



**OFFICE OF COMMUNITY SERVICES (OCS)  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
STATE OF HAWAII**

**CAPITAL IMPROVEMENT PROJECT (CIP)  
GRANT-IN-AID (GIA) GUIDELINES**

The Legislature makes appropriations for grants in accordance with Chapter 42F of the Hawaii Revised Statutes (HRS). The grants tend to support events, programs, and facilities that benefit the community. There are two types of grants: Operating and Capital Improvement Project (CIP) grants. 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 (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 four stages for CIP grant administration are:**

1. Eligibility Verification
2. Release of Funds
3. Contract Execution
4. Contract Administration

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

# 1 ELIGIBILITY VERIFICATION

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



Step 1. The Governor signs the bill that was passed by the Legislature that authorizes the GIAs.

Step 2. Grantees must submit the following documents to verify that they meet the **“Standards for the Award of Grants”** in accordance with HRS §42F-103.

1. Is 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. Complies 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., policy statement*);
3. Agrees not to use state funds for entertainment or lobbying activities (*e.g., policy statement*);
4. Allows full access to your records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and ensuring the proper expenditure of the grant (*records retention policy-- records must be maintained for at least 3 years after closing of contract*);
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., policy statement*); and
7. For non-profit organizations:
  - a. Is determined and designated to be a non-profit organization by the Internal Revenue Service (*e.g., IRS determination letter*); and
  - b. Has a governing board whose members have no material conflict of interest and serve without compensation (*e.g., policy statement*).

*Please note: a “policy” should be approved by the organization’s board of directors and can therefore be identified and enforced.*

Step 3. The Office of the Attorney General (AG) determines if the grantee meets the standard for a grant award under the law. OCS will inform the grantee once a decision has been made.

## 2 RELEASE OF FUNDS

The second stage involves *securing the Governor's approval for the release of funds* in order for a contract to be executed. The steps for this stage are as follows:



Step 1. Grantee compiles and completes the following:

- Cover letter that includes the project status, revised scope of work, timeline, and budget, including additional sources of funding, if applicable
- Funding Sources Declaration, if applicable (Attachment A)
- Budget & Finance Form F (Attachment B),
- Form F1 (Attachment C)
- Form PAB (Attachment D)
- Table R (Attachment E)

Step 2. OCS sends the compiled packet to Budget and Finance and the Governor for review.

Step 3. Once the release of funds has been approved by the Governor, his/her office will issue a notice to the grantee. Release of funds typically take four to eight months to complete.

### 3 CONTRACT EXECUTION

Once the funds have been released, the third stage is to *execute a contract*.



Step 1. Provide to OCS the following documents [Note: The Grantee’s name on the Bill must be consistent with the Grantee’s legal name on submitted documents.]:

- Certificate of Vendor Compliance from Hawaii Compliance Express 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
- Certificate of liability insurance from the Grantee’s insurance agency provided as follows:
  - a. General liability insurance of at least **\$2 million** for bodily injury and property damage; covering all work to be performed under the contract,
  - 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 document showing the duly designated person(s) who has the authority to sign the contract on behalf of the Grantee.
- A copy of the Grantee’s letterhead or invoice showing its mailing address.

Step 2. OCS prepares the contract and sends two copies of the contract to the Grantee for signature.

Step 3. The Grantee’s duly designated person signs and notarizes both copies of the contract, then returns the signed contracts to OCS. The OCS Executive Director and AG will then sign, thus executing contract. Once executed, OCS returns an original to the Grantee for file.

## 4 CONTRACT ADMINISTRATION

Once a contract has been executed, stage four is to request reimbursement payments.



Step 1. Payment Request - The Grantee submits fiscal and 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:

1. --Fiscal Reports: (Forms 300, 310, and Cash Request Ledger)
  - Form 300 (Attachment E): 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 G): Expenditures are inputted into this form and the cash request for the period 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, as defined in the contract without prior approval from OCS**
    - 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.
    - Tips to remember: Payments are on a reimbursement basis only. No advance payments will be made. Expenses incurred outside of the contract period, will **not** be reimbursed. Expenses must follow the budget as defined in the executed contract. OCS cannot approve requests for payments without proper documentation.
  - Cash Request Ledger (Attachment H): This ledger helps expedite the review process by matching supporting documents provided to the respective budget line item in the Form 310.
2. Progress Report (Attachment I). 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.

