

Date Prepared/Revised: : _____

**FY 19 SUPPLEMENTAL BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF**

Program ID/Org. Code:
Program Title:

Department Priority: _____

Department Contact:

Phone: _____

Request Category:

- Administration Initiative _____
- Trade-Off/Transfer (+)____ (-) ____
- Conversion of Unbudgeted Positions _____
- Fixed Cost/Entitlement _____
- Federal Fund Adjustment Req _____
- Health, Safety, Court Mandates _____
- Full Year Funding for New Positions _____
- Second Year Funding _____
- 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 18 Request			FY 19 Request			FY 20	FY 21	FY 22	FY 23
FTE (P)	FTE (T)	(\$)	FTE (P)	FTE (T)	(\$)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
TOTAL REQUEST			0.00	0.00	0	0.00	0.00	0	0

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

**FY 19 SUPPLEMENTAL BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF**

III. OPERATING COST DETAILS

MOF	FY 18 Request			FY 19 Request			FY 20	FY 21	FY 22	FY 23	
	FTE (P)	FTE (T)	(\$)	FTE (P)	FTE (T)	(\$)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)	
A. Personal Services (List all positions)											
	Position Title, SR										
	Other Personal Services										
	Fringe Benefits										
	Subtotal Personal Service Costs			0.00	0.00	0	0.00	0.00	0	0	0
	By MOF										
A	0.00	0.00	0	0.00	0.00	0	0	0	0	0	
B	0.00	0.00	0	0.00	0.00	0	0	0	0	0	
N	0.00	0.00	0	0.00	0.00	0	0	0	0	0	
B. Other Current Expenses (List by line item)											
	Subtotal Other Current Expenses			0		0	0	0	0	0	
	By MOF										
A			0			0	0	0	0	0	
B			0			0	0	0	0	0	
N			0			0	0	0	0	0	
C. Equipment (List by line item)											
	Subtotal Equipment			0		0	0	0	0	0	
	By MOF										
A			0			0	0	0	0	0	
B			0			0	0	0	0	0	
N			0			0	0	0	0	0	
L. Current Lease Payments (Note each lease)											
	Subtotal Current Lease Payments			0		0	0	0	0	0	
	By MOF										
A			0			0	0	0	0	0	
B			0			0	0	0	0	0	
N			0			0	0	0	0	0	
M. Motor Vehicles (List Vehicles)											
	Subtotal Motor Vehicles			0		0	0	0	0	0	
	By MOF										
A			0			0	0	0	0	0	
B			0			0	0	0	0	0	
N			0			0	0	0	0	0	
TOTAL REQUEST	0.00	0.00	0	0.00	0.00	0	0	0	0	0	

**FY 19 SUPPLEMENTAL BUDGET
OPERATING BUDGET ADJUSTMENT REQUEST
DEPARTMENT OF**

IV. JUSTIFICATION OF REQUEST

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

VI. INFORMATION SYSTEMS AND TECHNOLOGY

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

FORM A Attachment

**FY 19 OPERATING BUDGET TRADE-OFF/TRANSFERS AND CONVERSION OF UNBUDGETED POSITIONS
DEPARTMENT OF**

Prog ID	Org Code	Cost Element	Item Description / Position Title	MOF	Psn No.	FTE (P)	FTE (T)	FY 19 \$

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

Total - - -

INSTRUCTIONS FOR FORM A: FY 19 OPERATING BUDGET ADJUSTMENT
REQUEST AND FORM A-ATTACHMENT: FY 19 OPERATING BUDGET
TRADE-OFF/TRANSFERS AND CONVERSION OF UNBUDGETED POSITIONS

Form A is to be completed for each item listed on the FY 19 budget request (Form B) for Administration Initiative; Trade-Off and Transfer; Conversion of Unbudgeted Positions; Fixed Cost and Entitlement Expense Requirements; Federal Fund Adjustments; Health, Safety, Court Orders or Federal Mandates; Full Year Funding for Previously Authorized Positions; Second Year Funding; and Other Requests. Form A-Attachment may be used to list multiple trade-off/transfer requests or Conversion of Unbudgeted Positions 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.

Form A: Item Description and Preparation Instructions

Program ID/Org. Code and Program Title:

Submit request at the org. code level. Include the Program Title.

Department Contact/Phone:

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

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 or conversion of unbudgeted positions proposal, the corresponding (+) and (-) adjustments should carry the same priority number.

Request Category

Indicate type of request, as allowed in the budget guidelines. Refer to Attachment 2 for additional information.

- Administration Initiative (AI): Requests for positions and funds that support the Administration's priorities.

