

INSTRUCTIONS FOR FORM A: FY 27 SUPPLEMENTAL BUDGET  
OPERATING BUDGET ADJUSTMENT REQUEST AND  
FORM A-ATTACHMENT: FY 27 SUPPLEMENTAL BUDGET  
OPERATING BUDGET TRADE-OFF/TRANSFERS AND CONVERSION OF  
UNBUDGETED POSITIONS

Form A shall be completed for each request listed on the FY 27 Supplemental Budget Department Summary of Operating Budget Adjustment Requests (Form B).

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. Priority numbers should be sequential (e.g., 1, 2, 3... ) and applied to all requests and should not have sub-groups, such as Program ID, or sub-priorities, such as 1A, 1B, etc.

Request Category

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

- 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 that require no general fund support.
  - Sufficient revenues will be available to accommodate budgeted (+) adjustments through FY 27 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.
- Highly Critical Priorities (HC): Requests for costs anticipated for FY 27 related to highly critical priorities.
- Federal Fund Supplanting (FS): Requests to continue the objectives of reduced or discontinued federal awards that have been deemed priority and necessary to continue with other MOF..
- Health and Safety (HS): Requests to address requirements for public health and safety, court orders and consent decrees or federal mandates.
- Court Orders and Consent Decrees, or Federal Mandates ( C ): Requests to address requirements court orders and consent decrees or federal mandates.
- Full-Year Funding for Half-Year Funded Positions (FY): Requests to provide full-year funding for half-year funded positions in FY 26.
- Other Non-General Fund Requests (NG): Requests for non-general funds that do not fit the above categories but are sustainable.

I. Title of Request

Provide a short concise title of the request.

II. Description of Request

Provide a full description only. Justification is in Part IV.

III. 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).

IV. 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.

V. 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.

VI. Relationship of the Request to State Plan or Functional Plan

Discuss the objective, policy, and implementing action being addressed by the request.

VII. 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. Reference the specific department strategic IT goals – expressed in the department’s current IT Strategic Plan - supported by this request.

VIII. 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.

IX. 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.

X. 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.

XI. 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.

XII. 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 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 27 \$

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

### Total

Will be automatically computed.

Date Prepared/Revised: \_\_\_\_\_

**FY 27 SUPPLEMENTAL BUDGET  
OPERATING BUDGET ADJUSTMENT REQUEST  
DEPARTMENT OF**

Department Priority: \_\_\_\_\_

Program ID/Org. Code:

Program Title:

Department Contact:

Phone: \_\_\_\_\_

**I. TITLE OF REQUEST:**

Description of Request:

Request Category:

Trade-Off/Transfer (+)\_\_\_\_ (-) \_\_\_\_

Conversion of Unbudgeted Positions \_\_\_\_\_

Fixed Cost/Entitlement \_\_\_\_\_

Deletion of Long Term vacancies \_\_\_\_\_

Highly Critical Priorities \_\_\_\_\_

Federal Fund Adjustment \_\_\_\_\_

Health and Safety \_\_\_\_\_

Court Orders, Consent Decrees, Fed Mandates \_\_\_\_\_

Full Year Funding for Half Year Positions \_\_\_\_\_

Federal Fund Supplanting \_\_\_\_\_

Other Non-General Fund \_\_\_\_\_

## II. OPERATING COST SUMMARY

	FY 26 Request			FY 27 Request			FY 28	FY 29	FY 30	FY 31
	FTE (P)	FTE (T)	(\$)	FTE (P)	FTE (T)	(\$)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
A. Personal Services										
B. Other Current Expenses										
C. Equipment										
L. Current Lease Payments										
M. Motor Vehicles										
<b>TOTAL REQUEST</b>	0.00	0.00	0	0.00	0.00	0	0	0	0	0

By MOF:

A

B

N

P

R

S

T

U

W

X

**FY 27 SUPPLEMENTAL BUDGET  
OPERATING BUDGET ADJUSTMENT REQUEST  
DEPARTMENT OF**

**III. OPERATING COST DETAILS**

MOF	FY 26 Request			FY 27 Request			FY 28	FY 29	FY 30	FY 31
	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	0	0
By MOF	A									
	B									
	N									
B. Other Current Expenses (List by line item)										
Subtotal Other Current Expenses			0			0	0	0	0	0
By MOF	A									
	B									
	N									
C. Equipment (List by line item)										
Subtotal Equipment			0			0	0	0	0	0
By MOF	A									
	B									
	N									
L. Current Lease Payments (Note each lease)										
Subtotal Current Lease Payments			0			0	0	0	0	0
By MOF	A									
	B									
	N									
M. Motor Vehicles (List Vehicles)										
Subtotal Motor Vehicles			0			0	0	0	0	0
By MOF	A									
	B									
	N									
<b>TOTAL REQUEST</b>	0.00	0.00	0	0.00	0.00	0	0	0	0	0

**FY 27 SUPPLEMENTAL BUDGET  
OPERATING BUDGET ADJUSTMENT REQUEST  
DEPARTMENT OF**

Date Prepared/Revised: \_\_\_\_\_

**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**



FY 27 SUPPLEMENTAL BUDGET  
OPERATING BUDGET TRADE-OFF/TRANSFERS AND CONVERSION OF UNBUDGETED POSITIONS  
DEPARTMENT OF

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

FY 27 SUPPLEMENTAL BUDGET  
OPERATING BUDGET TRADE-OFF/TRANSFERS AND CONVERSION OF UNBUDGETED POSITIONS  
DEPARTMENT OF SAMPLE

<i>Sample</i>
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Total	-	-	-	-
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- A. Personal Services
- B. Other Current Expenses
- C. Equipment
- L. Current Lease Payments
- M. Motor Vehicles

INSTRUCTIONS FOR FORM B: FY 27 SUPPLEMENTAL BUDGET  
DEPARTMENT SUMMARY OF  
OPERATING BUDGET ADJUSTMENT REQUESTS

Form B shall provide a summary listing of all FY 27 Supplemental Budget requests 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 Requests” 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: Highly Critical Priorities (HC); Federal Fund Supplanting (FS); Health and Safety (HS); Court Orders and Consent Decrees, or Federal Mandates (CO); Deletion of Long-Term Vacant Positions (LV); Full-Year Funding for Half Year Funded Positions (FY); and Other Non-General Fund (NG).

**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 by means of financing (MOF) from Act 250, SLH 2025.

Request Category

See memo and “Instructions for Form A” for explanation of request categories.

