



Federal Financial Report - State of Hawaii (DD)

Organization: State of Hawaii	Program Type: Defense Industry Adjustment	Project Type: State Grants
GMS: Catherine Tiffner	PM: Sigmund Csicsery	Project Number : ST1603
Grant Number: ST1603-16-01	FAIN: HQ00051610178	Report Code: Quarterly
Authorizing Official: (b)(6)	Grant Start - End Date: 07/01/2016 - 12/31/2017	Delegated Authority (b)(6)
Approved Amount: \$849,176.00	Total Paid: \$388,190.00	Balance Remaining: \$375,666.00
Obligated Federal Amount: \$763,856.00	Deobligated Federal Amount: \$0.00	

Activity Details

Reporting Period: 1	Date Due: 07/31/2017
Reporting Period Covered From: 07/01/2016	Reporting Period Covered To: 06/30/2017
Financial Report Type: Annual	Basis of Accounting:

DUNS

949978845

EIN

990266120

Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)

NC2016-598

Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

a. Cash Receipt	\$388,190.00
b. Cash Disbursements	\$388,190.00
c. Cash on Hand (line a minus b)	\$0.00
d. Total Federal funds authorized	\$763,856.00
e. Federal share of expenditures	\$388,190.00

f. Federal share of unliquidated obligations	\$61,415.00
g. Total Federal share Total Federal share (sum of lines e and f)	\$449,605.00
h. Unobligated balance of Federal funds (line d minus g)	\$314,251.00
i. Total recipient share required	\$85,319.00
j. Recipient share of expenditures	\$62,810.00
k. Remaining recipient share to be provided (line i minus j)	\$22,509.00
l. Total Federal program income earned	\$0.00
m. Program income expended in accordance with the deduction alternative	\$0.00
n. Program income expended in accordance with the addition alternative	\$0.00
o. Unexpended program income (line l minus line m or line n)	\$0.00

a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	g. Totals
Indirect Expense					\$0.00	\$0.00	\$0.00

Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation

Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

Typed or Printed Name and Title of Authorized Certifying Official:	(b)(6) Executive Director
Signature of Authorized Certifying Official:	(b)(6)
Telephone (Area code, number and extension):	(b)(6)
Email Address:	(b)(6)

Supporting Documents

(b)(5) ; (b)(6)