EXHIBIT F

Financial Status Report/Payment Request to the City (PR-01)

EXHIBIT F

CITY AND COUNTY OF HONOLULU
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
FORM PR-01 FINANCIAL STATUS REPORT/PAYMENT REQUEST
INSTRUCTIONS

Use Form PR-01 to request payment from the City and County of Honolulu (City) for your Community Development Block Grant (CDBG) project. **Must be printed and submitted on original Agency letterhead.**

AGENCY NAME & ADDRESS	Enter the Agency's name and address.
PAYMENT REQUEST	
Request Date:	Enter the date the Payment Request is prepared.
Number:	Starting at number 1, use consecutive numbers for the Payment Requests you submit to the City.
Period Covered:	Enter the period covered by the Payment Request. For example: If you are requesting reimbursement for October 2006 expenses, enter: 10/01/06 - 10/31/06.
PROJECT TITLE	Enter the name of your project.
AGREEMENT:	
Agreement Number:	Enter your subrecipient agreement number.
Agreement Period:	Enter the Project Period's starting and ending dates. The Starting Date is the date of the Notice To Proceed from the City. The Ending Date is determined by adding total months allowed in the Agreement for completion of services to the NTP date.
Payment request amount:	In the section that starts "In accordance with the terms and conditions ..." enter the total amount requested in the space provided. (Total of Column d.)
Expenditures:	Using the approved Detailed Budget, enter the following for each budget item:
a. Expenditure Category:	Enter the expenditure category, as stated in your contract. Examples: Salaries/Wages; Fringe Benefits; Professional/Contractual Fees; Other-Office Rent; Other-Office Utilities; etc.
b. Budget Amount:	Enter the budgeted amount approved for the category (per your contract).
c. Prior Requests:	For each category, enter the amount reported in prior Payment Requests. In the first request, this will be -0- for all categories. For all other requests, this will be the amount reported in Column e (Cumulative Total) from your last request.
d. Current Requests:	For each category, enter the amount expended during the period covered by the Payment Request.
e. Cumulative Total:	Enter the total of Column c (Prior Requests) and Column d (Current Requests).
f. Budget Balance:	Subtract the amount in Column e (Cumulative Total) from the amount in Column b (Budget Amount) and enter the result here.
Total Expenditures:	Enter the total for each column. The total for Column d (Current Request) should be the same as the **Payment Request Amount** above.
Subrecipient Certification	An authorized Subrecipient official must sign the form to certify the report.

Payment Recommended Approved for Payment	For City Use Only.

PR-01 FINANCIAL STATUS REPORT/PAYMENT REQUEST
ADDITIONAL INSTRUCTIONS

1. **General Guidelines**

   a. Submit Payment Requests for immediate cash needs only. Immediate cash needs include costs that you have paid which are eligible for reimbursement from the City, costs for goods and services that you have received and are payable at the time the payment request is being prepared, and special disbursement needs for which you have received prior written approval from the City.

   Upon receipt of payment from the City, you will be expected to deposit and disburse all funds within three days.

   b. Only costs required to achieve the objectives of the CDBG grant may be charged to the grant, and these costs must be budgeted, necessary and reasonable.

   c. Costs incurred prior to your Notice To Proceed letter and costs incurred after the expiration of your Project Period are not allowed.

   d. Copies of invoices must be submitted with your Payment Requests.

      1) Invoices must be legible and itemized. An itemized invoice is one that shows a description and cost of the item(s) purchased.

      2) Statements that only list your invoices are not acceptable.

      3) Only current charges on an invoice will be paid. Past due amounts that may be shown on an invoice will not be paid unless the past due invoice(s) are also submitted.

      4) Invoices from Independent Contractors must include a description of the services performed and the contractor's signature.

      5) If the grant is being charged for just a portion of the total invoice amount, on the invoice provide a breakdown of the CDBG and non-CDBG portions, and explain the basis of proration (i.e., how the costs were prorated between CDBG and non-CDBG programs).

   e. Be sure your reports are accurate and consistent, and that documentation is complete and in order. Failure to do so will delay the processing of your Payment Request.

