (\$) FTE (T)	P) FTE (T) (\$) FTE (P) F	P) FTE (T) (\$) FTE (P) F	P) FTE (T) (\$) FTE (P) F	(\$)	(4)
FY 16 Request P) FTE (T) (\$) FTE (FY 16 Request P) FTE (T) (\$) FTE (FY 16 Request P) FTE (T) (\$) FTE (FY 16 Request P) FTE (T) (\$) FTE (/ / / / /
P) FY	P) FY	P) FY	P) FY	ETE /p	
P) FY	P) FY	P) FY	P) FY	t (#)	
FTE (P)	FTE (P)	FTE (P)	FTE (P)	FY 16 Reques	, , ,
$ldsymbol{\sqcup}$				ETE (P)	

(\$ thous) FY 20

(\$ thous) FY 19

A. Personal Services

B. Other Current Expenses

C. Equipment

L. Current Lease Payments

M. Motor Vehicles

TOTAL REQUEST

0
0
0
0
0
00:00
0.00
0
0.00
00:00

By MOF:

 $\forall a z r x \alpha \vdash \supset \geq \times$

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.

<u>Description of Request</u>

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. <u>Explanation of Cost Estimate</u>

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

	FY 21 (in thous)									•		•	•	•	•	•	•	•	•
	FY 20 (in thous)						, , , , , , , , , , , , , , , , , , ,	ŀ				•	•	•	٠	٠	•	•	•
	FY 19 (in thous)							-			•		•			•			,
\$ Amount	FY 18 (in thous)	╟						•		•					•			•	
	FY 17							,		•	•			•	•	•	•		
	FY 16							-			•	•	•	•	•	,	•		•
_	MOF	┢			H	Н				⋖	В	z	۵		တ		⊃	>	×
	Description of Cost		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					TOTAL:	Byl	Ger	₫S .	Federal Fi	Other Federal Fu	Pri	8		Inter-departmental Transfer	Revol	0
	Project Title D																		
i nigati	Project Title																		

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.

FORM DMC

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

Prog ID/Org

	Comments																			
\$ Amount						-	:	•	•	•	i	•			1	•	•		•	•
	MOF						•	∢	മ	ပ	Δ	ш	Z	۵	Œ	S	۲	>	≥	
	Description of Deferred Maintenance					TOTAL:	By MOF	General	Special	General Obligation Bonds	Reimbursable GO Bonds	Revenue Bonds	Federal Funds	Other Federal Funds	Private	County	Trust	Inter-departmental Transfer	Revolving	Other
	State Owned Bldg/Facility/Other																			
	and				l															

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.

<u>Description of Deferred Maintenance</u>

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.

ate Prepared: ate Revised:	repared by: none No.: nail:	

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

_		_	•															
			Comments															
			Will Payroll Be Charged to this Account ("No" or "Yes") 11/															
			Award Performance C Period (Start/End Ac Date) 100															
	DEPARTMENT REQUEST	FY 17	Anticipated Award Amount MOF P 9/															•
	DEPARTME	Ĺ	Anticipated Award Amount Amount MOF N W															•
			DAGS USE ONLY FY 17 Appropriation Symbol 7/ (S-17-##+-X)												TOTAL	FY 17 Appropriation (Act 119/15) 12		FY 17 Budget Request
			FY 16 Appropriation Symbol S-16-##-X [©]													FY 17 Appropriat	:	FY 17 B
			Appropriation Account Title (40 characters maximum) ⁹															
			CFDA Program Title ^{4/}														•	
			CFDA No. 3/ (Format: ##.##)															
			Prime (P) or Sub Award (S) ^{2/}															
			Prog ID/Org 1/					1										

1 of 2

Date Prepared:
Date Revised:
Prepared by:
None No.:

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

		Comments
		Will Payroll Be Charged to this Account ("No" or "Yes") 11/
		Award Will Payroll Be Performance Charged to this Period (Start/End Account (*No* or Date) ¹⁰
DEPARTMENT REQUEST	FY 17	Anticipated Award Anticipated Award Amount Amount Pe
DEPARTME	Ŀ	Anticipated Award Amount MOF N ⁸⁷
		DAGS USE ONLY FY 17 Appropriation Symbol 7 (S-17-###-X)
		FY 16 Appropriation Symbol S-16-###-X ^{6/}
		Appropriation Account Title (40 characters maximum) ⁵
		GFDA Program Title ^{4ℓ}
		Prog ID/Org " Prime (P) CFDA No." or (Format: Sub Award ##.###) (S) "
		Prime (P) or Sub Award (S) 2
		Prog ID/Org 1/