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. Priority numbers should be sequential (e.g., 1, 2, 3... ) and applied to all requests and should not have sub-groups, such as Program ID, or sub-priorities, such as 1A, 1B, etc.

Description

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

MOF

Enter the MOF as entered on Form A.

FY 27

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.

Date Prepared/Revised:

**FY 27 SUPPLEMENTAL BUDGET  
DEPARTMENT SUMMARY OF OPERATING BUDGET ADJUSTMENT REQUESTS  
DEPARTMENT OF**

		FY 26			FY 27		
MOF		FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
<b>Current Services Operating Budget Ceilings by MOF</b>							
A		-	-	-	-	-	-
B		-	-	-	-	-	-
N		-	-	-	-	-	-
P		-	-	-	-	-	-
R		-	-	-	-	-	-
S		-	-	-	-	-	-
T		-	-	-	-	-	-
U		-	-	-	-	-	-
V		-	-	-	-	-	-
W		-	-	-	-	-	-
X		-	-	-	-	-	-
<b>TOTAL</b>		-	-	-	-	-	-

						FY 26			FY 27		
Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
<b>TRADE-OFF/TRANSFER &amp; CONVERSION OF UNBUDGETED POSITIONS REQUESTS:</b>											

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

**By MOF**

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

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

						FY 26			FY 27		
Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount

[illegible]

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

-	-	-	-	-	-
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### By MOF

<u>Request Category Legend:</u>	
FE	Fixed Cost/Entitlement

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

						FY 26			FY 27		
Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount

[illegible]

**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

Federal Stimulus Funds V

Revolving W

Other ☒

FORM B

						FY 26			FY 27		
Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
OTHER REQUESTS:											

**SUBTOTAL OTHER REQUESTS:**

-	-	-	-	-	-
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Request Category Legend:

HC	Highly Critical Priorities
HS	Health and Safety,
C	Court Orders, Consent
	Decrees or Fed Mandates
LV	Deletion of Long-Term
	Vacant Positions
FY	Full Year Funding for Half
	Funded Positions
NG	Other Non-General Fund
FS	Federal Fund Supplanting

**By MOF**

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

**TOTAL ADJUSTMENTS:**

-	-	-	-	-	-
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**By MOF**

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



						FY 26			FY 27		
Req Cat	B&F Code	Prog ID/Org	Dept Pri	Description	MOF	FTE (P)	FTE (T)	\$ Amount	FTE (P)	FTE (T)	\$ Amount
<b>GRAND TOTAL = BASE + TRO/TRNF &amp; CONV UNBGT</b>						-	-	-	-	-	-
<b>PSN + ALLOW NON-DISCR + FED ADJ + OTHER REQ</b>											
<b>By MOF</b>											
				General	A	-	-	-	-	-	-
				Special	B	-	-	-	-	-	-
				Federal Funds	N	-	-	-	-	-	-
				Other Federal Funds	P	-	-	-	-	-	-
				Private	R	-	-	-	-	-	-
				County	S	-	-	-	-	-	-
				Trust	T	-	-	-	-	-	-
				Inter-departmental Transfer	U	-	-	-	-	-	-
				Federal Stimulus Funds	V	-	-	-	-	-	-
				Revolving	W	-	-	-	-	-	-
				Other	X	-	-	-	-	-	-

INSTRUCTIONS FOR FORM S-FY 27 SUPPLEMENTAL:  
FY 27 SUPPLEMENTAL BUDGET  
DEPARTMENT SUMMARY OF CIP LAPSES AND NEW REQUESTS

Form S-FY 27 Supplemental should be downloaded from eCIP in prefilled Excel format with Part B prefilled with Table P information, including new requests and CIP appropriations from Act 250, SLH 2025. Form S-FY 27 Supplemental consists of Part A – Proposed Lapses and Part B – New Requests to be proposed.

**Item Description and Preparation Instructions for Form S-FY 27 Supplemental**

Date Prepared/Revised

Underscore as applicable and enter date.

**Part A – Proposed Lapses**

Part A must be completed manually after Form S-FY 27 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-FY 27 Supplemental Excel file should be downloaded with Part B prefilled with Table P information. Prefilled Form S-FY 27 Supplemental will capture CIP appropriations from Act 250, SLH 2025.

### Request Category

Indicate the type of request, as allowed in the Budget guidelines. Must be completed on Form S-FY 27 Supplemental after the file is downloaded from eCIP.

- Highly Critical Priorities (HC)
- Major Repair and Maintenance for a Public or Educational Facility (M).
- Completion of Later Phases of an Ongoing CIP Project (C).
- Public Health and Safety (H)
- Court Orders and Consent Decrees, or Federal Mandates (CO).
- Improve Energy Efficiency or Conservation Improvements (E).
- Public Infrastructure Improvements (P).
- Trade-off (offset by lapse) (T)

### Priority

Auto populated with unique priority number that your department has assigned to the 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, New Auditorium, Oahu) from Table P.

### MOF and FY 26 and FY 27

Auto populated with the requested amounts by MOF for each project, including those from Act 250, SLH 2025, 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.

FY 27 SUPPLEMENTAL BUDGET  
DEPARTMENT SUMMARY OF PROPOSED CIP LAPSES AND NEW CIP REQUESTS  
DEPARTMENT OF

PART A: PROPOSED LAPSES						NEW REQUESTS	
						Amount	
Dept Pri	Act/Yr	Item No.	Proj No.	Project Title and Reason for Lapsing	MOF	FY 26	FY 27
TOTAL						-	-
BY MOF							

General Fund	A	-	-
Special Funds	B	-	-
General Obligation Bonds	C	-	-
GO Bonds Reimbursable	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:						ACT 250, SLH 2025		DEPARTMENT REQUESTS			
								NEW REQUESTS		SUPPLEMENTAL TOTALS	
Req Cat	Dept Pri	Prog ID	Proj No.	Project Title	MOF	FY 26	FY 27	FY 26	FY 27	FY 26	FY 27
										-	-
										-	-
										-	-
										-	-
										-	-
										-	-
										-	-
TOTAL - NEW REQUESTS						-	-	-	-	-	-
BY MOF											

General Fund	A	-	-	-	-	-	-
Special Funds	B	-	-	-	-	-	-
General Obligation Bonds	C	-	-	-	-	-	-
GO Bonds Reimbursable	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:	
HC	Highly Critical Priorities
M	Major R&M for public or educ. facility
C	Completion of Ongoing CIP Project
H	Public Health & Safety
CO	Court Orders,Consent Decrees, Fed Mandates
E	Improve Energy Efficiency or Conservation
P	Public Infrastructure Imprv.
T	Trade-off (offset by lapse)