2. **Preparing the Payment Request Attachments.**

   Attach legible copies of itemized bills, invoices, or receipts for which you are requesting payment. Organize the invoices for submittal in one of the following ways:

   a. By Budget Category, prepare a list of invoices (Vendor, Invoice Date, Number, Amount) you are submitting with subtotals for each category; and attach invoices in the order shown; OR

   b. Group your invoices by Budget Category, print a calculator tape showing the amount paid for each invoice and the total of each category. Attach invoice copies to the tape in the order shown.

   * The subtotal for each category should be the amount reported on your PR-01 Form in Column d.

PR-01 FINANCIAL STATUS REPORT/PAYMENT REQUEST
ADDITIONAL INSTRUCTIONS (Continued)

3. **Payroll Costs.**

   If you are requesting payment for payroll costs (salaries/wages and payroll taxes), you must attach a Payroll Summary Report. Payroll Summary Reports should be by pay period and include, at a minimum:

   a. Pay Period Start and End Dates

   b. By Employee:
      Name and Title
      Gross Wages
      Applicable payroll taxes and fringe benefits
      Basis of proration of payroll costs (e.g. % of total hours)
      Costs charged to CDBG

   c. Certification:

      An authorized official must certify that the Payroll Summary Report is true and correct and that the hours of work for the CDBG Project reported reflect actual hours of time spent by employees to achieve the objectives of the Project as documented by employee timesheets duly signed by the employee and a responsible supervisory official.

   * Payroll costs must be supported by Timesheets that are signed by the Employee and a responsible Supervisory Official. If the Employee works on more than one project/program/activity, the Timesheet must show a breakdown of time spent on each activity by funding source. Timesheets do not need to be submitted with the Payroll Summary Report, but must be retained for monitoring and/or auditing purposes for the required Record Retention Period of the Agreement.

   A Sample Payroll Summary Report and a Sample Timesheet are attached.

4. **Procurement Documentation.**

   a. You are required to adopt and comply with procurement procedures that meet the requirements of CDBG regulations found in 24 CFR §§ 84.40 - 84.48 and your subrecipient agreement. The most restrictive requirements will apply. Your accounting records should always include documentation that you are complying with applicable policies, procedures and grant restrictions.

   b. For purchases in excess of $10,000, you are required to keep on file records that document the basis for contractor selection; justification for lack of competition when competitive bids or offers are not obtained; and the basis for the award cost or price.

   c. For any purchase in excess of $10,000, attach a procurement summary to the first invoice submitted for the purchase. The procurement summary should include:

      1) A description of the goods or services procured (the specifications);

      2) The method of procurement used;

      3) A list of bidders (Business Name, Contact Name and Phone Number, Bid Amount);

      4) The selected bidder and contract amount;

      5) Justification, if the selected bidder is a sole bidder or the selected contract was not the lowest bid;

PR-01 FINANCIAL STATUS REPORT/PAYMENT REQUEST
ADDITIONAL INSTRUCTIONS (Continued)

      6) The names of parties involved in selection of the contractor; indication of whether any of the parties have a relationship with the contractor that would result in a real or apparent conflict of interest; and, if so, identify the parties on both sides, their relationship, and how the issue was resolved;

      7) Certification that the information provided in the summary is true and accurate and that the related procurement records (including Bid Specifications, Invitation for Bids, Bids Received, documentation of the evaluation and selection process) will be retained for the required record retention period and made available to representatives of the City and County of Honolulu and U.S. Department of Housing and Urban Development upon request.

   A sample Procurement Summary form is attached.