Further instructions on how to complete the fiscal forms may be found on OCS’ website:  
<https://labor.hawaii.gov/ocs/>.

Due Date: Reports (fiscal and program) are due by the 30<sup>th</sup> day after the end of the fiscal quarter.  
**Reports are due even if no activity has taken place during the reporting period.** If no activity has taken place, 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.

Step 2. Payment - After reviewing and approving the report, OCS processes the request for payment. Payments are made by check and can take up to one month to process.

Option Contract Extension. A grant contract may be extended twice for up to 12 months each beyond the initial expiration date, upon written request by the grantee, at the sole discretion of OCS, provided that:

- (a) the original contract provides for extensions;
- (b) the extension request is made no less than 60 days before the original expiration date or the expiration date of any prior extension;
- (c) there is good cause to extend the contract; and
- (d) the Grantee is continuing to perform its duties under the contract.

Step 3. Contract Closing. Once the grant contract has been completed, the Grantee shall submit to OCS the following documentation in order to process the **final payment within 60 days after the end of the contract**:

- Certificate of Grantee's liability insurance with State as additional insured;
- Certificate of Vendor Compliance from Hawaii Compliance Express; 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
- A final program report within 60 days after the end of the contract;
- Certificate of Completion;
- Certificate of Acceptance of Facility;
- Expiration of all Architect's and General Contractor's lien period; and
- Pictures of completed project

The State will hold 10% retention of the funds until the Project is completed and required certificates are submitted to the State.

## List of Attachments

<b>Attachment</b>	<b>Description</b>
Attachment A	CIP GIA Funding Sources Declaration
Attachment B	B&F Form F
Attachment C	Form F1
Attachment D	Form PAB
Attachment E	Table R
Attachment F	OCS Form 300
Attachment G	OCS Form 310
Attachment H	Cash Request Ledger
Attachment I	Program Activity Report

**Attachment A – GIA Funding Sources Declaration SAMPLE**

**GIA Funding Sources Declaration**

Grantee:	Projected Total Cost:
Project:	
Project Start Date:	Projected Project Completion 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.

List Funding Sources	Amount Committed	Date Funds Available
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

(Date)

TO: The Honorable David Y. Ige  
Governor of Hawaii

THRU: Neal Miyahira  
Director of Finance

FROM: (Department Head, Title)  
(Department)

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

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

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

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).*

Attachment B – Form F SAMPLE

Request to Allot and Expend a CIP Grant Pursuant to Chapter 42F, HRS  
Department of  
Date  
Page 2

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

6. Public purpose:

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

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

7. Funding:

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

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

Attachment B – Form F SAMPLE

Request to Allot and Expend a CIP Grant Pursuant to Chapter 42F, HRS  
Department of  
Date  
Page 3

- b. *Is the CIP grant intended to purchase land?*
- *If yes, how are the conditions contained in Section 42F-103(d) being met?*
- c. *If the CIP grant only provides planning/design funds:*
- *What is the total cost of construction and how will the construction phase be funded?*
  - *Is there a commitment of non-State grant funds to cover construction costs?*
  - *If no, what is the potential request to the State for grant funds to cover construction costs?*
- d. *Has the recipient received Chapter 42F grants for any other CIP project? If yes, list the projects (include a description), the amounts by appropriation act/year, whether the funds were expended, and list any project that was completed using CIP grant funds in whole or in part.*
- e. *What is the total cost of the CIP project for which the recipient intends to use the grant? Include all funding sources, such as federal funds, private contributions, etc., and indicate the respective amount of the total cost that each funding source will support.*
- If other funding sources have been identified, indicate funds which have already been received to support the project. Indicate if other funding sources, which have not yet been received, have been guaranteed and are sustainable.*
- f. *If this is to fund an ongoing CIP project, for how many fiscal years has the recipient been receiving grants for the CIP project? List the amounts released by prior appropriation act/year and means of financing.*
- g. *If the grant is to provide the State's matching portion of a CIP project, are the funds to be matched guaranteed?*
- h. *Was (or will) a grant request (be) submitted to the 2019 (or 2020) Legislature to continue to provide funding for the same CIP project as this request to release grant funds? If yes, briefly describe the request.*
- i. *What is the organization doing to become self-sufficient (i.e., manage without Chapter 42F grants)?*

