

Attachment 6

CIP Submission

- Tables P, Q, R (from eBUDDI)
- Form S
- Form PAB

STATE OF HAWAII

TABLE P-CAPITAL PROJECT DETAILS

PROGRAM ID: AGR-101
 RUN DATE: August 2, 2006

PROG-ID	TB	CAPITAL PROJECT	SENATE	PRIORITY	REP	PROJ
DEPT-NO	CD	NUMBER	DIST	NUMBER	ISL	DIST SCOPE
AGR-101	P	TEST	1	1	O	1 N

PROJECT TITLE

PROJECT TITLE, ISLAND

PROJECT DESCRIPTION

PLANS, LAND ACQUISITION, DESIGN, CONSTRUCTION AND EQUIPMENT FOR A NEW PROJECT.

REQUIRED APPROPRIATIONS (IN THOUSANDS OF DOLLARS)

PART I: BY ELEMENTS	M O F	PRIOR YEARS	BUDGET PERIOD								SUCCEED YEARS
			FY 2003-04	FY 2004-05	FY 2005-06	FY 2006-07	FY 2007-08	FY 2008-09	FY 2009-10	FY 2010-11	
PLANS	*	0	0	0	0	0	1	0	0	0	0
LAND ACQUISTION	*	0	0	0	0	0	1	0	0	0	0
DESIGN	*	0	0	0	0	0	1	0	0	0	0
CONSTRUCTION	*	0	0	0	0	0	0	1	0	0	0
EQUIPMENT	*	0	0	0	0	0	0	1	0	0	0
TOTAL		0	0	0	0	0	3	2	0	0	0
PART II: BY MEANS OF FINANCING											
G.O. BONDS	C	0	0	0	0	0	3	2	0	0	0
TOTAL		0	0	0	0	0	3	2	0	0	0

Note: Budget Period will be FB 08 – 09.

STATE OF HAWAII

TABLE Q-CAPITAL PROJECT DETAILS

PROGRAM ID AGR-101
 RUN DATE August 2, 2006

PROG-ID DEPT-NO	TB CD	CAPITAL PROJECT NUMBER	PHASE	IMPLEMENTATION SCHEDULE			COMPLETION DATES				
				START DATES			COMPLETION DATES				
				ORIGINAL MO YR	CURRENT MO YR	ACTUAL MO YR	ORIGINAL MO YR	CURRENT MO YR	ACTUAL MO YR		
AGR-101	Q	TEST	PLANS	07	07						
			SITE SELECTION	07	07						
			SITE ACQUISITION	08	07						
			DESIGN	12	07						
			CONSTRUCTION	12	08						
			EQUIPMENT	12	09						
			OCCUPANCY	01	10						

EFFECTS ON OPERATING BUDGET (IN THOUSANDS)				
TOTAL	SALARIES	MAINTENANCE	OTHER EXPENSES	UTILITIES
0	0	0	0	0

EXPECTED EXPENDITURES (IN THOUSANDS)

PART I: BY ELEMENTS	M O F	PRIOR YEARS	FY	SUCCEED YEARS							
			2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	
PLANS	*	0	0	0	0	0	1	0	0	0	0
LAND ACQUISITION	*	0	0	0	0	0	1	0	0	0	0
DESIGN	*	0	0	0	0	0	1	0	0	0	0
CONSTRUCTION	*	0	0	0	0	0	0	1	0	0	0
EQUIPMENT	*	0	0	0	0	0	0	1	0	0	0
TOTAL		0	0	0	0	0	3	2	0	0	0
PART II: BY MEANS OF FINANCING											
G.O. BONDS	C	0	0	0	0	0	3	2	0	0	0
TOTAL		0	0	0	0	0	3	2	0	0	0

Note: Budget Period will be FB 08 – 09.

