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:

1. Compile Release of Funds documents
2. Review by Budget and Finance and Governor
3. Funds are released for contracting

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.

1. Compile contract documents
2. Draft contract
3. Execute 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.

1. Expend funds
2. Process payments
3. Close contract

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 30th 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

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

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

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

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>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(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 B – Form F SAMPLE

Form F (7/19)

(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. Expend ing 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 filed 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?
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)?
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>
<thead>
<tr>
<th>Table A. XXXX Project (G.O. Bond Funds) Per Act 39, SLH 2019, Item B-xx</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Elements</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Plans</td>
</tr>
<tr>
<td>Land</td>
</tr>
<tr>
<td>Design</td>
</tr>
<tr>
<td>Construction</td>
</tr>
<tr>
<td>Equipment</td>
</tr>
<tr>
<td>Lump Sum</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

B. Timelines.

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

<table>
<thead>
<tr>
<th>Table B (1), XXX Project Estimated Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost Elements</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>Plane</td>
</tr>
<tr>
<td>Design</td>
</tr>
<tr>
<td>Construction</td>
</tr>
</tbody>
</table>
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 D (2). XXX Project – Phases, Costs, Timelines, and Descriptions

<table>
<thead>
<tr>
<th>Phase</th>
<th>Estimated Costs</th>
<th>Estimated Timelines</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Sources of Funds</th>
<th>Amounts</th>
<th>Percent</th>
<th>Status (Secured/Pending)</th>
</tr>
</thead>
<tbody>
<tr>
<td>This CIP Award</td>
<td></td>
<td>#DIV/0!</td>
<td>Secured</td>
</tr>
<tr>
<td>(List any other State CIP grants grantee has received for this project).</td>
<td></td>
<td>#DIV/0!</td>
<td>Secured</td>
</tr>
<tr>
<td>Sub-Total – State CIP Grants</td>
<td>$</td>
<td>-</td>
<td>#DIV/0! Secured</td>
</tr>
<tr>
<td>Other Sources</td>
<td></td>
<td>#DIV/0!</td>
<td></td>
</tr>
</tbody>
</table>
### 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 “Find Your Legislator”
3. Type in the street address of the project

<table>
<thead>
<tr>
<th>Senate District Number</th>
<th>Area Names of your district:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>House District Number</th>
<th>Area Names of your district:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Attachment D – Form PAB SAMPLE**

**FORM PAB**
Department of Budget and Finance (rev. 9/13)

**Questionnaire - General Obligation Bond Fund Appropriations**

**PART 1**
Department and Project

- 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 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
  - 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? ☐ Yes ☐ No
  - If yes, attach schedule and copy of each contract.
- 14 Will any lease, incentive payment contract or management contract be entered into in respect of any portion of the project? ☐ Yes ☐ No
  - If yes, attach schedule and copy of each contract.
- 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? ☐ Yes ☐ No
  - If yes, attach schedule and copy of each contract.

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)).

<table>
<thead>
<tr>
<th>Name of Signer</th>
<th>Signature</th>
<th>Date</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>
Attachment D – Form PAB SAMPLE

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. The Form PAB must be filed with the Budget Program Planning and Management Division of the Government of Hawaii.

Purpose. The purpose of this Form PAB is to solicit 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 law, 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 activity and year of Session as defined under which appropriations have been made or are to be made for the project.

Line 5. Enter the program area (i.e., economic development).

Line 6. Enter the item number of the project.