- Trade-Off/Transfer (TO): Requests for (+) or (-) adjustments within department ceiling to reflect true expenditure requirements or to meet other program requirements. Trade-off must include a (+) request and an equal offset (-) request \$ amount and/or position count.
- Conversion of Unbudgeted Positions (UP): Requests to authorize unbudgeted positions which are (+) and (-) adjustments within department ceiling to reflect true expenditure requirements or to meet other program requirements. A request must include a (+) request and an equal offset (-) request \$ amount and/or position counts, as applicable. These requests shall be cost neutral but increases in temporary or permanent position counts may be requested if necessary.
- Fixed Cost and Entitlement Expense (FE): Requests for debt service, employee fringe benefits, and Medicaid.
- Federal Fund Adjustment (FA): Requests for federal fund ceiling (+) or (-) adjustments, as applicable, may be submitted to reflect anticipated federal grant awards if:
 - Federal fund ceiling (+) adjustments require no general fund support.
 - Sufficient revenues will be available to accommodate budgeted (+) adjustments through FY 19 and beyond, as applicable.
 - The (+) adjustment will not result in additional direct or indirect general, special, or revolving fund support to the department.
 - All (+) and (-) adjustments are reflected for the appropriate program in the department's Form FF.
- Health, Safety, Court Mandates (HS): Requests to address requirements for public health and safety, court orders or federal mandates.
- Full-Year Funding for Previously Authorized Positions (FY): Requests to provide full-year funding for previously authorized positions.
- Second Year Funding (SY): Requests to provide FY 19 funding for programs with FY 18 funding.
- Other Requests (OR): Requests that do not fit the above categories but are **highly critical and sustainable**.

I. Title of Request

Provide a short concise title of the request.

Description of Request

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. Information Systems and Technology

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 Enterprise Technology Services.

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 improvement program (CIP) 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

**Form A-Attachment:
Item Description and Preparation Instructions**

Program ID/Org Code

Reflect the 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 means of financing (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 full-time equivalent (FTE) or temporary FTE for each position. Enter (-) requests as negative FTE.

FY 19 \$

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

Total

Will be automatically computed.

Date Prepared/Revised:

**FY 19 SUPPLEMENTAL BUDGET
DEPARTMENT SUMMARY OF OPERATING BUDGET ADJUSTMENT REQUESTS
DEPARTMENT OF**

MOF	FY 18			FY 19		
	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
Current Services Operating Budget Ceilings by MOF	A	-	-	-	-	-
	B	-	-	-	-	-
	N	-	-	-	-	-
	P	-	-	-	-	-
	R	-	-	-	-	-
	S	-	-	-	-	-
	T	-	-	-	-	-
	U	-	-	-	-	-
	W	-	-	-	-	-
	X	-	-	-	-	-
TOTAL	-	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 18			FY 19		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
TRADE-OFF/TRANSFER & CONVERSION OF UNBUDGETED POSITIONS REQUESTS:											

SUBTTLTRADE-OFF/TRNSFRS & CONV. OF UNBGT'D PSNS:

-	-	-	-	-	-
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Request Category Legend:
 TO Trade-Off/Transfer
 UP Conversion of Unbudgeted Positions

By MOF		MOF	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
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	-	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 18			FY 19		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
ALLOWABLE NON-DISCRETIONARY EXPENSE REQUESTS:											

**SUBTOTAL ALLOWABLE NON-DISCRETIONARY EXPENSE
REQUESTS:**

-	-	-	-	-	-
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Request Category Legend:
FE Fixed Cost/Entitlement

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	-	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 18			FY 19		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
FEDERAL FUND ADJUSTMENT REQUESTS											

SUBTOTAL FEDERAL FUND ADJ REQUESTS:

-	-	-	-	-	-
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Request Category Legend:
FA Federal Fund Adjustments

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	-	-	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 18			FY 19		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
OTHER REQUESTS:											

SUBTOTAL OTHER REQUESTS:

-	-	-	-	-	-
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<u>Request Category Legend:</u>	
AI	Administration Initiative
HS	Health, Safety, Court Mandate
FY	Full Year Funding for Prev. Auth. Positions
SY	Second Year Funding
OR	Other Requests

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 ADJUSTMENTS:

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

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	-	-	-	-	-	-

Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FY 18			FY 19		
						FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
GRAND TOTAL = BASE + TRO/TRNF & CONV UNBGT						-	-	-	-	-	-
PSN + ALLOW NON-DISCR + FED ADJ + OTHER REQ						-	-	-	-	-	-
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 B: FY 19 DEPARTMENT SUMMARY OF
OPERATING BUDGET ADJUSTMENT REQUESTS

Form B is a summary listing of all FY 19 budget requests to be proposed in departmental priority order. **Departments shall ensure that details and amounts on the Form B match the appropriate Form A.**

Requests shall be listed in the appropriate portion of the Form B based on request category.

“Trade-Off and Transfer and Conversion of Unbudgeted Positions” shall include request categories: Trade-Off and Transfer (TO) and Conversion of Unbudgeted Positions (UP).

“Allowable Non-Discretionary Expense Requests” shall include request category: Fixed Cost and Entitlement Expense Requirements (FE).

“Federal Fund Adjustment Requests” shall include request category: Federal Fund Adjustments (FA)

“Other Requests” shall include request categories: Administration Initiative (AI); Health, Safety, Court Orders or Federal Mandates (HS); Full-Year Funding for New Positions (FY); Second Year Funding (SY); and Other Requests (OR).

Form B: Item Description and Preparation Instructions

Date Prepared/Revised

Underscore “Prepared” or “Revised” as applicable and enter date.