***** Must be printed and submitted on original Agency letterhead *****

CITY AND COUNTY OF HONOLULU
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
FINANCIAL STATUS REPORT/PAYMENT REQUEST

AGENCY NAME & ADDRESS:

_____
_____
_____
_____

PAYMENT REQUEST:

Date: _____
Number: _____
Period Covered: _____

PROJECT TITLE:

_____

AGREEMENT:

Agreement Number: _____
Agreement Period: _____

In accordance with the terms and conditions of the above-noted agreement, we hereby request payment in the amount of : _____. This payment will be applied to the following categories:

a. Expenditure Category	b. Budget Amount	c. Prior Requests	d. Current Request	e. Cumulative Total (c+d)	f. Budget Balance (b-e)
Total Expenditures					

Subrecipient Certification:

I certify, to the best of my knowledge, that the information reported above is true and accurate, and that all expenditures were incurred in the performance of services specified in the Agreement and have not been previously reimbursed.

Revisions:

This Payment Request includes revisions for:

Type	Amend. No.	Amend. Date
Budget		
Project Period		

_____
Authorized Subrecipient Signature

Payment Recommended:

_____
Project Manager

Approved for Payment:

_____
Director, Department of Community Services

CITY AND COUNTY OF HONOLULU
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)
PAYMENT REQUEST

AGENCY NAME & ADDRESS:

_____
_____
_____
_____

PAYMENT REQUEST:

Date: _____
Number: 1
Period Covered: _____

PROJECT TITLE:
CDBG FY26 Acquisition

AGREEMENT:

Agreement Number: CT-DCS-
Agreement Period: _____

In accordance with the terms and conditions of the above-noted agreement, we hereby request payment in the amount of : _____. This payment will be applied to the following categories:

a. Expenditure Category	b. Budget Amount	c. Prior Requests	d. Current Request	e. Cumulative Total (c+d)	f. Budget Balance (b-e)
		-	-	-	-
Acqusition	-	-	-	-	-
		-	-	-	-
		-	-	-	-
		-	-	-	-
		-	-	-	-
		-	-	-	-
SUBTOTAL	-	-	-	-	-
			-	-	-
Total Expenditures	-	-	-	-	-

Subrecipient Certification:

I certify, to the best of my knowledge, that the information reported above is true and accurate, and that all expenditures were incurred in the performance of services specified in the Agreement and have not been previously reimbursed.

Revisions:

This Payment Request includes revisions for:

Type	Amend No.	Amend Date
Budget		
Project Period		

_____
Authorized Subrecipient Signature

Payment Recommended:

_____
Project Manager

_____
CBDD Administrator

Approved for Payment:

_____
Director, Department of Community Services

***** Must be printed and submitted on original Agency letterhead *****

CITY AND COUNTY OF HONOLULU
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
FINANCIAL STATUS REPORT/PAYMENT REQUEST

AGENCY NAME & ADDRESS:
ABC Charities Hawaii
1234 King Street
Honolulu, Hawaii 96813

PAYMENT REQUEST:
Date: November 5, 2008
Number: 1
Period Covered: 10/1/08 - 10/31/08

PROJECT TITLE:
Adult Day and Health Care Services

AGREEMENT:
Agreement Number: CT-DCS-0890012
Agreement Period: 10/01/08 - 09/30/09

In accordance ~~with the terms~~ and conditions of the above-noted agreement, we hereby request payment in the amount of : $8,466.67 . This payment will be applied to the following categories:

a. Expenditure Category	b. Budget Amount	c. Prior Requests	d. Current Request	e. Cumulative Total (c+d)	f. Budget Balance (b-e)
Salaries & Wages	55,000.00	-	4,583.33	4,583.33	50,416.67
Fringe Benefits	13,000.00	-	1,083.33	1,083.33	11,916.67
Professional/Contractual Fees	2,500.00	-	500.00	500.00	2,000.00
Other Costs					
Program Supplies	2,000.00	-	250.00	250.00	1,750.00
Facility Rent/Utilities	24,000.00	-	2,000.00	2,000.00	22,000.00
Telephone	600.00	-	50.00	50.00	550.00
Total Expenditures	97,100.00	-	8,466.67	8,466.67	88,633.33

Subrecipient Certification:

I certify, to the best of my knowledge, that the information reported above is true and accurate, and that all expenditures were incurred in the performance of services specified in the Agreement and have not been previously reimbursed.

