



**Office of Community Services (OCS)**  
**Department of Labor and Industrial Relations**  
**State of Hawaii**

## **Grant-in-Aid Reimbursement Request Instructions**

This document provides instructions on how to request reimbursement from OCS per a Grant-in-Aid (GIA) contract. This guideline only applies to grants which have been assigned to OCS (Program ID: LBR 903). OCS reserves the right to modify forms or instructions at any time without notice. If your grant was not assigned to OCS, please contact your assigned expending agency for more information.

All GIA contracts are on a reimbursement basis only. In order to be eligible for reimbursement, **all accrued work, expenses, and payments, must be completed during the life of the contract.** Anything outside of this period of performance is ineligible for reimbursement. In addition, the expenses must be in compliance with the project description in the contract, any expenses that veer outside of the agreed upon project will not be reimbursed.

The Grantee submits fiscal and progress reports on a quarterly basis. Customized forms are provided by OCS to the Grantee for completion. All requests for reimbursement must be accompanied by **accurate and complete copies of supporting documentation of expenditures** (e.g., receipts, invoices, timesheets, payroll, bank statements, etc.). The Grantee shall retain all original documentation for its tax, audit, and other purposes.

Reports are due by the 30<sup>th</sup> day after the end of the fiscal quarter, as defined in the contract.

### **Overview:**

1. Fill out Fiscal Forms 300 and 310.
  - Fill out Form 310 first, the data will be transferred to Form 300 automatically.
  - Only modify yellow cells.
  - Use these forms throughout the life of your contract.
2. Fill out Reimbursement Ledger.
3. Compile all supporting documents (e.g., receipts, invoices, timesheets, payroll, etc.). The Grantee shall retain all original documentation for its tax, audit, and other purposes. *Note: Expenses incurred outside of the contract period will not be reimbursed. Order dates, invoice dates, and payment dates must lie within the reporting period.*
4. Fill out the Progress Report.
5. Submit everything to your Program Specialist.

## **Form 310**

Expenditures are input into this form and the information for the period is automatically transferred to Form 300. This form must be submitted as an Excel document.

1. Only fill out yellow cells. If there are errors in the other cells, notify your program specialist.
2. Input the dates for the reporting period, in box #7 "PERIOD COVERED BY THIS REPORT".
3. Select the appropriate quarter, using the drop-down arrow of the yellow box (cell K3). If the drop-down arrow does not appear when you click on the box, you may need to ensure you're scrolled all the way to the left of the screen.
4. Input your expenses per quarter by budget line item in the appropriate "QUARTER EXPENSES" column.
5. Save, submit 310 as an excel spreadsheet or pdf to your program specialist.
6. Use this form for the life of your contract, unless otherwise advised by your program specialist.
7. If you are closing your contract and it is your final report, select the "final report" checkbox above the reporting period end date (cell I9).

**Office of Community Services**

Department of Labor and Industrial Relations

**FORM 310 - CIP Expenditure Report**

<b>1. RECIPIENT ORGANIZATION:</b>		ORGANIZATION NAME		<b>2. FUNDING SOURCE:</b>		ACT 5678		<b>Select cell "K5" for dropdown arrow to choose quarter:</b>			
<b>MAILING ADDRESS:</b>		123 Aloha Street		GIA				<b>Select Quarter</b> ←			
<b>3. PROGRAM:</b>				<b>4. CONTRACT NO.:</b>		<b>5. CONTRACT AMOUNT:</b>					
Design and Construction of XYZ Building				OCS-CIP-500-78		\$200,000.00		<b>Input in yellow cells only</b>			
<b>6. CONTRACT PERIOD</b>			<b>7. PERIOD COVERED BY THIS REPORT</b>			<b>If FINAL, click box</b>		<b>Check "FINAL REPORT" if closing contract</b>			
From:		contract effective date	To:	contract end	From:		quarter start	To:	quarter end		
<b>8. CATEGORIES</b>		PROGRAM BUDGET	CURRENT EXPENDITURES	TOTAL EXPENDITURES	UNEXPENDED FUNDS	% OF BUDGET EXPENDED	QUARTER 1 EXPENSES	QUARTER 2 EXPENSES	QUARTER 3 EXPENSES	QUARTER 4 EXPENSES	
<b>A. PLAN</b>		\$0.00	#N/A	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>1 PLAN</b>			#N/A	\$0.00	\$0.00	#DIV/0!					
<b>B. DESIGN</b>		\$50,000.00	#N/A	\$0.00	\$50,000.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>1 DESIGN</b>		\$50,000.00	#N/A	\$0.00	\$50,000.00	0.00%					
<b>C. CONSTRUCTION</b>		\$150,000.00	#N/A	\$0.00	\$150,000.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>1 CONSTRUCTION</b>		\$150,000.00	#N/A	\$0.00	\$150,000.00	0.00%					
<b>D. EQUIPMENT</b>		\$0.00	#N/A	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>1 EQUIPMENT</b>			#N/A	\$0.00	\$0.00	#DIV/0!					
<b>E. LAND ACQUISITION</b>		\$0.00	#N/A	\$0.00	\$0.00	#DIV/0!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>1 LAND ACQUISITION</b>			#N/A	\$0.00	\$0.00	#DIV/0!					
<b>F. TOTAL (Add line A+B+C+D+E = line F)</b>		\$200,000.00	#N/A	\$0.00	\$200,000.00	0.00%	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

OCS FORM 310 / Revised 03/2022  
INTERNAL USE ONLY

Input reporting period dates

Switch between forms 310 and 300

Form 310

Form 300



**Form 300**

This report imports the total expenses from Form 310 to create the “invoice” for the State. This form must be signed, dated and submitted as a pdf.