Current Services Operating Budget Ceiling by MOF

This section will be completed by the Department of Budget and Finance (B&F) and shall reflect your department’s appropriations from Act 49, SLH 2017, by means of financing (MOF).

Request Category

See memo and “Instructions for Form A” for explanation of request categories, which include:

- Administration Initiative (AI);
- Trade-Off and Transfer (TO);
- Conversion of Unbudgeted Positions (UP);
- Fixed Cost and Entitlement Expense Requirements (FE);
- Federal Fund Adjustments (FA);
- Health, Safety, Court Orders or Federal Mandates (HS);
- Full-Year Funding for New Positions (FY);
- Second Year Funding (SY); and
- Other Requests (OR).

B&F Code

For B&F use only.

Program ID/Org. Code

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

Department Priority

Enter the department priority number as entered on Form A. Corresponding trade-off and transfer requests shall share the same priority number. Requests with multiple MOF should also be listed using the same priority number, with separate entries for each MOF.

Description

Enter the title of the request as entered on Form A.

MOF

Enter the MOF as entered on Form A.

FY 19

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

Subtotals, Totals, and Grand Total

Subtotals and totals of adjustments by section and the grand total will be automatically computed.

SENATE DISTRICT	PRIORITY NUMBER	ISLAND	REP DISTRICT	PROJECT SCOPE	ITEM NUMBER	EXPENDING AGENCY
00	1	0 - STATEWIDE	000	N - NEW PROJECT		AGR

PROJECT TITLE:
 PROJECT TITLE, ISLAND

PROJECT DESCRIPTION:
 PLANS, LAND ACQUISITION, DESIGN, CONSTRUCTION AND EQUIPMENT FOR NEW PROJECT. COST ELEMENT LANGUAGE MUST MATCH
 COST ELEMENTS FOR REQUESTED APPROPRIATION.

PART I: BY ELEMENTS	MOF	PRIOR YR	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	SUCC YR
PLANS	*	0	0	0	0	1	0	0	0	0	0
LAND ACQUISITION	*	0	0	0	0	1	0	0	0	0	0
DESIGN	*	0	0	0	0	1	0	0	0	0	0
CONSTRUCTION	*	0	0	0	0	1	0	0	0	0	0
EQUIPMENT	*	0	0	0	0	1	0	0	0	0	0
TOTAL COST		0	0	0	0	5	0	0	0	0	0

PART II: BY MEANS OF FINANCE	MOF	PRIOR YR	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	SUCC YR
G.O. BONDS	C	0	0	0	0	5	0	0	0	0	0
TOTAL COST		0	0	0	0	5	0	0	0	0	0

IMPLEMENTATION SCHEDULE

PHASE	START DATES						COMPLETION DATES					
	ORIGINAL MO	YR	CURRENT MO	YR	ACTUAL MO	YR	ORIGINAL MO	YR	CURRENT MO	YR	ACTUAL MO	YR
PLANS	07	18			12	18						
SITE SELECTION	01	19			03	19						
SITE ACQUISITION	04	19			05	19						
DESIGN	05	17			12	19						
CONSTRUCTION	12	19			07	20						
EQUIPMENT	06	20			07	20						
OCCUPANCY	07	20			07	20						

EFFECTS ON OPERATING BUDGET (IN THOUSANDS)

TOTAL	SALARIES	MAINTENANCE	OTHER EXPENSES	UTILITIES
0	0	0	0	0

EXPECTED EXPENDITURES (IN THOUSANDS)

PART I: BY ELEMENTS	MOF	PRIOR YR	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	SUCC YR
PLANS	*	0	0	0	0	1	0	0	0	0	0
LAND ACQUISITION	*	0	0	0	0	1	0	0	0	0	0
DESIGN	*	0	0	0	0	1	0	0	0	0	0
CONSTRUCTION	*	0	0	0	0	0	1	0	0	0	0
EQUIPMENT	*	0	0	0	0	0	1	0	0	0	0
TOTAL COST		0	0	0	0	3	2	0	0	0	0

PART II: BY MEANS OF FINANCE	MOF	PRIOR YR	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	SUCC YR
G.O. BONDS	C	0	0	0	0	3	2	0	0	0	0
TOTAL COST		0	0	0	0	3	2	0	0	0	0

COST ELEMENTS	COST ESTIMATES ORIGINAL	(\$1,000'S) CURRENT	FINAL COST (\$1,000'S)
PLANS	1	0	0
LAND ACQUISITION	1	0	0
DESIGN	1	0	0
CONSTRUCTION	1	0	0
EQUIPMENT	1	0	0
TOTAL	5	0	0

STATE APPROPRIATIONS (\$1,000'S)

SLH YR ACT	ITEM	TOTALS	PLANS	LAND ACQUISITION	DESIGN	CONSTRUCTION	EQUIPMENT
TOTAL		0	0	0	0	0	0

SENATE DISTRICT	PRIORITY NUMBER	ISLAND	REP DISTRICT	PROJECT SCOPE	ITEM NUMBER	EXPENDING AGENCY
00	1	0 - STATEWIDE	000	N - NEW PROJECT		AGR

PROJECT TITLE:
 PROJECT TITLE, ISLAND

PROJECT DESCRIPTION:
 PLANS, LAND ACQUISITION, DESIGN, CONSTRUCTION AND EQUIPMENT FOR NEW PROJECT. COST ELEMENT LANGUAGE MUST MATCH COST ELEMENTS FOR REQUESTED APPROPRIATION.