INSTRUCTIONS FOR FORM CIP DETAILS  
FY 27 SUPPLEMENTAL BUDGET

Form CIP Details (Details of Scope of Work for CIP Requests) shall be used to provide a well-defined scope of work and breakdown of costs for each general obligation (G.O.) and G.O. reimbursable (G.O.R) bond funded CIP request, as follows:

- Use one form for each CIP request.
- Each form shall provide the details for a single project request or a lump sum request that includes many specific projects for which a well-defined scope of work shall be provided for each project.
- Departments that require additional scope of work sections for lump sum requests should contact their Department of Budget and Finance (B&F) analyst. See section regarding "Scope of Work by Cost Element (Project #1 :)" for additional instructions.
- There are separate forms for G.O. and G.O.R. bond funded requests. Please use the form appropriate for your request.
- Requests funded with multiple means of financing (e.g., G.O. bonds and federal funds) should provide the scope of work and cost breakdown for only the G.O. or G.O.R. bond funded portion of the project.

**Item Description and Preparation Instructions for Form CIP Details**

Date Prepared/Revised

Underscore as applicable and enter date.

**New Request (Project #1 or Lump Sum Request)**

This section can be cut and pasted from your Form S-FY 27 Supplemental.

Project #1 refers to a request for a single project. Lump Sum Request refers to a request that will fund multiple projects.

Request Category (Cat)

Indicate the type of request, as allowed in the budget guidelines. Must be the same as the category on your Form S-FY 27 Supplemental.

- Highly Critical Priorities (HC)
- Major Repair and Maintenance for a Public or Educational Facility (M).
- Completion of Later Phases of an Ongoing CIP Project (C)
- Public Health and Safety (H)

- Court Orders and Consent Decrees, or Federal Mandates (CO).
- Improve Energy Efficiency or Conservation Improvements (E).
- Public Infrastructure Improvements (P).
- Trade-off (offset by lapse) (T)

#### Department Priority (Dept Pri)

Enter the unique priority number that your department has assigned to this request on Table P and Form-FY 27 Supplemental.

#### Program ID and Project Number

Enter the program ID and project number of the project from Table P and Form S FY 27 Supplemental.

#### Project Title

Enter the facility or project name and brief descriptive statement of the project (e.g., Kahuku High School, Upgrade Drainage System, Oahu) from Table P and Form S-FY 27 Supplemental.

#### MOF and FY 27

Enter the requested amounts for FY 27 by MOF for each project from Table P and Form S – FY 27 Supplemental.

#### 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.

#### **Scope of Work by Cost Element (Project #1 :)**

This section should be used to provide the breakdown of the scope of work by cost element and cost. A single project will have one scope of work section to complete, but a lump sum project may have several.

Departments that require additional scope of work sections for lump sum requests should contact their Department of Budget and Finance (B&F) analyst. Please be prepared to inform your analyst of the maximum number of scope of work sections that will be required for your department's Form CIP Details. For example, a lump sum project request to fund 20 specific projects would require 20 scope of work sections on a single Form CIP Details. A revised file will be emailed for your use and may be used for your department's lump sum requests (delete excess scope of work sections).

Please complete "Project #1:" information with the project title (e.g., Project #1: Royal Elementary School, Renovate Classrooms to Library, O'ahu). Lump sum requests with multiple specific projects should change the project number and list the project title (e.g., Project #3: Kaimuki High School, Renovate Auditorium, O'ahu) for each subsequent scope of work section.

#### Cost Element

Indicate the cost element of the portion of the scope of work to be detailed, as follows:

- P- Plans
- L - Land Acquisition
- D - Design
- C - Construction
- E – Equipment

Totals by cost element should be the same as the totals by cost element from Table P for the respective project.

#### Work to Be Done

Indicate the specific planning, land acquisition, design, construction or equipment costs to be funded, as applicable. Taken together, the information provided in this column should provide a clear scope of work for the project.

#### Means of Financing (MOF) and Amount

Enter the MOF and the amount of funds proposed to fund the related "work to be done." Totals by MOF should match those from the Table P and Form S-FY 27 Supplemental.

#### Total by MOF and Cost Element

Totals, including breakdowns by MOF and cost element, will be automatically computed. Formulas have been entered on these lines to compute the totals automatically. Totals by MOF and cost element should match those from the Table P and Form S-FY 27 Supplemental.

If "Error" appears in "Total" cells, the information in the column is not balanced. Please check to ensure that the cost element and MOF information is entered and that the total of the scope of work sections is equal to the new request section.

Attachments: Sample #1 (single project request)  
Sample #2 (lump sum request)

**FY 27 SUPPLEMENTAL BUDGET  
DETAILS OF SCOPE OF WORK FOR CIP REQUEST - G.O. Bonds  
DEPARTMENT OF SAMPLE**

<b>NEW REQUEST (Project #1 or Lump Sum Request)</b>							
<b>Cat</b>	<b>Dept Pri</b>	<b>Prog ID</b>	<b>Proj No.</b>	<b>Project Title</b>	<b>MOF</b>	<b>FY 26</b>	<b>FY 27</b>
O	1	SAM101	123456	Royal School, Renovate Classrooms to Library, O'ahu	C		55,000
<b>TOTAL BY MOF</b>						-	55,000

Request Category:	
HC	Highly Critical Priorities
M	Major R&M for public or educ. facility
C	Completion of Ongoing CIP Project
H	Public Health & Safety
CO	Court Orders, Consent Decrees, Fed Mandate
E	Improve Energy Efficiency or Conservation
P	Public Infrastructure Imprv.
T	Trade-off (offset by lapse)

GO Bonds C - 55,000

**TOTAL - 55,000**

<b>SCOPE OF WORK BY COST ELEMENT (Project #1: Royal School, Renovate Classrooms to Library, O'ahu)</b>							
			<b>Cost Element</b>	<b>Work to be done</b>	<b>MOF</b>	<b>FY 26</b>	<b>FY 27</b>
			D	Architectural Services	C		10,000
			C	Demolish interior wall; refinish	C		24,250
			C	Paint interior walls	C		5,000
			C	Remove existing flooring, install carpeting	C		10,000
			C	Contingency	C		2,750
			E	Bookshelves, tables, chairs	C		3,000
<b>TOTAL</b>						-	55,000