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

man famindau	INSTRUCTIONS
// 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.
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	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 FV 16, if applicable.
7/ DAGS USE ONLY FY 17 Appropriation Symbol	For DAGS use only for assignment of FY 17 Appropriation Account Symbols.
ited Award	If an award is included on the list of "Major, Recurring Federal Awards for FB 15-17," enter the amount as a MOF "N" award in Column H. All wards for the list of "Major, Recurring Federal Awards for FB 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.
Anticipated Award Amount MOF P	If an award is not included on the list of "Major, Recurring Federal Awards for FB 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.
Will Payrolf Be Charged to this Account ("No" or "Yes")	11/ Will Payroff Be Charged to Indicate if payroll will be directly charged to this Appropriation Account. this Account ("No" or "Yes")
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 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 PAB

Department of Budget and Finance (rev. 9/13)

Questionnaire - General Obligation Bond Fund Appropriations

PART 1	Department a	and Project		-				
1 Department	ıt .							
2 Project Nar	ne					3 Project CIF	No.	
. <u> </u>			<u></u>					
4 Session La	ıw (act no. and y	rear)	5 Program Area Fu	nction		6 Item No.		
						l		
7 Project Des	scription and Est	timated Useful I	Life			<u> </u>		***************************************
·								
PART 2	Tproject Cost	and Funding	Sources					
			ral obligation bond f	and appropriations?			Yes	T No.
				und appropriations? ure and date is required			∐ 162	□No
					1.			
9 Has any ap	propriations bee	n made for any	portion of project p	flor to this request?			Yes	□No
40 Finalisa s		5 to at man al					- Language and the same of	
			e by this request		 		_	
a			uction and related capit	al costs	 			
b c	General fund app	on bond fund appropriations	орпанонѕ		 		4	
d		awaii and county f	funde		 		-	200
e	Section 501(c)(3)		urido		 			
f	Private funds	714			 	4-1-1-1	-	1.52
g		costs made by this	s request	· · · · · · · · · · · · · · · · · · ·				
PART 3	_			riations and use of pr				
				general obligation bon	d fund appropr	riations will be	applied	
a		n and related capi			ļ			1.0
b			ital State of Hawaii cos	ts				
<u> </u>	Total grants to co							
d		ection 501(c)(3) co		derel government	 			(2) (3)
e f	Private funds	Wate persons and	d organizations and Fe	Jerai government	 	· · · · · · · · · · · · · · · · · · ·		
g		ection 501(c)(3) co	progrations				-1	
h h			organizations and Fed	leral government	 		- 3	1111111
i			bond fund appropriation					
12 Total squa			se of project for eac			· · · · · · · · · · · · · · · · · · ·		
		-	propriations will be a		Square	Footage	T Percer	ntage of Total
a	Total common ar			, p		, -,	+	
b	Total area used i	by State of Hawaii	and counties			-	†	
С	Total area used h	by Section 501(c)((3) corporations	-				
d		• •	and organizations and	d Federal government in				
	trade or business	3			 		<u> </u>	
е	Total area				<u></u>	 		
PART 4	Payment of c	perating and	debt service costs	s and management o	of project			
				entered into in respect			Yes	□No
			schedule and copy o	·	0.		<u> </u>	□
				ontract be entered into it	n respect of		Yes	□No
•	•		schedule and copy o					
				al government or any p	rivate person (or	Yes	□No
				pect to any portion of th	•			<u></u>
	ch schedule and			•				
				erate with the Departme	ent of Budget a	nd Finance ir	its Project	- 4
				rtment of Budget and Fi				racts
with third p	arties relating to	the Project or	any transfer or sale	of the Project and (ii) as	ssisting with ar	n annual revie	w of the use	}
of the Proje	ect. (Attach a s			phone number(s), and e		es).)		
Name of Sign	er	Signature	-	Date		Telephone N	umber	
						ļ		

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.
- 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.
- 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.
- 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.