TOTAL ESTIMATED PROJECT COST (\$1,000'S):

PRIOR APPROPRIATIONS:

SLH YR ACT	ITEM	TOTALS	PLANS	LAND ACQUISITION	DESIGN	CONSTRUCTION	EQUIPMENT
TOTAL		0	0	0	0	0	0

APPROPRIATIONS:

PART I: BY ELEMENTS	MOF	PRIOR YR	FY 2015-16	FY 2016-17	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2017-18	FY 2018-19		
PLANS	*	0	0	0	0	1	0	1
LAND ACQUISITION	*	0	0	0	0	1	0	1
DESIGN	*	0	0	0	0	1	0	1
CONSTRUCTION	*	0	0	0	0	1	0	1
EQUIPMENT	*	0	0	0	0	1	0	1
TOTAL COST		0	0	0	0	5	0	5

PART II: BY MEANS OF FINANCE	MOF	PRIOR YR	FY 2015-16	FY 2016-17	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2017-18	FY 2018-19		
G.O. BONDS	C	0	0	0	0	5	0	5
TOTAL COST		0	0	0	0	5	0	5

REPORT: TABLE R - CAPITAL PROJECT INFORMATION AND JUSTIFICATION SHEET
PROGRAM ID: AGR-101 CAPITAL PROJECT: SAMPLE

RUN DATE: September 20, 2017

A. TOTAL SCOPE OF PROJECT:
TO BE COMPLETED BY DEPARTMENT.

B. IDENTIFICATION OF NEED AND EVALUATION OF EXISTING SOLUTION:
TO BE COMPLETED BY DEPARTMENT.

C. ALTERNATIVES CONSIDERED AND IMPACT IF PROJECT IS DEFERRED:
TO BE COMPLETED BY DEPARTMENT.

D. DISCUSS WHAT IMPROVEMENTS WILL TAKE PLACE, WHEN PROJECT COMPLETED (INCLUDING BENEFITS TO BE DERIVED AND/OR DEFICIENCIES THIS PROJECT INTENDS TO CORRECT):
TO BE COMPLETED BY DEPARTMENT.

E. IMPACT UPON FUTURE OPERATING REQUIREMENTS (SHOW INITIAL AND ONGOING FUNDING REQUIREMENTS BY COST ELEMENT, INCLUDING POSITION COUNT, MEANS OF FINANCING, FISCAL YEAR):
TO BE COMPLETED BY DEPARTMENT.

F. ADDITIONAL INFORMATION:
TO BE COMPLETED BY DEPARTMENT.

FY 19 SUPPLEMENTAL BUDGET
DEPARTMENT SUMMARY OF PROPOSED CIP LAPSES AND NEW CIP REQUESTS
DEPARTMENT OF

PART A: PROPOSED LAPSES						Amount		B&F RECOMMENDATION		
Dept	Act/Yr	Item No.	Proj No.	Project Title and Reason for Lapsing	MOF	FY 18	FY 19	FY 18	FY 19	COMMENTS
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								B&F RECOMMENDATION		
Req	Dept	Prog ID	Proj No.	Project Title	MOF	FY 18	FY 19	FY 18	FY 19	COMMENTS
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:
 AI Administration 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 19 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 49, SLH 2017.

Request Category

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

- Administration 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 2017-19

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.

Date Prepared/Revised:

**FY 19 BUDGET
ESTIMATED OPERATING COSTS RELATED TO CIP REQUESTS
DEPARTMENT OF**

Program ID:
Program Title:

Request Category:

Department Contact:

Phone:

Administration Initiative ____
Energy Efficiency ____
Health, Safety, Court Mandates ____
Major R&M of Existing Facilities ____
Other ____
Trade-off (Offset by Lapse) ____

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 18 Request			FY 19 Request			FY 20	FY 21	FY 22	FY 23
FTE (P)	FTE (T)	(\$)	FTE (P)	FTE (T)	(\$)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
TOTAL REQUEST			0.00	0.00	0	0.00	0.00	0	0

By MOF:

- A
- B
- N
- P
- R
- S
- T
- U
- V
- W
- X

III. EXPLANATION OF COST ESTIMATE

INSTRUCTIONS FOR FORM CIPOp: FY 19 ESTIMATED OPERATING COSTS
RELATED TO CIP REQUESTS

Form CIPOp is to be completed for each new CIP request listed in FY 19 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 CIPOp: Item Description and Preparation Instructions

Program ID and Program Title:

Fill in with the Program ID and the Program Title.

