The Legislature makes appropriations for grants-in-aid (GIAs) in accordance with Chapter 42F of the Hawaii Revised Statutes (HRS). There are two types of grants: Operating and Capital Improvement Project (CIP) grants. Generally, Operating grants are for a nonprofit’s operational or program expenses and CIP grants are for construction projects. Funds are available on a reimbursement basis and payments are contingent upon fulfillment of the terms and conditions of the grant agreement.

This document outlines the general process that the Office of Community Services (OCS) uses to administer CIP grants and provides guidelines to help you understand your obligations of being awarded state funds under the law as well as the process involved to obtain and expend public funds. This guideline only applies to grants which have been assigned to OCS (Program ID: LBR 903). OCS reserves the right to change this guideline at any time without notice. If your grant was not assigned to OCS, please contact your assigned expending agency for more information.

The six stages for CIP grant-in-aid process are:

1. Application/Award
2. Eligibility Verification
3. Release of Funds
4. Contract Execution
5. Contract Administration/Expending
6. Contract Closing

This document and other reference materials are available online at: https://labor.hawaii.gov/ocs/service-programs-index/gia/
1 APPLICATION/AWARD

All state grant-in-aid applications are managed by the Hawaii State Legislature, specifically, the House Finance Committee and the Senate Ways and Means Committee. Typically, applications are made available to the public in late December/early January and is posted on the Legislature's website, capitol.hawaii.gov. OCS does not participate during this stage, and is unable to assist with any applications. All questions should be directed to the Finance and Ways and Means Committees. The Legislature decides who is awarded a grant, the type of grant, the award amount, what the funds can be used for, and which state department will administer said award.

The Governor then reviews and either signs into law or vetoes the budget bill. In general, the Governor has 45 days after sine die (the last day of the legislative session) to decide, which is usually in late June/early July.

Once the budget bill is signed into law, if assigned to OCS, OCS will notify the Grantee of their award and assign a program specialist as their main point of contact. Notification of the award does not mean that expenditures can commence. Grantees must have an executed contract with OCS before expenditures may begin.

Depending on when an award is made, Grantees have two or three years to enter into a contract, or funds will lapse back to the state. Grantees should ask their program specialist when their encumbrance deadline is, and plan accordingly.
2 Eligibility Verification

The Eligibility Verification stage requires submission of documentation to verify that the Grantee meets the standards for a grant award under HRS §42F-103.

1. Compile and submit eligibility verification documents to OCS
2. OCS reviews, sends to Attorney General
3. AG verifies that Grantee has met the requirements

Per Hawaii Revised Statutes HRS §42F-103, grants shall only be awarded to organizations that meet certain requirements. The declaration statement attesting the organization meets these requirements submitted with the application, by itself, is insufficient to affirm eligibility.

Grantees must submit additional documentation to verify that they meet the “Standards for the Award of Grants” in accordance with HRS §42F-103. Listed below are the requirements, and in parenthesis are examples of documents that are typically submitted to fulfill said requirement. Grantees should contact their program specialist for specific guidance.

1. Are licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which the grant is awarded (e.g., Certificate of Good Standing)
2. Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability (e.g., by-laws, corporate resolution)
3. Agree not to use state funds for entertainment or lobbying activities (e.g., by-laws, corporate resolution)
4. Allow the state agency to which funds for the grant were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant. (e.g., records retention policy)
5. Is incorporated under the laws of the State (e.g., Certificate of Good Standing)
6. Has bylaws or policies that describe the manner in which the activities or services for which the grant is awarded shall be conducted or provided (e.g., by-laws)
7. For non-profit organizations:
   a. Has been determined and designated to be a nonprofit organization by the Internal Revenue Service (e.g., IRS determination letter)
   b. Has a governing board whose members have no material conflict of interest and serve without compensation (e.g., by-laws, corporate resolution)

The Office of the Attorney General (AG) determines if the Grantee meets the standard for a grant award under the law, which typically takes four weeks, once all documents have been submitted. OCS will inform the Grantee once a decision has been made.
3 RELEASE OF FUNDS

The Release of Funds stage involves securing the Governor’s approval for the release of funds in order for a contract to be executed.

