

DAVID Y. IGE
GOVERNOR



CRAIG K. HIRAI
DIRECTOR

TRACY M. BAN
DEPUTY DIRECTOR

EMPLOYEES' RETIREMENT SYSTEM
HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
OFFICE OF THE PUBLIC DEFENDER

STATE OF HAWAII
DEPARTMENT OF BUDGET AND FINANCE
P.O. BOX 150
HONOLULU, HAWAII 96810-0150

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

November 7, 2022

FINANCE MEMORANDUM

MEMO NO. 22-15

TO: All Department Heads

FROM: Craig K. Hirai /s/
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 for submittal to the Legislature.

To meet the requirements of Act 233, Form RRM was developed and is available along with instructions at <https://budget.hawaii.gov/budget/budget-forms/>. Please complete the Form RRM and email it in Excel format to DBF.BPPM.HI@hawaii.gov on or before November 30, 2022.

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 21 AND FY 22 BUDGET VS. ACTUAL
ROUTINE REPAIR AND MAINTENANCE COSTS

Form RRM is to be completed for the FYs 21 and 22 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 21 and FY 22 Budgeted Amounts (\$)

Fill in the budgeted amounts for the routine repair and maintenance costs in FY 21 and FY 22.

FYs 21 and 22 Actual Amounts (\$)

Fill in the actual amounts expended or encumbered for the routine repair and maintenance costs in FY 21 and FY 22.

Comments

Provide any additional comments, if necessary.

**FY 21 and FY 22 ROUTINE REPAIR AND MAINTENANCE REPORT
DEPARTMENT OF _____**

Prog ID/Org	Island	State Owned Bldg/Facility/Other	Cost Element (A, B, C)	Type of Facility	MOF	Budgeted FY 21		Actual FY 21		Variance FY 21				Budgeted FY 22		Actual FY 22		Variance FY 22				Comments
						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	O	A	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	0.00%	0.00%	
AGS 221 AB	Oahu	Bldg #1	B Other Current Exp	O	A	0.00	50,000	0.00	50,000	0.00	0	#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	O	A	0.00	20,000	0.00	25,000	0.00	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	O	B	3.00	60,000	3.00	60,000	0.00	0	0.00%	0.00%	3.00	60,000	2.00	40,000	-1.00	-20,000	-33.33%	-33.33%	
AGS 221 AB	Oahu	Bldg #2	B Other Current Exp	O	B	0.00	30,000	0.00	25,000	0.00	-5,000	#DIV/0!	-16.67%	0.00	30,000	0.00	30,000	0.00	0	#DIV/0!	0.00%	
AGS 221 AB	Oahu	Bldg #2	C Equipment	O	B	0.00	10,000	0.00	9,980	0.00	-20	#DIV/0!	-0.20%	0.00	5,000	0.00	5,000	0.00	0	#DIV/0!	0.00%	
										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!	

SAMPLE

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

TOTAL:

8.00	320,000	7.00	269,980	-1.00	-50,020
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8.00	280,000	7.00	260,000	-1.00	-20,000
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By MOF

MOF	FTE	Amount	FTE	Amount	FTE	Amount	FTE	Amount
General A	5.00	220,000	4.00	175,000	-1.00	-45,000	5.00	185,000
Special B	3.00	100,000	3.00	94,980	0.00	-5,020	3.00	95,000
General Obligation Bonds C	0.00	0	0.00	0	0.00	0	0.00	0
Reimbursable GO Bonds D	0.00	0	0.00	0	0.00	0	0.00	0
Revenue Bonds E	0.00	0	0.00	0	0.00	0	0.00	0
Federal Funds N	0.00	0	0.00	0	0.00	0	0.00	0
Other Federal Funds P	0.00	0	0.00	0	0.00	0	0.00	0
Private R	0.00	0	0.00	0	0.00	0	0.00	0
County S	0.00	0	0.00	0	0.00	0	0.00	0
Trust T	0.00	0	0.00	0	0.00	0	0.00	0
Inter-departmental Transfer U	0.00	0	0.00	0	0.00	0	0.00	0
American Rescue Plan Funds V	0.00	0	0.00	0	0.00	0	0.00	0
Revolving W	0.00	0	0.00	0	0.00	0	0.00	0
Other X	0.00	0	0.00	0	0.00	0	0.00	0