Department Contact/Phone:

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

Date Prepared/Revised

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

Request Category

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

- Administration Initiatives
- Energy Efficiency
- Health, Safety, Court Mandates
- Major R&M of Existing Facilities
- Other
- Trade-off (Offset by Lapse)

I. CIP Project Number

Fill in with CIP Project Number as entered on 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. Explanation is 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 to the CIP request was derived.
2. Discuss impact on program performance measures (current approved measures): measures of effectiveness, target group size, activity indicators.

FY 19 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 18	FY 19	FY 20 (in thous)	FY 21 (in thous)	FY 22 (in thous)	FY 23 (in thous)

TOTAL:	-	-	-	-	-	-
---------------	---	---	---	---	---	---

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

INSTRUCTIONS FOR FORM CIPOpB: FY 19 SUPPLEMENTAL BUDGET
DEPARTMENT SUMMARY OF ESTIMATED
OPERATING COSTS RELATED TO CIP REQUESTS

Form CIPOpB is a summary listing of each department's Form CIPOp, FY 19 budget estimated operating costs related to CIP requests. The listing should be in departmental priority order.

Form CIPOpB: Item Description and Preparation Instructions

Date Prepared/Revised

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

Department Priority

Enter the department priority number as entered on Form CIPOp. 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 CIPOp.

Project No.

Enter the CIP project number as entered on Form CIPOp.

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 CIPOp.

Description of Cost

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

MOF and \$ Amounts (FYs 18-19 and FYs 20-23)

Enter the total estimated operating costs by MOF for each project as entered on the respective Form CIPOp. (Note: Amounts for FYs 20-23 by MOF are in thousands, as entered on Form CIPOp)

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 PAB

Department 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? If "no" box is checked, no further information other than signature and date is required.		<input type="checkbox"/> Yes <input type="checkbox"/> No
9 Has any appropriations been made for any portion of project prior to this request?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 project			
13 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.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
14 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.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
15 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.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
16 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.

INSTRUCTIONS FOR:
BJ SUMMARY TABLES UPDATE
BUDGET NARRATIVES
CIP REQUESTS

1. Update of BJ Summary Tables

a. Update the Act 49, SLH 2017, BJ Summary tables according to the following instructions which apply to all means of financing (MOF):

- FY 16 – no changes (should already reflect actual expenditures).
- FY 17 – reflect actual expenditures.
- FY 18 – no changes (do not change any FY 18 amounts since they already reflect Act 49, SLH 2017; otherwise, the changes will appear in the budget document as requested amendments to Act 49, SLH 2017).
- FY 19 – reflect the Governor’s final Executive Supplemental Budget decisions.
- FYs 20 through 23 – position counts and all operating costs shall be kept constant (i.e., same as FY 19) throughout the planning period.

Exceptions: Debt service, Employees’ Retirement System, Employer-Union Trust Fund employer contributions, and Department of Human Services’ entitlement programs should reflect projected requirements.

Update of your BJ Details shall also follow this guidance for FYs 16-19.

b. Other than the Department of Education, University of Hawaii, and Department of Transportation, all departments will be required to use the Department of Budget and Finance’s (B&F) web-based operating budget system (eBUDDI) for the preparation of BJ Summary tables and updating of budget details.

After Governor’s final decisions, update the details to incorporate your approved supplemental budget requests so that the BJ Summary tables can be generated by eBUDDI by November 29, 2017. If you cannot update all of your detail files to generate your BJ Summary tables by that date, then enter the BJ Summary table amounts directly on the BJ Summary (BJ Edited) screen. BJ Details must be updated by January 5, 2018.

Note: In accordance with new reporting requirements for temporary position counts from Act 160, SLH 2015, departments must enter temporary position counts in the new “T” field in their BJ Summary tables on eBUDDI. New reports have also been added to eBUDDI to support this data collection.

Departments with their own automated budget systems should submit an electronic file of their BJ Summary tables via email to the assigned B&F analyst and to Mr. Gregg Hirohata-Goto of our office at Gregg.H.Hirohata-Goto@hawaii.gov.

2. Budget Narratives

- a. All budget narratives shall be completed in eBUDDI. Refer to narrative sample format and instructions. Do not exceed one page, if possible.
- b. Discuss the final approved operating and capital improvements program (CIP) Executive Supplemental Budget requests in the budget narrative in Section B (Description of Request), Section C (Reasons for Request), and Section D (Significant Changes to Measures of Effectiveness and Program Size).
- c. Narratives are required only for program IDs with operating and/or CIP changes. Narratives are prepared at the program ID level; i.e., do not prepare separate narratives for organization codes within the program ID.

3. CIP Submission Requirements

- a. All departments are required to use the B&F web-based CIP system (eCIP) to update CIP tables and to prepare supplemental CIP budget requests as allowed under II.B.
- b. All Table Ps have been updated to reflect the project titles, descriptions, and appropriation amounts in Act 49, SLH 2017. Table Qs should also reflect Act 49, SLH 2017.
- c. All departments may start using eCIP immediately to: 1) update Table Q to reflect Act 49, SLH 2017, if not already completed; and 2) prepare requests for funding as allowed by these instructions.