STATE OF HAWAII

TABLE Q-CAPITAL PROJECT DETAILS

PROGRAM ID AGR-101
RUN DATE August 2, 2006

<u>PROG-ID</u>	<u>TB</u>	<u>CAPITAL PROJECT</u>	<u>COST</u>	<u>COST ESTIMATES</u>	<u>(\$1,000'S)</u>	<u>FINAL COST</u>
<u>DEPT-NO</u>	<u>CD</u>	<u>NUMBER</u>	<u>ELEMENTS</u>	<u>ORIGINAL</u>	<u>CURRENT</u>	<u>(\$1,000'S)</u>
AGR-101	Q	TEST	PLANS	1	0	0
			LAND ACQUISITION	1	0	0
			DESIGN	1	0	0
			CONSTRUCTION	1	0	0
			EQUIPMENT	1	0	0
			TOTAL	5	0	0

STATE APPROPRIATIONS (\$1,000'S)

<u>SLH</u>	<u>YR</u>	<u>ACT</u>	<u>ITEM</u>	<u>TOTALS</u>	<u>PLANS</u>	<u>LAND</u>	<u>ACQUISITION</u>	<u>DESIGN</u>	<u>CONSTRUCTION</u>	<u>EQUIPMENT</u>
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CAPITAL PROJECT INFORMATION AND JUSTIFICATION SHEET

SCOPE CODES

N-NEW

I-RENOVATION

A-ADDITION

R-REPLACEMENT

O-OUTGOING

DATE
August 2, 2006

EXPENDING AGENCY: AGR		CAPITAL PROJECT NUMBER	ISLAND	SEN DIST	REP DIST	PRIORITY No.	PREVIOUS PRIO NO.	PROJ. SCOPE
USER PROGRAM ID	DEPT NUMBER		0	1	1			
AGR	101	TEST				1		N

PROJECT TITLE: PROJECT TITLE, ISLAND

PROJECT DESCRIPTION: PLANS, LAND ACQUISITION, DESIGN, CONSTRUCTION AND EQUIPMENT FOR A NEW PROJECT.

TOTAL ESTIMATED PROJECT COST (in Thousands of Dollars)

PRIOR APPROPRIATIONS:

SLH YR ACT	ITEM #	TOTAL	PLANS	LAND ACQUISITION	DESIGN	CONSTRUCTION	EQUIPMENT
		0	0	0	0	0	0

REQUESTED APPROPRIATIONS:

COST ELEMENT	APPROPRIATIONS (including MOF)			TOTAL PROJECT COST
	FY 2006	FY 2007	FUTURE YEARS	
PLANS	0	0	1	1
LAND	0	0	1	1
DESIGN	0	0	1	1
CONSTRUCT	0	0	1	1
EQUIPMENT	0	0	1	1
TOTALS	0	0	5	5

MOF C	0	0	5	5
TOTALS	0	0	5	5

Note: Budget Period will be FB 08 – 09.

PROJECT INFORMATION AND JUSTIFICATION

A. TOTAL SCOPE OF PROJECT:

TO BE COMPLETED BY DEPARTMENT

B. IDENTIFICATION OF NEED AND EVALUATION OF EXISTING SOLUTION:

TO BE COMPLETED BY DEPARTMENT

C. ALTERNATIVES CONSIDERED AND IMPACT IF PROJECT IS DEFERRED.

TO BE COMPLETED BY DEPARTMENT

D. DISCUSS WHAT IMPROVEMENTS WILL TAKE PLACE WHEN PROJECT COMPLETED (INCLUDING BENEFITS TO BE DERIVED AND/OR DEFICIENCIES THIS PROJECT INTENDS TO CORRECT)

TO BE COMPLETED BY DEPARTMENT

E. IMPACT UPON FUTURE OPERATING REQUIREMENTS (SHOW INITIAL AND ONGOING FUNDING REQUIREMENTS BY COST ELEMENT, INCLUDING POSITION COUNT, MEANS OF FINANCING, FISCAL YEAR)