Excel file download available from eCIP

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

DTAL MOF FY 16 Funds B B B B B B B B B B B B B B B B B B B		-					EV 46	1
BY MOF General Childrain Bonds General Childrain Bonds Federal Funds N Other Federal Funds N Other Federal Funds S Federal Funds S Federal Funds S Outh Funds S Outher Federal Funds S Federal Funds S Federal Funds S Outher Federal Funds S Federal Stimulus Funds V Federal Stimulus Funds V Federal Stimulus Funds V TOTAL - NEW REQUESTS General Funds S General Funds S General Funds S General Funds S Federal Funds S General Funds S Federal Funds S General Childrain Bonds E Federal Funds P Fe				2	Tiget iiie and neason ioi Lapsiiig	2	0	7
TOTAL BY MOF General Pund A Special Funds B General Obligation Bonds C Special Funds B General Obligation Bonds C Special Funds B General Obligation Bonds C County Federal Funds B Federal F	\coprod		T			T		
E: NEW REQUESTS Cateral Funds Cateral Fun								
BY MOF General Fund A Special Funds B General Funds B General Funds B General Funds B General Funds B Federal Funds B Other Federal Funds B Federal Simulus Funds V Federal Simulus Funds V Federal Simulus Funds V Federal Funds C General Funds B Ford ID F						T		:
General Fund A Special Funds B General Fund B Provente Bonds E Federal Funds Provente Contributions R County Funds Federal Funds Provente Contributions R County Funds W Provente Bonds E Federal Simulus Funds W Provente County Funds Provente Bonds E Provente Bonds E Federal County Funds Provente Bonds Federal Funds Provente Bonds Federal Funds Provente Bonds Federal Funds Provente Bonds Federal Funds Provente County Funds Provente Bonds Federal Funds Provente Bonds Federal Funds Provente			1		INTOT	T		
B: NEW REQUESTS B: NEW REQUESTS B: NEW REQUESTS B: NEW REQUESTS Category:					-	-		
General Fund A General Obligation Bonds E Federal Funds N Private Contributions N Other Federal Funds P Private Contributions R County Funds T Trust Funds T Trust Funds N Project Title B. NEW REQUESTS Dept Proj ID Proj No. TOTAL - NEW REQUESTS Category Approved Bonds D Revenue Bonds E Federal Funds N County Funds S Federal Funds N Federal Funds N Federal Funds N County Funds S Federal Funds N County Funds S Federal Funds N Federal Funds N County Funds S Federal Funds N Federal Funds N County Funds S Federal Funds N Federal Funds N County Funds S County Funds N Federal Funds N County Funds N Federal Funds N Federal Funds N County Funds N Federal Funds N Federal Funds N County Funds N Federal Funds					TOW YE			
Special Funds A Special Funds Bonds C Bernard Obligation Bonds C Bernard County Funds N Other Federal Funds N Other Federal Funds N Other Federal Funds N Other Federal Funds N Frivate County Funds S Trust Funds X Federal Simulus Funds X Federal Simulus Funds X Other Funds X TOTAL NEW REQUESTS Category					Li di	•		
B: NEW REQUESTS Beneral Chigation Bonds Redenal Funds Private County Funds Project Title B: NEW REQUESTS Dept Prog ID Proj No. Project Title Category Category Challed Simulus Bonds Revenue Bonds Revenue Bonds Revenue Bonds Federal Funds Project Title Category Category Challed States Funds Revenue Bonds Federal Funds Federal Funds Revenue Bonds Federal Funds Federal Fund					General Fund	< .	•	
B: NEW REQUESTS B. NEW REQUESTS Category:					Special Funds	മ	•	
Reimbursable GO Bonds D Revenue Bonds E Federal Funds N Other Federal Funds N County Funds Z Trust Funds Y Federal Funds V Federal Simulus Funds V Revolving Funds X Other Funds X TOTAL TOTAL - NEW REQUESTS Revenue Bonds E Federal Funds N Federal Funds W Other Funds X Other Funds X TOTAL Special Funds B General Fund A Special Funds B General Funds B Revenue Bonds E Federal Funds N Chate Federal Funds N Charter Federal					General Obligation Bonds	C	•	