Step 1. Grantees work closely with their assigned program specialist to compile and complete the following:

- Cover letter that includes the project status, finalized scope of work, timeline, project outcomes and budget, including additional sources of funding. The project must still align with the application and bill description.
- Funding Sources Declaration, if applicable (Attachment B)
- Budget & Finance Form F (Attachment C)
- Form F1 (Attachment D)
- Form PAB (Attachment E)
- Table R (Attachment F)

Samples of these forms can be found at the end of this document. Program specialists will send customized forms to Grantees for completion.

Please note that projects must be fully funded, or the Department of Budget and Finance and the Governor will not release the funds for contracting. Additionally, once submitted, budgets cannot be modified.

Step 2. OCS sends the compiled packet to the Department of Budget and Finance and the Governor for review. This stage typically takes several months to complete, from the time all forms are submitted, please plan accordingly.

Step 3. The Governor will either release the funds for contracting or not. The Governor’s office will issue a notice to the Grantee.
4 CONTRACT EXECUTION

Once the funds have been released, the fourth stage is to execute a contract. All contracts are on a reimbursement basis only. A contract must be in place in order for expenses to be eligible for reimbursement.

1. Compile and submit contract documents to OCS
2. OCS drafts contract, Grantee notarizes
3. OCS executes contract

Step 1. Compile and submit to OCS the following documents [Note: The Grantee’s legal name must be consistent with the budget bill and on all submitted documents.]:

☐ Current Certificate of Vendor Compliance from Hawaii Compliance Express (issue date cannot be older than one month) or compliance documentation from the following agencies:
  a. Hawaii Department of Taxation
  b. Internal Revenue Services
  c. Hawaii Department of Commerce and Consumer Affairs
  d. Hawaii Department of Labor & Industrial Relations

☐ Current Certificate of Insurance from the Grantee’s insurance agency provided as follows:
  a. Liability insurance of at least $2 million in the aggregate; General Liability shall be no less than $1 million per occurrence and automobile insurance shall be no less than $1 million per occurrence;
  b. Additionally insuring the State of Hawaii and the Office of Community Services, their officers, employees, and agents for any liability arising out of resulting from occurrences connected with the Grantee’s performance under the contract;
  c. A statement from the insurance agency that the policy shall not be cancelled or materially changed without giving the State thirty (30) days prior written notice by registered mail;
  d. The period shall cover the entire period of the contract; and
  e. The contract identification number shall be identified on the certificate

☐ The Grantee’s State and Federal tax identification numbers.
☐ A corporate resolution showing the duly designated person(s) who has the authority to sign the contract on behalf of the Grantee. Must include name and title of the authorized signee(s). The duly designated person(s) cannot sign the resolution and authorize themselves.
☐ A copy of the Grantee’s letterhead or invoice showing its legal and mailing addresses.

Step 2. OCS prepares the contract, and upon approval by the Attorney General, sends two copies of the contract to the Grantee for signature. The Grantee’s duly designated person(s) signs and notarizes both copies of the contract, then returns the signed contracts to OCS. See Attachment A for an example of the notary page.

Step 3. The OCS Executive Director and Attorney General will then sign, thus executing contract. Once executed, OCS returns an original copy of the contract to the Grantee for file.
5 CONTRACT ADMINISTRATION

Once a contract has been executed, stage five is to submit program and fiscal reports and request reimbursement payments.

1. Expend funds
2. Submit program and fiscal reports
3. Get reimbursed

All contracts are on a reimbursement basis only. In order to be eligible for reimbursement, all expenses, payments, and work done, must be completed during the life of the contract. Anything outside of this period of performance is ineligible for reimbursement.