Line 7. Enter the description of the project (i.e., Waimanalo 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 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 related 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 activities, including the date, amount, and address of each recipient of such funds.
   b. Enter the amount made or expected to be made by the City of Hawaii, including reimbursements, for construction and related activities, including the date, amount, and address of each recipient of such funds.
   c. Enter the amount made or expected to be made by the Department, including reimbursements, for construction and related activities, including the date, amount, and address of each recipient of such funds.
   d. Enter the amount made or expected to be made by private persons or organizations, for construction and related activities, including the date, amount, and address of each recipient of such funds.
   e. Enter the amount made or expected to be made by any other county in the State of Hawaii, including reimbursements, for construction and related activities, including the date, amount, and address of each recipient of such funds.
   f. Enter the amount made or expected to be made by any State of Hawaii, including reimbursements, for construction and related activities, including the date, amount, and address of each recipient of such funds.
   g. Enter the total amount of grants made or expected to be made to entities in the State or Hawaii, including reimbursements, for construction and related activities, including the date, amount, and address of each recipient of such funds.
   h. Enter the total amount of grants made or expected to be made to other State of Hawaii agencies, for construction and related activities, including the date, amount, and address of each recipient of such funds.
   i. Enter the total amount of grants made or expected to be made to any other entity, for construction and related activities, including the date, amount, and address of each recipient of such funds.
   j. Enter the total amount of grants made or expected to be made to any other entity, for construction and related activities, including the date, amount, and address of each recipient of such funds.

Line 11. Attach a schedule containing all details, including amounts and names and addresses of recipients of bond fund appropriations.

Line 12. Enter, in the manner applicable (i.e., 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 incidental, in that same building, in that office, in that business, in the building, in the business, in the building, in the business, in the building, in the business, in the building, in the business). The total common area (i.e., hallways, parking structures) used by all persons and organizations.
   a. Enter the total common area (i.e., hallways, parking structures) used exclusively by the governement and bonuses in the building.
   b. Enter the total amount of grants made or expected to be made to governmental agencies, for construction and related activities, including the date, amount, and address of each recipient of such funds.
   c. Enter the total amount of grants made or expected to be made to private persons and organizations, for construction and related activities, including the date, amount, and address of each recipient of such funds.

Line 13. Attach a schedule containing all details, including amounts and names and addresses of recipients of bond fund appropriations.

Line 14. Check the "yes" box if any lease or contract with a concessionaire is intended to be entered into in respect of any portion of the project (i.e., vending machines, small food stands, pharmacy, pay telephones, newsstand, vending machines, other food services). Attach a separate schedule containing all details concerning the lease, the terms and conditions of the lease or contract, and a copy of the contract.

Line 15. Check the "yes" box if any lease, lease agreement, or management contract is to be entered into in respect of any portion of the project. Attach a schedule containing all details concerning the lease, the terms and conditions of the lease or contract, and a copy of the lease or contract.

Line 16. Check the "yes" box if any payment is expected to be made directly or indirectly by any person or to the Federal government pursuant to a contract or other arrangement in respect of any portion of the project. Attach a schedule containing all details concerning the contract or arrangement, the terms and conditions 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)

<table>
<thead>
<tr>
<th>Project Title</th>
<th></th>
</tr>
</thead>
</table>

**Project Description**

**Total Estimated Project Cost (in Thousands of Dollars):**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTALS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Project Information and Justification**  
(a) Total Scope of Project.

(b) Identification of Need and Evaluation of Existing Situation.

(c) Alternatives Considered and Imped to Project if Deferred.

(d) Discuss What Improvements Will Take Place When Project Completed (Including benefits to be derived and/or deficiencies the 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

<table>
<thead>
<tr>
<th>RECIPIENT ORGANIZATION:</th>
<th>Sample Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MAILING ADDRESS:</td>
<td>123 Smith Street, Honolulu, HI 96813</td>
</tr>
<tr>
<td>2. FUNDING SOURCE:</td>
<td>GIA State</td>
</tr>
<tr>
<td>3. PROGRAM:</td>
<td>Sample Program</td>
</tr>
<tr>
<td>4. CONTRACT NO.</td>
<td>OCS-CIP-17-01</td>
</tr>
<tr>
<td>5. CONTRACT AMOUNT:</td>
<td>$120,000.00</td>
</tr>
<tr>
<td>6. CONTRACT PERIOD:</td>
<td>From: July 1, 2020 To: June 30, 2021</td>
</tr>
<tr>
<td>7. PERIOD COVERED BY THIS REPORT, IF FINAL, MARK BOX:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>From: July 1, 2020 To: September 30, 2020</td>
</tr>
</tbody>
</table>