1. Ensure all information is correct. The information automatically transferred from Form 310.
2. Print, sign and date.
3. Save, submit 300 as a pdf (with date and signature) to your program specialist.
4. Use this form for the life of your contract, unless otherwise advised by your program specialist.
5. If you are closing your contract and this is the final report, select the “FINAL REPORT” checkbox

Office of Community Services					
Department of Labor and Industrial Relations					
FORM 300 - Cash Report					
<b>1. RECIPIENT ORGANIZATION:</b>		Form 300 310 Tutorial		<b>2. FUNDING SOURCE:</b>	
<b>MAILING ADDRESS:</b>		Tutorial Street Honolulu, HI 9XXX		GIA	
<b>3. PROGRAM:</b>		Teach how to use form 300 and 310		<b>4. CONTRACT NO.</b>	
				OCS-GIA-XX-XX	
				<b>5. CONTRACT AMOUNT</b>	
				\$30,000.00	
<b>6. CONTRACT PERIOD</b>			<b>7. PERIOD COVERED BY THIS REPORT</b>		
From:	January 1, 2022	To:	December 31, 2022	If FINAL, click box <input type="checkbox"/> FINAL REPORT	
Date Contract Signed:	January 1, 2022	From:	start date	To:	end date
<b>8. REQUEST FOR REIMBURSEMENT</b>					
Verify all information, including request amount is correct					
<b>Amount Requested For This Period:</b> (All supporting receipts/documents must be attached)					<b>\$0.00</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		Print Name		Date Report Submitted	
<b>OFFICE OF COMMUNITY SERVICES USE ONLY</b>					
<b>APPROVAL FOR PAYMENT</b>					
I certify satisfactory receipt of goods/services listed in this invoice/form.					
Signature - Program Specialist			Date		

Check "Final Report" if closing contract



Sign and Date

## Reimbursement Ledger

This ledger helps expedite the review process by matching supporting documents provided to the respective budget line item on Form 310. This form must be submitted as an excel.

1. At the bottom of the screen select the appropriate quarter.
2. List each expense and add in the requested information.
  - a. Expense: Description of expense
  - b. Document Date: Date of invoice, receipt, etc. for the expense
  - c. Document Reference Number: Invoice or receipt number of the expense
  - d. Form 310 Budget Line Item: Budget line item that corresponds with the expense
  - e. Period of Performance: Date(s) of when the work occurred/was completed
  - f. Proof of Payment: Corresponding payment document information (e.g. receipt, check number, bank statement)
  - g. Amount: Amount requested for reimbursement
3. To add more lines for additional expenses, click "+" on the left of your screen.
4. "QUARTER TOTAL" and budget line item subtotals must match up with Forms 300 & 310.
5. Save and submit to your program specialist, along with all supporting documentation (e.g. invoices, receipts, bank statements, cancelled checks, etc.)
6. Use this form for the life of your contract, unless otherwise advised by your program specialist.

19	Expense	Document Date	Document Reference Number (Invoice Number)	Form 310 Budget Line	Period of Performance	Proof of Payment (Type and Reference #)	Amount
20	1 Payroll for January 2022	2/1/2022	ABCD1254	Personnel 1	1/1/2022-1/31/2022	Check 1234	\$2,000.00
21	2 Invoice from Office Depot for posters for program	1/23/2022	XYZ987	Supplies	1/23/2022	Receipt 456	\$100.00
22-29	Add expenses and document information in yellow cells. Do not modify green cells.						
120	QUARTER 1 TOTAL						\$2,100.00
121	*This total must match your Form 310 total						
124	THESE LINE ITEM SUBTOTALS MUST MATCH YOUR FORM 310 LINE ITEM SUBTOTALS						
126	Personnel 1						\$2,000.00
127	Personnel 2						\$0.00
128	Supplies						\$100.00
129	Line Item 4						\$0.00

## Program Report

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. This form may be submitted in either pdf or Word.

1. Insert Grantee information at the top
2. Answer the questions—estimated percentage of completion; major activities, highlights and achievements; and any difficulties or challenges.
3. Save and submit to your program specialist. (Note: you may use your own template for Program reports, but questions included on OCS' form, must be answered).

Grant-In-Aid Program Progress Report	
Office of Community Services	
Department of Labor and Industrial Relations	
Recipient Organization:	Funding Sources:
Program:	Contract Number:
	Contract Amount:
	Contract Period (From/To):
Date Report Submitted:	Report Period (From/To):

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

S A M P L E

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

S A M P L E

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.

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**Program and Fiscal 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.

**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 typically takes four weeks to process, from the time all documents are submitted.