Attachment B – Form F SAMPLE

Request to Allot and Expend a CIP Grant Pursuant to Chapter 42F, HRS  
Department of  
Date  
Page 4

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

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

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

Attachments

RECOMMEND:

APPROVAL

DISAPPROVAL

\_\_\_\_\_  
Director of Finance

\_\_\_\_\_  
Date

APPROVED

DISAPPROVED

\_\_\_\_\_  
DAVID Y. IGE  
Governor, State of Hawaii

\_\_\_\_\_  
DATE

Attachments

**REQUEST RELEASE OF FUNDS**

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.

**A. 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				
Cost Elements	Grant Application	FY XX Legislative Appropriation	Allotment Transfers	Grantee's Allotment Request
Plans			\$ -	
Land			\$ -	
Design			\$ -	
Construction			\$ -	
Equipment			\$ -	
Lump Sum				
<b>Total</b>	\$ -	\$ -		\$0

**B. Timelines.**

Fill in estimate "Start Date" and "Completion Date" in columns below by month and year.

Table B (1). XXX Project Estimated Timeline		
Cost Elements	Start Date	Completion Date
Plans		
Design		
Construction		

**Attachment C – Form F1 SAMPLE**

If you have a multi-phase project, use the table below:

1. TBD (To Be Determined) may be used only if a date cannot be estimated at this time, estimated dates are preferred.
2. In the "Brief Description" column, include one or two sentences to describe phase.
3. In the "Status" column use either: "Secured" or "Pending". State CIP grants which have been appropriated in an Act are "Secured". Other funds which have not been secured yet, are to be labeled as "Pending".

Table B (2). XXX Project – Phases, Costs, Timelines, and Descriptions					
Phase	Estimated Costs		Estimated Timelines		Brief Description
	Amounts	Status	Start Date	Completion Date	
		Secure/Pending			
1					
2					
3					
4					
5					
<b>Total</b>	<b>\$0</b>				

**C. Sources of Funds.**

Identification of the project's other sources of funds is one of the most critical components of each CIP GIA request.

If your funds are pending put down when you expect to receive them as well.

Table C. XXXX Project – Sources of Funds			
Sources of Funds	Amounts	Percent	Status (Secured/Pending)
This CIP Award		#DIV/0!	Secured
(List any other State CIP grants grantee has received for this project).		#DIV/0!	Secured
		#DIV/0!	Secured
<b>Sub-Total – State CIP Grants</b>	<b>\$ -</b>	#DIV/0!	<b>Secured</b>
<b>Other Sources</b>		#DIV/0!	
		#DIV/0!	
		#DIV/0!	
		#DIV/0!	

**Attachment C – Form F1 SAMPLE**

	\$ -	#DIV/0!	
		#DIV/0!	
		#DIV/0!	
		#DIV/0!	
<b>Sub-Total – Other Sources</b>	\$ -	#DIV/0!	
<b>Total Project Costs</b>	\$ -	#DIV/0!	

**D. Legislative Districts**

Please include the district number and name of the project site.

If you don't know your district number and area:

1. go to [www.capitol.hawaii.gov](http://www.capitol.hawaii.gov)
2. Find at the type right "Find Your Legislator"
3. Type in the street address of the project

Senate District Number \_\_\_\_\_

Area Names of your district: \_\_\_\_\_

\_\_\_\_\_

House District Number \_\_\_\_\_

Area Names of your district: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attachment D – Form PAB SAMPLE**

<b>FORM PAB</b> Department of Budget and Finance (rev. 9/13)		<b>Questionnaire - General Obligation Bond Fund Appropriations</b>	
<b>PART 1 Department and Project</b>			
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			
<b>PART 2 Project Cost and Funding Sources</b>			
8 Does this request for funding require general obligation bond fund appropriations? If "no" box is checked, no further information other than signature and date is required.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9 Has any appropriations been made for any portion of project prior to this request?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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		
<b>PART 3 Use of general obligation bond fund appropriations and use of project</b>			
11 Total amount made by this request for each purpose to which general obligation bond fund appropriations will be applied			
a	Total construction and related capital costs		
b	Total nonconstruction and noncapital State of Hawaii costs		
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		
<b>PART 4 Payment of operating and debt service costs and management of project</b>			
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.		<input type="checkbox"/> Yes	<input type="checkbox"/> 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.		<input type="checkbox"/> Yes	<input type="checkbox"/> 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.		<input type="checkbox"/> Yes	<input type="checkbox"/> 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

## Instruction for Form PAB

**Who must file this Form PAB.** Anyone requesting any appropriation of general obligation bond fund 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 (e.g., Waiānae Rental Housing).