B: NEW REQUESTS Dept Prog ID Prof No. Project Title Revenue Bonds E Federal Funds N County Funds S Troat Funds T Total Funds V Federal Stimulus Funds V Federal Funds W County Funds S Federal Funds W Federal Funds W Federal Funds W Special Funds B General Funds B General Funds B General Funds B Federal Funds S Frivate Contributions R Federal Funds S Frivate Contributions R Federal Funds S Frivate Contributions R Federal Funds S Frivate Contributions B Federal Funds S Frivate Contributions B Federal Funds S Frivate Contributions C Federal Funds					abuse CO olderndario	۰ د		
Private Confrontions R Pederal Funds N Other Federal Funds N County Funds S Trust Funds Y Federal Simulus Funds V Federal Simulus Funds V Federal Simulus Funds W County Funds X Other Funds X Control Funds X Control Funds X Special Funds B General Funds B Federal Funds P Federal Funds P Federal Funds P Trust Funds T Trust Funds T Trust Funds T Federal Funds C Federal Funds P Trust Funds T Federal Funds P Federal Funds					Spilog Ob alogninguillan	٠ د	•	
Private Contributions Private Contributions Private Contributions Private Contributions Private Contributions Private County Funds STATES Forderal Stimulus Funds W Proplemental Transfers U Federal Stimulus Funds W Proplemental Transfers U Federal Stimulus Funds W Proplemental Funds W Proplemental Funds W Proplemental Funds W Proplemental Funds BY MOF BY MOF Galegory: Category: Cat					Revenue Bonds	ш	•	
Other Federal Funds Private Contributions B Frivate Contributions B Frivate Contributions B Frederal Funds V Federal Strunds V Forbitation Strunds V Federal Funds W Cither Evide MOF Frog ID Frog ID Forbitation Bonds E Federal Funds B Special Funds B General Obligation Bonds C Reimbursable GO Bonds D Federal Funds P Frivate Contributions P Fri					Faderal Funds	z	•	
B: NEW REQUESTS B: NEW REQUESTS B: NEW REQUESTS Category: Category: Administrative Initiatives Frederal Stimulus Funds Frederal Stimulus Funds TOTAL - NEW REQUESTS Category: Category: Category: Administrative Initiatives Frederal Funds Category: Cat						2 0		
B: NEW REQUESTS B: NEW REQUESTS Category: Ambiest wild falles Category: Ambiest wild follow and examples					Oniel regelal rulius	L	•	
County Funds S Federal Stimulus Funds V Federal Stimulus Funds V Revolving Funds W TOTAL					Private Contributions	œ	•	
Trust Funds T Federal Stimulus Funds W Project Title B. NEW REQUESTS Dept Proj ID Proj No. Project Title Project Title Category: Administrative initiatives Category: Administrative initiatives Approximate A Special Funds B B County Funds County Funds B County Funds					County Funds	S	•	
Hiterdepartmental Transfers U Federal Stimulus Funds W Revolving Funds W TOTAL TOTAL TOTAL BE: NEW REQUESTS Dept Prog ID Proj No. Project Title MOF FY 16 TOTAL - NEW REQUESTS TOTAL - NEW REQUESTS Revenue Bonds Proj No. Project Title MOF FY 16 TOTAL - NEW REQUESTS General Funds Bonds C Reimbursable GO Bonds C Reimbursable GO Bonds C Revenue Bonds C Reimbursable GO Bonds C Revenue Bonds C						-		
BE: NEW REQUESTS Dept Prog ID Prol No. Project Title Revolving Funds W Caneral Funds X TOTAL - NEW REQUESTS Caregory: Category: Categor					Splint Ispii	- :	•	
BE NEW REQUESTS Control Funds V					Interdepartmental I ransfers	-	•	
B: NEW REQUESTS Dept Prog ID Proi No. Project Title MOF FY 16 TOTAL - NEW REQUESTS Category:					Federal Stimulus Funds	>	•	
TOTAL TOTA					Revolving Funds	3	•	
Projust Projust Project Title MOF FY 16 Project Title Project Ti					abair Tabat	: >		
Project Title MOF FY 16				1	Oillei Fullus	\langle		