Complete all fields on Tables P and Q for all funding requests, including entering a unique priority number and Senate and House districts on Table P for each supplemental budget request. Enter the capital project justification (Table R) through eCIP. See attached samples of Tables P, Q, and R.

- d. Form S-Supplemental (Excel file downloaded from eCIP) shall be used to identify appropriations for trade-offs or lapsing, and to summarize supplemental CIP requests.
 - The requests shall be listed in priority order using unique priority numbers from Table P; however, a request with multiple MOF shall be listed multiple times by MOF using the same priority number.

- Proposed trade-offs or lapses and request category must be manually input on Form S-Supplemental after the file is downloaded from eCIP.
 - Prefilled Form S-Supplemental will provide the changes (language, \$) from Act 49, SLH 2017. However, a blank Form S-Supplemental may also be downloaded, if necessary.
- e. CIP requests should also be discussed in the budget narrative.
- f. Forms CIP Op and CIP Op B shall be used to indicate operating costs associated with each respective CIP request.
- g. Private entities and/or activities which are proposed to utilize facilities to be funded by general obligation (G.O.) and/or G.O. Reimbursable bond funds must meet appropriate Internal Revenue Code requirements to preserve the tax-exempt status of interest on such bonds.

To ensure compliance with the Federal Tax Reform Act of 1986 and amendments thereto, Form PAB (revised September 2013) must be completed and submitted for every request funded by G.O. and G.O. Reimbursable bonds.

UPDATE/DELETE SUPPLEMENTAL BUDGET NARRATIVES

BUDDI
Budget Development & Information System

State of Hawaii
Department of Budget and Finance

Home | List | Narratives | Reports | Program Totals | Excel | My Profile | User Manual | Logout

AGR ▾ Submit Previous 1 Next

Program ID	Description	Actions
AGR101	FINANCIAL ASSISTANCE FOR AGRICULTURE	Update Delete Narrative
AGR122	PLANT PEST AND DISEASE CONTROL	Update Delete Narrative
AGR131	RABIES QUARANTINE	Update Delete Narrative
AGR132	ANIMAL DISEASE CONTROL	Update Delete Narrative
AGR141	AGRICULTURAL RESOURCE MANAGEMENT	Update Delete Narrative
AGR151	QUALITY AND PRICE ASSURANCE	Update Delete Narrative
AGR163	AQUACULTURE DEVELOPMENT PROGRAM	Update Delete Narrative
AGR161	AGRI-BUSINESS DEVELOPMENT AND RESEARCH	Update Delete Narrative
AGR171	AGRICULTURAL DEVELOPMENT & MARKETING	Update Delete Narrative
AGR192	GENERAL ADMINISTRATION FOR AGRICULTURE	Update Delete Narrative
AGR112	MEASUREMENT STANDARDS	Update Delete Narrative
AGR246	PESTICIDES	Update Delete Narrative

Records: 12 of 12 Previous 1 Next

To update the Budget Narrative for the selected Program ID, click on **Update**. To delete existing Budget Narratives for the selected Program ID, click on **Delete Narrative**.

Back To List Report

**NARRATIVE FOR SUPPLEMENTAL BUDGET REQUESTS REPORT INPUT
FY 2019**

PROGRAM ID	PROGRAM STRUCTURE	PROGRAM TITLE
AGR122	01030201	PLANT PEST AND DISEASE CONTROL

Spell Check Narrative Fields

A. Program Objective

To protect Hawaii's agricultural and horticultural industries, environment, natural resources, and general public by preventing the introduction and establishment of harmful insects, diseases, illegal non domestic animals, and other pests; to conduct effective plant pest control activities; and to enhance agricultural productivity and agribusiness development by facilitating export shipments of agricultural and horticultural materials and products.

B. Description of Request

- 1) Transfer Secretary position and funds from AGR 122 EB to AGR 122 EA.
- 2) Transfer in funds for personnel costs from various programs (\$33,692).

C. Reasons for Request

- 1) Transfer of Secretary position is requested to place the position in the proper program ID.
- 2) Transfer of funds will address negative adjustments in the personnel budget.

D. Significant Changes to Measures of Effectiveness and Program Size

None.

Update Record Reset

The **Program Plan Narratives Report Input** screen will display text boxes for updating the narratives for an existing Program ID or add narratives to the database if none exist. Narratives include the following sections:

- A. Program Objective
- B. Description of Request
- C. Reasons for Request
- D. Significant Changes to Measures of Effectiveness and Program Size