The Grantee submits fiscal and program progress reports. The forms are provided by OCS and samples are attached to these guidelines. OCS reserves the right to modify these forms or substitute new forms during the course of the grant period. There are two components to the periodic reports, fiscal and program progress reports.

1. Fiscal Reports: (Forms 300, 310, and Ledger)

   - **Form 300** (Attachment G): This report uses the numbers from Form 310 to create the “invoice” for the State. This form must be signed and submitted.

   - **Form 310** (Attachment H): Expenditures are input into this form and the information is automatically transferred to Form 300. This form must be submitted as an excel.
     - Grantees are not permitted to make any changes to the budget.
     - All requests for reimbursement must be accompanied by **accurate and complete copies of supporting documentation of expenditures** (e.g., receipts, invoices, timesheets, payroll, etc.). The Grantee shall retain all original documentation for its tax, audit, and other purposes.
     - Payments are on a reimbursement basis only. Expenses incurred outside of the contract period, will be reimbursed. Expenses must follow the budget as defined in the executed contract. OCS cannot approve requests for payments without proper documentation.

   - **Ledger** (Attachment I): This ledger helps expedite the review process by matching supporting documents provided to the respective budget line item in the Form 310.

   - **Detailed instructions** on how to complete the fiscal forms may be found on OCS’ website: [https://labor.hawaii.gov/ocs/service-programs-index/gia/](https://labor.hawaii.gov/ocs/service-programs-index/gia/).
2. **Program Progress Report** (Attachment J). The program progress report shall provide an explanation of program progress, including progress regarding deliverables/outcomes, and a justification of the expenditures and financial obligations.

**Reports must be submitted even if no activity has taken place or no reimbursement is requested.** The report should (a) request $0 reimbursement, (b) explain why no activity has taken place, and (c) explain what the Grantee is doing to complete the work specified in the contract.

Samples of these forms can be found at the end of this document. Program specialists will send customized forms to Grantees for completion.

**Due Date:** Fiscal and program progress reports are due by the 30th day after the end of the quarter, as defined in the contract.

**Payment** - After reviewing and approving the report, OCS will process the request for payment. Payments are made by check and can take up to one month to process.

---

**Contract Extension** (optional)

All contracts end one year after the start date. A CIP grant contract may be extended twice for up to 12 months each beyond the initial expiration date, for a total contract lifespan of three years. Extensions are at the sole discretion of OCS, provided that:

(a) the original contract provides for extensions;
(b) the extension request is made by the Grantee, in writing, **60-90 days prior to the expiration date** (changes to the contract are not permitted during the 30 days prior to the contract expiration date);
(c) there is good cause to extend the contract; and
(d) the Grantee is continuing to perform its duties under the contract and is in good standing (i.e. all reports have been submitted, valid Certificate of Vendor Compliance, valid Certificate of Insurance, etc.).

Grantees should contact their program specialist for more information.
6 CONTRACT CLOSING

Once the contract expiration date has been reached, the Grantee has 60 days to submit all closing documents. If the Grantee finishes their project prior to the contract expiration date, they may close their contract sooner. Listed below are the documents that must be submitted to OCS in order to close the contract and receive final payment.

- Current Certificate of Grantee’s liability insurance with State and OCS as additionally insured;
- Current Certificate of Vendor Compliance from Hawaii Compliance Express (issue date cannot be older than one month); or compliance documents from the following agencies:
  a. Hawaii Department of Taxation
  b. Internal Revenue Services
  c. Hawaii Department of Commerce and Consumer Affairs
  d. Hawaii Department of Labor & Industrial Relations
- Final program progress report;
- Final fiscal report (must check “final report” on form; only expenses incurred and paid for during the life of the contract are eligible for reimbursement);
- Certificate of Completion;
- Certificate of Acceptance of Facility;
- Expiration of all Architect’s and General Contractor’s lien period; and
- Photos of the completed project

The State will retain 10% of the funds until the project is completed and required certificates are submitted to the State.