B: NEW REQUESTS Dept Prog ID Proj No. Project Title MOF FY 16 TOTAL - NEW REQUESTS TOTAL - NEW REQUESTS BY MOF General Fund A Special Funds B B General Obligation Bonds C Pederal Funds Dougs D Revenue Bonds E Federal Funds N Fivate Contributions B Private County Funds S					TOTAL		•	
B: NEW REQUESTS								
Dept Prog ID Proj No. Project Title MOF FY 16	BA.	T B: NEW REC	ES.	IS				
TOTAL - NEW REQUESTS TOTAL - NEW REQUESTS BY MOF General Fund Special Funds Special Funds Revenue Bonds Federal Funds Federal Funds Federal Funds Other Federal Funds Other Federal Funds Interdepartmental Transfers Interdepartmental Transfers Federal Stimulus Funds Interdepartmental Transfers Federal Stimulus Funds Revolving Funds Other Funds Other Funds Other Funds	e F	Dept	-	Proj No.		Ş	FY 16	FY 17
TOTAL - NEW REQUESTS BY MOF General Fund Special Fund Special Fund Special Fund Special Fund Special Funds Revenue Bonds Revenue Federal Funds Interdepartmental Transfers Affact by Lapse) Revolving Funds County Funds Revolving Funds County Funds Revolving Funds County Funds Revolving Funds County Fu								
TOTAL - NEW REQUESTS RAMOF General Fund Special Funds Special Funds Reimbursable GO Bonds Revenue								
TOTAL - NEW REQUESTS BY MOF General Fund Special Funds Special Funds Revenue Bonds Revenue Bonds Revenue Bonds Revenue Bonds Revenue Bonds Federal Funds Other Federal Funds Other Federal Funds Interdepartmental Transfers Interdepartmental Transfers Sifest by Lapse) Federal Stimulus Funds Interdepartmental Transfers Revolving Funds Other Funds Revolving Funds Application of the Funds Revolving Funds Other Funds Other Funds								
TOTAL - NEW REQUESTS BY MOF General Fund Special Funds Special Funds General Obligation Bonds Reimbursable GO Bonds Federal Funds Other Federal Funds Funds Funds Interdepartmental Transfers Affact by Lapse) Federal Stimulus Funds Federal Stimulus Funds Revolving Funds Other Funds County Funds Federal Stimulus Funds County Funds Federal Stimulus Funds County Funds Affact by Lapse)								
TOTAL - NEW REQUESTS BY MOF General Fund Special Funds General Obligation Bonds Reimbursable GO Bonds Redenal Funds Federal Funds Founty Funds Interdepartmental Transfers Affact by Lapse) Revolving Funds Revolving Funds County Funds Affact by Lapse) Revolving Funds County Funds Affact by Lapse								
TOTAL - NEW REQUESTS BY MOF General Fund Special Funds Special Funds General Chligation Bonds Reimbursable GO Bonds Revenue Bonds Revenue Bonds Revenue Bonds Federal Funds County Funds Interdepartmental Transfers Offset by Lapse) Federal Stimulus Funds Revolving Funds Trust Funds Interdepartmental Transfers Federal Stimulus Funds Revolving Funds County Funds County Funds Trust Funds County								
General Fund Special Fund Special Fund Special Funds Canneral Obligation Bonds Reimbursable GO Bonds Reimbursable GO Bonds Reimbursable GO Bonds Federal Funds Canny Funds Count Mandates Court Funds Federal Funds Interdepartmental Transfers Interdepartmental Transfers Chiset by Lapse) General Obligation Bonds Rederal Funds Interdepartmental Transfers County Funds Interdepartmental Transfers Federal Stimulus Funds Revolving Funds Chiset by Lapse)					STSHIGH WEW REDIFECTS	F		
General Fund Special Funds Special Funds General Obligation Bonds Reimbursable GO Bonds Revenue Bonds Federal Funds I of Existing Facilities Offect by Lapse) General Funds Federal Funds Frivate Contributions Founty Funds Interdepartmental Transfers Federal Stimulus Funds Federal Stimulus Funds Federal Stimulus Funds Federal Stimulus Funds Other Funds Federal Stimulus Funds Federal Stimulus Funds Other Funds					BY MOE	<u>-</u> 1		