**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 judgement 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., vending machines, newsstand, store, pharmacy, pay telephones, 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 contract or arrangement, the terms and provisions of the contract or arrangement, and a copy of the contract or a description of the arrangement.

# Attachment E – Table R SAMPLE

TABLE R GRANTS

## CAPITAL PROJECT INFORMATION AND JUSTIFICATION SHEET FOR CHAPTER 42F GRANTS (FISCAL YEAR 2020 ONLY)

<b>EXPENDING AGENCY:</b>			
<b>USER PROGRAM ID</b>		<b>CAPITAL PROJECT</b>	
<b>DEPT</b>	<b>NUMBER</b>	<b>NUMBER</b>	<b>NUMBER</b>

**PROJECT TITLE:** \_\_\_\_\_

**PROJECT DESCRIPTION:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TOTAL ESTIMATED PROJECT COST (in Thousands of Dollars)

COST ELEMENT	PRIOR APPROPRIATIONS (Including MOF)												APPROPRIATIONS (Including MOF)			TOTAL PROJECT COST						
	ACT			YR			ITEM			ACT			YR				ITEM			FY 2020	FY 2021	FUTURE YEARS
	ACT	YR	ITEM	ACT	YR	ITEM	ACT	YR	ITEM	ACT	YR	ITEM	ACT	YR	ITEM							
LUMP SUM																						
BREAKOUT BY COST ELEMENT (INFORMATION ONLY NEEDED FOR LUMP SUM APPROPRIATION IN FY2020)																						
PLAND																						
LAND																						
DESIGN																						
CONSTRUCT																						
EQUIPMENT																						
<b>TOTALS</b>	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 Situation.
  
- 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 defolienoles this project intends to correct).
  
- e. Impact Upon Future Operating Requirements (show initial and ongoing funding requirements by cost element, including position count, means of financing, fiscal year).
  
- f. Additional Information:

**Attachment F – Form 300 SAMPLE**

**Office of Community Services**  
Department of Labor and Industrial Relations

**FORM 300 - Cash Report**

<b>1. RECIPIENT ORGANIZATION:</b> Sample Organization		<b>2. FUNDING SOURCE:</b> State	
<b>1. MAILING ADDRESS:</b> 123 Smith Street, Honolulu, HI 96813		<b>GIA</b>	
<b>3. PROGRAM:</b> Sample Program		<b>4. CONTRACT NO.:</b> OCS-CIP-17-01	<b>5. CONTRACT AMOUNT:</b> \$120,000.00
<b>6. CONTRACT PERIOD</b> From: July 1, 2020 To: June 30, 2021		<b>7. PERIOD COVERED BY THIS REPORT, if FINAL, click box</b> <input type="checkbox"/> FINAL REPORT	
		From: July 1, 2020	To: September 30, 2020
<b>8. REQUEST FOR REIMBURSEMENT</b>			
<b>Amount Requested For This Period:</b> (All supporting receipts/documents must be attached)			<b>\$5,250.00</b>
<b>CERTIFICATION:</b> I certify to the best of my knowledge and belief that this report and supporting documents are accurate and true, that all disbursements have been made for the purpose and conditions of the grant or agreement, and reflect the work done for this project.			
_____ Authorized Signature		Sample Name Print Name	10/15/20 Date Report Submitted

