**Form F (8/2023)**

(Date)

TO: The Honorable Josh Green, M.D.

Governor of Hawaii

THRU: Luis P. Salaveria

Director of Finance

FROM: (Department Head, Title)

(Department)

SUBJECT: Request to Allot and Expend a CIP Grant Pursuant to Chapter 42F, HRS

1. Program I.D. and Title:
2. Expending Agency (if other than above):
3. Recipient Agency and Brief Description:

*(Describe what the recipient agency does and whether it has been determined by the expending agency to meet the conditions of Section 42F‑103, HRS, Standards for the award of grants and subsidies.)*

1. Amount of Grant: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for FY \_\_\_\_

Means of Financing: \_\_\_\_\_\_

Act \_\_\_, SLH \_\_\_\_, Section/Item No. \_\_\_\_\_\_ (as applicable)

1. Description of project:

*(Describe, as applicable (non-applicable sections may be deleted):*

* 1. *The specific use of the funds by the recipient. For example, the funds might be used for the design and construction a new dining hall for the families served by the XYZ foundation (recipient organization).*

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* 1. *The overall CIP project (include where the project would be located, i.e., whether on private property or government property), the intended target group, and the actual number of persons to be served by the completed project. For example, a community based home for the developmentally disabled (DD) would theoretically serve the entire DD population; however, the project itself would provide 8 beds to accommodate only 8 DD individuals.*
  2. *What are the measurable results expected from the grant at the end of the grant period?*
  3. *Does or will the recipient have site control of the location of the CIP project? Does or will the recipient own the land and/or the facility, as applicable?*)

1. Public purpose:

*(Describe, as applicable (non-applicable sections may be deleted):*

* 1. *The program objective of the department that the grant supports; if the activities provided by the recipient do not support the objective of the program to which funds were appropriated or any other program of the expending department, include a discussion on which program/department may have been more appropriate.*
  2. *The CIP improvements for which the grant will be used and how improvements will benefit the community.*
  3. *A Form PAB should be filled out and attached to the request to release CIP funds. Are there any issues identified as a result of the information provided on the Form PAB?)*

1. Funding:

*(Describe, as applicable (non-applicable sections may be deleted) :*

* 1. *What portion (plans, design, construction, equipment) of the overall CIP project will be funded by the requested release?*

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* 1. *Is the CIP grant intended to purchase land?*
     + *If yes, how are the conditions contained in Section 42F‑103(d) being met?*
  2. *If the CIP grant only provides planning/design funds:*
     + *What is the total cost of construction and how will the construction phase be funded?*
     + *Is there a commitment of non‑State grant funds to cover construction costs?*
     + *If no, what is the potential request to the State for grant funds to cover construction costs?*
  3. *Has the recipient received Chapter 42F grants for any other CIP project? If yes, list the projects (include a description), the amounts by appropriation act/year, whether the funds were expended, and list any project that was completed using CIP grant funds in whole or in part.*
  4. *What is the total cost of the CIP project for which the recipient intends to use the grant? Include all funding sources, such as federal funds, private contributions, etc., and indicate the respective amount of the total cost that each funding source will support.*

*If other funding sources have been identified, indicate funds which have already been received to support the project. Indicate if other funding sources, which have not yet been received, have been guaranteed and are sustainable.*

* 1. *If this is to fund an ongoing CIP project, for how many fiscal years has the recipient been receiving grants for the CIP project? List the amounts released by prior appropriation act/year and means of financing.*
  2. *If the grant is to provide the State’s matching portion of a CIP project, are the funds to be matched guaranteed?*
  3. *Was (or will) a grant request (be) submitted to the 2021 (or 2022) Legislature to continue to provide funding for the same CIP project as this request to release grant funds? If yes, briefly describe the request.*
  4. *What is the organization doing to become self‑sufficient (i.e., manage without Chapter 42F grants)?)*

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The Department of the Attorney General has been consulted on the legal requirements to be fulfilled by the grant recipient and has indicated that the grant recipient meets the conditions of Chapter 42F, HRS.

Upon review, this department has determined that the recipient is qualified to be awarded a grant pursuant to the provisions of Section 42F‑103, HRS, standards for the award of grants and subsidies.

Attached is a copy of the grant application and other applicable documents. (*Note: the allotment advice (Form A‑15), Form PAB and Table R must also be included.*)

Attachments

RECOMMEND:

⬜ APPROVAL ⬜ DISAPPROVAL

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Director of Finance

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Date

⬜ APPROVED ⬜ DISAPPROVED

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JOSH GREEN, M.D.

Governor, State of Hawaii

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Attachments