General Fund Special Funds Special Funds General Obligation Bonds Reimbursable GO Bonds Reimbursable GO Bonds Rederal Funds Rederal Funds Federal Funds Other Federal Funds Funds Funds Interdepartmental Transfers Interdepartmental Transfers Federal Stimulus Funds Revolving Funds Other Funds Other Funds Federal Stimulus Funds County Funds Federal Stimulus Funds County Funds Other Funds County F								
Special Funds General Obligation Bonds Reimbursable GO Bonds Revenue Bonds Revenuit Funds Interdepartmental Transfers Affact by Lapse) Revolving Funds Revolving Funds Other Funds County Funds Revolving Funds Revolving Funds County Funds Coun					General Fund	<	•	
General Obligation Bonds Reimbursable GO Bonds Revenue Bonds Revenue Bonds Federal Funds dency clency text, Court Mandates of Existing Facilities Offset by Lapse) This Funds Interdepartmental Transfers Federal Stimulus Funds Revolving Funds Application Funds Federal Stimulus Funds Revolving Funds Application Funds Revolving Funds County Funds Application Funds County Fund					Special Funds	00	•	
Reimbursage Bonds Reimbursage Bonds Reverue Bonds Reverue Bonds Reverue Bonds Reverue Bonds Federal Funds Other Federal Funds Federal Funds Fourty Funds Interdepartmental Transfers Offset by Lapse) Revolving Funds Federal Stimulus Funds Revolving Funds Other Funds Other Funds					Sanaral Obligation Bonds	۱ ر		
ive initiatives The initiative is a county of the initiative is a			•		Collega Collegation Dollars	۵ د		
ive initiatives Federal Funds Federal Funds Gency Federal Funds Other Federal Funds Federal Funds Other Federal Funds Federal Funds Interdepartmental Transfers Offset by Lapse) Federal Stimulus Funds Federal Stimulus Funds Federal Stimulus Funds Other Funds Other Funds					Heimbursable GO Bonds	_		
Federal Funds dency dency dency And Existing Facilities Other Federal Funds Private Contributions ety, Court Mandates Footnibutions Trust Funds Interdepartmental Transfers Affact by Lapse) Federal Stimulus Funds Revolving Funds Other Funds Other Funds					Revenue Bonds	ш	•	
Administrative Initiatives Administrative Initiatives Energy Efficiency Energy Efficiency Health, Safety, Court Mandates Major R&M of Existing Facilities Cother Trust Funds Other Interdepartmental Transfers Trade-off (Offset by Lapse) Revolving Funds Other Funds Other Funds	Redne	st Category:			Federal Funds	z	•	
Energy Efficiency Health, Safety, Court Mandates Major R&M of Existing Facilities Other Trade-off (Offset by Lapse) Energy Efficiency County Funds Trust Funds Trust Funds Federal Stimulus Funds Revolving Funds Other Funds	₹	Administrative Initi	iatives		Other Federal Funds	Δ	•	
Triade-off (Offset by Lapse) Line by Linearcy County Funds County Funds County Funds Trust Funds Interdepartmental Transfers Federal Stimulus Funds Revolving Funds Other Funds	ш	Energy Efficiency			on the state of opening	. 0		
readn, Satety, Court Mandates Major R&M of Existing Facilities Major R&M of Existing Facilities Trust Funds Other Funds Control of Existing Facilities Trade-off (Offset by Lapse) Court Funds Court F		Line of the O		-	FINAIG COININGING	Ξ (
Major R&M of Existing Facilities Other Trade-off (Offset by Lapse) Trade-off (Offset by Lapse) Revolving Funds Revolving Funds Other Funds	2	neam, sarety, co	ULT Ma	ndares	County Funds	n		
Other Trade-off (Offset by Lapse)	Σ	Major R&M of Exis	sting Fa	acilities	Trust Funds	-		
Trade-off (Offset by Lapse) Federal Stimulus Funds Revolving Funds Other Funds	0	Other		-	Interdepartmental Transfers	⊃	•	
Revolving Funds Other Funds	-	Trade-off (Offset b	v Laps	· (g)	Federal Stimulus Funds	>	•	
- 1					Bevolving Eunde	. >		
-1					Spring Bindlover	: >		
				ı	Officer Funds	\langle	•	

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

<u>Underscore</u> 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.