EMPLOYEES' RETIREMENT SYSTEM

OFFICE OF THE PUBLIC DEFENDER

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND



STATE OF HAWAII DEPARTMENT OF BUDGET AND FINANCE

P.O. BOX 150 HONOLULU, HAWAII 96810-0150 LAUREL A. JOHNSTON DIRECTOR

> KEN N. KITAMURA DEPUTY DIRECTOR

ADMINISTRATIVE AND RESEARCH OFFICE BUGGET, PROGRAM PLANNING AND MANAGEMENT DIVISION FINANCIAL ADMINISTRATION DIVISION OFFICE OF FEDERAL AWARDS MANAGEMENT (OFAM)

October 12, 2018

FINANCE MEMORANDUM

MEMO NO. 18-19

TO:

All Department Heads

FROM:

Laurel A. Johnston

Director of Finance

SUBJECT:

Request for Information on Routine Repair and Maintenance

Act 233, SLH 2016, requires each Executive State agency that manages a State-owned building, facility, or other improvement to submit an annual report relating to its routine repair and maintenance. The information is to be collected in a uniform format by the Department of Budget and Finance (B&F) for submittal to the Legislature.

To meet the requirements of Act 233, Form RRM was developed and is attached for your use. Also attached are instructions and a sample Form RRM. The Excel electronic format is available at http://budget.hawaii.gov/budget/budget-forms/. Please complete the Form RRM and send it to B&F, Budget, Program Planning and Management Division, on or before November 30, 2018. Please also e-mail an electronic copy in excel of your form(s) to Mr. Donovan Chun at donovan.y.chun@hawaii.gov.

If your department does not manage any State-owned building, facility, or other improvement, a negative response is appreciated. Should there be any questions, please have your staff contact Mr. Neal Miyahira, Administrator of the Budget, Program Planning and Management Division, at 586-1530.

Attachments

INSTRUCTIONS FOR FORM RRM: FY 17 AND FY 18 BUDGET VS. ACTUAL ROUTINE REPAIR AND MAINTENANCE COSTS

Form RRM is to be completed for the FYs 17 and 18 Routine Repair and Maintenance Report.

Item Description and Preparation Instructions for Form RRM

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 routine repair and 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 routine repair and maintenance cost is related.

Cost Element of Routine Repair and Maintenance Cost

Provide type of cost by budget cost element:

A = Personal Services:

B = Other Current Expenses; and

C = Equipment.

Type of Facility

Fill in the type of facility:

O = Office:

E = Educational Facility;

M = Medical Facility; and

X = Other.

Means of Financing (MOF)

Fill in the MOF for each routine repair and maintenance costs.

FY 17 and FY 18 Budgeted Amounts (\$)

Fill in the budgeted amounts for the routine repair and maintenance costs in FY 17 and FY 18.

FYs 17 and 18 Actual Amounts (\$)

Fill in the actual amounts expended or encumbered for the routine repair and maintenance costs in FY 17 and FY 18.

Comments

Provide any additional comments, if necessary.

FY 17 and FY 18 ROUTINE REPAIR AND MAINTENANCE REPORT DEPARTMENT OF _____

					idgeted FY 17	Acti FY				riance Y 17			eted 18	Acti FY				riance Y 18		Comments
Prog ID/Org Island State Owned Bidg/Faci	lity/Other Cost Element (A, B, C)	Type of Facility	MOF	FTE	Amount	FTE	Amount	FTE	Amount	% FTE	% Amount	FTE	Amount	FTE	Amount	FTE	Amount	% FTE	% Amount	
AGS 221 AB Oahu Bldg #1	A Personal Svcs	0	Α	5.00	150,000	4.00	100,000	-1.00	-50,000	-20.00%	-33.33%	5.00	125,000	5.00	125,000	0.00	(0.00%	6 0.00%	
AGS 221 AB Oahu Bldg #1	B Other Current Exp	0	Α	0,00	50,000	0.00	50,000	0.00		#DIV/0!	0.00%	0.00	40,000	0.00	35,000	0.00	-5,000	#DIV/0!	-12.50%	
AGS 221 AB Oahu Bldg #1	C Equipment	0	Α	0.00	20,000	0.00	25,000		5,000	#DIV/0!	25.00%	0.00	20,000	0.00	25,000	0.00	5,000	#DIV/0!	25.00%	
AGS 221 AB Oahu Bldg #2	A Personal Svcs	0	В	3.00	60,000	3.00	60,0	V DXX	3	0.00%	0.00%	3.00	60,000	2.00	40,000	-1.00	-20,000	-33.33%	6 -33.33%	
AGS 221 AB Oahu Bldg #2	B Other Current Exp	0	8	0.00	30,000	0.00		0.00	-5,000	#DIV/0!	-16.67%	0.00	30,000	0.00	30,000	0.00	(#DIV/0!	0.00%	
AGS 221 AB Oahu Bldg #2	C Equipment	0	В	0.00	10,000	0.0		0.00	-20	#DIV/0!	-0.20%	0.00	5,000	0.00	5,000	0.00	(0 #DIV/0!	0.00%	
							100	0.00	(#DIV/0!	#DIV/0!					0.00	(#DIV/0!	#DIV/0!	
								0.00		#DIV/0!	#DIV/0!					0.00	(#DIV/0!	#DIV/0!	
								0.00	(#DIV/0!	#DIV/0!					0.00		#DIV/0!	#DIV/0!	