REQUEST FOR REIMBURSEMENT

Amount Requested For This Period: (All supporting receipts/documents must be attached) $5,250.00

CERTIFICATION: 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: [Signature] Date: 10/15/20

OFFICE OF COMMUNITY SERVICES USE ONLY

APPROVAL FOR PAYMENT

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

Signature - Program Specialist: [Signature] Date:

Signature - Fiscal Section: [Signature] Date:

Signature - Executive Director: [Signature] Date:

OCS FORM 300 / Revised 05/2017
INTERNAL USE ONLY
### Attachment G – Form 310 SAMPLE

#### Form 310 - CIP Expenditure Report

<table>
<thead>
<tr>
<th>RECIPIENT ORGANIZATION</th>
<th>Sample Organization</th>
<th>2. FUNDING SOURCE:</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td>123 Smith Street, Honolulu, HI 98813</td>
<td>Funding Source:</td>
<td>GIA</td>
</tr>
</tbody>
</table>

| PROGRAM: Sample Program | 4. CONTRACT NO. | OCS-CIP-17-01 | 5. CONTRACT AMOUNT | $120,000.00 |

| Contract Period: From: July 1, 2020 To: June 30, 2021 | 7. PERIOD COVERED BY THIS REPORT: From: July 1, 2020 To: Sept 30, 2020 |

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>PROGRAM BUDGET</th>
<th>EXPENDITURES CURRENT PERIOD</th>
<th>EXPENDITURES YEAR TO DATE</th>
<th>VARIANCE VS. BUDGET</th>
<th>% OF BUDGET EXPENDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. PLAN</td>
<td>$3,500.00</td>
<td>$2,500.00</td>
<td>$3,500.00</td>
<td>$0.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>1 Category 1</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td>$2,000.00</td>
<td>$0.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>2 Category 2</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td>$1,500.00</td>
<td>$0.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>3</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>4</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>5</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>6</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>7</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>8</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>B. DESIGN</td>
<td>$2,550.00</td>
<td>$1,750.00</td>
<td>$1,750.00</td>
<td>$1,100.00</td>
<td>61.40%</td>
</tr>
<tr>
<td>1 Category 3</td>
<td>$1,750.00</td>
<td>$1,750.00</td>
<td>$1,750.00</td>
<td>$0.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>2 Category 4</td>
<td>$1,100.00</td>
<td>$1,100.00</td>
<td>$1,100.00</td>
<td>$0.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>3</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>4</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>5</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>6</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>7</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>8</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>C. CONSTRUCTION</td>
<td>$90,850.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$90,850.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>1 Category 5</td>
<td>$25,000.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$25,000.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>2 Category 6</td>
<td>$65,830.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$65,830.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>3 Category 7</td>
<td>$5,205.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$5,205.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>4 Category 8</td>
<td>$28,753.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$28,753.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>5 Category 9</td>
<td>$14,782.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$14,782.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>6</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>7</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>8</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>9</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>10</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>11</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>12</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>13</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>14</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>D. EQUIPMENT</td>
<td>$15,000.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$15,000.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>1 Category 10</td>
<td>$15,000.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$15,000.00</td>
<td>100.00%</td>
</tr>
<tr>
<td>2</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>3</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>4</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>E. LAND ACQUISITION</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>1</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>2</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>3</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>#DIV/0!</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>F TOTAL (Add line A through H)</td>
<td>$120,000.00</td>
<td>$5,250.00</td>
<td>$5,250.00</td>
<td>$114,750.00</td>
<td>4.38%</td>
</tr>
</tbody>
</table>