Cost Element	
P	Plans
L	Land Acquisition
D	Design
C	Construction
E	Equipment

# BY MOF AND COST ELEMENT

GO Bonds - Plans	C	-	-
GO Bonds - Land Acquisition	C	-	-
GO Bonds - Design	C	-	10,000
GO Bonds - Construction	C	-	42,000
GO Bonds - Equipment	C	-	3,000
<b>TOTAL</b>		-	55,000
GO Bonds	C	-	55,000
<b>TOTAL all MOF</b>		-	55,000

SCOPE OF WORK BY COST ELEMENT (Project #2: )							
			Cost Element	Work to be done	MOF	FY 26	FY 27
# TOTAL						-	-

Cost Element	
P	Plans
L	Land Acquisition
D	Design
C	Construction
E	Equipment

# BY MOF AND COST ELEMENT

GO Bonds - Plans	C	-	-
GO Bonds - Land Acquisition	C	-	-
GO Bonds - Design	C	-	-
GO Bonds - Construction	C	-	-
GO Bonds - Equipment	C	-	-
<b>TOTAL</b>		-	-

GO Bonds	C	-	-
<b>TOTAL all MOF</b>		-	-

<b>TOTAL SCOPE OF WORK BY COST ELEMENT:</b>
---

GO Bonds - Plans	C	-	-
		-	-
GO Bonds - Land Acquisition	C	-	-
		-	-
GO Bonds - Design	C	-	10,000
		-	-
GO Bonds - Construction	C	-	42,000
		-	-
GO Bonds - Equipment	C	-	3,000
		-	-
<b>TOTAL</b>		-	55,000
GO Bonds	C	-	55,000
<b>TOTAL all MOF</b>		-	55,000

**FY 27 SUPPLEMENTAL BUDGET  
DETAILS OF SCOPE OF WORK FOR CIP REQUEST - G.O. Bonds  
DEPARTMENT OF SAMPLE**

<b>NEW REQUEST (Project #1 or Lump Sum Request)</b>							
<b>Cat</b>	<b>Dept Pri</b>	<b>Prog ID</b>	<b>Proj No.</b>	<b>Project Title</b>	<b>MOF</b>	<b>FY 26</b>	<b>FY 27</b>
HS	2	SAM200	234567	Lump Sum, Health and Safety (H&S), Maui	C		474,000
<b>TOTAL BY MOF</b>						-	474,000

Request Category:	
HC	Highly Critical Priorities
M	Major R&M for public or educ. facility
C	Completion of Ongoing CIP Project
H	Public Health & Safety
CO	Court Orders, Consent Decrees, Fed Mandat
E	Improve Energy Efficiency or Conservation
P	Public Infrastructure Imprv.
T	Trade-off (offset by lapse)

GO Bonds C - 474,000

**TOTAL - 474,000**

<b>SCOPE OF WORK BY COST ELEMENT (Project #1: Wailuku Office Building, H&amp;S Improvements, Maui)</b>							
			<b>Cost Element</b>	<b>Work to be done</b>	<b>MOF</b>	<b>FY 26</b>	<b>FY 27</b>
			D	Architectural Services	C		27,000
			C	Upgrade electrical system	C		50,000
			C	Improve drainage system	C		70,000
			C	Repair mauka stairs and replace handrails	C		150,000
			C	Contingency	C		10,000
<b>TOTAL</b>						-	307,000



Cost Element	
P	Plans
L	Land Acquisition
D	Design
C	Construction
E	Equipment

#### BY MOF AND COST ELEMENT

GO Bonds - Plans	C	-	-
GO Bonds - Land Acquisition	C	-	-
GO Bonds - Design	C	-	27,000
GO Bonds - Construction	C	-	280,000
GO Bonds - Equipment	C	-	-
<b>TOTAL</b>		-	307,000
GO Bonds	C	-	307,000
<b>TOTAL all MOF</b>		-	<b>307,000</b>

SCOPE OF WORK BY COST ELEMENT (Project #2: Kihei Office Building, H&S Improvements, Maui )							
			Cost Element	Work to be done	MOF	FY 26	FY 27
			D	Architectural Services	C		14,500
			C	Remove and replace flooring	C		50,000
			C	Replace dropped ceiling system	C		75,000
			C	Construction of new walkway	C		20,000
			C	Contingency	C		7,500
<b># TOTAL</b>						-	167,000

Cost Element	
P	Plans
L	Land Acquisition
D	Design
C	Construction
E	Equipment

#### BY MOF AND COST ELEMENT

GO Bonds - Plans	C	-	-
GO Bonds - Land Acquisition	C	-	-
GO Bonds - Design	C	-	14,500
GO Bonds - Construction	C	-	152,500
GO Bonds - Equipment	C	-	-
<b>TOTAL</b>		-	167,000
GO Bonds	C	-	167,000

<b>TOTAL all MOF</b>	-	<b>167,000</b>
----------------------	---	----------------

<b>TOTAL SCOPE OF WORK BY COST ELEMENT:</b>
---

GO Bonds - Plans	C	-	-
		-	-
GO Bonds - Land Acquisition	C	-	-
		-	-
GO Bonds - Design	C	-	41,500
		-	-
GO Bonds - Construction	C	-	432,500
		-	-
GO Bonds - Equipment	C	-	-
		-	-
<b>TOTAL</b>		-	<b>474,000</b>
GO Bonds	C	-	474,000
<b>TOTAL all MOF</b>		-	<b>474,000</b>

Date Prepared/Revised:

**FY 27 SUPPLEMENTAL BUDGET  
DETAILS OF SCOPE OF WORK FOR CIP REQUEST - G.O. Bonds  
DEPARTMENT OF**

<b>NEW REQUEST (Project #1 or Lump Sum Request)</b>							
<b>Cat</b>	<b>Dept</b>	<b>Proj ID</b>	<b>Proj No.</b>	<b>Project Title</b>	<b>MOF</b>	<b>FY 26</b>	<b>FY 27</b>
<b>TOTAL</b>						-	-
<b>BY MOF</b>							

Request Category:

- HC Highly Critical Priorities
- M Major R&M for public or educ. facility
- C Completion of Ongoing CIP Project
- H Public Health & Safety
- CO Court Orders, Consent Decrees, Fed Mandat
- E Improve Energy Efficiency or Conservation
- P Public Infrastructure Imprv.
- T Trade-off (offset by lapse)

GO Bonds C - -

TOTAL - -

<b>SCOPE OF WORK BY COST ELEMENT (Project #1: )</b>							
			<b>Cost Element</b>	<b>Work to be done</b>	<b>MOF</b>	<b>FY 26</b>	<b>FY 27</b>
<b>TOTAL</b>						-	-