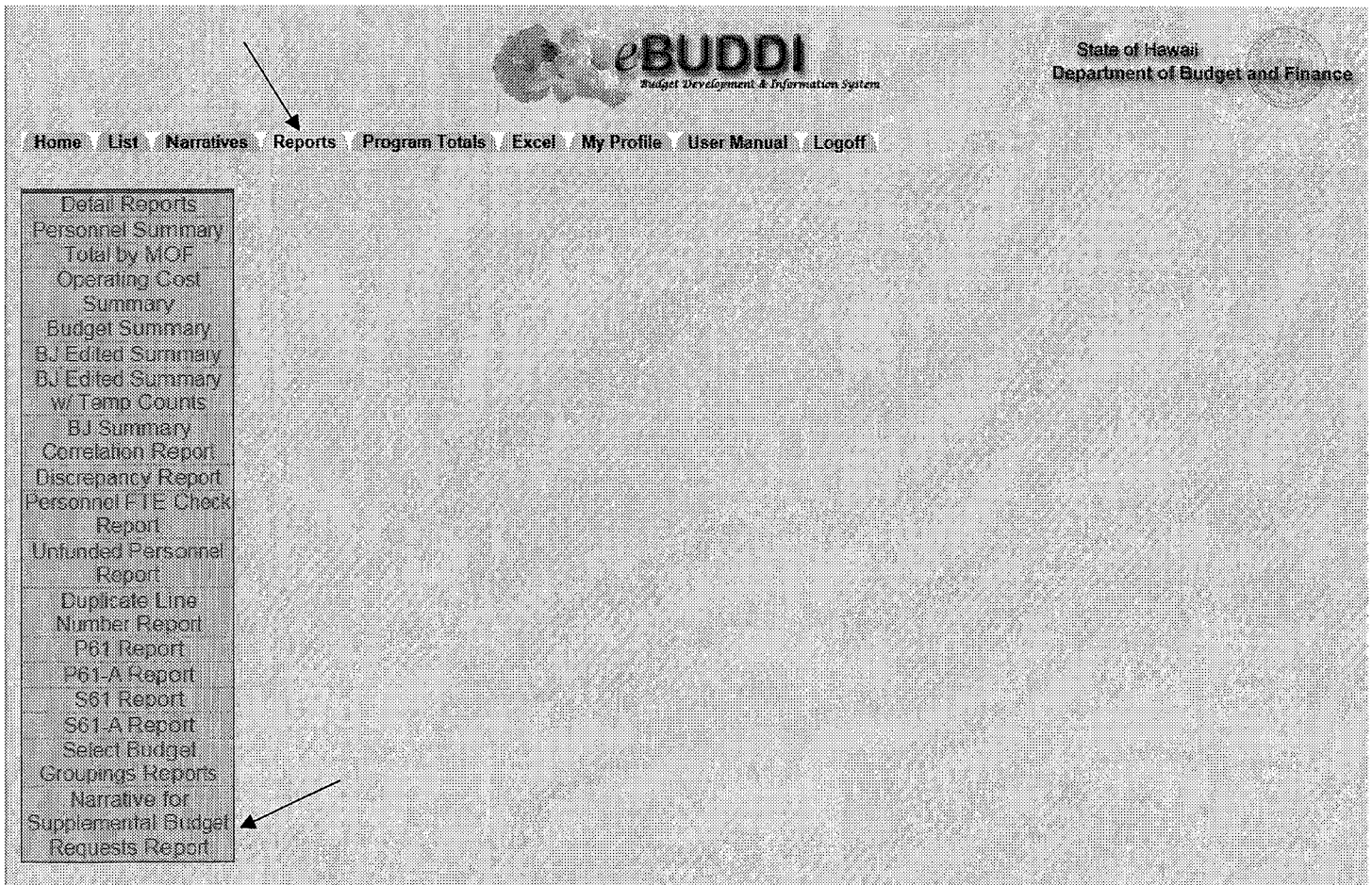
For further detailed explanation on what to fill in for the section contents, please refer to F.M. 17-12, Supplemental Budget Policies and Guidelines for FB 17-19.

Clicking **Update Record** will update the narrative record into the database. If there is no previous narrative records, the "Update Record" button will be replaced with the "**Add Record**" button. After the **Update or Add Record** button is clicked a status message will report if the listing was updated.

Clicking **Reset** will reset all data to its original values and make no changes to the database.

To view BJ Narrative Reports, click on **Report** located at the upper right hand corner of the text box or got to **Reports Menu**.

REPORTS MENU



The **Reports** page is displayed after clicking on the **Reports** tab from the menu at the top of the screen. To view the Program Plan Narrative Reports, click on **Program Plan Narrative Report**.

Budget Narratives should be completed in eBuddi

Sample Narrative

Narrative for Supplemental Budget Requests

FY 2019

Program ID: SUB 601

Program Structure Level: 05 02 03

Program Title: Private Hospitals & Medical Services

A. Program Objective

To be completed by Department.

D. Significant Changes to Measures of Effectiveness and Program Size

To be completed by Department.

B. Description of Request

To be completed by Department.

C. Reasons for Request

To be completed by Department.

NARRATIVE FOR SUPPLEMENTAL BUDGET REQUESTS REPORT

The screenshot shows the BUDDI web application interface. At the top, there is a navigation menu with links: Home, List, Narratives, Reports, Program Totals, Excel, My Profile, User Manual, and Logoff. The main content area is titled 'Narrative for Supplemental Budget Requests Report'. It features a 'Department' dropdown menu with 'AGR' selected, a 'Program' dropdown menu with 'AGR101' selected, a 'Sort Order' dropdown menu with 'Department' selected, and a 'submit' button. A sidebar on the left contains a list of report options, including 'Detail Reports', 'Personnel Summary', 'Total by MOF', 'Operating Cost Summary', 'Budget Summary', 'BJ Edited Summary', 'w Temp Counts', 'Correlation Report', 'Discrepancy Report', 'Personnel FTE Check Report', 'Unfunded Personnel Report', 'Duplicate Line Number Report', 'P61 Report', 'P61-A Report', 'S61 Report', 'S61-A Report', 'Select Budget Groupings Reports', and 'Narrative for Supplemental Budget Requests Report'.