JoAnn Smith

Authorized Subrecipient Signature

Payment Recommended:

Project Manager

Approved for Payment:

Director, Department of Community Services

***** Must be printed and submitted on original Agency letterhead *****

CITY AND COUNTY OF HONOLULU
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM
FINANCIAL STATUS REPORT/PAYMENT REQUEST

AGENCY NAME & ADDRESS:
ABC Charities Hawaii
1234 King Street
Honolulu, Hawaii 96813

PAYMENT REQUEST:
Date: December 5, 2008
Number: 2
Period Covered: 11/1/08 - 11/30/08

PROJECT TITLE:
Adult Day and Health Care Services

AGREEMENT:
Agreement Number: CT-DCS-0890012
Agreement Period: 10/01/08 - 09/30/09

In accordance with the terms and conditions of the above-noted agreement, we hereby request payment in the amount of : $6,750.00 . This payment will be applied to the following categories:

a. Expenditure Category	b. Budget Amount	c. Prior Requests	d. Current Request	e. Cumulative Total (c+d)	f. Budget Balance (b-e)
Salaries & Wages	55,000.00	4,583.33	3,850.00	8,433.33	46,566.67
Fringe Benefits	13,000.00	1,083.33	750.00	1,833.33	11,166.67
Professional/Contractual Fees	2,500.00	500.00	-	500.00	2,000.00
Other Costs					
Program Supplies	2,000.00	250.00	100.00	350.00	1,650.00
Facility Rent/Utilities	24,000.00	2,000.00	2,000.00	4,000.00	20,000.00
Telephone	600.00	50.00	50.00	100.00	500.00
Total Expenditures	97,100.00	8,466.67	6,750.00	15,216.67	81,883.33

From Payment Request No. 1, Column e.

Subrecipient Certification:

I certify, to the best of my knowledge, that the information reported above is true and accurate, and that all expenditures were incurred in the performance of services specified in the Agreement and have not been previously reimbursed.

JoAnn Smith

Authorized Subrecipient Signature

Payment Recommended:

Project Manager

Approved for Payment:

Director, Department of Community Services

PAYROLL SUMMARY REPORT **For Pay Period From:** 03/01/08 **To:** 03/15/08

Employee	Title/Position	Gross Wages	FICA/Med 0.0765	SUI 0.0205	WCI 0.035	TDI 0.0108	Health Ins (1/2 Mon)	Total Sal & FB	ESG % of Ttl Time	ESG Salaries	ESG F/B
Lee, J	Exec Director	3,033.33	232.05	62.18	106.17	32.76	162.00	3,628.49	5%	151.67	29.76
Silva, S	Pgm Manager	2,773.33	212.16	56.85	97.07	29.95	162.00	3,331.37	50%	1,386.67	279.02
Kealoha, L	Pgm Specialist	2,166.67	165.75	44.42	75.83	23.40	-	2,476.07	72%	1,560.00	222.77
Meyer, D	Pgm Specialist	2,123.33	162.44	43.53	74.32	22.93	162.00	2,588.55	100%	2,123.33	465.21
Jones, C	Pgm Aide	740.00	56.61	15.17	25.90	7.99	-	845.67	100%	740.00	105.67
Smith, A	Pgm Aide	1,340.00	102.51	27.47	46.90	14.47	162.00	1,693.35	50%	670.00	176.68
		12,176.67	931.52	249.62	426.18	131.51	648.00	14,563.49		6,631.67	1,279.10

Rates must be current and documented!

% of time must be documented in Timesheets!