Per the contract, Grantees must keep all records relating to the contract for a minimum of three years after the contract has closed.
#### List of Attachments

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment A</td>
<td>Notary Page</td>
</tr>
<tr>
<td>Attachment B</td>
<td>CIP GIA Funding Sources Declaration</td>
</tr>
<tr>
<td>Attachment C</td>
<td>B&amp;F Form F</td>
</tr>
<tr>
<td>Attachment D</td>
<td>Form F1</td>
</tr>
<tr>
<td>Attachment E</td>
<td>Form PAB</td>
</tr>
<tr>
<td>Attachment F</td>
<td>Table R</td>
</tr>
<tr>
<td>Attachment G</td>
<td>OCS Form 300</td>
</tr>
<tr>
<td>Attachment H</td>
<td>OCS Form 310</td>
</tr>
<tr>
<td>Attachment I</td>
<td>Cash Request Ledger</td>
</tr>
<tr>
<td>Attachment J</td>
<td>Program Activity Report</td>
</tr>
</tbody>
</table>
STATE OF HAWAII

CONTRACTOR’S ACKNOWLEDGMENT

STATE OF ____________________________) SS.
________ COUNTY OF ____________)

On this ______ day of ______________________, ______, before me appeared
________________________ and ______________________, to me
known, to be the person(s) described in and, who, being by me duly sworn, did say that he/she/they is/are
________________________ and ______________________ of
________________________ the CONTRACTOR named in the foregoing instrument, and that he/she/they is/are authorized to sign said
instrument on behalf of the CONTRACTOR, and acknowledges that he/she/they executed said
instrument as the free act and deed of the CONTRACTOR.

(Notary Stamp or Seal)

(Notary Name)

Notary Public, State of ______________________

My commission expires: ________________

Doc. Date: [Effective Date on page 1] # Pages: ______
Notary Name: ______________________ _______ Circuit
Doc. Description: [Title of contract & contract number on page 1] (Notary Stamp or Seal)

Notary Signature Date

NOTARY CERTIFICATION
Attachment B – GIA Funding Sources Declaration SAMPLE

GIA Funding Sources Declaration

<table>
<thead>
<tr>
<th>Grantee:</th>
<th>Projected Total Cost:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Project:</th>
<th>Projected Project Completion Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Project Start Date: [ ]

I understand the State of Hawaii is to be utilized as the last source of funding. Listed below are all of our sources of funding for this project, the amounts committed and the dates the funds will be available.

<table>
<thead>
<tr>
<th>List Funding Sources</th>
<th>Amount Committed</th>
<th>Date Funds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

State of Hawaii: After contract executed and all other funding sources have been utilized

(Please attached commitment letters for the above Funding Sources.)

I certify that the above information is true to the best of my knowledge.

Authorized Signature: ___________________________ Date: ________________

Created June 2017
Attachment C – Form F (page 1) SAMPLE

Form F (July 2021)

(Date)

TO: The Honorable David Y. Ige
Governor of Hawaii

THRU: Craig K. Hirai
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. Expenditure Agency (if different from 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.)

4. Amount of Grant: $_______________ for FY ___
   Means of Financing:
   Act ___, SLH ___, Section/Item No. ______ (as applicable)

5. Description of project:

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

a. 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).
REQUEST RELEASE OF FUNDS For Grantee
Attachment F1

Please fill out cells in yellow and return to your program specialist with Form F along with other documents required to request release of funds from the Department of Budget and Finance and the Governor.

Is the Grantee a 501(c)3? □ Yes □ No

A. Past Grants
Please fill out if you have had any prior CIP GIAs with the State

<table>
<thead>
<tr>
<th>SLH Year</th>
<th>Act No.</th>
<th>Item No.</th>
<th>Expending Agency</th>
<th>Awarded/Contracted Amounts</th>
<th>Did the GIA lapse and reason</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

B. Allotments.

1. Please fill out only the "Grantee's Allotment Request" column in the table below, the other numbers will populate automatically.