Cost Element	
P	Plans
L	Land Acquisition
D	Design
C	Construction
E	Equipment

**BY MOF AND COST ELEMENT**

GO Bonds - Plans	C	-	-
GO Bonds - Land Acquisition	C	-	-
GO Bonds - Design	C	-	-
GO Bonds - Construction	C	-	-
GO Bonds - Equipment	C	-	-
<b>TOTAL</b>		-	-
GO Bonds	C	-	-
<b>TOTAL all MOF</b>		-	-

SCOPE OF WORK BY COST ELEMENT (Project #2: )							
			Cost Element	Work to be done	MOF	FY 26	FY 27
# TOTAL						-	-

Cost Element	
P	Plans
L	Land Acquisition
D	Design
C	Construction
E	Equipment

**BY MOF AND COST ELEMENT**

GO Bonds - Plans	C	-	-
GO Bonds - Land Acquisition	C	-	-
GO Bonds - Design	C	-	-
GO Bonds - Construction	C	-	-
GO Bonds - Equipment	C	-	-
<b>TOTAL</b>		-	-
GO Bonds	C	-	-
<b>TOTAL all MOF</b>		-	-

**TOTAL SCOPE OF WORK BY COST ELEMENT:**

GO Bonds - Plans	C	-	-
		-	-

GO Bonds - Land Acquisition	C	-	-
GO Bonds - Design	C	-	-
GO Bonds - Construction	C	-	-
GO Bonds - Equipment	C	-	-
<b>TOTAL</b>		-	-
GO Bonds	C	-	-
<b>TOTAL all MOF</b>		-	-

**FY 27 SUPPLEMENTAL BUDGET  
DETAILS OF SCOPE OF WORK FOR CIP REQUEST - G.O.R. Bonds  
DEPARTMENT OF**

<b>NEW REQUEST (Project #1 or Lump Sum Request)</b>							
<b>Cat</b>	<b>Dept Pri</b>	<b>Prog ID</b>	<b>Proj No.</b>	<b>Project Title</b>	<b>MOF</b>	<b>FY 26</b>	<b>FY 27</b>
<b>TOTAL</b>						-	-
<b>BY MOF</b>							

Request Category:

- HC Highly Critical Priorities
- M Major R&M for public or educ. facility
- C Completion of Ongoing CIP Project
- H Public Health & Safety
- CO Court Orders, Consent Decrees, Fed Mandat
- E Improve Energy Efficiency or Conservation
- P Public Infrastructure Imprv.
- T Trade-off (offset by lapse)

GOR Bonds    D                      -                      -

**TOTAL**                                      -                      -

<b>SCOPE OF WORK BY COST ELEMENT (Project #1: )</b>							
			<b>Cost Element</b>	<b>Work to be done</b>	<b>MOF</b>	<b>FY 26</b>	<b>FY 27</b>
<b>TOTAL</b>						-	-

Cost Element	
P	Plans
L	Land Acquisition
D	Design
C	Construction
E	Equipment

# BY MOF AND COST ELEMENT

GOR Bonds - Plans	D	-	-
GOR Bonds - Land Acquisition	D	-	-
GOR Bonds - Design	D	-	-
GOR Bonds - Construction	D	-	-
GOR Bonds - Equipment	D	-	-
<b>TOTAL</b>		-	-
GOR Bonds	D	-	-
<b>TOTAL all MOF</b>		-	-

SCOPE OF WORK BY COST ELEMENT (Project #2: )							
			Cost Element	Work to be done	MOF	FY 26	FY 27
# TOTAL						-	-

Cost Element	
P	Plans
L	Land Acquisition
D	Design
C	Construction
E	Equipment

# BY MOF AND COST ELEMENT

GOR Bonds - Plans	D	-	-
GOR Bonds - Land Acquisition	D	-	-
GOR Bonds - Design	D	-	-
GOR Bonds - Construction	D	-	-
GOR Bonds - Equipment	D	-	-
<b>TOTAL</b>		-	-

GOR Bonds	D	-	-
<b>TOTAL all MOF</b>		-	-

<b>TOTAL SCOPE OF WORK BY COST ELEMENT:</b>
---

GOR Bonds - Plans	D	-	-
GOR Bonds - Land Acquisition	D	-	-
GOR Bonds - Design	D	-	-
GOR Bonds - Construction	D	-	-
GOR Bonds - Equipment	D	-	-
<b>TOTAL</b>		-	-
GOR Bonds	D	-	-
<b>TOTAL all MOF</b>		-	-



INSTRUCTIONS FOR FORM CIPOp: FY 27 ESTIMATED OPERATING COSTS  
RELATED TO CIP REQUESTS

Form CIPOp is to be completed for each new CIP request listed in Form S - FY 27 Supplemental, Department Summary of Proposed CIP Lapses and New CIP Requests.

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.

- Highly Critical Priorities (HC)
- Major Repair and Maintenance for a Public or Educational Facility (M).
- Completion of Later Phases of an Ongoing CIP Project (C).
- Public Health and Safety (H)
- Court Orders and Consent Decrees, or Federal Mandates (CO).
- Improve Energy Efficiency or Conservation Improvements (E).
- Public Infrastructure Improvements (P).
- Trade-off (offset by lapse) (T)

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.

Date Prepared/Revised:

**FY 27 SUPPLEMENTAL BUDGET  
ESTIMATED OPERATING COSTS RELATED TO CIP REQUESTS  
DEPARTMENT OF**

Program ID:  
Program Title:

Department Contact:

Phone:

**I. CIP PROJECT NUMBER:**

Project Title:  
Description:

Request Category:

Highly Critical Priorities \_\_\_\_\_

Major R&amp;M for public or educ. facility \_\_\_\_\_

Completion of Ongoing CIP Project \_\_\_\_\_

Public Health &amp; Safety \_\_\_\_\_

Court Orders, Consent Decrees,

Fed Mandates \_\_\_\_\_

Impr Energy Efficiency or Conservation \_\_\_\_\_

Public Infrastructure Imprv. \_\_\_\_\_

Trade-off (offset by lapse) \_\_\_\_\_

## II. OPERATING COST SUMMARY

	FY 26 Request			FY 27 Request			FY 28	FY 29	FY 30	FY 31
	FTE (P)	FTE (T)	(\$)	FTE (P)	FTE (T)	(\$)	(\$ thous)	(\$ thous)	(\$ thous)	(\$ thous)
A. Personal Services										
B. Other Current Expenses										
C. Equipment										
L. Current Lease Payments										
M. Motor Vehicles										
<b>TOTAL REQUEST</b>	0.00	0.00	0	0.00	0.00	0	0	0	0	0

By MOF:

A  
B  
N  
P  
R  
S  
T  
U  
V  
W  
X

### III. EXPLANATION OF COST ESTIMATE

INSTRUCTIONS FOR FORM CIPOpB: FY 27 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 27 Supplemental 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 26-27 and FYs 28-31)

Enter the total estimated operating costs by MOF for each project as entered on the respective Form CIPOp. (Note: Amounts for FYs 28-31 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.