**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

# Attachment G – Form 310 SAMPLE

## Office of Community Services Department of Labor and Industrial Relations

### FORM 310 - CIP Expenditure Report

<b>1. RECIPIENT ORGANIZATION:</b> Sample Organization		<b>2. FUNDING SOURCE:</b> State			
<b>MAILING ADDRESS:</b> 123 Smith Street, Honolulu, HI 96813		<b>GIA</b>			
<b>3. PROGRAM:</b> Sample Program		<b>4. CONTRACT NO.:</b> OCS-CIP-17-01	<b>5. CONTRACT AMOUNT:</b> \$120,000.00		
<b>6. CONTRACT PERIOD</b> From: July 1, 2020 To: June 30, 2021		<b>7. PERIOD COVERED BY THIS REPORT</b> From: July 1, 2020 To: Sept 30, 2021			
		<small>If FINAL, click box</small>		<input type="checkbox"/> FINAL REPORT	
8. CATEGORIES	PROGRAM BUDGET	EXPENDITURES CURRENT PERIOD	EXPENDITURES YEAR TO DATE	VARIANCE VS. BUDGET*	% OF BUDGET EXPENDED*
<b>A. PLAN</b>	<b>\$3,500.00</b>	<b>\$3,500.00</b>	<b>\$3,500.00</b>	<b>\$0.00</b>	<b>100.00%</b>
1 Category 1	\$2,000.00	\$2,000.00	\$2,000.00	\$0.00	100.00%
2 Category 2	\$1,500.00	\$1,500.00	\$1,500.00	\$0.00	100.00%
3		\$0.00	\$0.00	\$0.00	#DIV/0!
4		\$0.00	\$0.00	\$0.00	#DIV/0!
5		\$0.00	\$0.00	\$0.00	#DIV/0!
6		\$0.00	\$0.00	\$0.00	#DIV/0!
7		\$0.00	\$0.00	\$0.00	#DIV/0!
8		\$0.00	\$0.00	\$0.00	#DIV/0!
<b>B. DESIGN</b>	<b>\$2,850.00</b>	<b>\$1,750.00</b>	<b>\$1,750.00</b>	<b>\$1,100.00</b>	<b>61.40%</b>
1 Category 3	\$1,750.00	\$1,750.00	\$1,750.00	\$0.00	100.00%
2 Category 4	\$1,100.00	\$0.00	\$0.00	\$1,100.00	0.00%
3		\$0.00	\$0.00	\$0.00	#DIV/0!
4		\$0.00	\$0.00	\$0.00	#DIV/0!
5		\$0.00	\$0.00	\$0.00	#DIV/0!
6		\$0.00	\$0.00	\$0.00	#DIV/0!
7		\$0.00	\$0.00	\$0.00	#DIV/0!
8		\$0.00	\$0.00	\$0.00	#DIV/0!
9		\$0.00	\$0.00	\$0.00	#DIV/0!
<b>C. CONSTRUCTION</b>	<b>\$98,650.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$98,650.00</b>	<b>0.00%</b>
1 Category 5	\$35,000.00	\$0.00	\$0.00	\$35,000.00	0.00%
2 Category 6	\$10,830.00	\$0.00	\$0.00	\$10,830.00	0.00%
3 Category 7	\$9,285.00	\$0.00	\$0.00	\$9,285.00	0.00%
4 Category 8	\$28,753.00	\$0.00	\$0.00	\$28,753.00	0.00%
5 Category 9	\$14,782.00	\$0.00	\$0.00	\$14,782.00	0.00%
6		\$0.00	\$0.00	\$0.00	#DIV/0!
7		\$0.00	\$0.00	\$0.00	#DIV/0!
8		\$0.00	\$0.00	\$0.00	#DIV/0!
9		\$0.00	\$0.00	\$0.00	#DIV/0!
10		\$0.00	\$0.00	\$0.00	#DIV/0!
11		\$0.00	\$0.00	\$0.00	#DIV/0!
12		\$0.00	\$0.00	\$0.00	#DIV/0!
13		\$0.00	\$0.00	\$0.00	#DIV/0!
14		\$0.00	\$0.00	\$0.00	#DIV/0!
<b>D. EQUIPMENT</b>	<b>\$15,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$15,000.00</b>	<b>0.00%</b>
1 Category 10	\$15,000.00	\$0.00	\$0.00	\$15,000.00	0.00%
2		\$0.00	\$0.00	\$0.00	#DIV/0!
3		\$0.00	\$0.00	\$0.00	#DIV/0!
4		\$0.00	\$0.00	\$0.00	#DIV/0!
<b>E. LAND ACQUISITION</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>#DIV/0!</b>
1		\$0.00	\$0.00	\$0.00	#DIV/0!
2		\$0.00	\$0.00	\$0.00	#DIV/0!
3		\$0.00	\$0.00	\$0.00	#DIV/0!
<b>F TOTAL (Add line A+B+C+D+E = line F)</b>	<b>\$120,000.00</b>	<b>\$5,250.00</b>	<b>\$5,250.00</b>	<b>\$114,750.00</b>	<b>4.38%</b>