2. The two blue boxes must match.

Table A. XXXX Project (G.O. Bond Funds) Per Act 39, SLH 2019, Item B-xx

<table>
<thead>
<tr>
<th>Cost Elements</th>
<th>Grant Application</th>
<th>FY XX Legislative Appropriation</th>
<th>Allotment Transfers</th>
<th>Grantee's Allotment Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans</td>
<td></td>
<td></td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Land</td>
<td></td>
<td></td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Design</td>
<td></td>
<td></td>
<td>$</td>
<td>-</td>
</tr>
<tr>
<td>Construction</td>
<td></td>
<td></td>
<td>$</td>
<td>-</td>
</tr>
</tbody>
</table>
## 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

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**
   - Direct Federal payment for construction and related capital costs
   - General obligation bond fund appropriations
   - General fund appropriations
   - Other State of Hawaii and county funds
   - Section 501(c)(3) funds
   - Private funds
   - General obligation bond fund appropriations made by this request

### PART 3  Use of general obligation bond fund appropriations for each purpose of project

11. **Total amount made by this request for each purpose to which general obligation bond fund appropriations will be applied**
   - Total construction and related capital costs
   - Total nonconstruction and noncapital State of Hawaii costs
   - Total grants to counties
   - Total grants to Section 501(c)(3) corporations
   - Total grants to private persons and organizations and Federal government
   - Total private funds
   - Total loans to Section 501(c)(3) corporations
   - Total loans to private persons and organizations and Federal government
   - 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**

<table>
<thead>
<tr>
<th>Square Footage</th>
<th>Percentage of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Total common area</td>
<td></td>
</tr>
<tr>
<td>b. Total area used by State of Hawaii and counties</td>
<td></td>
</tr>
<tr>
<td>c. Total area used by Section 501(c)(3) corporations</td>
<td></td>
</tr>
<tr>
<td>d. Total area used by private persons and organizations and Federal government in trade or business</td>
<td></td>
</tr>
<tr>
<td>e. Total area</td>
<td></td>
</tr>
</tbody>
</table>

### 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?**
   - Yes
   - No

14. **Will any lease, incentive payment contract or management contract be entered into in respect of any portion of the project?**
   - 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 of any portion of the project?**
   - 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.**

   **Name of Signer:**
   **Signature:**
   **Date:**
   **Telephone Number:**
Attachment F ~ Table R SAMPLE

CAPITAL PROJECT INFORMATION AND JUSTIFICATION SHEET FOR CHAPTER 42F GRANTS

<table>
<thead>
<tr>
<th>EXPELLING AGENCY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>USER PROGRAM</td>
<td>CAPITAL PROJECT</td>
</tr>
<tr>
<td>DEPT NUMBER</td>
<td>NUMBER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PROJECT TITLE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT DESCRIPTION</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TOTAL ESTIMATED PROJECT COST (In Thousands of Dollars)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>COST</td>
<td>FY 2022</td>
</tr>
<tr>
<td>ELEMENT</td>
<td>ACT</td>
</tr>
<tr>
<td>LUMP SUM</td>
<td>0</td>
</tr>
</tbody>
</table>

BREAKDOWN BY COST ELEMENT (INFORMATION ONLY NEEDED FOR LUMP SUM APPROPRIATION)

- PLAN
- LAND
- DESIGN
- CONSTRUCT
- EQUIPMENT

| TOTAL | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

PROJECT INFORMATION AND JUSTIFICATION (use back if necessary):  

a. Total Scope of Project.

b. Identification of Need and Evaluation of Existing Site/ENV.

c. Alternatives Considered and Impact if Project is Deferred.

d. Discuss what improvements will take place when project completed (including benefits to be derived and/or deficiencies this project intends to correct).
Attachment G – Form 300 SAMPLE