pe of Facility Key
Office
Educational Facility
= Medical Facility
Other

		,					
TOTAL:		8.00	320,000	7.00	269,980	-1.00	-50,020
By MOF							
General	Α	5.00	220,000	4.00	175,000	-1.00	-45,000
Special	В	3.00	100,000	3.00	94,980	0.00	-5,020
General Obligation Bonds	С	0.00	0	0.00	0	0.00	0
Reimbursable GO Bonds	D	0.00	0	0.00	0	0.00	0
Revenue Bonds	E	0.00	0	0.00	0	0.00	0
Federal Funds	N	0.00	0	0.00	0	0.00	0
Other Federal Funds	Р	0.00	0	0.00	0	0.00	0
Private	R	0.00	0	0.00	0	0.00	0
County	s	0.00	0	0.00	0	0.00	0
Trust	Т	0.00	0	0.00	0	0.00	0
Inter-departmental Transfer	U	0.00	0	0.00	0	0.00	0
Revolving	W	0.00	0	0.00	0	0.00	0
Other	X	0.00	0	0.00	0	0.00	0

FY 17 and FY 18 ROUTINE REPAIR AND MAINTENANCE REPORT DEPARTMENT OF _____

						Budgeted FY 17	Act FY				iance / 17		Budg FY		Actual FY 18		Variance FY 18		Comments
Prog ID/On	Island	State Owned Bidg/Facility/Other	Cost Element (A, B, C)	Type of Facility	MOF FTE	Amount	FTE	Amount	FTE	Amount	% FTE	% Amount	FTE	Amount	FTE Amount	FTE	Amount % FTE	% Amount	
									0.00	0	#DIV/0!	#DIV/0!				0.00	0 #DIV/0!	#DIV/0!	
									0.00	0	#DIV/0!	#DIV/0!				0.00	0 #DIV/0!	#DIV/0!	
									0.00	0	#DIV/0!	#DIV/0!				0.00	0 #DIV/0!	#DIV/0!	
									0.00	0	#DIV/0!	#DIV/0!				0.00	0 #DIV/0!	#DIV/0!	
									0.00	0	#DIV/0!	#DIV/0!				0.00	0 #DIV/0!	#DIV/0!	
	l								0.00	0	#DIV/0!	#DIV/0!				0.00	0 #DIV/0!	#DIV/0!	
								<u> </u>	0.00	0	#DIV/0!	#DIV/0!				0.00	0 #DIV/0!	#DIV/0!	
									0.00	0	#DIV/0!	#DIV/0!				0.00	0 #DIV/0!	#DIV/0!	
							1		0.00	. 0	#DIV/0!	#DIV/0!				0.00	0 #DIV/0!	#DIV/0!	

Type of Facility Key
O = Office
E = Educational Facility
M = Medical Facility
X = Other

TOTAL:		0.00	0	0.00	0	0.00	0
By MOF	_						
General	Α	0.00	0	0.00	0	0.00	0
Special	8	0.00	0	0.00	0	0.00	0
General Obligation Bonds	C	0.00	0	0.00	0	0.00	0
Reimbursable GO Bonds	D	0.00	0	0.00	0	0.00	0
Revenue Bonds	Ę	0.00	0	0.00	0	0.00	0
Federal Funds	N	0.00	0	0.00	0	0.00	0
Other Federal Funds	Р	0.00	0	0.00	0	0.00	0
Private	R	0.00	0	0.00	0	0.00	0
County	\$	0.00	0	0.00	0	0.00	0
Trust	Т	0.00	0	0.00	0	0.00	0
nter-departmental Transfer	U	0.00	0	0.00	0	0.00	0
Revalving	w	0.00	0	0.00	0	0.00	0
Other	x	0.00	0	0.00	0	0.00	0

0	0.00	0	0.00	0
0	0.00	0	0.00	0
0	0.00	0	0.00	0
0	0.00	0	0.00	0
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0	0.00	0	0.00	0
0	0.00	. 0	0.00	0
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