CERTIFICATION

I certify that the payroll information reported above is true and correct, and that payroll charges to the ESG Progam reflect the actual hours of time spent by employees to achieve the objectives of the ESG Project and are documented by employee timesheets duly signed by the employee and a responsible supervisory official.

Official's Signature Jamie Lee Date: 3/17/08

Official's Name & Title Jamie Lee, Executive Director

ABC Charities, Inc.
Semi-Monthly Timesheet

Employee: Leilani Kealoha Title: Elderly Program Services Specialist
Pay Period Fr: 03/01/08 To: 03/15/08

Pay Period	CDBG-Elderly Day Care	SOH-Caregivers Class	Congregate Meal	Senior Recreation	Subtotal Work Hours	Paid Holiday	Paid Vacation	Paid Sick	Paid Other Leave	Subtotal Paid Leave Hours	Total	Description of Work (Attach a log if necessary)
1st	a	b	c	d								
1					-					-	-	
2					-					-	-	
3	4.00		4.00		8.00					-	8.00	a-Activities Leader; c-Lunch Service
4	8.00				8.00					-	8.00	a-Activities Leader
5	4.00		4.00		8.00					-	8.00	a-Activities Leader; c-Lunch Service
6	8.00				8.00					-	8.00	a-Activities Leader
7					-	8.00				8.00	8.00	a-Activities Leader; c-Lunch Service
8					-					-	-	
9					-					-	-	
10	4.00		4.00		8.00					-	8.00	a-Activities Leader; c-Lunch Service
11	8.00				8.00					-	8.00	a-Activities Leader
12	4.00		4.00		8.00					-	8.00	a-Activities Leader; c-Lunch Service
13	8.00				8.00					-	8.00	a-Activities Leader
14	4.00		4.00		8.00					-	8.00	a-Activities Leader; c-Lunch Service
15					-					-	-	
					-					-	-	
Totals	52.00	-	20.00	-	72.00	8.00	-	-		8.00	80.00	
% of Total	72%	0%	28%	0%	100%	Program's % of Total Work Hours						
+Leave Hrs	5.78	-	2.22	-	8.00	Proration of Leave Hours by Program's % of Total Work Hours						
Ttl Paid Hrs	57.78	-	22.22	-	80.00	Total Work Hours and Share of Leave Hours						

I certify that the information reported in this timesheet is accurate and true; that the hours of work reported for each activity were specifically for the benefit of that activity and, if funded by a Federal grant, were for services allowable under the terms of the grant agreement. Further, I understand that making false, fictitious or fraudulent statements related to any program supported by Federal funds may be prosecuted and result in criminal and/or civil penalties.

Employee's Signature: Leilani Kealoha Date: 3/14/08

Supervisor's Signature: *Sandra Silva* Date: *3/17/2008*

EXHIBIT F

PROCUREMENT SUMMARY

(Attach to the contractor's first invoice submitted for payment.)

Agency Name: _____

Project Title: _____

Contract Number: _____ **Contract Period:** _____

1. Description of Goods or Services Procured:

2. Method of Procurement:

3. Bidders: (List selected bidder first. Attach sheet if necessary.)

	Business Name	Contact Name & Phone Number	Bid Amount
Selected>			

4. Justification for [ ] different award amount, [ ] selection of other than low bidder, [ ] sole bidder:

5. Names of Parties Involved in Selecton of the Contractor.

Did any of the parties, their immediate families, partners, or business interests involved in the selection of the Contractor have a relationship with the Contractor that would result in a real or apparent conflict of interest? [ ] No [ ] Yes

If Yes, provide the names of the parties involved on both sides, their relationship, and how this issue was resolved.

6. Certification. I certify that the information provided above is true and accurate and, further, that the Invitation for Bids, Bid Specifications, all bids received, and documentation of the evaluation and selection process used for this procurement will be retained for a minimum of five years and made available to representatives of the City and County of Honolulu and U.S. Department of Housing and Urban Development upon request.

_____

Signature of Authorized Official Name, Title Date