

(Date)

TO: The Honorable Josh Green, M.D.
Governor, State of Hawaii

FROM: (Name, Title)
(Department OR State Agency)

SUBJECT: Request for Use of Coronavirus State Fiscal Recovery Funds (CSFRF) –
FY2024

Consistent with the requirements of the American Rescue Plan (ARP) Act, (Department OR State Agency) requests a \$ (AMOUNT) sub-award from the Coronavirus State Fiscal Recovery Relief Funds (CSFRF).

This request qualifies as an allowable use of CSFRF as determined by a review of the requirements of the Final Rule adopted by the U.S. Treasury on April 1, 2022. The eligible use and expenditure category are identified in the attached "Attestation of Qualifying Coronavirus State Fiscal Recovery Fund Expenditures" (Form CSFRF-2).

The (Department OR State Agency) understands that CSFRF funds can be only used for costs incurred on or after March 3, 2021; funds must be expended and/or obligated by June 30, 2024, the subaward's performance period end date; and encumbrances must be liquidated within ninety (90) days following the performance period end date.

This request is for:

1. Project name:

2. Project description (50 to 250 words)

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(Date)

3. Describe and indicate purpose:

4. Describe the intended outcome:

5. What key performance indicators will be used to measure the intended outcome?

6. Provide a cost breakdown for the request.

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7. If applicable, indicate if special project authorization and approval to establish and fill exempt temporary special project positions is requested.

We will comply with the CSFRF reporting requirements issued by the Department of the U.S. Treasury.

Signature
Department OR State Agency Head

Date

RECOMMENDATION:

☐ **APPROVAL**

☐ **DISAPPROVAL**

Luis P. Salaveria
Authorized State Representative

Date

☐ **APPROVED**

☐ **DISAPPROVED**

Josh Green, Governor

Date

Attachment: Form CSFRF-2