The **Narrative for Supplemental Budget Requests Report** gives the user the option to run a single department or program id. The menu will only display the department and program id that the user is authorized for. Sort Order gives an option to sort by the department's program id order or program structure order. After selecting the Department/Program, click on **Submit** to execute the report that will generate a PDF file in a new browser window.

The screenshot shows the generated PDF report titled 'Narrative for Supplemental Budget Requests'. The report includes the following information:

Program ID: AGR 122
Program Structure Level: 01 03 02 01
Program Title: Plant Pest And Disease Control

A. Program Objective

To protect Hawaii's agricultural and horticultural industries, environment, natural resources, and general public by preventing the introduction and establishment of harmful insects, diseases, illegal non domestic animals, and other pests; to conduct effective plant pest control activities; and to enhance agricultural productivity and agribusiness development by facilitating export shipments of agricultural and horticultural materials and products.

B. Description of Request

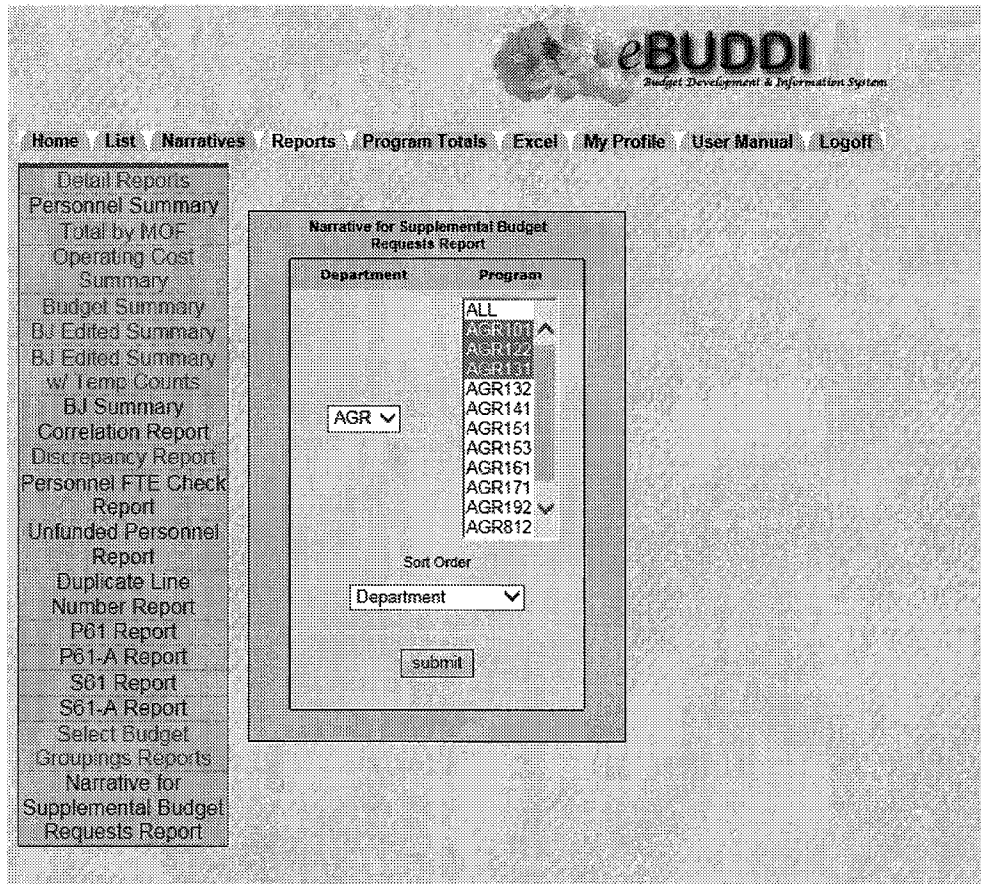
- 1) Transfer Secretary position and funds from AGR 122 EB to AGR 122 EA.
- 2) Transfer in funds for personnel costs from various programs (\$33,692).

C. Reasons for Request

- 1) Transfer of Secretary position is requested to place the position in the proper program ID.
- 2) Transfer of funds will address negative adjustments in the personnel budget.

D. Significant Changes to Measures of Effectiveness and Program Size

None.



The **Narrative for Supplemental Budget Requests Report** also gives the user the option to run a single department with multiple programs. To select multiple programs just hold down the “Shift” key and with your mouse left click on all the programs you want selected. Select the print option and sort order you want used for this report. The menu will only display the department/programs that the user is authorized for.

After selecting the Department/Programs/Sort Order. Click on **Submit** to execute the report, which generates a PDF file in a new browser window.