FY 27 SUPPLEMENTAL BUDGET  
DEPARTMENT SUMMARY OF ESTIMATED OPERATING COSTS RELATED TO CIP REQUESTS  
DEPARTMENT OF \_\_\_\_\_

						\$ Amount					
Dept Pri	Prog ID	Proj No.	Project Title	Description of Cost	MOF	FY 26	FY 27	FY 28 (in thous)	FY 29 (in thous)	FY 30 (in thous)	FY 31 (in thous)

**TOTAL:**

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

**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	-	-	-	-	-	-

**FORM PAB**Department of Budget  
and Finance (rev. 10/2020)**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?

☐ Yes☐ No

If "no" box is checked, no further information other than signature and date is required.

9 Has any appropriations been made for any portion of project prior to this request?

☐ Yes☐ 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 capital costs (construction, reconstruction, equipment)

b Total noncapital State of Hawaii costs (e.g., judgement and legal and contract settlements, but not operating &amp; maintenance)

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.

☐ Yes☐ 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.

☐ Yes☐ 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.

☐ Yes☐ 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., newsstand, store, pharmacy, 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 FORM DMC: FY 27 BUDGET  
ESTIMATED DEFERRED MAINTENANCE COSTS

Form DMC is to be completed for the FY 27 Department Summary of Estimated Deferred Maintenance Costs.

**Item Description and Preparation Instructions for Form DMC**

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 deferred 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 deferred maintenance cost is related.

Description of Deferred Maintenance

Provide a brief descriptive statement of what the deferred maintenance cost includes.

Means of Financing (MOF) and Amount

Fill in the estimated amount by MOF for each deferred maintenance cost.

Comments

Provide any additional comments, if necessary.



**FY 27 SUPPLEMENTAL BUDGET**  
**DEPARTMENT SUMMARY OF ESTIMATED DEFERRED MAINTENANCE COSTS**  
**DEPARTMENT OF \_\_\_\_\_**

Prog ID/Org	Island	State Owned Bldg/Facility/Other	Description of Deferred Maintenance	MOF	\$ Amount	Comments

**TOTAL:** -

**By MOF**

General	A	-
Special	B	-
General Obligation Bonds	C	-
Reimbursable GO Bonds	D	-
Revenue Bonds	E	-
Federal Funds	N	-
Other Federal Funds	P	-
Private	R	-
County	S	-
Trust	T	-
Inter-departmental Transfer	U	-
Revolving	W	-
Other	X	-

**INSTRUCTIONS FOR FORM FF: FEDERAL AWARDS FOR**  
**FB 2025-27 - OPERATING FUNDS ONLY**  
**(FY 27 SUPPLEMENTAL BUDGET)**

Form FF, Federal Awards for FB 2025-27, must be completed and submitted for each program ID that expends federal funds and shall be used to establish the federal fund ceiling requested for MOF “N” and “P.” Form FF shall include all awards assigned to your department from the list of “Major, Recurring Federal Awards for State FY 2027” under MOF “N” (federal funds) unless the award is not expected (possibly due to changes proposed in the President’s budget for federal FY 26).

All other awards including currently non-appropriated federal grants that are expected to be ongoing or other anticipated awards shall be included under MOF “P” (other federal funds). Anticipated awards under MOF “P” may be included if you reasonably expect to apply for and receive the federal award.

Due to the extended lapse date for prior years’ federal fund appropriations, anticipated carryover amounts from previous years should not be included on Form FF or included in the budget ceiling.

All departments shall use the Office of Federal Awards Management’s (OFAM) online workflow for Form FF on the Datamart, Federal Awards Management System. (OFAM will provide more information via email.) PDF copies of your department’s Form FF which reflect your budget request are required as part of your budget submittal.

**Form FF: Item Description and Preparation Instructions**

*Org Code*

Enter Org Code for budgeting purposes.

*Prime (P) or Sub Award (S)*

Select “Prime” if you are the Prime Recipient or “Sub Award” if this is a sub-award from a Program ID in your dept. or from another State entity.

*CFDA No. (Format ##.###)*

Enter the CFDA Number assigned to the award by the federal awarding agency.

*CFDA Program Title*

Program Title for the CFDA Number. Field will autofill after the CFDA No. is entered.

*Award Name*

Enter the name of the award which may differ from the CFDA Program Title.

*Appropriation Account Title*

The Appropriation Account to be assigned in FAMIS (maximum 40 characters) which describes the Program/Project title for the award.

*FY 2026 Appropriation Symbol*

The Appropriation Symbol assigned to this award for FY 26 will display, if applicable.

*B&F Use Only FY 2027 Appropriation Symbol*

For B&F use only for assignment of FY 27 Appropriation Account Symbol.

*DAGS Use Only FY 2027 Appropriation Symbol*

For DAGS use only for assignment of FY 27 Appropriation Account Symbol.

*Anticipated Award Amount*

If an award is included on the list of "Major, Recurring Federal Awards for State FY 2027," enter the amount as a MOF "N" award. If an award is not included on the list of "Major, Recurring Federal Awards for State FY 2027," enter the amount as a MOF "P" award. The amount should be the total anticipated award amount noted on the grant award notice for the entire performance period of the award or if not available, a reasonable estimate based on a prior year's award.

*Performance Period (Start/End Date)*

The complete length of time the recipient will be funded to complete approved activities. A performance period may contain one or more federal budget periods. If the award notice has not been received, enter the anticipated performance dates based on performance periods for previous awards.

*Will Payroll be charged to this award?*

Select "Yes" or "No" to indicate whether payroll will be directly charged to this Appropriation Account.

*FY 2027 Budget Request*

Calculated amount; difference between the total anticipated award amount and the base budget ceiling amount. A negative balance means that the budget ceiling is insufficient by the dollar amount indicated and a budget request should be submitted to add the dollar amount. A positive balance means that the budget ceiling is more than sufficient by the dollar amount indicated and a budget request should be submitted to subtract the dollar amount.

