

Form A: Quarterly Staffing Report

Part I – Vacancies

Department: Self-explanatory.

Quarterly Update for _____: Identifies actions taken during the identified quarter-ending.

Contact Person/Phone: Self-explanatory.

Program ID: Program ID that the position is budgeted in; if unauthorized, indicate Program ID that provides funding. Positions transferred in/out to other programs should be noted here, and explained in comments.

Legal Authority: All positions must be “authorized budgeted positions” or “unauthorized” positions which may be filled pursuant to Section 119 of Act 164, SLH 2011, with Governor’s approval. Authorizations should be based on the legal authority of a specific statute, the general appropriations act, or other specific legislation in effect. Exempt positions must additionally cite the applicable subsection in Section 76-16, HRS. For positions to be filled pursuant to Section 119, note “unauthorized” in the comments.

Position Title as Budgeted: If authorized, provide position title as indicated in the operating budget (BJ) details; if unauthorized, provide position title as approved. Note: authorized positions should be within the same classification series and of the same means of financing as budgeted.

Permanent/Temporary: Self-explanatory.

Civil Service or Exempt: Indicate if Civil Service or Exempt.

Budgeted Salary: If authorized, provide salary as indicated in the operating budget (BJ) details. If unauthorized, provide salary as approved and indicate the source of funds (appropriate symbol) in the comments.

MOF: Position’s means of financing (must total 100% if multiple financing sources).

Date of Vacancy: Date position became vacant (applicable to positions previously established or filled).

Date Establish/Fill: Anticipated dates (month, day, year) of: 1) establishment and/or 2) filling. “Date to be established” applicable only to positions not yet established.

Comments: Self-explanatory. Provide explanation of differences from previous plans, authorized positions, unauthorized positions or other pertinent comments.

Part II – Positions Filled

Department: Self-explanatory.

Quarterly Update for _____: Identifies actions taken during the identified quarter-ending.

Contact Person/Phone: Self-explanatory.

Program ID: Program ID that the position is budgeted in; if unauthorized, indicate Program ID that provides funding. Positions transferred in/out to other programs should be noted here, and explained in comments.

Legal Authority: All positions must be “authorized budgeted positions” or “unauthorized” positions which may be filled pursuant to Section 119 of Act 164, SLH 2011, with Governor’s approval. Authorizations should be based on the legal authority of a specific statute, the general appropriations act, or other specific legislation in effect. Exempt positions must additionally cite the applicable subsection in Section 76-16, HRS. For positions to be filled pursuant to Section 119, note “unauthorized” in the comments.

Position Title as Budgeted: If authorized, provide position title as indicated in the operating budget (BJ) details; if unauthorized, provide position title as approved. Note: authorized positions should be within the same classification series and of the same means of financing as budgeted.

Position Title as Filled: Indicated title of position as filled if different from the position title as authorized in the operating budget (BJ) details.

Permanent/Temporary: Self-explanatory.

Civil Service or Exempt: Indicate if Civil Service or Exempt.

Budgeted Salary: If authorized, provide salary as indicated in the operating budget (BJ) details. If unauthorized, provide salary as approved and indicate the source of funds (appropriate symbol) in the comments.

Actual Salary: Indicate actual salary being paid if different from the budgeted salary.

MOF: Position’s means of financing (must total 100% if multiple financing sources).

Date Filled: Date position was filled.

Comments: Self-explanatory. Provide explanation of all differences from previous plans, authorized positions, unauthorized positions or other pertinent comments.

(Date)

TO: The Honorable Neil Abercrombie
Governor of Hawaii

THRU: The Honorable Kalbert K. Young, Director
Department of Budget and Finance

FROM: (Department Head, Title)
(Department)

SUBJECT: Request to Establish and Fill (or Extend) Unauthorized (and/or Exempt)
Position

Approval is requested to establish and fill (or extend) the following unauthorized
(and/or exempt) position:

1. Position Title:
2. Description of functions and responsibilities:
 - Note if position is unique; i.e., only position in the organization that performs the particular function.
3. Program ID/title; Division/Branch/Section (as applicable); location:
4. Salary and means of financing (general, special, federal, etc.; for other than general fund, indicate specific fund source):
5. Nature of appointment:
 - a. Projected appointment date:
 - b. Civil service/exempt:
 - c. Duration position needs to be filled:
 - d. Part or full-time (40 hrs. per week) (If part-time, indicate number of hours to work per week.):
 - e. If exempt, attach a copy of Department of Human Resources Development or delegated approval:

6. Justification for establishing and filling (or extending) the position:
- Identify the authority to establish the position.
 - Provide specific, complete justification, including alternatives investigated; specific adverse impacts of delay in hiring; specific adverse, irreparable impact to services to the public, etc.