TO BE COMPLETED BY DEPARTMENT

F. ADDITIONAL INFORMATION

TO BE COMPLETED BY DEPARTMENT

Date Prepared/Revised:

**FB 07-09 BUDGET
DEPARTMENT SUMMARY OF PROPOSED CIP LAPSES AND NEW CIP REQUESTS
DEPARTMENT OF**

PART A: PROPOSED LAPSES					Amount	
Act/Yr	Item No.	Proj No.	Project Title and Reason for Lapsing	MOF	FY 08	FY 09

TOTAL					-	-
BY MOF						
General Fund	A				-	-
Special Funds	B				-	-
General Obligation Bonds	C				-	-
Reimbursable GO Bonds	D				-	-
Revenue Bonds	E				-	-
Federal Funds	N				-	-
Private Contributions	R				-	-
County Funds	S				-	-
Interdepartmental Transfers	U				-	-
Revolving Funds	W				-	-
Other Funds	X				-	-

PART B: NEW REQUESTS							
Req Cat	Dept Pri	Prog ID	Proj No.	Project Title	MOF	FY 08	FY 09

TOTAL					-	-
BY MOF						
General Fund	A				-	-
Special Funds	B				-	-
General Obligation Bonds	C				-	-
Reimbursable GO Bonds	D				-	-
Revenue Bonds	E				-	-
Federal Funds	N				-	-
Private Contributions	R				-	-
County Funds	S				-	-
Interdepartmental Transfers	U				-	-
Revolving Funds	W				-	-
Other Funds	X				-	-

- Request Category:
- M Maintenance of Existing Facilities
 - C Completion of Current Projects
 - HS Health, Safety, Court Mandates
 - E Energy Efficiency
 - G Governor's Program Initiatives
 - O Other

INSTRUCTIONS FOR FORM S: SUMMARY OF CIP LAPSES AND NEW REQUESTS

Form S consists of Part A - Proposed Lapses and Part B - New Requests.

Item Description and Preparation InstructionsDate Prepared/Revised

Underscore as applicable and enter date.

Part A - Proposed LapsesAct/Year

Enter the act number and year enacted of the project that is being proposed for lapsing.

Item Number

Enter the item number of the project from Part IV of the appropriations act (e.g., G-12).

Capital Project Number

Enter the capital project number as shown in the appropriations act.

Project Title and Reason for Lapsing

Enter the project title as shown in the appropriations act and the reason why the appropriation should be lapsed (e.g., project completed, project cancelled, etc.).

Means of Financing (MOF) and Amount

Enter the MOF and the amount of funds proposed for lapsing.

Total by MOF

Totals, including breakdown by MOF, will be automatically computed. If lapsing an MOF which is not shown on Form S, you can type over (overstrike) any unused MOF line (letter code and description) with the desired MOF code and description. Formulas have been entered on these lines to compute the MOF totals automatically.

Part B - New Requests

Request Category

Indicate the type of request, as allowed in the Budget guidelines.

- Maintenance of Existing Facilities.
- Completion of Current Projects.
- Health, Safety, Court Mandates: Requests for critical, unanticipated emergencies relating to public health and safety, or court order/federal mandate requirements.
- Energy Efficiency.
- Governor's Program Initiatives: Requests initiated by the Governor's Office.
- Other: Requests that do not fit the above categories.

Priority

Enter the unique priority number that your department has assigned to this request.

Program ID and Project Number

Enter the program ID and project number of the project. Do not leave these fields blank.

Project Title

Enter the facility or project name and brief descriptive statement of the project; e.g., Kahuku High School - repave parking lot.

MOF and FB 2007-09

Enter the requested amounts by MOF for each project.

Total by MOF

Totals, including breakdown by MOF, will be automatically computed. If requesting an MOF not shown on Form S, you can type over (overstrike) any unused MOF line (letter code and description) with the desired MOF code and description. Formulas have been entered on these lines to compute the MOF totals automatically.

FORM PAB

Department 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.*