*OCS FORM 319 / Revised 05/26/17
INTERNAL USE ONLY*
# Attachment H – Cash Request Ledger SAMPLE

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

### RECEIPT ORGANIZATION

Contract: OCS XXX XX.XX

### QUARTER 1 EXPENDITURES

<table>
<thead>
<tr>
<th>Supporting Document Description</th>
<th>Document Date</th>
<th>Document Reference Number (Invoice Number)</th>
<th>Room 318 Budget Line</th>
<th>Period of Performance</th>
<th>Proof of Payment Type and Reference #</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 April Payroll, June 1 and July</td>
<td>3/12/2021</td>
<td>123-456</td>
<td>Payroll</td>
<td>4/1-1/30/2021</td>
<td>Checks 367, 368, and 369</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>2 May Payroll for June, July, and Aug</td>
<td>6/7/2021</td>
<td>123-456</td>
<td>Payroll</td>
<td>2/1-6/30/2021</td>
<td>Checks 350, 351, and 352</td>
<td>$5,100.00</td>
</tr>
<tr>
<td>3 June Payroll, July, and Aug</td>
<td>7/2/2021</td>
<td>123-456</td>
<td>Payroll</td>
<td>7/1-7/31/2021</td>
<td>Checks 350, 351, and 352</td>
<td>$5,100.00</td>
</tr>
<tr>
<td>4 July Payroll, Aug, and Sept</td>
<td>8/2/2021</td>
<td>123-456</td>
<td>Payroll</td>
<td>8/1-8/31/2021</td>
<td>Checks 350, 351, and 352</td>
<td>$5,100.00</td>
</tr>
<tr>
<td>5 August Payroll, Sept, and Oct</td>
<td>9/2/2021</td>
<td>123-456</td>
<td>Payroll</td>
<td>9/1-9/30/2021</td>
<td>Checks 350, 351, and 352</td>
<td>$5,100.00</td>
</tr>
<tr>
<td>6 September Payroll, Oct, and Nov</td>
<td>10/2/2021</td>
<td>123-456</td>
<td>Payroll</td>
<td>10/1-10/31/2021</td>
<td>Checks 350, 351, and 352</td>
<td>$5,100.00</td>
</tr>
<tr>
<td>7 October Payroll, Nov, and Dec</td>
<td>11/2/2021</td>
<td>123-456</td>
<td>Payroll</td>
<td>11/1-11/30/2021</td>
<td>Checks 350, 351, and 352</td>
<td>$5,100.00</td>
</tr>
<tr>
<td>8 November Payroll, Dec, and Jan</td>
<td>12/2/2021</td>
<td>123-456</td>
<td>Payroll</td>
<td>12/1-12/31/2021</td>
<td>Checks 350, 351, and 352</td>
<td>$5,100.00</td>
</tr>
</tbody>
</table>

**Total for Quarter 1:** $15,300.00

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

- **Plan:** $15,300.00
- **Utility:** $15,300.00
- **Office Supplies:** $15,300.00
- **Repair Service:** $15,300.00

### QUARTER 1 REMEMBRANCE AMOUNT REQUESTED

**Total amount requested:** $15,300.00

### INCEPTION TO DATE EXPENDITURE REMEMBRANCE SUMMARY

- **Quarter 1 Remembrance Amount Requested:** $15,300.00
- **Quarter 2 Remembrance Amount Requested:** $15,300.00
- **Quarter 3 Remembrance Amount Requested:** $15,300.00
- **Quarter 4 Remembrance Amount Requested:** $15,300.00
- **Total Amount Requested:** $61,200.00

**Remembrance Received to Date:** $15,300.00

**Balance Now Due:** $0.00

---

OCS CIP GIA Guidelines  
Revised Oct-19
Attachment G – Progress Report SAMPLE

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: General Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program:</td>
<td>Contract Number:</td>
</tr>
<tr>
<td></td>
<td>Contract Amount:</td>
</tr>
<tr>
<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:

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

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.