7. Attach organization chart reflecting where the requested position will be placed.

8. Department review of request:

a. Reviewed and approved by division or attached agency administrator:

Name Telephone Date

Signature

b. Reviewed and approved by department administrative services officer:

Name Telephone Date

Signature

c. Reviewed and approved by department head:

Signature Telephone Date

RECOMMEND:

APPROVAL DISAPPROVAL DEFER

DIRECTOR OF FINANCE

DATE

Request to Establish and Fill (or Extend) Unauthorized (and/or Exempt) Position

Department

Date

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APPROVED

DISAPPROVED

DEFER

NEIL ABERCROMBIE
Governor, State of Hawaii

DATE

(Date)

TO: The Honorable Neil Abercrombie
Governor of Hawaii

FROM: (Department Head, Title)
(Department)

SUBJECT: Request to Increase Expenditure Levels for Federal Funds

1. Program I.D. and Title:
2. Title of Fund (including applicable Public Law):
3. Authorized Appropriation in General/Supplemental Appropriations Act: \$____
for FY ____
4. Current Approved Allocation, if different from Item 3:
5. Additional Amount Being Requested for Expenditure:
6. Date program first notified that federal funds may be available:
7. Date that additional federal funds were known to be available:
8. Source of Additional Funds (Item 5), and the Reason Additional Appropriation
was not Sought During Preceding Legislative Session:
9. Public Benefit of Additional Federal Funds and Intended Program Use of
Additional Funds:

Request to Increase Expenditure Levels for Federal Funds
Department of
Date
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APPROVED

DISAPPROVED

NEIL ABERCROMBIE
Governor, State of Hawaii

DATE

(Date)

TO: The Honorable Neil Abercrombie
Governor of Hawaii

FROM: (Department Head, Title)
(Department)

SUBJECT: Request to Apply for and Expend Federal Grant (Non-Appropriated
Federal Fund) or Request to Expend Federal Grant (Non-Appropriated
Federal Fund)

1. Program I.D. and Title:
2. Expending Agency (If other than above):
3. Title of Grant:
4. Amount of Grant: \$___ for FY ___
5. Date program first notified that federal funds may be available:
6. Date that additional federal funds were known to be available:
7. Reason Additional Appropriation was not Sought During Preceding Legislative Session:
8. Public Benefit of Grant:
9. Intended Program Use of Grant:
10. Will program be continued after this grant? (Y/N)
If yes, how will it be funded?

Request to Apply for and Expend Federal Grant (Non-Appropriated Federal Fund)

- or -

Request to Expend Federal Grant (Non-Appropriated Federal Fund)

Department of

Date

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11. General Fund Impact (e.g., matching requirements, future general fund assumption of program costs, maintenance, positions, etc.):

APPROVED

DISAPPROVED

NEIL ABERCROMBIE
Governor, State of Hawaii

DATE

(Date)

The Honorable Shan Tsutsui
President of the Senate
Twenty-Sixth State Legislature
State Capitol
Honolulu, Hawaii 96813

Dear Senator Tsutsui:

Pursuant to Section 91 of Act 164, SLH 2011, the Department of _____
has requested approval to (expend additional federal funds/apply for and expend
unappropriated federal grant funds/expend unappropriated federal grant funds) for
the Program Title (Program ID) by \$_____. These funds were not appropriated
because:

Attached is a copy of the department's request.

Aloha,

(DEPARTMENT HEAD)
(Title)

Attachment

c: Honorable David Y. Ige
Honorable Kalbert K. Young

(Date)

The Honorable Calvin K. Y. Say
Speaker of the House of Representatives
Twenty-Sixth State Legislature
State Capitol
Honolulu, Hawaii 96813

Dear Representative Say:

Pursuant to Section 91 of Act 164, SLH 2011, the Department of _____
has requested approval to (expend additional federal funds/apply for and expend
unappropriated federal grant funds/expend unappropriated federal grant funds) for
the Program Title (Program ID) by \$_____. These funds were not appropriated
because:

Attached is a copy of the department's request.