FEDERAL AWARDS FOR FB 2025-27 (OPERATING FUNDS ONLY) - FB EXECUTIVE													
DEPARTMENT OF													
PROGRAM ID													
					Date Prepared:								
					Date Revised:								
					Prepared by:								
					Phone:								
					Email:								
FY27													
Org Code	Prime (P) or Sub Award (S)	CFDA No. (Format: ##.###)	CFDA Program Title	Award Name	Appropriation Account Title	FY2026 Appropriation Symbol S-26-###-X	B&F USE ONLY FY2027 Appropriation Symbol	DAGS USE ONLY FY2027 Appropriation Symbol	Anticipated Award Amount MOF N	Anticipated Award Amount MOF P	Performance Period (Start/End Date)	Will Payroll Be Charged Directly to this Account?	Comments
								Award Amount Total					
								Budget Request					
								Base Budget Ceiling					
								* A negative budget adjustment "\$1.00" means that the base budget ceiling is insufficient by the dollar amount indicated and a budget request should be submitted to add the dollar amount.					
								A positive budget adjustment "\$1.00" means that the base budget ceiling is more than sufficient by the dollar amount indicated and a budget request should be submitted to subtract the dollar amount.					

FY 27 SUPPLEMENTAL BUDGET  
INSTRUCTIONS FOR  
BJ SUMMARY TABLES UPDATE,  
BUDGET NARRATIVES,  
AND CIP REQUESTS

1. Update of BJ Summary Tables

- a. Update the BJ Summary tables for Act 250, SLH 2025, according to the following instructions which apply to all means of financing (MOF):
- FY 24 – no changes (should already reflect actual expenditures).
  - FY 25 – reflect actual expenditures.
  - FY 26 – no changes (do not change any FY 26 amounts as they already reflect Act 250, SLH 2025)
  - FY 27 – reflect the Governor’s final Executive Supplemental Budget decisions.
  - FYs 28 through 31 – position counts and all operating costs shall be kept constant (i.e., same as FY 27) throughout the planning period.

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

BJ Summary updates are due by December 2, 2025, reflecting the Governor’s final decisions.

The update of your BJ Details, reflecting the Governor's final decisions, shall also follow this guidance and must be completed by December 29, 2025.

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

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](mailto: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 Governor's final approved 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). See attached narrative sample format.
- 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 Requests

- 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 250, SLH 2025. Table Qs should also reflect Act 250, SLH 2025. Please note that we will request that all appropriations from Act 250, SLH 2025, to be included in the Supplemental Budget to include the cost element breakdown for each project.
- c. All departments may start using eCIP immediately to: 1) update Table Q to reflect Act 250, SLH 2025, 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.

Tables P, Q and R must be updated to reflect Governor's decisions for all approved requests.

- d. Form S-FY 27 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; requests with multiple MOF shall be listed multiple times by MOF.

Proposed trade-offs or lapses and request category must be manually input on Form S-FY 27 Supplemental after the file is downloaded from eCIP. Prefilled Form S-Supplemental will provide all appropriations from Act 250, SLH 2025, as well as changes (language, \$) from Act 250, SLH 2025.

- e. Form CIP Details must be used to provide details on the scope of work and cost breakdown for each general obligation (G.O.) bond or G.O. reimbursable bond project requested. Lump sum requests must provide the scope of work and cost breakdown for each specific project proposed to be implemented with the lump sum. These forms must be updated to reflect Governor's decisions.

- f. Forms CIP Op and CIP Op B shall be used to indicate operating costs associated with each respective CIP request. These forms must be updated to reflect Governor's decisions.
- 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.
- h. To ensure compliance with the Federal Tax Reform Act of 1986 and amendments thereto, Form PAB (revised October 2020) must be completed and submitted for every request funded by G.O. and G.O. Reimbursable bonds. Form PAB must be updated to reflect Governor's decisions.

Samples: Narrative format  
CIP Tables P, Q, R

**Narrative for Supplemental Budget Requests**  
**FY 2027**

Program ID: SUB 601

Program Structure Level: 05 02 05

Program Title: PRIVATE HOSPITALS & MEDICAL SERVICES

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**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.



SENATE DISTRICT	PRIORITY NUMBER	ISLAND	REP DISTRICT	PROJECT SCOPE	ITEM NUMBER	EXPENDING AGENCY
	001	0 - STATEWIDE		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 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	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 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	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												
	START DATES						COMPLETION DATES					
PHASE	ORIGINAL MO	YR	CURRENT MO	YR	ACTUAL MO	YR	ORIGINAL MO	YR	CURRENT MO	YR	ACTUAL MO	YR
PLANS	07	26	12	26								
SITE SELECTION	01	27	03	27								
SITE ACQUISITION	04	27	05	27								
DESIGN	05	27	12	27								
CONSTRUCTION	12	27	07	28								
EQUIPMENT	06	28	07	28								
OCCUPANCY	07	28	07	28								

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 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	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 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	SUCC YR
GENERAL FUND	A	0	0	0	0	5	0	0	0	0	0
TOTAL COST		0	0	0	0	5	0	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
	001	0 - STATEWIDE		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 2023-24	FY 2024-25	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2025-26	FY 2026-27		
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 2023-24	FY 2024-25	REQUESTED		FUTURE YEARS	TOTAL PROJ COST
					FY 2025-26	FY 2026-27		
G.O. BONDS	C	0	0	0	0	5	0	5
TOTAL COST		0	0	0	0	5	0	5

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.

# UPDATE/DELETE SUPPLEMENTAL BUDGET NARRATIVES

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**.