Office of Community Services
Department of Labor and Industrial Relations

FORM 300 - Cash Report

<table>
<thead>
<tr>
<th>RECIPIENT ORGANIZATION</th>
<th>ORGANIZATION NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>123 ALOHA STREET</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. FUNDING SOURCE:</th>
<th>GIA</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT XX</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. PROGRAM</th>
<th>PROGRAM TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>OCS-CIP-XXXX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. CONTRACT NO</th>
<th>5. CONTRACT AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCS-CIP-XXXX</td>
<td>$750,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. CONTRACT PERIOD</th>
<th>7. PERIOD COVERED BY THIS REPORT</th>
</tr>
</thead>
<tbody>
<tr>
<td>From: November 1, 2022</td>
<td>To: January 31, 2023</td>
</tr>
</tbody>
</table>

8. REQUEST FOR REIMBURSEMENT

Amount Requested For This Period: (All supporting receipts/documents must be attached) $25,000.00

Certification: I certify to the best of my knowledge and belief that this report and supporting documents are accurate and true, that all payments made were made for the services and conditions of the grant agreement and reflect the work done for this project.

Authorized Signature: ____________________________
Print Name: ____________________________
Date: ____________________________

OFFICE OF COMMUNITY SERVICES USE ONLY

APPROVAL FOR PAYMENT

I certify satisfactory receipt of goods/services listed in this invoice/form.

Signature - Program Specialist: ____________________________
Date: ____________________________

Signature - Fiscal Section: ____________________________
Date: ____________________________

Signature - Executive Director: ____________________________
Date: ____________________________

OCS FORM 300 / Revised 05/2017
INTERNAL USE ONLY
<table>
<thead>
<tr>
<th>CONTRACT PERIOD</th>
<th>7. PERIOD COVERED BY THIS REPORT</th>
</tr>
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<tbody>
<tr>
<td>From: contract effective date</td>
<td>To contract end</td>
</tr>
<tr>
<td>From: quarter start</td>
<td>To quarter end</td>
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<tr>
<th>CATEGORIES</th>
<th>PROGRAM BUDGET</th>
<th>CURRENT EXPENDITURES</th>
<th>TOTAL EXPENDITURES</th>
<th>UNEXPENDED FUNDS</th>
<th>% OF BUDGET EXPENDED</th>
<th>QUARTER 1 EXPENSES</th>
<th>QUARTER 2 EXPENSES</th>
<th>QUARTER 3 EXPENSES</th>
<th>QUARTER 4 EXPENSES</th>
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<td>D. DESIGN</td>
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<tr>
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<tr>
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### QUARTER 1 EXPENDITURES

<table>
<thead>
<tr>
<th>Supporting Document Description (Payee etc.)</th>
<th>Document Date</th>
<th>Document Reference Number (Invoice Number)</th>
<th>Form 310 Budget Line</th>
<th>Period of Performance</th>
<th>Proof of Payment (Type and Reference #)</th>
<th>Amount</th>
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<tbody>
<tr>
<td>HAWAII ARCHITECTS</td>
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<td>Check # 307</td>
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**QUARTER 1 TOTAL** $20,000.00

*This total must match your Form 310 total*
Grant-In-Aid Program Progress Report
Office of Community Services
Department of Labor and Industrial Relations

<table>
<thead>
<tr>
<th>Recipient Organization:</th>
<th>Funding Sources:</th>
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<tbody>
<tr>
<td>Program:</td>
<td>Contract Number:</td>
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<td></td>
<td>Contract Amount:</td>
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<td></td>
<td>Contract Period (From/To):</td>
</tr>
<tr>
<td>Date Report Submitted:</td>
<td>Report Period (From/To):</td>
</tr>
</tbody>
</table>

1. Estimated Percentage of contract completed as described in Scope of Performance:

   SAMPLE

2. Provide a brief narrative of the Program's major activities, highlights and achievement for this reporting period.

   SAMPLE

3. Identify any difficulties or challenges your agency faces in attempting to assist clients or in operating your program efficiently and effectively. Provide specific recommendations or suggestions on how OCS might assist your program and how your agency plans to overcome these challenges.