Aloha,

(DEPARTMENT HEAD)
(Title)

Attachment

c: Honorable Marcus R. Oshiro
Honorable Kalbert K. Young

(Date)

TO: The Honorable Neil Abercrombie
Governor of Hawaii

THRU: The Honorable Kalbert K. Young, Director
Department of Budget and Finance

FROM: (Department Head, Title)
(Department)

SUBJECT: Request to Allot and Expend a CIP Grant Pursuant to Chapter 42F,
Hawaii Revised Statutes

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 CIP Grant: \$_____ for FY _____
Means of Financing: _____
Act ____, SLH ____, Item No. _____

5. Description of project/outcomes:

(Describe:

- a. *The overall 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. E.g., 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.*

- b. What are the measurable results expected from the grant at the end of the grant period?)*

6. Public purpose

(Describe:

- a. The program objective of the department that the CIP project supports; if the project does not support the program objective to which funds were appropriated or any other program objective of the expending department, include a discussion on which program/department may be more appropriate.*
- b. The extent to which the services provided by the project complement or duplicate services provided by the department, including services provided through purchase of service contracts under Chapter 103F, HRS, Purchases of Health and Human Services.*
- c. A PAB form 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 PAB form?)*

7. Funding:

(Describe:

- a. What portion (plan, design, construction, equipment) of the overall project will be funded by the requested release?*
- b. Is the grant intended to purchase land?*
 - i. If yes, how are the conditions contained in Section 42F-103(d) being met?*
- c. If the grant only provides planning/design funds:*
 - i. What is the total cost of construction and how will the construction phase be funded?*
 - ii. Is there a commitment of non-State grant funds to cover construction costs?*
 - iii. If no, what is the potential request to the State for grant funds to cover construction costs?*
- d. If this is to fund an ongoing project, for how many fiscal years has the recipient been receiving grants for the project? List the amounts released by prior appropriation act/year and means of financing.*

- e. *If the grant is to provide the State's matching portion of a project, are the funds to be matched guaranteed?*
- f. *Has the recipient received grants for any other CIP project? If yes, list the projects (including 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.*
- g. *What are the other funding sources, if any, received by the recipient to support the project?*
- h. *Are the other sources sustainable?*
- i. *Was a grant request submitted to the 2011 Legislature to continue to provide funding for the same project as this request to release grant funds? If yes, briefly describe the request.*
- j. *What is the organization doing to become self sufficient (i.e., manage without Chapter 42F, HRS, CIP grants)?*

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

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, Hawaii Revised Statutes.

Attached is a copy of the grant application, the allotment advice, Table R, and other applicable documents.

RECOMMEND:

APPROVAL

DISAPPROVAL

Director of Finance

Date

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

DISAPPROVED

NEIL ABERCROMBIE
Governor, State of Hawaii

DATE

FORM PABDepartment of Budget
and Finance (rev. 7/94)**Questionnaire - General Obligation Bond Fund Appropriations**

PART 1		Department and Project	
1 Department			
2 Project Name		3 Project CIP No.	
4 Session Law (act no. and year)	5 Program Area Function	6 Item No.	
7 Project Description			

PART 2		Project Cost and Funding Sources	
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		

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			
		Square Footage	Percentage of Total
a	Total common area		
b	Total area used by State of Hawaii and counties		
c	Total area used by Section 501(c)(3) corporations		
d	Total area used by private persons and organizations and Federal government in trade or business		
e	Total area		

PART 4		Payment of operating and debt service costs and management of project	
13 Will any lease or contract with a concessionaire or vendor be entered into in respect of any portion of the project? If yes, attach schedule and copy of each contract.		<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

Name of Signer	Signature	Date	Telephone Number
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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., Waianae 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 judgment claim, a contract settlement payment).
- c. Enter the total amount of grants made or expected to be made to counties in the State of Hawaii.
- d. Enter the total amount of grants made or expected to be made to section 501(CX3) corporations.
- e. Enter the total amount of grants made or expected to be made to private persons and organizations and the federal government.
- f. Enter the total amount of loans made or expected to be made to counties in the State of Hawaii.
- g. Enter the total amount of loans made or expected to be made to section 501(CX3) corporations.
- h. Enter the total amount of loans made or expected to be made to private persons and organizations and the federal government.
- i. Enter the total of the amounts in a, b, c, d, e, f, g and h of Line 11.

Attach a schedule containing all details, including amounts and name and address of recipients of bond fund appropriations.

Line 12. Enter, to the extent applicable (e.g., an office building), the total square footage and percentage of total square footage of the project used by various persons or organizations. All use, including indirect and incidental use, is to be included.

- a. The total common area (e.g., hallways, parking structure) used by all persons and organizations.
- b. The total area (excluding the common area) used exclusively by the State of Hawaii and counties in Hawaii.
- c. The total area (excluding the common area) used exclusively by section 501(CX3) corporations.
- d. The total area (excluding the common area) used exclusively by private persons and organizations (including concessionaires and vendors) and the Federal government in their trade or business.
- e. Enter the total of the amounts in a, b, c and d of Line 12.

Attach a schedule containing all details, including a breakdown by area used, and name and address of each user.

Line 13. Check the 'yes' box if any lease or contract with a concessionaire or vendor is expected to be entered into in respect of any portion of the project (e.g., 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 contractor arrangement, the terms and provisions of the contract or arrangement, and a copy of the contractor a description of the arrangement.*