The screenshot displays the eBUDDI (Budget Development & Information System) interface. At the top, the header includes the eBUDDI logo, the State of Hawaii Department of Budget and Finance, and a navigation menu with links: Home, List, Narratives, Reports, Program Totals, Excel, My Profile, User Manual, and Logoff. Below the navigation menu, there is a dropdown menu for 'AGR' and a 'Submit' button. The main content area features a 'Program List' table with columns for Program ID, Description, and Actions. The table lists 14 programs, including 'FINANCIAL ASSISTANCE FOR AGRICULTURE', 'PLANT PEST AND DISEASE CONTROL', 'RABIES QUARANTINE', 'ANIMAL DISEASE CONTROL', 'AGRICULTURAL RESOURCE MANAGEMENT', 'QUALITY AND PRICE ASSURANCE', 'AQUACULTURE DEVELOPMENT PROGRAM', 'AGRIBUSINESS DEVELOPMENT AND RESEARCH', 'AGRICULTURAL DEVELOPMENT & MARKETING', 'GENERAL ADMINISTRATION FOR AGRICULTURE', 'MEASUREMENT STANDARDS', and 'PESTICIDES'. Each program has 'Update' and 'Delete Narrative' links in the Actions column. Below the table, a 'Narrative for Supplemental Budget Requests Report Input FY 2027' form is shown. This form includes a table with columns for Program ID, Program Structure, and Program Title, and a 'Report' button. The form also contains sections for 'A. Program Objective', 'B. Description of Request', 'C. Reasons for Request', and 'D. Significant Changes to Measures of Effectiveness and Program Size'. The 'A. Program Objective' section contains text about assisting in the development of the agricultural industries through quality assurance of agricultural commodities; licensing dealers of agricultural products; and producer price and quota control to maintain stability within the dairy industry. The 'B. Description of Request' section contains two numbered items: 1. Converts 6.50 temporary Agricultural Commodities Aid (ACA) positions and \$420,151 in Certification Services Revolving Funds to 6.50 permanent positions and \$275,160 in general funds for FY 25. 2. Reduces 1.00 unfunded permanent Agricultural Commodities Marketing Specialist (ACMS) position and 1.00 unfunded permanent Office Assistant position. The 'C. Reasons for Request' section contains a numbered item: 1. Changing the funding for ACA positions from revolving funds to general funds and making the positions permanent would allow the Commodities Branch (CB) to hire and retain well qualified ACAs to provide for the needs of the seed, coffee, and papaya industries. The ACAs will provide support to ACMS' during the growing off-season by performing general clerical duties, data entry, assisting with the monitoring of imported eggs, licensing, and inspection of various agricultural commodities. This would give CB flexibility and efficiency in the use limited available manpower. Fee increases to retain staff year-round were considered, but would have severely impacted small coffee and papaya farmers. The 'D. Significant Changes to Measures of Effectiveness and Program Size' section contains the text 'None'. At the bottom of the form, there are 'Update Record' and 'Reset' buttons.

Home List **Narratives** Reports Program Totals Excel My Profile User Manual Logoff

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
AGR153	AQUACULTURE DEVELOPMENT PROGRAM	Update Delete Narrative
AGR161	AGRIBUSINESS DEVELOPMENT AND RESEARCH	Update Delete Narrative
AGR171	AGRICULTURAL DEVELOPMENT & MARKETING	Update Delete Narrative
AGR192	GENERAL ADMINISTRATION FOR AGRICULTURE	Update Delete Narrative
AGR812	MEASUREMENT STANDARDS	Update Delete Narrative
AGR846	PESTICIDES	Update Delete Narrative

Records: 12 of 12 Previous 1 Next

**NARRATIVE FOR SUPPLEMENTAL BUDGET REQUESTS REPORT INPUT FY 2027**

PROGRAM ID	PROGRAM STRUCTURE	PROGRAM TITLE
AGR151	01030302	QUALITY AND PRICE ASSURANCE

Report

Spell Check Narrative Fields

**A. Program Objective**  
To assist in the development of the agricultural industries through quality assurance of agricultural commodities; licensing dealers of agricultural products; and producer price and quota control to maintain stability within the dairy industry.

**B. Description of Request**  
1. Converts 6.50 temporary Agricultural Commodities Aid (ACA) positions and \$420,151 in Certification Services Revolving Funds to 6.50 permanent positions and \$275,160 in general funds for FY 25.  
2. Reduces 1.00 unfunded permanent Agricultural Commodities Marketing Specialist (ACMS) position and 1.00 unfunded permanent Office Assistant position.

**C. Reasons for Request**  
1. Changing the funding for ACA positions from revolving funds to general funds and making the positions permanent would allow the Commodities Branch (CB) to hire and retain well qualified ACAs to provide for the needs of the seed, coffee, and papaya industries. The ACAs will provide support to ACMS' during the growing off-season by performing general clerical duties, data entry, assisting with the monitoring of imported eggs, licensing, and inspection of various agricultural commodities. This would give CB flexibility and efficiency in the use limited available manpower. Fee increases to retain staff year-round were considered, but would have severely impacted small coffee and papaya farmers.

**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. 25-13, Supplemental Budget Policies and Guidelines for FY 27.

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**.



# NARRATIVE FOR SUPPLEMENTAL BUDGET REQUESTS REPORT

The screenshot shows the eBUDDI web application interface. At the top, there is a navigation bar 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 lists various reports: Detail Reports, Personnel Summary, Total by MOF, Operating Cost Summary, Budget Summary, BJ Edited Summary, BJ Edited Summary w/ Temp Counts, BJ Summary, 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.

This screenshot shows the same eBUDDI web application interface as the first one, but with a different selection in the 'Program' dropdown menu. The 'Department' dropdown menu still has 'AGR' selected. The 'Program' dropdown menu now has 'AGR101' selected. The 'Sort Order' dropdown menu still has 'Department' selected. The 'submit' button is still present. The sidebar on the left is the same as in the first screenshot.



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.

**Narrative for Supplemental Budget Requests**  
**FY 2027**

**Program ID:** AGR 151  
**Program Structure Level:** 01 03 03 02  
**Program Title:** QUALITY AND PRICE ASSURANCE

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**A. Program Objective**

To assist in the development of the agricultural industries through quality assurance of agricultural commodities; licensing dealers of agricultural products; and producer price and quota control to maintain stability within the dairy industry.

**B. Description of Request**

1. Converts 6.50 temporary Agricultural Commodities Aid (ACA) positions and \$420,151 in Certification Services Revolving Funds to 6.50 permanent positions and \$275,160 in general funds for FY 25.

2. Reduces 1.00 unfunded permanent Agricultural Commodities Marketing Specialist (ACMS) position and 1.00 unfunded permanent Office Assistant position.

**C. Reasons for Request**

1. Changing the funding for ACA positions from revolving funds to general funds and making the positions permanent would allow the Commodities Branch (CB) to hire and retain well qualified ACAs to provide for the needs of the seed, coffee, and papaya industries. The ACAs will provide support to ACMS' during the growing off-season by performing general clerical duties, data entry, assisting with the monitoring of imported eggs, licensing, and inspection of various agricultural commodities. This would give CB flexibility and efficiency in the use limited available manpower. Fee increases to retain staff year-round were considered, but would have severely impacted small coffee and papaya farmers.

2. The 2.00 positions requested for deletion are unfunded and vacant.

**D. Significant Changes to Measures of Effectiveness and Program Size**

None