OCS FORM 310 / Revised 05/2017  
INTERNAL USE ONLY

## Attachment H – Cash Request Ledger SAMPLE

**CASH REQUEST LEDGER**  
**Office of Community Services**  
**Department of Labor and Industrial Relations**  
**830 Punchbowl Street Room 420, Honolulu, Hawaii 96813**

**RECIPIENT ORGANIZATION**  
 Contract: OCS-XXX-XX-XX

FORM 310 BUDGET LINES: (According to Contract)

- Payroll
- Utility
- Office Supplies
- Repair Service

**QUARTER 1 EXPENDITURES**

Supporting Document Description (Payee etc.)	Document Date	Document Reference Number (Invoice Number)	Form 310 Budget Line	Period of Performance	Proof of Payment (Type and Reference #)	Amount
1 April Payroll for Joe, Dan and Julie	5/10/2019	654654	Payroll	4/1/19-4/30/19	Checks 567, 568, and 569	\$5,000.00
2 May Payroll for Joe, Dan and Julie	6/5/2019	263574A	Payroll	5/1/19-5/15/19	Checks 700, 701, and 702	\$4,253.12
3 May Payroll 2 for Joe, Dan and Julie	6/22/2019		2 Payroll	5/16/19-5/31/19	June 2019 Bank statement	\$3,598.28
4 June Payroll 6/1-6/15	7/18/2019	SAE3F454	Payroll	6/1/19-6/15/19	July 2019 bank statement	\$894.00
5 June Payroll 6/16-6/30	7/24/2019	AW3834	Payroll	6/16-6/30/19	Check 5210	\$68.00
6 HECO Electric bill	5/25/2019	ASD54654	Utility	4/1-4/30/19	Check 5639	\$1,234.52
7 Water bill	7/18/2019	E35W5E	Utility	Month of May 2019	Check 398	\$35,416.00
8 Sewer	7/21/2019	A3D4F	Utility	Month of May 2019	Check 9960	\$634.65
9 Receipt for pens	6/26/2019		3 Office Supplies		Pendiplus Receipt 96332	\$41.52
10 Receipt paper	7/13/2019	ASD54654	Office Supplies		OfficeMax receipt 654589	\$84,654.00
11 techtech copier repair	6/3/2019	A554	Repair Service	6/1/19-6/2/19	Receipt 36	\$277.22
12 Fixit backhoe repair	6/14/2019		1 Repair Service		Invoice 1	\$488.55
13 DFG phone repair	7/6/2019		787 Repair Service		Invoice 787	\$453.00
14						
15						
16						
17						
18						
19						
20						
30						
40						
50						
60						
70						
80						
90						
<b>QUARTER 1 TOTAL</b>						<b>\$137,032.86</b>

\*This total must match your Form 310 total

**THESE LINE ITEM SUBTOTALS MUST MATCH YOUR FORM 310 LINE ITEM SUBTOTALS**

Payroll	\$13,813.40
Utility	\$37,305.17
Office Supplies	\$84,654.52
Repair Service	\$1,218.77
<b>QUARTER 1 REIMBURSEMENT AMOUNT REQUESTED</b>	<b>\$137,032.86</b>

**INCEPTION TO-DATE EXPENDITURE REIMBURSEMENT SUMMARY**

QUARTER 1 REIMBURSEMENT AMOUNT REQUESTED	\$137,032.86
QUARTER 2 REIMBURSEMENT AMOUNT REQUESTED	\$0.00
QUARTER 3 REIMBURSEMENT AMOUNT REQUESTED	\$0.00
QUARTER 4 REIMBURSEMENT AMOUNT REQUESTED	\$0.00
TOTAL AMOUNT REQUESTED	\$137,032.86
REIMBURSEMENT RECEIVED TO-DATE	\$0.00
BALANCE NOW DUE	\$137,032.86

